
THE VIRGINIA REGISTER INFORMATION PAGE

THE VIRGINIA REGISTER is an official state publication issued every other week throughout the year. Indexes are published quarterly, and the last index of the year is cumulative. **THE VIRGINIA REGISTER** has several functions. The new and amended sections of regulations, both as proposed and as finally adopted, are required by law to be published in **THE VIRGINIA REGISTER OF REGULATIONS**. In addition, **THE VIRGINIA REGISTER** is a source of other information about state government, including all emergency regulations and executive orders issued by the Governor, the Virginia Tax Bulletin issued periodically by the Department of Taxation, and notices of public hearings and open meetings of state agencies.

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the *Virginia Register* a notice of intended regulatory action; a basis, purpose, substance and issues statement; an economic impact analysis prepared by the Department of Planning and Budget; the agency's response to the economic impact analysis; a summary; a notice giving the public an opportunity to comment on the proposal; and the text of the proposed regulation.

Following publication of the proposal in the *Virginia Register*, the promulgating agency receives public comments for a minimum of 60 days. The Governor reviews the proposed regulation to determine if it is necessary to protect the public health, safety and welfare, and if it is clearly written and easily understandable. If the Governor chooses to comment on the proposed regulation, his comments must be transmitted to the agency and the Registrar no later than 15 days following the completion of the 60-day public comment period. The Governor's comments, if any, will be published in the *Virginia Register*. Not less than 15 days following the completion of the 60-day public comment period, the agency may adopt the proposed regulation.

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the Registrar and the promulgating agency. The objection will be published in the *Virginia Register*. Within 21 days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative committee, and the Governor.

When final action is taken, the agency again publishes the text of the regulation as adopted, highlighting all changes made to the proposed regulation and explaining any substantial changes made since publication of the proposal. A 30-day final adoption period begins upon final publication in the *Virginia Register*.

The Governor may review the final regulation during this time and, if he objects, forward his objection to the Registrar and the agency. In addition to or in lieu of filing a formal objection, the Governor may suspend the effective date of a portion or all of a regulation until the end of the next regular General Assembly session by issuing a directive signed by a majority of the members of the appropriate standing committees and the Governor. The Governor's objection or suspension of the regulation, or both, will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation have substantial impact, he may require the agency to provide an additional 30-day public comment period on the changes. Notice of the additional public comment period required by the Governor will be published in the *Virginia Register*.

The agency shall suspend the regulatory process for 30 days when it receives requests from 25 or more individuals to solicit additional public comment, unless the agency determines that the changes have minor or inconsequential impact.

A regulation becomes effective at the conclusion of the 30-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 21-day extension

period; (ii) the Governor exercises his authority to require the agency to provide for additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the period for which the Governor has provided for additional public comment; (iii) the Governor and the General Assembly exercise their authority to suspend the effective date of a regulation until the end of the next regular legislative session; or (iv) the agency suspends the regulatory process, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 30-day public comment period.

Proposed regulatory action may be withdrawn by the promulgating agency at any time before the regulation becomes final.

EMERGENCY REGULATIONS

If an agency demonstrates that (i) there is an immediate threat to the public's health or safety; or (ii) Virginia statutory law, the appropriation act, federal law, or federal regulation requires a regulation to take effect no later than (a) 280 days from the enactment in the case of Virginia or federal law or the appropriation act, or (b) 280 days from the effective date of a federal regulation, it then requests the Governor's approval to adopt an emergency regulation. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited to addressing specifically defined situations and may not exceed 12 months in duration. Emergency regulations are published as soon as possible in the *Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures. To begin promulgating the replacement regulation, the agency must (i) file the Notice of Intended Regulatory Action with the Registrar within 60 days of the effective date of the emergency regulation; and (ii) file the proposed regulation with the Registrar within 180 days of the effective date of the emergency regulation. If the agency chooses not to adopt the regulations, the emergency status ends when the prescribed time limit expires.

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 (§ 9-6.14:7.1 et seq.) of Chapter 1.1:1 of the Code of Virginia be examined carefully.

CITATION TO THE VIRGINIA REGISTER

The *Virginia Register* is cited by volume, issue, page number, and date. **12:8 VA.R. 1096-1106 January 8, 1996**, refers to Volume 12, Issue 8, pages 1096 through 1106 of the *Virginia Register* issued on January 8, 1996.

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PUBLICATION DEADLINES AND SCHEDULES

This schedule is available on the *Register's* Internet home page (<http://legis.state.va.us/codecomm/register/regindex.htm>).

July 1998 through June 1999

<u>Volume:Issue</u>	<u>Material Submitted By Noon*</u>	<u>Will Be Published On</u>
14:21	June 17, 1998	July 6, 1998
14:22	July 1, 1998	July 20, 1998
14:23	July 15, 1998	August 3, 1998
14:24	July 29, 1998	August 17, 1998
14:25	August 12, 1998	August 31, 1998
14:26	August 26, 1998	September 14, 1998
FINAL INDEX - Volume 14		October 1998
15:1	September 9, 1998	September 28, 1998
15:2	September 23, 1998	October 12, 1998
15:3	October 7, 1998	October 26, 1998
15:4	October 21, 1998	November 9, 1998
15:5	November 4, 1998	November 23, 1998
15:6	November 17, 1998 (Tuesday)	December 7, 1998
15:7	December 2, 1998	December 21, 1998
INDEX 1 - Volume 15		January 1999
15:8	December 15, 1998 (Tuesday)	January 4, 1999
15:9	December 29, 1998 (Tuesday)	January 18, 1999
15:10	January 13, 1999	February 1, 1999
15:11	January 27, 1999	February 15, 1999
15:12	February 10, 1999	March 1, 1999
15:13	February 24, 1999	March 15, 1999
15:14	March 10, 1999	March 29, 1999
INDEX 2 - Volume 15		April 1999
15:15	March 24, 1999	April 12, 1999
15:16	April 7, 1999	April 26, 1999
15:17	April 21, 1999	May 10, 1999
15:18	May 5, 1999	May 24, 1999
15:19	May 19, 1999	June 7, 1999
15:20	June 2, 1999	June 21, 1999
INDEX 3 - Volume 15		July 1999

*Filing deadlines are Wednesdays unless otherwise specified.

TABLE OF CONTENTS

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

Title 2. Agriculture	2821
Title 4. Conservation and Natural Resources	2821
Title 6. Criminal Justice and Corrections.....	2826
Title 8. Education.....	2826
Title 9. Environment	2827
Title 10. Finance and Financial Institutions	2828
Title 11. Gaming.....	2828
Title 12. Health	2828
Title 13. Housing	2829
Title 16. Labor and Employment	2829
Title 18. Professional and Occupational Licensing	2830
Title 19. Public Safety.....	2832
Title 20. Public Utilities and Telecommunications.....	2832
Title 21. Securities and Retail Franchising	2832
Title 24. Transportation.....	2832

NOTICES OF INTENDED REGULATORY ACTION

TITLE 9. ENVIRONMENT

State Air Pollution Control Board	2833
Virginia Waste Management Board.....	2834
State Water Control Board.....	2837

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

Board for Accountancy	2839
Cemetery Board	2839
Department of Professional and Occupational Regulation	2839

PUBLIC COMMENT PERIODS - PROPOSED REGULATIONS

TITLE 9. ENVIRONMENT

State Water Control Board.....	2841
--------------------------------	------

TITLE 12. HEALTH

Department of Medical Assistance Services.....	2842
--	------

PROPOSED REGULATIONS

TITLE 9. ENVIRONMENT

VIRGINIA WASTE MANAGEMENT BOARD

Extension of Public Comment Period

Solid Waste Management Regulations. (9 VAC 20-80-10 et seq.)	2843
---	------

STATE WATER CONTROL BOARD

Roanoke River Basin Water Quality Management Plan (amending 9 VAC 25-430-20, 9 VAC 25-430-30, 9 VAC 25- 430-40 and 9 VAC 25-430-60).....	2843
Upper Roanoke River Subarea Water Quality Management Plan (amending 9 VAC 25-440-150).....	2868

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Medicaid Coverage for Licensed Clinical Nurse Specialists- Psychiatric.	2879
---	------

Amount, Duration, and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-140 and 12 VAC 30-50-150).....	2879
---	------

Standards Established and Methods Used to Assure High Quality Care (amending 12 VAC 30-60-40 and 12 VAC 30-60-120).....	2879
---	------

Methods and Standards for Establishing Payment Rates; Other Types of Care (amending 12 VAC 30-80-30)....	2879
---	------

FINAL REGULATIONS

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Specialized Care Services.....	2889
--------------------------------	------

Administration of Medical Assistance Services (amending 12 VAC 30-20-170).....	2889
---	------

Amount, Duration, and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-160).....	2889
---	------

Standards Established and Methods Used to Assure High Quality Care (amending 12 VAC 30-60-40, 12 VAC 30-60- 320, and 12 VAC 30-60-340).	2889
--	------

Methods and Standards for Establishing Payment Rates for Long-Term Care (amending 12 VAC 30-90-264 and 12 VAC 30-90-290).....	2889
---	------

Table of Contents

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF MEDICINE

Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, and Physician Acupuncture (amending 18 VAC 85-20-10, 18 VAC 85-20-20, 18 VAC 85-20-30, 18 VAC 85-20-120, 18 VAC 85-20-140, 18 VAC 85-20-150, 18 VAC 85-20-210, 18 VAC 85-20-230 and 18 VAC 85-20-240; adding 18 VAC 85-20-21, 18 VAC 85-20-22, 18 VAC 85-20-105, 18 VAC 85-20-121, 18 VAC 85-20-122 and 18 VAC 85-20-131; repealing 18 VAC 85-20-60, 18 VAC 85-20-70, 18 VAC 85-20-110, 18 VAC 85-20-160, 18 VAC 85-20-170, 18 VAC 85-20-180, 18 VAC 85-20-190, 18 VAC 85-20-200, 18 VAC 85-20-250, 18 VAC 85-20-260 and 18 VAC 85-20-270). 2904

Regulations Governing the Practice of Respiratory Care Practitioners (amending 18 VAC 85-40-10, 18 VAC 85-40-20, 18 VAC 85-40-40, 18 VAC 85-40-50, 18 VAC 85-40-60, 18 VAC 85-40-70 and 18 VAC 85-40-80)..... 2915

Regulations Governing the Practice of Physician Assistants (amending 18 VAC 85-50-10, 18 VAC 85-50-50, 18 VAC 85-50-55, 18 VAC 85-50-57, 18 VAC 85-50-115 and 18 VAC 85-50-170; adding 18 VAC 85-50-101 and 18 VAC 85-50-116)..... 2923

Regulations for Licensure of Occupational Therapists (amending 18 VAC 85-80-10, 18 VAC 85-80-40, 18 VAC 85-80-50, 18 VAC 85-80-60, 18 VAC 85-80-70, 18 VAC 85-80-80 and 18 VAC 85-80-120). 2934

TITLE 22. SOCIAL SERVICES

CHILD DAY-CARE COUNCIL

Minimum Standards for Licensed Child Day Centers (amending 22 VAC 15-30-10, 22 VAC 15-30-20, 22 VAC 15-30-30, 22 VAC 15-30-50, 22 VAC 15-30-70, 22 VAC 15-30-80, 22 VAC 15-30-90, 22 VAC 15-30-100, 22 VAC 15-30-110, 22 VAC 15-30-120, 22 VAC 15-30-130, 22 VAC 15-30-140, 22 VAC 15-30-150, 22 VAC 15-30-160, 22 VAC 15-30-170, 22 VAC 15-30-180, 22 VAC 15-30-190, 22 VAC 15-30-200, 22 VAC 15-30-230, 22 VAC 15-30-250, 22 VAC 15-30-260, 22 VAC 15-30-280, 22 VAC 15-30-290, 22 VAC 15-30-310, 22 VAC 15-30-320, 22 VAC 15-30-330, 22 VAC 15-30-340, 22 VAC 15-30-350, 22 VAC 15-30-360, 22 VAC 15-30-370, 22 VAC 15-30-380, 22 VAC 15-30-390, 22 VAC 15-30-410, 22 VAC 15-30-430, 22 VAC 15-30-440, 22 VAC 15-30-490, 22 VAC 15-30-500, 22 VAC 15-30-510, 22 VAC 15-30-520, 22 VAC 15-30-540, 22 VAC 15-30-550, 22 VAC 15-30-560, 22 VAC 15-30-570, 22 VAC 15-30-580, 22 VAC 15-30-590, 22 VAC 15-30-600, 22 VAC 15-30-610, 22 VAC 15-30-620, 22 VAC 15-30-630, 22 VAC 15-30-640, 22 VAC 15-30-650, 22 VAC 15-30-660, 22 VAC 15-30-670; adding 22 VAC 15-30-451, 22 VAC 15-30-461, 22 VAC 15-30-471, 22 VAC 15-30-481, 22 VAC 15-30-484, 22 VAC 15-30-487, 22 VAC 15-30-575; repealing 22 VAC 15-30-40, 22 VAC 15-30-60, 22 VAC 15-30-210, 22 VAC 15-30-220, 22 VAC 15-30-240, 22 VAC 15-30-270, 22 VAC 15-30-300, 22 VAC 15-30-400,

22 VAC 15-30-420, 22 VAC 15-30-450, 22 VAC 15-30-460, 22 VAC 15-30-470, 22 VAC 15-30-480, 22 VAC 15-30-530, 22 VAC 15-30-680, 22 VAC 15-30-690, 22 VAC 15-30-700, 22 VAC 15-30-710, 22 VAC 15-30-720, and 22 VAC 15-30-730).2942

Minimum Standards for Licensed Child Day Centers Serving School Age Children (REPEALED). (22 VAC 15-40-10 et seq.).....2990

GOVERNOR

GOVERNOR'S COMMENTS

TITLE 11. GAMING

VIRGINIA RACING COMMISSION

Medication. (11 VAC 10-180-10 et seq.)2991

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

State Programs: Part IV, Health Insurance Program for Working Uninsured Individuals. (12 VAC 30-100-10 et seq.)2991

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF LICENSED PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND SUBSTANCE ABUSE TREATMENT PROFESSIONALS

Regulations Governing the Certification of Rehabilitation Providers. (18 VAC 115-40-10 et seq.).....2991

GENERAL NOTICES/ERRATA

CHESAPEAKE BAY RESTORATION FUND

Notice of Acceptance of Grant Proposals Regarding the Chesapeake Bay Restoration Fund.....2992

STATE CORPORATION COMMISSION

MODIFICATION OF FILING REQUIREMENTS

In the Matter of Requiring Reports and Actions Related to Independent System Operators, Regional Power Exchanges and Retail Access Pilot Programs.....2992

STATE WATER CONTROL BOARD

Proposed Consent Special Order - Culpeper Wood Preservers.....2993

Proposed Consent Special Order - Cyprus Foote Mineral Company - Stevens Oil Company.....2993

Proposed Consent Special Order - Exposaic Industries, Inc.
of Virginia.....2993

Proposed Consent Special Order - H & G Enterprises -
Wyldwood Enterprises - Wyldwood Enterprises # 22993

Proposed Consent Special Order - South Wales Utilities, Inc.
- Wastewater Treatment Plant2994

Proposed Consent Special Order - Town Of Tazewell -
Sewage Treatment Plant.....2994

VIRGINIA CODE COMMISSION

Notice to Subscribers.....2994

Notice to State Agencies.....2994

Forms for Filing Material for Publication in *The Virginia
Register of Regulations*.....2994

CALENDAR OF EVENTS

EXECUTIVE

Open Meetings and Public Hearings2996

INDEPENDENT

Open Meetings and Public Hearings3013

LEGISLATIVE

Open Meetings and Public Hearings3013

CHRONOLOGICAL LIST

Open Meetings3015

Public Hearings3017

Table of Contents

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

The table printed below lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Spring 1998 VAC Supplement includes final regulations published through *Virginia Register* Volume 14, Issue 10 dated February 2, 1998). Emergency regulations, if any, are listed, followed by the designation "emer," and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 2. Agriculture			
2 VAC 5-180-10	Amended	14:19 VA.R. 2666	7/8/98
2 VAC 5-180-20	Amended	14:19 VA.R. 2667	7/8/98
2 VAC 5-180-30	Amended	14:19 VA.R. 2668	7/8/98
2 VAC 5-180-50	Amended	14:19 VA.R. 2668	7/8/98
2 VAC 5-180-60	Amended	14:19 VA.R. 2668	7/8/98
2 VAC 5-180-80	Amended	14:19 VA.R. 2668	7/8/98
2 VAC 5-180-90	Amended	14:19 VA.R. 2669	7/8/98
2 VAC 5-180-120	Amended	14:19 VA.R. 2669	7/8/98
2 VAC 5-205-10 through 2 VAC 5-205-110	Added	14:19 VA.R. 2670	7/8/98
2 VAC 5-390-180	Amended	14:14 VA.R. 2136	3/1/98
Title 4. Conservation and Natural Resources			
4 VAC 15-290-140	Amended	14:16 VA.R. 2357	7/1/98
4 VAC 20-260-20	Amended	14:15 VA.R. 2231	3/13/98
4 VAC 20-280-10	Amended	14:16 VA.R. 2357	3/31/98
4 VAC 20-345-10	Added	14:15 VA.R. 2236	3/1/98
4 VAC 20-345-20	Added	14:15 VA.R. 2236	3/1/98
4 VAC 20-345-20	Amended	14:18 VA.R. 2513	5/4/98
4 VAC 20-345-30	Added	14:15 VA.R. 2236	3/1/98
4 VAC 20-345-40	Added	14:15 VA.R. 2237	3/1/98
4 VAC 20-345-40	Amended	14:18 VA.R. 2513	5/4/98
4 VAC 20-380-30	Amended	14:16 VA.R. 2357	3/31/98
4 VAC 20-380-60	Amended	14:16 VA.R. 2358	3/31/98
4 VAC 20-500-40	Amended	14:14 VA.R. 2137	3/1/98
4 VAC 20-560-10	Amended	14:18 VA.R. 2514	5/1/98
4 VAC 20-560-20	Amended	14:18 VA.R. 2514	5/1/98
4 VAC 20-560-40	Amended	14:18 VA.R. 2515	5/1/98
4 VAC 20-560-50	Amended	14:18 VA.R. 2516	5/1/98
4 VAC 20-620-50	Amended	14:16 VA.R. 2358	4/1/98
4 VAC 20-620-60	Amended	14:16 VA.R. 2358	4/1/98
4 VAC 20-880-40	Amended	14:14 VA.R. 2137	3/1/98
4 VAC 20-880-40	Amended	14:18 VA.R. 2516	5/1/98
4 VAC 20-880-50	Amended	14:14 VA.R. 2138	3/1/98
4 VAC 20-880-50	Amended	14:18 VA.R. 2517	5/1/98
4 VAC 20-910-45	Amended	14:12 VA.R. 1915	1/30/98
4 VAC 20-950-30	Amended	14:16 VA.R. 2358	4/1/98
4 VAC 20-950-45	Added	14:12 VA.R. 1915	1/30/98
4 VAC 20-950-45	Amended	14:16 VA.R. 2359	4/1/98
4 VAC 20-960-30	Amended	14:16 VA.R. 2359	4/1/98
4 VAC 20-960-45	Added	14:16 VA.R. 2359	4/1/98
4 VAC 20-1000-10	Added	14:12 VA.R. 1916	1/30/98
4 VAC 20-1000-20	Added	14:12 VA.R. 1916	1/30/98
4 VAC 20-1000-30	Added	14:12 VA.R. 1916	1/30/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 20-1000-40	Added	14:12 VA.R. 1916	1/30/98
4 VAC 25-40-10	Amended	14:17 VA.R. 2428	7/1/98
4 VAC 25-40-20	Repealed	14:17 VA.R. 2430	7/1/98
4 VAC 25-40-25	Added	14:17 VA.R. 2430	7/1/98
4 VAC 25-40-30	Repealed	14:17 VA.R. 2430	7/1/98
4 VAC 25-40-40	Amended	14:17 VA.R. 2430	7/1/98
4 VAC 25-40-50	Amended	14:17 VA.R. 2430	7/1/98
4 VAC 25-40-60	Repealed	14:17 VA.R. 2431	7/1/98
4 VAC 25-40-70	Amended	14:17 VA.R. 2431	7/1/98
4 VAC 25-40-80	Repealed	14:17 VA.R. 2431	7/1/98
4 VAC 25-40-90	Amended	14:17 VA.R. 2431	7/1/98
4 VAC 25-40-100	Amended	14:17 VA.R. 2431	7/1/98
4 VAC 25-40-110	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-120	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-130	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-140	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-145	Added	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-180	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-200	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-210	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-220	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-250	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-270	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-300	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-310	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-320	Repealed	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-350	Amended	14:17 VA.R. 2432	7/1/98
4 VAC 25-40-385	Added	14:17 VA.R. 2433	7/1/98
4 VAC 25-40-388	Added	14:17 VA.R. 2433	7/1/98
4 VAC 25-40-390	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-400	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-440	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-450	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-460	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-490	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-500	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-510	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-520	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-530	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-540	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-550	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-590	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-630	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-660	Amended	14:17 VA.R. 2434	7/1/98
4 VAC 25-40-670	Amended	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-690	Amended	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-710	Amended	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-720	Amended	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-730	Repealed	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-750	Repealed	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-770	Amended	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-780	Amended	14:17 VA.R. 2435	7/1/98
4 VAC 25-40-790	Amended	14:17 VA.R. 2436	7/1/98
4 VAC 25-40-800	Amended	14:17 VA.R. 2436	7/1/98
4 VAC 25-40-810	Amended	14:17 VA.R. 2437	7/1/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 25-40-820	Amended	14:17 VA.R. 2437	7/1/98
4 VAC 25-40-830	Amended	14:17 VA.R. 2438	7/1/98
4 VAC 25-40-870	Amended	14:17 VA.R. 2438	7/1/98
4 VAC 25-40-880	Amended	14:17 VA.R. 2438	7/1/98
4 VAC 25-40-890	Amended	14:17 VA.R. 2438	7/1/98
4 VAC 25-40-895	Added	14:17 VA.R. 2438	7/1/98
4 VAC 25-40-900	Amended	14:17 VA.R. 2438	7/1/98
4 VAC 25-40-910	Amended	14:17 VA.R. 2438	7/1/98
4 VAC 25-40-920	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-930	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-940	Repealed	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-960	Repealed	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-970	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-1030	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-1060	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-1070	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-1090	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-1100	Amended	14:17 VA.R. 2439	7/1/98
4 VAC 25-40-1130	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1140	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1180	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1200	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1210	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1220	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1250	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1260	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1280	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1300	Repealed	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1310	Repealed	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1320	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1340	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1350	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1370	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1490	Repealed	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1540	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1550	Amended	14:17 VA.R. 2440	7/1/98
4 VAC 25-40-1560	Amended	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1580	Amended	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1590	Amended	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1670	Amended	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1685	Added	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1690	Amended	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1740	Amended	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1780	Amended	14:17 VA.R. 2441	7/1/98
4 VAC 25-40-1785	Added	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-1810	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-1880	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-1940	Repealed	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2010	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2015	Added	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2040	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2080	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2100	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2140	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2170	Amended	14:17 VA.R. 2442	7/1/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 25-40-2180	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2210	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2220	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2250	Amended	14:17 VA.R. 2442	7/1/98
4 VAC 25-40-2260	Repealed	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2270	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2280	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2300	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2340	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2390	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2400	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2410	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2420	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2440	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2450	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2480	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2490	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2500	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2510	Repealed	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2530	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2540	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2550	Amended	14:17 VA.R. 2443	7/1/98
4 VAC 25-40-2590	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2610	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2650	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2660	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2680	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2700	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2720	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2750	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2760	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2770	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2790	Amended	14:17 VA.R. 2444	7/1/98
4 VAC 25-40-2800	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2810	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2820	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2850	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2870	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2880	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2910	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2915	Added	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2920	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2930	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-2980	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-3000	Amended	14:17 VA.R. 2445	7/1/98
4 VAC 25-40-3030	Amended	14:17 VA.R. 2446	7/1/98
4 VAC 25-40-3050	Amended	14:17 VA.R. 2446	7/1/98
4 VAC 25-40-3070	Amended	14:17 VA.R. 2446	7/1/98
4 VAC 25-40-3080	Amended	14:17 VA.R. 2446	7/1/98
4 VAC 25-40-3110	Amended	14:17 VA.R. 2446	7/1/98
4 VAC 25-40-3120	Amended	14:17 VA.R. 2446	7/1/98
4 VAC 25-40-3160	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3170	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3220	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3230	Repealed	14:17 VA.R. 2447	7/1/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 25-40-3240	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3280	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3290	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3300	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3310	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3320	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3325	Added	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3328	Added	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3330	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3340	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3350	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3420	Amended	14:17 VA.R. 2447	7/1/98
4 VAC 25-40-3430	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3450	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3460	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3475	Added	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3478	Added	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3590	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3595	Added	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3620	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3660	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3680	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3690	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3700	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3710	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3720	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3830	Amended	14:17 VA.R. 2448	7/1/98
4 VAC 25-40-3840	Amended	14:17 VA.R. 2449	7/1/98
4 VAC 25-40-3855	Added	14:17 VA.R. 2449	7/1/98
4 VAC 25-40-3890	Amended	14:17 VA.R. 2449	7/1/98
4 VAC 25-40-3930	Amended	14:17 VA.R. 2449	7/1/98
4 VAC 25-40-3955	Added	14:17 VA.R. 2449	7/1/98
4 VAC 25-40-3958	Added	14:17 VA.R. 2450	7/1/98
4 VAC 25-40-3980	Amended	14:17 VA.R. 2450	7/1/98
4 VAC 25-40-3990	Amended	14:17 VA.R. 2450	7/1/98
4 VAC 25-40-4060	Amended	14:17 VA.R. 2450	7/1/98
4 VAC 25-40-4090	Amended	14:17 VA.R. 2450	7/1/98
4 VAC 25-40-4100	Amended	14:17 VA.R. 2450	7/1/98
4 VAC 25-40-4110	Amended	14:17 VA.R. 2451	7/1/98
4 VAC 25-40-4140	Amended	14:17 VA.R. 2451	7/1/98
4 VAC 25-40-4160	Amended	14:17 VA.R. 2451	7/1/98
4 VAC 25-40-4220	Amended	14:17 VA.R. 2451	7/1/98
4 VAC 25-40-4230	Amended	14:17 VA.R. 2451	7/1/98
4 VAC 25-40-4260	Amended	14:17 VA.R. 2451	7/1/98
4 VAC 25-40-4280	Amended	14:17 VA.R. 2451	7/1/98
4 VAC 25-40-4290	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4320	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4330	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4350	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4430	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4440	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4460	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4540	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4590	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4650	Amended	14:17 VA.R. 2452	7/1/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 25-40-4750	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4770	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4910	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4920	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4970	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-4980	Amended	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-5040	Repealed	14:17 VA.R. 2452	7/1/98
4 VAC 25-40-5050	Repealed	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5060	Amended	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5070	Amended	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5120	Amended	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5170	Amended	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5180	Amended	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5200	Amended	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5210	Amended	14:17 VA.R. 2453	7/1/98
4 VAC 25-40-5230	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5290	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5310	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5320	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5330	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5340	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5370	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5400	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5450	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5470	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5550	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5580	Amended	14:17 VA.R. 2454	7/1/98
4 VAC 25-40-5590	Amended	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5630	Amended	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5660	Amended	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5670	Amended	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5680	Repealed	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5690	Repealed	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5710	Amended	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5720	Repealed	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5730	Repealed	14:17 VA.R. 2455	7/1/98
4 VAC 25-40-5740	Repealed	14:17 VA.R. 2456	7/1/98
4 VAC 25-40-5750	Added	14:17 VA.R. 2456	7/1/98
4 VAC 25-40-5760	Added	14:17 VA.R. 2456	7/1/98
4 VAC 25-40-5770	Added	14:17 VA.R. 2457	7/1/98
4 VAC 25-40-5780	Added	14:17 VA.R. 2457	7/1/98
Title 6. Criminal Justice and Corrections			
6 VAC 15-60-10 through 6 VAC 15-60-100	Repealed	14:17 VA.R. 2457	9/1/98
6 VAC 15-61-10 through 6 VAC 15-61-300	Added	14:17 VA.R. 2457	9/1/98
Title 8. Education			
8 VAC 20-20-750	Repealed	14:20 VA.R. 2754	7/22/98
8 VAC 20-20-770	Repealed	14:20 VA.R. 2754	7/22/98
8 VAC 20-20-780	Repealed	14:20 VA.R. 2754	7/22/98
8 VAC 20-20-790	Repealed	14:20 VA.R. 2754	7/22/98
8 VAC 20-21-425	Added	14:20 VA.R. 2754	7/22/98
8 VAC 20-21-430	Added	14:20 VA.R. 2755	7/22/98
8 VAC 20-21-435	Added	14:20 VA.R. 2756	7/22/98
8 VAC 20-21-440	Added	14:20 VA.R. 2757	7/22/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
8 VAC 20-21-445	Added	14:20 VA.R. 2758	7/22/98
Title 9. Environment			
9 VAC 5-20-203	Amended	14:11 VA.R. 1804	4/1/98
9 VAC 5-20-204	Amended	14:11 VA.R. 1804	4/1/98
9 VAC 5-20-205	Amended	14:11 VA.R. 1805	4/1/98
9 VAC 5-20-220	Added	14:11 VA.R. 1812	4/1/98
9 VAC 5-20-230	Added	14:11 VA.R. 1812	4/1/98
9 VAC 5-50-400	Amended	14:11 VA.R. 1807	4/1/98
9 VAC 5-60-60	Amended	14:11 VA.R. 1807	4/1/98
9 VAC 5-60-90	Amended	14:11 VA.R. 1807	4/1/98
9 VAC 5-60-100	Amended	14:11 VA.R. 1808	4/1/98
9 VAC 5-80-40	Repealed	14:11 VA.R. 1813	4/1/98
9 VAC 5-80-800	Added	14:11 VA.R. 1820	4/1/98
9 VAC 5-80-810	Added	14:11 VA.R. 1820	4/1/98
9 VAC 5-80-820	Added	14:11 VA.R. 1822	4/1/98
9 VAC 5-80-830	Added	14:11 VA.R. 1823	4/1/98
9 VAC 5-80-840	Added	14:11 VA.R. 1823	4/1/98
9 VAC 5-80-850	Added	14:11 VA.R. 1823	4/1/98
9 VAC 5-80-860	Added	14:11 VA.R. 1825	4/1/98
9 VAC 5-80-870	Added	14:11 VA.R. 1825	4/1/98
9 VAC 5-80-880	Added	14:11 VA.R. 1825	4/1/98
9 VAC 5-80-890	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-900	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-910	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-920	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-930	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-940	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-950	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-960	Added	14:11 VA.R. 1826	4/1/98
9 VAC 5-80-970	Added	14:11 VA.R. 1827	4/1/98
9 VAC 5-80-980	Added	14:11 VA.R. 1827	4/1/98
9 VAC 5-80-990	Added	14:11 VA.R. 1828	4/1/98
9 VAC 5-80-1000	Added	14:11 VA.R. 1828	4/1/98
9 VAC 5-80-1010	Added	14:11 VA.R. 1828	4/1/98
9 VAC 5-80-1020	Added	14:11 VA.R. 1829	4/1/98
9 VAC 5-80-1030	Added	14:11 VA.R. 1830	4/1/98
9 VAC 5-80-1040	Added	14:11 VA.R. 1831	4/1/98
9 VAC 5-190-80	Erratum	14:12 VA.R. 1937	--
9 VAC 25-31-800	Erratum	14:12 VA.R. 1937	--
9 VAC 25-31-800	Erratum	14:17 VA.R. 2477	--
9 VAC 25-31-840	Erratum	14:12 VA.R. 1937	--
9 VAC 25-31-900	Erratum	14:17 VA.R. 2477	--
9 VAC 25-31-920	Amended	14:16 VA.R. 2360	5/27/98
9 VAC 25-90-10 through 9 VAC 25-90-70	Repealed	14:18 VA.R. 2517	6/24/98
9 VAC 25-91-10 through 9 VAC 25-91-220	Added	14:18 VA.R. 2518	6/24/98
9 VAC 25-100-10 through 9 VAC 25-100-70	Repealed	14:18 VA.R. 2547	6/24/98
9 VAC 25-101-10 through 9 VAC 25-101-70	Added	14:18 VA.R. 2547	6/24/98
9 VAC 25-130-10 through 9 VAC 25-130-100	Repealed	14:18 VA.R. 2517	6/24/98
9 VAC 25-140-10 through 9 VAC 25-140-110	Repealed	14:18 VA.R. 2518	6/24/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 25-196-50	Erratum	14:12 VA.R. 1937	--
9 VAC 25-196-70	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-20	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-110	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-140	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-350	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-370	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-390	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-400	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-450	Erratum	14:12 VA.R. 1937	--
9 VAC 25-260-540	Erratum	14:12 VA.R. 1937	--
Title 10. Finance and Financial Institutions			
10 VAC 5-60-40	Amended	14:14 VA.R. 2139	3/10/98
10 VAC 5-60-50	Amended	14:14 VA.R. 2139	3/10/98
10 VAC 5-70-20	Amended	14:14 VA.R. 2140	3/10/98
10 VAC 5-70-30	Amended	14:14 VA.R. 2140	3/10/98
10 VAC 5-70-50	Amended	14:14 VA.R. 2140	3/10/98
Title 11. Gaming			
11 VAC 10-70-20	Amended	14:11 VA.R. 1831	3/19/98
11 VAC 10-70-30	Amended	14:11 VA.R. 1831	3/19/98
11 VAC 10-70-40	Amended	14:11 VA.R. 1831	3/19/98
11 VAC 10-70-50	Amended	14:11 VA.R. 1831	3/19/98
11 VAC 10-70-60	Amended	14:11 VA.R. 1832	3/19/98
11 VAC 10-70-70	Amended	14:11 VA.R. 1832	3/19/98
11 VAC 10-70-80	Amended	14:11 VA.R. 1833	3/19/98
11 VAC 10-70-110	Amended	14:11 VA.R. 1833	3/19/98
11 VAC 10-70-170	Amended	14:11 VA.R. 1833	3/19/98
11 VAC 10-70-180	Amended	14:11 VA.R. 1833	3/19/98
11 VAC 10-90-10	Amended	14:11 VA.R. 1835	3/19/98
11 VAC 10-90-20	Amended	14:11 VA.R. 1835	3/19/98
11 VAC 10-90-30	Amended	14:11 VA.R. 1835	3/19/98
11 VAC 10-90-40	Amended	14:11 VA.R. 1835	3/19/98
11 VAC 10-90-50	Amended	14:11 VA.R. 1835	3/19/98
11 VAC 10-90-60	Amended	14:11 VA.R. 1836	3/19/98
Title 12. Health			
12 VAC 5-210-10	Amended	14:15 VA.R. 2237	6/1/98
12 VAC 5-210-20	Amended	14:15 VA.R. 2243	6/1/98
12 VAC 5-220-10	Amended	14:12 VA.R. 1917	4/2/98
12 VAC 5-220-105	Added	14:12 VA.R. 1920	4/2/98
12 VAC 5-220-150	Amended	14:12 VA.R. 1920	4/2/98
12 VAC 5-220-180	Amended	14:12 VA.R. 1920	4/2/98
12 VAC 5-220-200	Amended	14:12 VA.R. 1921	4/2/98
12 VAC 5-220-230	Amended	14:12 VA.R. 1923	4/2/98
12 VAC 5-220-280	Amended	14:12 VA.R. 1924	4/2/98
12 VAC 5-220-290	Amended	14:12 VA.R. 1925	4/2/98
12 VAC 5-220-385	Amended	14:12 VA.R. 1925	4/2/98
12 VAC 5-220-500	Amended	14:12 VA.R. 1926	4/2/98
12 VAC 30-50-30	Amended	14:18 VA.R. 2568	7/1/98
12 VAC 30-50-70	Amended	14:18 VA.R. 2568	7/1/98
12 VAC 30-50-100	Amended	14:18 VA.R. 2571	7/1/98
12 VAC 30-50-105	Amended	14:18 VA.R. 2573	7/1/98
12 VAC 30-50-140	Amended	14:12 VA.R. 1926	4/1/98
12 VAC 30-50-140	Amended	14:18 VA.R. 2574	7/1/98
12 VAC 30-50-150	Amended	14:12 VA.R. 1927	4/1/98
12 VAC 30-50-160	Amended	14:18 VA.R. 2564	7/1/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
12 VAC 30-50-200	Amended	14:18 VA.R. 2579	7/1/98
12 VAC 30-50-220	Amended	14:18 VA.R. 2569	7/1/98
12 VAC 30-50-229.1	Added	14:18 VA.R. 2581	7/1/98
12 VAC 30-50-540	Amended	14:18 VA.R. 2575	7/1/98
12 VAC 30-50-550	Added	14:18 VA.R. 2576	7/1/98
12 VAC 30-50-560	Added	14:18 VA.R. 2577	7/1/98
12 VAC 30-50-570	Added	14:18 VA.R. 2578	7/1/98
12 VAC 30-60-40	Amended	14:12 VA.R. 1928	4/1/98
12 VAC 30-60-90	Repealed	14:17 VA.R. 2465	6/10/98
12 VAC 30-60-120	Amended	14:12 VA.R. 1929	4/1/98
12 VAC 30-70-440	Repealed	14:15 VA.R. 2248	6/1/98
12 VAC 30-70-441	Added	14:15 VA.R. 2248	6/1/98
12 VAC 30-80-30	Amended	14:12 VA.R. 1933	4/1/98
12 VAC 30-80-30	Amended	14:18 VA.R. 2582	7/1/98
12 VAC 30-100-120	Amended	14:18 VA.R. 2583	7/1/98
12 VAC 30-120-360	Amended	14:18 VA.R. 2584	7/1/98
12 VAC 30-120-370	Amended	14:18 VA.R. 2585	7/1/98
12 VAC 30-120-385	Added	14:18 VA.R. 2587	7/1/98
12 VAC 30-120-410	Amended	14:18 VA.R. 2587	7/1/98
12 VAC 30-120-420	Amended	14:18 VA.R. 2587	7/1/98
12 VAC 30-120-490 through 12 VAC 30-120-550	Added	14:18 VA.R. 2590	7/1/98
Title 13. Housing			
13 VAC 5-51-135 emer	Added	14:18 VA.R. 2605	4/27/98 - 4/26/99
13 VAC 5-61-440	Amended	14:18 VA.R. 2600	7/1/98
13 VAC 10-10-20	Amended	14:17 VA.R. 2466	5/1/98
13 VAC 10-20-20	Amended	14:17 VA.R. 2467	5/1/98
13 VAC 10-40-100	Amended	14:11 VA.R. 1838	1/28/98
13 VAC 10-40-110	Amended	14:11 VA.R. 1839	1/28/98
13 VAC 10-40-120	Amended	14:11 VA.R. 1839	1/28/98
13 VAC 10-40-130	Amended	14:11 VA.R. 1839	1/28/98
13 VAC 10-40-140	Amended	14:11 VA.R. 1841	1/28/98
13 VAC 10-40-190	Amended	14:11 VA.R. 1842	1/28/98
13 VAC 10-40-210	Amended	14:11 VA.R. 1843	1/28/98
13 VAC 10-40-230	Added	14:11 VA.R. 1843	1/28/98
13 VAC 10-130-30	Amended	14:17 VA.R. 2468	5/1/98
13 VAC 10-140-20	Amended	14:17 VA.R. 2469	5/1/98
13 VAC 10-180-50	Amended	14:14 VA.R. 2141	3/4/98
13 VAC 10-180-60	Amended	14:14 VA.R. 2142	3/4/98
Title 16. Labor and Employment			
16 VAC 10-20-10	Amended	14:20 VA.R. 2759	7/1/98
16 VAC 10-20-20	Amended	14:20 VA.R. 2760	7/1/98
16 VAC 10-20-30	Amended	14:20 VA.R. 2760	7/1/98
16 VAC 10-20-40	Amended	14:20 VA.R. 2760	7/1/98
16 VAC 10-20-50	Repealed	14:20 VA.R. 2760	7/1/98
16 VAC 10-20-60	Repealed	14:20 VA.R. 2760	7/1/98
16 VAC 10-20-70	Repealed	14:20 VA.R. 2760	7/1/98
16 VAC 10-20-80	Amended	14:20 VA.R. 2760	7/1/98
16 VAC 10-20-90	Repealed	14:20 VA.R. 2761	7/1/98
16 VAC 10-20-100	Repealed	14:20 VA.R. 2761	7/1/98
16 VAC 10-20-110	Amended	14:20 VA.R. 2761	7/1/98
16 VAC 10-20-140	Amended	14:20 VA.R. 2761	7/1/98
16 VAC 10-20-150	Amended	14:20 VA.R. 2761	7/1/98
16 VAC 10-20-160	Amended	14:20 VA.R. 2761	7/1/98
16 VAC 10-20-170	Amended	14:20 VA.R. 2762	7/1/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
16 VAC 10-20-180	Repealed	14:20 VA.R. 2762	7/1/98
16 VAC 10-20-190	Amended	14:20 VA.R. 2762	7/1/98
16 VAC 10-20-200	Amended	14:20 VA.R. 2762	7/1/98
16 VAC 10-20-210	Repealed	14:20 VA.R. 2763	7/1/98
16 VAC 10-20-220	Repealed	14:20 VA.R. 2763	7/1/98
16 VAC 10-20-230	Repealed	14:20 VA.R. 2764	7/1/98
16 VAC 10-20-240	Amended	14:20 VA.R. 2764	7/1/98
16 VAC 10-20-250	Repealed	14:20 VA.R. 2765	7/1/98
16 VAC 10-20-260	Repealed	14:20 VA.R. 2765	7/1/98
16 VAC 10-20-270	Repealed	14:20 VA.R. 2766	7/1/98
16 VAC 10-20-275	Added	14:20 VA.R. 2766	7/1/98
16 VAC 10-20-280	Amended	14:20 VA.R. 2766	7/1/98
16 VAC 10-20-290	Repealed	14:20 VA.R. 2766	7/1/98
16 VAC 10-20-300	Amended	14:20 VA.R. 2766	7/1/98
16 VAC 10-20-310 through 16 VAC 10-20-460	Repealed	14:20 VA.R. 2767- 2770	7/1/98
16 VAC 25-90-1910.94	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.111	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.134	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.139	Added	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.156	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.252	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.261	Erratum	14:17 VA.R. 2477	6/1/98
16 VAC 25-90-1910.1001	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1003	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1017	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1018	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1025	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1027	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1028	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1029	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1043	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1044	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1045	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1047	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1048	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1050	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1051	Amended	14:15 VA.R. 2250	6/1/98
16 VAC 25-90-1910.1052	Amended	14:14 VA.R. 2151	5/1/98
16 VAC 25-90-1910.1052	Amended	14:15 VA.R. 2250	6/1/98
Title 18. Professional and Occupational Licensing			
18 VAC 25-21-70	Amended	14:11 VA.R. 1845	4/1/98
18 VAC 30-20-10	Amended	14:14 VA.R. 2155	4/29/98
18 VAC 30-20-20	Repealed	14:14 VA.R. 2156	4/29/98
18 VAC 30-20-30	Repealed	14:14 VA.R. 2156	4/29/98
18 VAC 30-20-40	Repealed	14:14 VA.R. 2156	4/29/98
18 VAC 30-20-45	Added	14:14 VA.R. 2156	4/29/98
18 VAC 30-20-50	Amended	14:14 VA.R. 2156	4/29/98
18 VAC 30-20-60	Repealed	14:14 VA.R. 2156	4/29/98
18 VAC 30-20-70	Amended	14:14 VA.R. 2156	4/29/98
18 VAC 30-20-80	Amended	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-90	Repealed	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-100	Repealed	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-110	Repealed	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-120	Repealed	14:14 VA.R. 2157	4/29/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 30-20-130	Repealed	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-140	Repealed	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-150	Amended	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-160	Amended	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-170	Amended	14:14 VA.R. 2157	4/29/98
18 VAC 30-20-180	Amended	14:14 VA.R. 2159	4/29/98
18 VAC 30-20-190	Repealed	14:14 VA.R. 2159	4/29/98
18 VAC 30-20-200	Repealed	14:14 VA.R. 2159	4/29/98
18 VAC 30-20-210	Repealed	14:14 VA.R. 2159	4/29/98
18 VAC 30-20-220	Repealed	14:14 VA.R. 2159	4/29/98
18 VAC 30-20-240	Amended	14:14 VA.R. 2159	4/29/98
18 VAC 30-20-250	Repealed	14:14 VA.R. 2160	4/29/98
18 VAC 30-20-260	Repealed	14:14 VA.R. 2160	4/29/98
18 VAC 30-20-270	Repealed	14:14 VA.R. 2160	4/29/98
18 VAC 30-20-280	Amended	14:14 VA.R. 2160	4/29/98
18 VAC 60-20-105	Added	14:18 VA.R. 2602	6/24/98
18 VAC 76-10-10	Amended	14:11 VA.R. 1845	1/22/98
18 VAC 110-20-210	Amended	14:15 VA.R. 2253	5/13/98
18 VAC 120-30-100	Amended	14:11 VA.R. 1846	4/1/98
18 VAC 125-20-30	Amended	14:11 VA.R. 1851	4/1/98
18 VAC 135-20-10	Amended	14:20 VA.R. 2771	9/1/98
18 VAC 135-20-20	Amended	14:20 VA.R. 2771	9/1/98
18 VAC 135-20-30	Amended	14:20 VA.R. 2772	9/1/98
18 VAC 135-20-40	Amended	14:20 VA.R. 2773	9/1/98
18 VAC 135-20-45	Added	14:20 VA.R. 2773	9/1/98
18 VAC 135-20-50	Amended	14:20 VA.R. 2773	9/1/98
18 VAC 135-20-60	Amended	14:20 VA.R. 2774	9/1/98
18 VAC 135-20-80	Amended	14:20 VA.R. 2774	9/1/98
18 VAC 135-20-90	Amended	14:20 VA.R. 2775	9/1/98
18 VAC 135-20-100	Amended	14:20 VA.R. 2775	9/1/98
18 VAC 135-20-110	Amended	14:20 VA.R. 2776	9/1/98
18 VAC 135-20-120	Amended	14:20 VA.R. 2776	9/1/98
18 VAC 135-20-150	Amended	14:20 VA.R. 2776	9/1/98
18 VAC 135-20-160	Amended	14:20 VA.R. 2776	9/1/98
18 VAC 135-20-170	Amended	14:20 VA.R. 2777	9/1/98
18 VAC 135-20-180	Amended	14:20 VA.R. 2777	9/1/98
18 VAC 135-20-190	Amended	14:20 VA.R. 2778	9/1/98
18 VAC 135-20-200	Amended	14:20 VA.R. 2779	9/1/98
18 VAC 135-20-210	Amended	14:20 VA.R. 2779	9/1/98
18 VAC 135-20-220	Amended	14:20 VA.R. 2780	9/1/98
18 VAC 135-20-240	Amended	14:20 VA.R. 2780	9/1/98
18 VAC 135-20-250	Amended	14:20 VA.R. 2780	9/1/98
18 VAC 135-20-260	Amended	14:20 VA.R. 2780	9/1/98
18 VAC 135-20-270	Amended	14:20 VA.R. 2781	9/1/98
18 VAC 135-20-280	Amended	14:20 VA.R. 2781	9/1/98
18 VAC 135-20-290	Amended	14:20 VA.R. 2781	9/1/98
18 VAC 135-20-300	Amended	14:20 VA.R. 2782	9/1/98
18 VAC 135-20-310	Amended	14:20 VA.R. 2782	9/1/98
18 VAC 135-20-320	Amended	14:20 VA.R. 2783	9/1/98
18 VAC 135-20-350	Amended	14:20 VA.R. 2783	9/1/98
18 VAC 135-20-360	Amended	14:20 VA.R. 2783	9/1/98
18 VAC 135-20-370	Amended	14:20 VA.R. 2784	9/1/98
18 VAC 135-20-380	Amended	14:20 VA.R. 2784	9/1/98
18 VAC 135-20-390	Amended	14:20 VA.R. 2784	9/1/98
18 VAC 135-20-400	Amended	14:20 VA.R. 2785	9/1/98

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 135-20-410	Amended	14:20 VA.R. 2785	9/1/98
18 VAC 135-20-420	Repealed	14:20 VA.R. 2785	9/1/98
18 VAC 135-20-430	Repealed	14:20 VA.R. 2785	9/1/98
18 VAC 135-20-440	Repealed	14:20 VA.R. 2785	9/1/98
Title 19. Public Safety			
19 VAC 30-20-10	Amended	14:11 VA.R. 1853	3/18/98
19 VAC 30-20-70	Amended	14:11 VA.R. 1853	3/18/98
19 VAC 30-20-80	Amended	14:11 VA.R. 1854	3/18/98
19 VAC 30-20-140	Amended	14:11 VA.R. 1854	3/18/98
19 VAC 30-20-150	Amended	14:11 VA.R. 1854	3/18/98
19 VAC 30-20-160	Amended	14:11 VA.R. 1854	3/18/98
Title 20. Public Utilities and Telecommunications			
20 VAC 5-310-10	Amended	14:15 VA.R. 2253	3/24/98
Title 21. Securities and Retail Franchising			
21 VAC 5-85-10	Amended	14:13 VA.R. 1976	2/17/98
21 VAC 5-85-10	Amended	14:15 VA.R. 2259	3/24/98
Title 24. Transportation			
24 VAC 30-71-160	Erratum	14:13 VA.R. 2011	--
24 VAC 30-71-170	Erratum	14:13 VA.R. 2028	--
24 VAC 30-170-10	Amended	14:13 VA.R. 1992	4/15/98
24 VAC 30-380-10	Amended	14:13 VA.R. 1992	2/24/98
24 VAC 30-390-10	Amended	14:13 VA.R. 1992	2/24/98

NOTICES OF INTENDED REGULATORY ACTION

Symbol Key

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

TITLE 9. ENVIRONMENT

STATE AIR POLLUTION CONTROL BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Air Pollution Control Board intends to consider amending regulations entitled: **9 VAC 5-170-10 et seq. Regulation for General Administration.** The purpose of the proposed action is to establish requirements to govern the use of mediation and alternative dispute resolution in regulation development and permit issuance.

Public Meeting: A public meeting will be held by the department in the first floor training room, Department of Environmental Quality, 629 E. Main Street, Richmond, Virginia, at 9 a.m. on Monday, August 10, 1998, 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.

Ad Hoc Advisory Group: The department is soliciting comments on the advisability of forming an ad hoc advisory group, utilizing a standing advisory committee, or consulting with groups or individuals registering interest in working with the department to assist in the drafting and formation of any proposal. The primary function of any group, committee, or individuals that may be utilized is to develop recommended regulation amendments for department consideration through the collaborative approach of regulatory negotiation and consensus. Any comments relative to this issue may be submitted until 4:30 p.m., Tuesday, August 11, 1998, to the Director, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

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 amendments drafted pursuant to this notice.

Need: Beginning in the early 1970s, federal, state, and local governments have increasingly used mediation and other consensus-building tools as an alternative to more traditional means of resolving disputes. These consensus-building tools are intended to supplement, not replace, conventional legislative, judicial, administrative, or regulatory mechanisms. The benefits of alternative dispute resolution (ADR) are many:

- (1) ADR achieves results satisfactory to all parties. Since each party learns to search for common ground

and to recognize similar interests in the other parties, the traditional "hero vs. villain" illusion of adversarial disputes is avoided. Because the eventual solution is beneficial to all parties rather than to only one, the process produces mutual satisfaction in all parties, rather than winners and losers. Studies by the American Arbitration Association show that 80% of participants were satisfied with their ADR programs regardless of process or outcome.

- (2) ADR saves money. For instance, a single mediation undertaken by the New Jersey Center for Public Dispute Resolution to settle a dispute with the federal government over the state's emergency transport system avoided a potential loss of \$20 million in federal funds.

- (3) ADR accelerates the decision-making process. Because the concerned parties have a vested interest in achieving a speedy settlement, resolutions are generally reached in much less time through ADR than is required for resolutions to be reached through more traditional means.

- (4) ADR decreases the load on the court system. For instance, Cincinnati's Institute of Justice Private Complaint Program has reduced the municipal court's caseload by a third every year since 1974, with nearly half of the referred cases settled out of court and others being referred to noncourt agencies. Government decision-makers sometimes perceive litigation as a politically safer option than ADR since the court can be blamed for any undesirable outcome. These decision-makers, however, have much more control over the outcome through ADR than through litigation. Furthermore, they can still exercise their right to a court settlement if ADR fails.

- (5) ADR is politically advantageous to the involved parties by enhancing their reputation for consensus building and problem solving. Because ADR has developed only over the course of the past two decades, some local government officials and other small-group representatives are unaware of its existence or question its legitimacy as a problem-solving tool appropriate to the inherently conservative atmosphere of government. But ADR is not the same as binding arbitration: its use is neither an admission of failure nor an abdication of authority, but a demonstration that the involved parties are sufficiently dedicated to the public good to be willing to compromise in order to reach a solution.

A large number of the issues settled through ADR are environmental ones. Dispute resolution centers in New Jersey, Massachusetts, Minnesota, New York, New Mexico, Georgia, Florida, and many other states have initiated important discussions and facilitated agreements involving

Notices of Intended Regulatory Action

complex and controversial issues like the establishment of regional sewage treatment facilities, the siting of solid waste disposal facilities, the disposal of hazardous waste, the clean-up of a Superfund site, the spraying of herbicides, the adoption of environmental standards, and the siting of underground storage tanks. A well-known example of the successful use of mediation to address an environmental problem is the decade-long public battle over the development of Hawaii's first state water code, which pitted developers against environmentalists, large landowners against small ones, and the counties against the state. This battle produced one legislative stalemate after another to the frustration of all parties but was finally resolved through mediation conducted by Hawaii's Program on Alternative Dispute Resolution.

An example of what happens without ADR is the case of the Hampton-Roads refinery in Virginia. The refinery was proposed in 1970, discussed for over a decade, but never built. Contributing to the failure of the project were badly timed changes in the permitting process, understaffing of the State Air Pollution Control Board, statutory vagueness, siting disagreements, lack of communication within the Army Corps of Engineers, angry citizens, gubernatorial dissatisfaction with the progress of the project, the involvement of the federal government through both the Department of the Interior and the military, and the expiration of the initially issued permits. At the end of the failed project, the company's expenses were over \$6 million, with about half of that in legal fees. The Army Corps of Engineers' bill for legal fees was at least that amount. This case is a good example of the many such environmental disputes which die of exhaustion rather than being settled fairly and thoughtfully. Millions of dollars and thousands of labor years were squandered without an equitable settlement.

One way for Virginia to avoid this situation in the future is to adopt regulations that enable it to implement § 10.1-1186.3 of the Code of Virginia.

Alternatives: Alternatives to the proposed regulation amendments being considered by the department are discussed below.

1. Amend the regulations to satisfy the provisions of the law. This option is being considered because it meets the stated purpose of the regulatory action: to comply with the mandate of § 10.1-1186.3 of the Code of Virginia that requires the adoption of regulations for the use of mediation or alternative dispute resolution in the development of a regulation or in the issuance of a permit.
2. Make alternative regulatory changes to those required by the provisions of the law and associated regulations and policies. This option is not being considered because it does not meet the stated purpose of the regulatory action.
3. Take no action to amend the regulations. This option is not being considered because it does not meet the stated purpose of the regulatory action.

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

Applicable Statutory Requirements: Section 10.1-1186.3 A of the Code of Virginia allows the State Air Pollution Control Board to use mediation and alternative dispute resolution to resolve underlying issues, to reach a consensus, or to compromise on contested issues related to the development of a regulation or to the issuance of a permit. Section 10.1-1186.3 D of the Code of Virginia specifies that the board shall adopt regulations in accordance with the Administrative Process Act for the implementation of § 10.1-1186.3. These regulations are to include (i) standards and procedures for the conduct of mediation and dispute resolution, (ii) the appointment and function of a neutral; and (iii) procedures to protect the confidentiality of papers, work product, or other materials.

Statutory Authority: § 10.1-1186.3 of the Code of Virginia.

Public comments may be submitted until 4:30 p.m., Tuesday, August 11, 1998, to the Director, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

Contact: Dr. Kathleen Sands, Policy Analyst, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413, FAX (804) 698-4510, toll-free 1-800-592-5482 or (804) 698-4021/TDD ☎

VA.R. Doc. No. R98-254; Filed June 15, 1998, 2:26 p.m.

VIRGINIA WASTE MANAGEMENT BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Waste Management Board intends to consider promulgating regulations entitled: **9 VAC 20-15-10 et seq. Mediation and Alternative Dispute Resolution.** The purpose of the proposed action is to establish requirements to govern the use of mediation and alternative dispute resolution in regulation development and permit issuance.

Public Meeting: A public meeting will be held by the department in the first floor training room, Department of Environmental Quality, 629 E. Main Street, Richmond, Virginia, at 9 a.m. on Monday, August 10, 1998, 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.

Ad Hoc Advisory Group: The department is soliciting comments on the advisability of forming an ad hoc advisory group, utilizing a standing advisory committee, or consulting with groups or individuals registering interest in working with the department to assist in the drafting and formation of any proposal. The primary function of any group, committee, or

individuals that may be utilized is to develop recommended regulation amendments for department consideration through the collaborative approach of regulatory negotiation and consensus. Any comments relative to this issue may be submitted until 4:30 p.m., Tuesday, August 11, 1998, to the Director, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

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 amendments drafted pursuant to this notice.

Need: Beginning in the early 1970s, federal, state, and local governments have increasingly used mediation and other consensus-building tools as an alternative to more traditional means of resolving disputes. These consensus-building tools are intended to supplement, not replace, conventional legislative, judicial, administrative, or regulatory mechanisms. The benefits of alternative dispute resolution (ADR) are many:

(1) ADR achieves results satisfactory to all parties. Since each party learns to search for common ground and to recognize similar interests in the other parties, the traditional "hero vs. villain" illusion of adversarial disputes is avoided. Because the eventual solution is beneficial to all parties rather than to only one, the process produces mutual satisfaction in all parties, rather than winners and losers. Studies by the American Arbitration Association show that 80% of participants were satisfied with their ADR programs regardless of process or outcome.

(2) ADR saves money. For instance, a single mediation undertaken by the New Jersey Center for Public Dispute Resolution to settle a dispute with the federal government over the state's emergency transport system avoided a potential loss of \$20 million in federal funds.

(3) ADR accelerates the decision-making process. Because the concerned parties have a vested interest in achieving a speedy settlement, resolutions are generally reached in much less time through ADR than is required for resolutions to be reached through more traditional means.

(4) ADR decreases the load on the court system. For instance, Cincinnati's Institute of Justice Private Complaint Program has reduced the municipal court's caseload by a third every year since 1974, with nearly half of the referred cases settled out of court and others being referred to noncourt agencies. Government decision-makers sometimes perceive litigation as a politically safer option than ADR since the court can be blamed for any undesirable outcome. These decision-makers, however, have much more control over the outcome through ADR than through litigation. Furthermore, they can still exercise their right to a court settlement if ADR fails.

(5) ADR is politically advantageous to the involved parties by enhancing their reputation for consensus building and problem solving. Because ADR has developed only over the course of the past two decades, some local government officials and other small-group representatives are unaware of its existence or question its legitimacy as a problem-solving tool appropriate to the inherently conservative atmosphere of government. But ADR is not the same as binding arbitration: its use is neither an admission of failure nor an abdication of authority, but a demonstration that the involved parties are sufficiently dedicated to the public good to be willing to compromise in order to reach a solution.

A large number of the issues settled through ADR are environmental ones. Dispute resolution centers in New Jersey, Massachusetts, Minnesota, New York, New Mexico, Georgia, Florida, and many other states have initiated important discussions and facilitated agreements involving complex and controversial issues like the establishment of regional sewage treatment facilities, the siting of solid waste disposal facilities, the disposal of hazardous waste, the clean-up of a Superfund site, the spraying of herbicides, the adoption of environmental standards, and the siting of underground storage tanks. A well-known example of the successful use of mediation to address an environmental problem is the decade-long public battle over the development of Hawaii's first state water code, which pitted developers against environmentalists, large landowners against small ones, and the counties against the state. This battle produced one legislative stalemate after another to the frustration of all parties but was finally resolved through mediation conducted by Hawaii's Program on Alternative Dispute Resolution.

An example of what happens without ADR is the case of the Hampton-Roads refinery in Virginia. The refinery was proposed in 1970, discussed for over a decade, but never built. Contributing to the failure of the project were badly timed changes in the permitting process, understaffing of the State Air Pollution Control Board, statutory vagueness, siting disagreements, lack of communication within the Army Corps of Engineers, angry citizens, gubernatorial dissatisfaction with the progress of the project, the involvement of the federal government through both the Department of the Interior and the military, and the expiration of the initially issued permits. At the end of the failed project, the company's expenses were over \$6 million, with about half of that in legal fees. The Army Corps of Engineers' bill for legal fees was at least that amount. This case is a good example of the many such environmental disputes which die of exhaustion rather than being settled fairly and thoughtfully. Millions of dollars and thousands of labor years were squandered without an equitable settlement.

One way for Virginia to avoid this situation in the future is to adopt regulations that enable it to implement § 10.1-1186.3 of the Code of Virginia.

Alternatives: Alternatives to the proposed regulation amendments being considered by the department are discussed below.

Notices of Intended Regulatory Action

1. Amend the regulations to satisfy the provisions of the law. This option is being considered because it meets the stated purpose of the regulatory action: to comply with the mandate of § 10.1-1186.3 of the Code of Virginia that requires the adoption of regulations for the use of mediation or alternative dispute resolution in the development of a regulation or in the issuance of a permit.
2. Make alternative regulatory changes to those required by the provisions of the law and associated regulations and policies. This option is not being considered because it does not meet the stated purpose of the regulatory action.
3. Take no action to amend the regulations. This option is not being considered because it does not meet the stated purpose of the regulatory action.

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

Applicable Statutory Requirements: Section 10.1-1186.3 A of the Code of Virginia allows the State Air Pollution Control Board to use mediation and alternative dispute resolution to resolve underlying issues, to reach a consensus, or to compromise on contested issues related to the development of a regulation or to the issuance of a permit. Section 10.1-1186.3 D of the Code of Virginia specifies that the board shall adopt regulations in accordance with the Administrative Process Act for the implementation of § 10.1-1186.3. These regulations are to include (i) standards and procedures for the conduct of mediation and dispute resolution, (ii) the appointment and function of a neutral; and (iii) procedures to protect the confidentiality of papers, work product, or other materials.

Statutory Authority: § 10.1-1186.3 of the Code of Virginia.

Public comments may be submitted until 4:30 p.m., Tuesday, August 11, 1998, to the Director, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

Contact: Dr. Kathleen Sands, Policy Analyst, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413, FAX (804) 698-4510, toll-free 1-800-592-5482 or (804) 698-4021/TDD ☎

VA.R. Doc. No. R98-253; Filed June 15, 1998, 2:26 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Waste Management Board intends to consider promulgating regulations entitled: **9 VAC 20-170-10 et seq. Transportation of Solid and Medical Wastes on State Waters.** The purpose of the proposed action is to satisfy the provisions of § 10.1-1454.1 of the Code of Virginia. The cited provision is an amendment to the statutes as a result of House Bill No. 816 passed by the 1998 General Assembly.

Public Meeting: A public meeting will be held by the department in the first floor training room, Department of Environmental Quality, 629 E. Main Street, Richmond, Virginia, at 10 a.m. on August 11, 1998, 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.

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 4:30 p.m. on August 14, 1998, 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. The primary function of the group is to develop the proposed regulation for department consideration through the collaborative approach of regulatory negotiation and consensus.

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 the proposed regulation.

Need: The proposed regulation will establish a permits by rule requirement for facilities receiving nonhazardous solid wastes and regulated medical waste from a ship, barge or other vessel. It will also establish specific requirements governing the commercial transport of nonhazardous solid wastes and regulated medical waste upon the navigable waters of the Commonwealth and the loading and off-loading of ships, barges and other vessels transporting such wastes. Ships, barges or vessels, and the containers holding wastes have to be designed, constructed, loaded, operated and maintained so as to prevent the escape of liquids, waste and odors and to prevent the loss or spillage of waste in the event of accident.

Therefore, the proposed regulatory action is essential to protect the health, safety and welfare of the citizens of the Commonwealth. It is also essential to protect the Commonwealth's environment and natural resources from pollution, impairment or destruction.

Alternatives: The following alternatives to the proposed regulation are being considered by the department:

1. Adopt the proposed regulation. This option is being selected because it will satisfy the statutory mandates.
2. Take no action to adopt the regulation. Consequently, in the absence of the permitting program as required by the law, it could prohibit any solid waste management facilities to receive nonhazardous solid wastes or regulated medical waste from a ship, barge and other vessel transporting such wastes upon the navigable waters of the Commonwealth. Further, in the absence of any specific requirements as mandated by the statutes, it could prohibit the commercial transport of nonhazardous solid wastes and regulated medical waste

Notices of Intended Regulatory Action

upon the navigable waters of the Commonwealth. This option is not being selected because it would not be constitutional and the statutory mandates would not be fulfilled.

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

Applicable Statutory Requirements: The contemplated regulation is mandated by state law. Specifically, § 10.1-1454.1 of the Code of Virginia charges the Virginia Waste Management Board to develop regulations governing the commercial transport, loading and off-loading of nonhazardous solid wastes (except scrap metal, dredged material and source-separated recyclables) and regulated medical waste by ship, barge or other vessel upon navigable waters of the Commonwealth. The statutes also require the regulation to include the following provisions: (i) to establish a permits by rule requirement for the receiving facilities; (ii) to establish specific requirements for ships, barges or other vessels, and containers to prevent the escape of wastes, liquids, and odors, and to prevent spillage in the event of an accident; (iii) to establish a fee, payable by the owner or operator of any ship, barge or other vessel, to recover the administrative and enforcement costs, and to assess a permit fee for the owner or operator of a receiving facility; and (iv) to require the owners and operators of ships, barges, and other vessels to demonstrate financial responsibility as a condition of operation.

Public comments may be submitted until 4:30 p.m. on August 14, 1998.

Contact: Lily Choi, Environmental Engineer Senior, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4054 or FAX (804) 698-4032.

VA.R. Doc. No. R98-255; Filed June 15, 1998, 2:26 p.m.

STATE WATER CONTROL BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to consider promulgating regulations entitled: **9 VAC 20-15-10 et seq. Mediation and Alternative Dispute Resolution.** The purpose of the proposed action is to establish requirements to govern the use of mediation and alternative dispute resolution in regulation development and permit issuance.

Public Meeting: A public meeting will be held by the department in the first floor training room, Department of Environmental Quality, 629 E. Main Street, Richmond, Virginia, at 9 a.m. on Monday, August 10, 1998, 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.

Ad Hoc Advisory Group: The department is soliciting comments on the advisability of forming an ad hoc advisory group, utilizing a standing advisory committee, or consulting with groups or individuals registering interest in working with the department to assist in the drafting and formation of any proposal. The primary function of any group, committee, or individuals that may be utilized is to develop recommended regulation amendments for department consideration through the collaborative approach of regulatory negotiation and consensus. Any comments relative to this issue may be submitted until 4:30 p.m., Tuesday, August 11, 1998, to the Director, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

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 amendments drafted pursuant to this notice.

Need: Beginning in the early 1970s, federal, state, and local governments have increasingly used mediation and other consensus-building tools as an alternative to more traditional means of resolving disputes. These consensus-building tools are intended to supplement, not replace, conventional legislative, judicial, administrative, or regulatory mechanisms. The benefits of alternative dispute resolution (ADR) are many:

(1) ADR achieves results satisfactory to all parties. Since each party learns to search for common ground and to recognize similar interests in the other parties, the traditional "hero vs. villain" illusion of adversarial disputes is avoided. Because the eventual solution is beneficial to all parties rather than to only one, the process produces mutual satisfaction in all parties, rather than winners and losers. Studies by the American Arbitration Association show that 80% of participants were satisfied with their ADR programs regardless of process or outcome.

(2) ADR saves money. For instance, a single mediation undertaken by the New Jersey Center for Public Dispute Resolution to settle a dispute with the federal government over the state's emergency transport system avoided a potential loss of \$20 million in federal funds.

(3) ADR accelerates the decision-making process. Because the concerned parties have a vested interest in achieving a speedy settlement, resolutions are generally reached in much less time through ADR than is required for resolutions to be reached through more traditional means.

(4) ADR decreases the load on the court system. For instance, Cincinnati's Institute of Justice Private Complaint Program has reduced the municipal court's caseload by a third every year since 1974, with nearly half of the referred cases settled out of court and others being referred to noncourt agencies. Government decision-makers sometimes perceive litigation as a politically safer option than ADR since the court can be

Notices of Intended Regulatory Action

blamed for any undesirable outcome. These decision-makers, however, have much more control over the outcome through ADR than through litigation. Furthermore, they can still exercise their right to a court settlement if ADR fails.

(5) ADR is politically advantageous to the involved parties by enhancing their reputation for consensus building and problem solving. Because ADR has developed only over the course of the past two decades, some local government officials and other small-group representatives are unaware of its existence or question its legitimacy as a problem-solving tool appropriate to the inherently conservative atmosphere of government. But ADR is not the same as binding arbitration: its use is neither an admission of failure nor an abdication of authority, but a demonstration that the involved parties are sufficiently dedicated to the public good to be willing to compromise in order to reach a solution.

A large number of the issues settled through ADR are environmental ones. Dispute resolution centers in New Jersey, Massachusetts, Minnesota, New York, New Mexico, Georgia, Florida, and many other states have initiated important discussions and facilitated agreements involving complex and controversial issues like the establishment of regional sewage treatment facilities, the siting of solid waste disposal facilities, the disposal of hazardous waste, the clean-up of a Superfund site, the spraying of herbicides, the adoption of environmental standards, and the siting of underground storage tanks. A well-known example of the successful use of mediation to address an environmental problem is the decade-long public battle over the development of Hawaii's first state water code, which pitted developers against environmentalists, large landowners against small ones, and the counties against the state. This battle produced one legislative stalemate after another to the frustration of all parties but was finally resolved through mediation conducted by Hawaii's Program on Alternative Dispute Resolution.

An example of what happens without ADR is the case of the Hampton-Roads refinery in Virginia. The refinery was proposed in 1970, discussed for over a decade, but never built. Contributing to the failure of the project were badly timed changes in the permitting process, understaffing of the State Air Pollution Control Board, statutory vagueness, siting disagreements, lack of communication within the Army Corps of Engineers, angry citizens, gubernatorial dissatisfaction with the progress of the project, the involvement of the federal government through both the Department of the Interior and the military, and the expiration of the initially issued permits. At the end of the failed project, the company's expenses were over \$6 million, with about half of that in legal fees. The Army Corps of Engineers' bill for legal fees was at least that amount. This case is a good example of the many such environmental disputes which die of exhaustion rather than being settled fairly and thoughtfully. Millions of dollars and thousands of labor years were squandered without an equitable settlement.

One way for Virginia to avoid this situation in the future is to adopt regulations that enable it to implement § 10.1-1186.3 of the Code of Virginia.

Alternatives: Alternatives to the proposed regulation amendments being considered by the department are discussed below.

1. Amend the regulations to satisfy the provisions of the law. This option is being considered because it meets the stated purpose of the regulatory action: to comply with the mandate of § 10.1-1186.3 of the Code of Virginia that requires the adoption of regulations for the use of mediation or alternative dispute resolution in the development of a regulation or in the issuance of a permit.
2. Make alternative regulatory changes to those required by the provisions of the law and associated regulations and policies. This option is not being considered because it does not meet the stated purpose of the regulatory action.
3. Take no action to amend the regulations. This option is not being considered because it does not meet the stated purpose of the regulatory action.

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

Applicable Statutory Requirements: Section 10.1-1186.3 A of the Code of Virginia allows the State Air Pollution Control Board to use mediation and alternative dispute resolution to resolve underlying issues, to reach a consensus, or to compromise on contested issues related to the development of a regulation or to the issuance of a permit. Section 10.1-1186.3 D of the Code of Virginia specifies that the board shall adopt regulations in accordance with the Administrative Process Act for the implementation of § 10.1-1186.3. These regulations are to include (i) standards and procedures for the conduct of mediation and dispute resolution, (ii) the appointment and function of a neutral; and (iii) procedures to protect the confidentiality of papers, work product, or other materials.

Statutory Authority: § 10.1-1186.3 of the Code of Virginia.

Public comments may be submitted until 4:30 p.m., Tuesday, August 11, 1998, to the Director, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

Contact: Dr. Kathleen Sands, Policy Analyst, Office of Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413, FAX (804) 698-4510, toll-free 1-800-592-5482 or (804) 698-4021/TDD ☎

VA.R. Doc. No. R98-259; Filed June 15, 1998, 2:26 p.m.



TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD FOR ACCOUNTANCY

† Withdrawal of Notice of Intended Regulatory Action

Notice is hereby given that the Board for Accountancy has **WITHDRAWN** the Notice of Intended Regulatory Action for 18 VAC 5-20-10 et seq. Board for Accountancy Regulations, which was originally published in 13:1 VA.R. 3 September 30, 1996.

Contact: Nancy Taylor Feldman, Assistant Director, Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, VA 23230-4917, telephone (804) 367-8590.

VA.R. Doc. No. R97-18; Filed June 15, 1998, 11:51 a.m.

CEMETERY BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Cemetery Board intends to consider promulgating regulations entitled: **18 VAC 47-10-10 et seq. Public Participation Guidelines.** The purpose of the proposed action is to promulgate public participation guidelines for soliciting input of interested parties in the formation and development of the Cemetery Board's regulations. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 9-6.14:7.1 and 54.1-2313 of the Code of Virginia (Chapter 721 of the 1998 Acts of Assembly).

Public comments may be submitted until August 6, 1998.

Contact: Karen O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0500 or (804) 367-8548/TDD ☎

VA.R. Doc. No. R98-250; Filed June 15, 1998, 2:55 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Cemetery Board intends to consider promulgating regulations entitled: **18 VAC 47-20-10 et seq. Cemetery Board Regulations.** The purpose of the proposed action is to implement the provisions of Chapter 23.1 (§ 54.1-2310 et seq.) of Title 54.1 of the Code of Virginia (Cemetery Operators, Perpetual Care Trust Funds and Preneed Burial Contracts) enacted by the 1998 General

Assembly. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 54.1-2313 of the Code of Virginia (Chapter 721 of the 1998 Acts of Assembly).

Public comments may be submitted until August 6, 1998.

Contact: Karen O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0500 or (804) 367-8548/TDD ☎

VA.R. Doc. No. R98-260; Filed June 9, 1998, 11:23 a.m.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Professional and Occupational Regulation intends to consider amending regulations entitled: **18 VAC 120-10-10 et seq. Public Participation Guidelines.** The purpose of the proposed action is to amend the regulation by removing the terms "employment counselors" and "polygraph examiner" to enable the regulation to apply to all regulatory programs administered by the Director of the Department of Professional and Occupational Regulation, including the Professional Boxing and Wrestling Events program mandated by Senate Bill 157 (Chapter 895 of the 1998 Session of the General Assembly). The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 9-6.14:7.1 and 54.1-831 of the Code of Virginia (Chapter 895 of the 1998 Acts of Assembly).

Public comments may be submitted until August 6, 1998.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-2475 or (804) 367-9753/TDD ☎

VA.R. Doc. No. R98-251; Filed June 15, 1998, 2:29 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Professional and Occupational Regulation intends to consider promulgating regulations entitled: **18 VAC 120-40-10 et seq. Virginia Professional Boxing and Wrestling Events Regulations.** The purpose of the proposed action is to promulgate regulations for the newly created boxing and wrestling events regulatory program mandated by Senate Bill 157 (1998). The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 54.1-831 of the Code of Virginia (Chapter 895 of the 1998 Acts of Assembly).

Notices of Intended Regulatory Action

Public comments may be submitted until August 6, 1998.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-2475 or (804) 367-9753/TDD 📞

VA.R. Doc. No. R98-252; Filed June 15, 1998, 1:32 p.m.

PUBLIC COMMENT PERIODS - PROPOSED REGULATIONS



PUBLIC COMMENT PERIODS REGARDING STATE AGENCY REGULATIONS

This section gives notice of public comment periods and public hearings to be held on proposed regulations. The notice will be published once at the same time the proposed regulation is published in the Proposed Regulations section of the *Virginia Register*. The notice will continue to be carried in the Calendar of Events section of the *Virginia Register* until the public comment period and public hearing date have passed.

Notice is given in compliance with § 9-6.14:7.1 of the Code of Virginia that the following public hearings and public comment periods regarding proposed state agency regulations are set to afford the public an opportunity to express their views.

TITLE 9. ENVIRONMENT

STATE WATER CONTROL BOARD

August 5, 1998 - 1 p.m. – Public Hearing
Town Hall, 510 7th Street, Council Chambers, Altavista, Virginia.

September 4, 1998 - Public 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 Water Control Board intends to amend regulations entitled: **9 VAC 25-430-10 et seq. Roanoke River Basin Water Quality Management Plan.** The purpose of the proposed action is to amend the plan to change the wasteload allocations for selected VPDES permitted discharges.

The Department of Environmental Quality invites comments on this intended amendment to the Roanoke River Basin Water Quality Management Plan, including any alternatives. Copies of the draft proposed regulation may be obtained by contacting the Department of Environmental Quality. To obtain a copy and for further information, please contact Jon van Soestbergen at the address and telephone number below.

The Department of Environmental Quality invites comments on costs and benefits of this intended amendment to the Roanoke River Basin Water Quality Management Plan. Comments may be submitted to Jon van Soestbergen at the address below.

The proposed regulatory amendments will affect the following communities: Town of Clarksville, Town of Boydton, Mecklenburg County.

The Department of Environmental Quality analyzed different alternatives in preparing this proposed regulatory amendment. Additional information regarding these analyses is available from Jon van Soestbergen at the address below.

Statutory Authority: §§ 62.1-44.15 (10) and 62.1-44.15 (13) of the Code of Virginia.

Contact: Jon van Soestbergen, P.E., Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060-6296, telephone (804) 527-5043.

August 5, 1998 - 1 p.m. – Public Hearing
Town Hall, 510 7th Street, Council Chambers, Altavista, Virginia.

September 4, 1998 - Public 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 Water Control Board intends to amend regulations entitled: **9 VAC 25-440-10 et seq. Upper Roanoke River Subarea Water Quality Management Plan.** The purpose of the proposed action is to change the wasteload allocation for two segments of the Roanoke River.

The Department of Environmental Quality invites comments on this intended amendment to the Upper Roanoke River Subarea Water Quality Management Plan, including any alternatives. Copies of the draft proposed regulation may be obtained by contacting Dr. Michael J. Scanlan at the address and telephone number below.

The Department of Environmental Quality invites comments on costs and benefits of this intended amendment to the Upper Roanoke River Subarea Water Quality Management Plan. Comments may be submitted to Dr. Michael J. Scanlan at the address below.

The proposed regulatory amendments will affect the communities of Altavista, in Campbell County and communities served by the Roanoke Regional Water Pollution Control Plan in Roanoke, Virginia (Botetourt County, Roanoke County, Town of Vinton and the cities of Roanoke and Salem).

The Department of Environmental Quality analyzed different alternatives in preparing this proposed regulatory amendment. Additional information regarding

Public Comment Periods - Proposed Regulations

these analyses is available from Dr. Michael J. Scanlan at the address below.

Statutory Authority: §§ 62.1-44.15 (10) and 62.1-44.15 (13) of the Code of Virginia.

Contact: Dr. Michael J. Scanlan, Department of Environmental Quality, West Central Regional Office, 3019 Peters Creek Road, Roanoke, VA 24019, telephone (540) 562-6723.



TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

September 4, 1998 – Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: **12 VAC 30-50-10 et seq. Amount, Duration, and Scope of Medical and Remedial Care and Services; 12 VAC 30-60-10 et seq. Standards Established and Methods Used to Assure High Quality Care; and 12 VAC 30-80-10 et seq. Methods and Standards for Establishing Payment Rates--Other Types of Care.** The purpose of the proposed amendments is to allow clinical nurse specialists-psychiatric to be directly enrolled and reimbursed for Medicaid services rendered.

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

Public comments may be submitted until September 4, 1998, to Sally Rice, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons or Roberta J. Jonas, Regulatory Coordinators, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8854 or FAX (804) 371-4981.

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see Information Page.

Symbol Key

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

TITLE 9. ENVIRONMENT

VIRGINIA WASTE MANAGEMENT BOARD

Extension of Public Comment Period

Title of Regulation: 9 VAC 20-80-10 et seq. Solid Waste Management Regulations.

The Virginia Waste Management Board noticed a public comment period on proposed amendments to the Solid Waste Management Regulations in the March 16, 1998, Virginia Register (14:13 VA.R. 1965 March 16, 1998). An extension of the public comment period was noticed in the May 11, 1998, Virginia Register (14:17 VA.R. 2397 May 11, 1998). Due to additional requests, the Department of Environmental Quality, on behalf of the Virginia Waste Management Board, has extended the comment period until 5 p.m. on Wednesday, August 5, 1998. All comments received from March 16, 1998, through 5 p.m. on August 5, 1998, will be considered by the board.

Comments and questions on the proposal should be directed to Wladimir Gulevich, Assistant Division Director, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4218.

VA.R. Doc. No. R95-709; Filed June 17, 1998, 11:33 a.m.

STATE WATER CONTROL BOARD

Title of Regulation: 9 VAC 25-430-10 et seq. Roanoke River Basin Water Quality Management Plan (amending 9 VAC 25-430-20, 9 VAC 25-430-30, 9 VAC 25-430-40 and 9 VAC 25-430-60).

Statutory Authority: §§ 62.1-44.15(10) and 62.1-44.15(13) of the Code of Virginia.

Public Hearing Date: August 5, 1998 - 1 p.m.

Public comments may be submitted until September 4, 1998.

(See Calendar of Events section for additional information)

Basis: The basis of the regulation is §§ 62.1-44.15(13) of the Code of Virginia, which authorizes the State Water Control Board to establish policies and programs for effective area-wide and basin-wide water quality control and management. The Code also authorizes the board to develop pollution abatement and water quality control plans. The Virginia Attorney General's Office has determined that the water quality management plans should be adopted as regulation because the plans are required to contain Total Maximum Daily Loads (TMDL) and Waste Load Allocations

(WLA); therefore, the Roanoke River Basin Water Quality Management Plan was adopted in its entirety as a regulation.

Water quality management plans are required by § 303(e) of the federal Clean Water Act (CWA) (33 USC § 1251 et seq.) as implemented by 40 CFR Part 130. Section 62.1-44.15(13) of the State Water Control Law as implemented by the Permit Regulation requires that "No permit may be issued:... For any discharge inconsistent with a plan or plan amendment approved under Section 208(b) of the CWA." (See Subdivision C 7 of 9 VAC 25-31-50, Prohibitions, eff. July 1996.)

Purpose: The proposed regulatory action amends 9 VAC 25-430-10 et seq., Roanoke River Basin Water Quality Management Plan (WQMP). The State Water Control Board adopted the plan on December 9, 1976, and it became effective February 12, 1992. Water quality management plans identify water quality problems, consider alternative solutions and recommend pollution control measures needed to attain or maintain water quality standards. The proposed amendment addresses changed conditions in two segments addressed in the WQMP. The amendment increases the wasteload allocations in the WQMP for the Burlington Industries - Clarksville discharge and the Town of Boydton Municipal Sewage Treatment Plant (STP) discharge based on the results of mathematical modeling of water quality in the receiving water bodies. The amendment also specifies an individual wasteload allocation for the Town of Clarksville Municipal STP because the town's wasteload allocation is currently combined with the Burlington Industries - Clarksville wasteload allocation.

The Roanoke River Basin Water Quality Management Plan states: "As more data becomes available, alternative methods of analysis can be considered, and in future updates of this plan, the appropriate action items can be amended to reflect use of these other equations and methods of analysis." (9 VAC 25-430-20 B 3.) This amendment addresses the results of two such analyses. The affected water body segments are John H. Kerr Reservoir in the vicinity of Clarksville, and Coleman Creek near Boydton. Both segments are located in Mecklenburg County.

The proposed regulatory action will protect the public health, safety and welfare by maintaining and improving water quality by establishing wastewater loads and total maximum daily loads for point and nonpoint sources of pollution.

Substance:

John H. Kerr Reservoir segment: Amend the Roanoke River Basin Water Quality Management Plan, 9 VAC 25-430-10 et seq., to reflect the results of a more sophisticated water quality model (Lung, et al., January 1994).

Proposed Regulations

Coleman Creek segment: Amend the Roanoke River Basin Water Quality Management Plan, 9 VAC 25-430-10 et seq., to reflect the results of water quality modeling performed (Department of Environmental Quality, March 1995).

Issues: The Roanoke River Basin WQMP is an existing regulation. Burlington Industries and the Town of Boydton requested changes to the wasteload allocations in their respective VPDES discharge permits. The proposed new wasteload allocation for the Burlington Industries discharge, combined with the allocation for the Town of Clarksville, is predicted through mathematical modeling to have minimal effect on the dissolved oxygen balance in the affected segment of John H. Kerr Reservoir. The proposed wasteload allocations for the Town of Boydton were predicted, through mathematical modeling, to be adequate to maintain water quality standards in Coleman Creek. The Town of Clarksville wasteload allocation will remain unchanged, but will be addressed separately to more accurately reflect actual conditions and the results of the water quality model. This amendment to the Roanoke River Basin WQMP will satisfy the intent of the original plan, ensure that beneficial uses of the affected water bodies are maintained, and accommodate the requests of the VPDES permitted discharges.

The proposed Burlington Industries discharge wasteload allocation will enable the facility to increase production, which in turn may protect the welfare of the citizens who work for, or consume products manufactured by, this industry. The proposed Town of Boydton STP discharge wasteload allocation will enable the treatment facility to accept waste water from a state prison facility which has proposed an expansion. By treating the waste from the expanded prison facility, the Town of Boydton STP will improve the health and safety of the citizens of the community and the citizens of the Commonwealth.

Failure to amend the regulation could result in the construction of new facilities on other streams that are currently not subject to discharges from waste water treatment facilities. This would not be consistent with water quality management plans requiring regional approaches to solving environmental problems.

The Roanoke River Basin WQMP recognized that new technologies would be developed for waste water treatment and for modeling their impact on receiving water bodies. Not amending the WQMP is a failure to meet the WQMP's mandate to use up-to-date information for the protection of water quality and the economic health of the Commonwealth's communities.

The advantages of the proposal are that the purpose of water quality management plans will be satisfied and the beneficial uses of the affected water bodies will be maintained while accommodating the needs of the affected discharges. There are no known disadvantages.

Estimated impact and identity of communities affected. Two communities are affected by the amendment of the regulation, the Town of Clarksville (1990 population 1,253), specifically Burlington Industries, and the Town of Boydton (1990 population 453). Both communities are located in

Mecklenburg County (1990 population 29,241). Compliance with the proposed wasteload allocations for the Town of Clarksville and Burlington Industries does not have an associated cost, because the existing waste water treatment infrastructure will remain unchanged. The Town of Boydton is currently upgrading and expanding the existing waste water treatment infrastructure to accommodate growth. The projected cost of construction of the new facility is approximately \$3,375,000.

Estimated impact:

1. Projected cost. Cost to the Commonwealth should not exceed what is already expended through the normal permit issuance/reissuance process.
2. Source of funds. Funds are secured through federal 106 Grant Funds and the collection of permit fees from the permittees.

Department of Planning and Budget's Economic Impact

Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 13 (94). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The proposed regulation changing the Roanoke River Basin Water Quality Management Plan (WQMP) increases the wasteload allocation for the Town of Boydton to reflect new modeling results that demonstrate an increased waste assimilation capacity in Coleman Creek. The change also separates the wasteload allocations for the Town of Clarksville and Burlington Industries, effectively increasing the allocation to Burlington Industries to reflect modeling results that show that the increased allocation would have a minimal impact on the affected segment of the John H. Kerr Reservoir.

Estimated economic impact. The industrial expansions in Clarksville and Boydton are expected to have favorable effects on the local economies by increasing employment and tax revenue. Thus, there are expected to be significant economic benefits from the new activities allowed by the change in the regulation. Not allowing the increased wasteloads would not necessarily eliminate these benefits. The facilities in question could choose to install more expensive equipment for minimizing the effluent wasteload. However, these costs would reduce the net economic benefits of the projects, even if the facilities in question continue with their plans in the current location.

Increased effluent loading in streams and lakes does have associated economic costs. Empirical evidence clearly indicates that the public has, on average, a substantial willingness to pay for improvements in water quality. This willingness to pay exists even for changes in stream quality that most people know they will never directly experience.

The wastes affected by this change are regulated for their impact on dissolved oxygen (DO) in the water. The permissible minimum levels of DO in the water are chosen to ensure the protection of flora and fauna in the water during periods of very low flow, when the effluents are expected to have their greatest impact. These circumstances are expected to occur only rarely so the standard is fairly conservative in that it protects in-stream wildlife under quite infrequent, extreme conditions. Allowable wasteloads are determined by using models that simulate the effects of the wastes on stream quality. The in-stream impact of effluents depends on both the total mass loading of wastes and the concentration of the mass in the effluent stream.

When the original wasteload allocations in the WQMPs were established, the allocations were made using existing data and mathematical models. The quality and quantity of data as well as the sophistication of the mathematical models for estimating in-stream impacts have greatly improved in recent years. Thus, it would not be surprising if the best scientific information available today would lead to a somewhat different conclusion than did analysis two decades ago.

When a source wishes to establish or increase its effluents into state waters, the prospective source has the burden of demonstrating that its effluents will not cause water quality to fall below the minimum standards established in state laws and regulations. In order to satisfy the Department of Environmental Quality (DEQ) on this point, prospective sources will arrange to have the in-stream impact of the proposed wasteload modeled using the most current data and simulation technology. The models and data used are subject to oversight by DEQ staff. If the new modeling effort indicates that the proposed wasteload allocation will not cause water quality to fall below the standards, DEQ will permit the activity.

In the case of the increased load from the Town of Boydton, DEQ performed the site-specific modeling to determine the impact of the effluent. DEQ's analysis indicated that the proposed increase in wasteload would not violate the water quality standard so long as the concentration of the effluent was lowered somewhat.

Burlington Industries had a consultant model the impact of its proposed wasteload increase. This model was independently evaluated by DEQ. The results of the model indicate that the increased wasteload will have a minimal impact on water quality in the Kerr Reservoir relative to current conditions.

DEQ indicates that during periods of normal flow, it is unlikely that the changes in wasteload proposed here will be perceptible in the affected segments of the waterways involved. It would appear, then, that there are not

substantial costs due to reductions in water quality associated with this proposal. Given that this is true, these modifications to the WQMP should result in a positive economic impact.

Businesses and entities affected. These changes are needed to accommodate the expansion of a Burlington Industries facility in Clarksville and a prison expansion in Boydton. These facilities will benefit from the change. It is possible that during very low-flow conditions in Coleman Creek that the increased wasteload could result in a small perceptible change in water quality. DEQ staff indicate that this is unlikely and that the segment of Coleman Creek in question is not used by humans to any significant extent.

Localities particularly affected. This proposed change will only affect the Town of Clarksville, John H. Kerr Reservoir, the Town of Boydton, and a stretch of Coleman Creek below Boydton.

Projected impact on employment. The modifications in the WQMP are necessary to allow the expansion of production at a Burlington Industries facility in Clarksville and to allow the opening of an expanded prison facility near Boydton. These expansions are expected to result in an increase in employment in both Clarksville and Boydton. If the Plan were not changed, anticipated expansions in these operations could not occur.

Effects on the use and value of private property. The increased economic activity associated with the business expansions will tend to increase property values in the area somewhat. The magnitude of this change cannot be readily estimated at this time.

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

Summary:

The proposed amendments to the Roanoke River Basin Water Quality Management Plan (WQMP) increase the wasteload allocations in the WQMP for the Burlington Industries - Clarksville discharge and the Town of Boydton Municipal Sewage Treatment Plant (STP) discharge based on the results of mathematical modeling of water quality in the receiving water bodies. The amendments also specify an individual wasteload allocation for the Town of Clarksville Municipal STP because the town's wasteload allocation is currently combined with the Burlington Industries - Clarksville wasteload allocation.

9 VAC 25-430-20. State water quality goals.

A. Present policy and existing situation. The overall water quality goal of the state is to insure that surface and groundwaters are maintained at the highest possible levels that are economically feasible. The SWCB carries out this policy by instituting programs that upgrade the quality levels of waters in which the water quality standards are violated,

Proposed Regulations

and that maintain existing levels where the quality is higher than the minimum standards.⁶ At least once each three-year period, the SWCB conducts public hearings for the purpose of receiving comments on applicable water quality standards and, as appropriate, modifying and adopting revised standards.⁷ When applied to the Roanoke River Basin, these goals call for water quality in the streams and reservoirs which is adequate for public water supplies, for recreational activities, and for the protection and propagation of fish and aquatic life.⁸

State adopted water quality goals can be met by regulating and controlling the quantities of pollutants discharged into surface and groundwaters. The National Pollutant Discharge Elimination System (NPDES) provides a procedure which regulates quantities of pollutants, including materials toxic to fish and aquatic life, being discharged from municipal sewerage and industrial wastewater outfalls, i.e., quantities of point source pollutants. These limits of pollutant levels and resulting wastewater treatment requirements may be modified periodically as required by federal or state statute.⁹

B. Mathematical analysis of the basin. Analysis of a basin such as the Roanoke for required waste treatment levels is best accomplished by subdividing it into a series of segments, determined on the basis of water quality and hydrologic characteristics. These segments are classified as either effluent limitation or water quality, according to the degree of treatment necessary for attainment of established water quality goals.¹⁰ Effluent limitation segments are those in which the water quality goals will be met after municipal facilities have "secondary treatment" level capabilities, and industrial facilities have "best practicable technology" (BPT) in their treatment plants. Water quality segments are those requiring treatment levels higher than the foregoing levels in order to meet the standards.¹¹ In the consultant's report, segments were classified "Effluent" if streams receive only minor discharges, have no known water quality problems, and along which no population or industrial growth is anticipated. BPT will be sufficient to comply with state and EPA regulations. BPT is a technical term defined in P.L. 92-500 and generally defines national minimum level of treatment for various industries. Segments with existing or anticipated water quality problems were classified "effluent limitation." BPT will be sufficient to correct these problems in the near future, although rapid growth may require a higher degree of treatment at a later date.

The exact treatment levels required of each discharger in a water quality segment are determined using a wasteload allocation system. This allocation is based on biological, chemical and hydrologic characteristics of the stream segment, and on the economic aspects of the segment watershed area.

Presented in Table 1 are the segment classifications for the waters of the Roanoke basin. Since the classification system is functionally dependent upon waste flows, levels of treatment, and growth, it follows that some streams will be reclassified in the future as conditions change. It should be pointed out that implementation of the goals of BAT by 1983 and zero discharge by 1985 could completely change the

classification system. Secondary treatment, BPT and stream assimilation capacities were used as the foundation for the formulation of ~~waste-load~~ *wasteload* allocations. Based on these requirements, total loadings with respect to the major constituents (BOD₅, suspended solids, nitrogen, and phosphorus) were generated for each existing and potential discharger depending upon the treatment levels which were deemed necessary to meet water quality standards. In segments with two or more dischargers three methodologies were examined. The equal treatment method was used in this river basin plan for areas with existing and future multiple dischargers.

1. Equal treatment: all dischargers provide equal treatment, i.e., the same removal efficiency of 90% or better for BOD₅ and suspended solids.
2. Equal effluent: all dischargers provide the same effluent concentrations, i.e., 30 mg/l or less for BOD₅ and suspended solids.
3. Population equivalent: industrial waste and other dischargers converted to population equivalent, i.e., 240 mg/l of BOD₅ and suspended solids for raw waste concentrations.

Presented in Tables 2 and 3 are the ~~waste-load~~ *wasteload* allocations for significant dischargers in the basin. Although BOD₅ is the only constituent for which allocations are established, other major components are presented as suggested NPDES permit numbers in the consultant's report.

It must be stressed that these numbers represent only a preliminary evaluation based on limited data and should be further investigated with detailed field data especially in areas where higher than secondary levels of treatment have been suggested.

For the Roanoke River Basin, the segments were analyzed using the TVA flat water equation corrected for stream slope.¹² This mathematical formula yields the number of pounds per day of five-day biochemical oxygen demand (BOD₅) which can be discharged. The TVA flat water equation was utilized for stream water quality analysis and for allowable amounts of wastewater discharges in this basin. This formula was selected because its parameters require less extensive field data than do other equations, such as Streeter-Phelps. Given the comparatively limited amounts of data for much of the Roanoke Basin area, the use of the TVA equation presently appears to be the most expeditious approach for stream water quality analysis. As more data becomes available, alternative methods of analysis can be considered, and in future updates of this plan, the appropriate action items can be amended to reflect use of these other equations and methods of analysis. Depending on the scope of either the data collection efforts or the analysis, such alternative analyses can be applied either to the entire basin or to specific portions of it. Further discussion on the TVA equation and its capabilities and limitations are

found on page 944 through 949 of the Volume V-A report and a discussion of wasteload allocations for the basin is given on page 210.

C. Board actions to meet water quality goals. The following board actions will be taken:

1. Adopt the segment classifications given in the basin planning report to amend those given in the State Continuing Planning Process 1973-74,^{13,14} and

2. Utilize the TVA flat water equation to determine the total assimilation capacity of each stream segment, and assure that these assimilation capacities are not exceeded by discharge levels allowed under the NPDES Program; and

3. Direct the mathematical analyses of the water quality segments in this basin be continued as additional data becomes available.

⁶ Commonwealth of Virginia, State Water Control Law, § 62.1-44.2; § 62.1-44.36.

⁷ P.L. 92-500, Section 303(c).

⁸ SWCB, Water Quality Standards §§ 1.01, 1.03 through 1.06, 2.01, 2.02, 4.02, 4.03 (9 VAC 25-260-5 et seq.).

⁹ P.L. 92-500, Section 402.

¹⁰ Hayes, Seay, Mattern & Mattern, Roanoke River Basin Comprehensive Water Resources Plan, Volume V-A, pp. 183-227; 944-1130.

¹¹ P.L. 92-500, Sections 301 and 302.

¹² Hayes, Seay, Mattern & Mattern, Roanoke River Basin Comprehensive Water Resources Plan, Volume V-A, pp. 945-949.

¹³ Ibid, pp. 204-209.

¹⁴ SWCB, 1973-74 Continuing Water Quality Planning Process, pp. 1-8.

TABLE 1.
STREAM SEGMENT CLASSIFICATION
ROANOKE RIVER BASIN WATER QUALITY
MANAGEMENT PLAN.

Classification	Segment Description
WQMA IV E	All tributaries to the Roanoke River not previously classified in this WQMA.
WQMA V E	Roanoke River and all tributaries in this WQMA.
WQMA VI WQ EL E	Ash Camp Creek. Twittys Creek. Roanoke Creek to include all tributaries not previously classified in this WQMA.
WQMA VII WQ EL	Banister River from confluence of Polecat Creek to confluences of Dan and Banister Rivers (river only). Dan River from confluence of Miry Creek to

WQ	backwaters of Kerr Reservoir (river only).
WQ	Kerr Reservoir.
WQ	Little Bluestone Creek.
WQ	Butcher Creek.
WQ	Flat Creek.
E	All tributaries to Kerr Reservoir, Dan River and Banister River not previously classified in this WQMA.
E	Roanoke River from confluence of Clover Creek to headwaters of Kerr Reservoir.
E	All tributaries to the Roanoke River in this WQMA not previously classified.

WQMA VIII E	Hyco River from the NC-VA state line to its confluence with the Dan River to include all tributaries.
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WQMA IX E EL EL E	Banister River through this WQMA. Georges Creek. Cherrystone Creek. All tributaries to Banister River not previously classified in this WQMA.
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WQMA X E E WQ E E	Dan River from the NC-VA state line to one mile above the confluence of Sandy River (river only). Sandy River to include all tributaries. Dan River from one mile above confluence of Sandy River to NC-VA line. Dan River from NC-VA line to confluence of Miry Creek. All tributaries to the Dan River in Virginia not previously classified in this WQMA.
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WQMA XII E WQ EL EL E	Smith River from its headwaters to Philpott Dam. Smith River from Philpott Dam to the NC-VA state line. Marrowbone Creek. Leatherwood Creek. All tributaries to the Smith River not previously classified in this WQMA.
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WQMA XIII E	North Mayo River from its headwaters to the NC-VA state line to include all tributaries.
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WQMA XIV E EL E	Headwaters South Mayo River to confluence of North Fork South Mayo River. South Mayo River from confluence with North Fork to NC-VA line. All tributaries of the South Mayo River not previously classified in this WQMA.
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WQMA XV E	All streams in this WQMA.
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Proposed Regulations

Source: Hayes, Seay, Mattern & Mattern

TABLE 2.
WASTELOAD ALLOCATIONS FOR SIGNIFICANT DISCHARGES FOR SELECTED ALTERNATIVE ROANOKE RIVER BASIN
WATER QUALITY MANAGEMENT PLAN.

Water Quality Management Area (WQMA)	Study Area Name	Discharger	Stream Name	Segment Classification	303(e) Wasteload Allocation BOD ₅ lbs/day
WQMA IV	Appomattox	Appomattox STP	Falling R.	EL	100.00
WQMA IV	Brookneal	Brookneal STP and Burlington Ind. - Brookneal	Roanoke R.	EL	1381.20
WQMA IV	Rustburg	Rustburg STP	Molleys Cr.	WQ	17.94
WQMA VI	Drakes Branch	Drakes Branch and Burlington Ind. - Drakes Branch	Twittys Cr.	EL	27.82
WQMA VI	Keysville	Keysville and Virginia Crafts	Ash Camp Cr.	WQ	48.00 ¹
WQMA VII	Clarksville - Chase City - Boydton	Chase City Regional STP	Little Blue Stone Cr.	WQ	32.52
		Boydton	Coleman Cr.	EL	N/A ¹
		Clarksville STP	Kerr Reservoir	WQ	131.00
		Burlington Industries - Clarksville	Kerr Reservoir	WQ	1793.00
WQMA VII	South Boston - Halifax - Scottsburg - Clover	South Boston STP	Dan R.	WQ	1854.00
		Halifax STP, Halifax Cotton Mills, Burlington Ind. - Halifax and Scottsburg STP	Banister R.	WQ	584.84
		Clover	Clover Cr.	EL	8.76
WQMA VII	South Hill - Lacrosse - Brodnax	South Hill, Lacrosse and Brodnax	Flat Cr.	WQ	N/A ¹
WQMA VII	Virgilina	Virgilina	X-Trib. to Wolfpit Run	EL	13.00
WQMA IX	Chatham - Gretna	Chatham	Cherrystone Cr.	EL	125.22
		Gretna	Georges Cr.	EL	100.00
WQMA X	Dan River	Danville and U.S. Gypsum	Dan R.	WQ	4407.00
		Dan River, Inc.	WILL DISCHARGE PROCESS WATER TO THE CITY OF DANVILLE STP		
WQMA XII	Smith R.	Henry County PSA			
		Upper Smith R. STP	Smith R.	WQ	567.00
		Collinsville STP	CONNECTED TO UPPER SMITH R. STP		
		Fieldcrest Mills	CONNECTED TO UPPER SMITH R. STP		

Proposed Regulations

		<i>E. I. duPont</i>		<i>Smith R.</i>	<i>WQ</i>	<i>503.00</i>
		<i>Martinsville STP</i>		<i>Smith R.</i>	<i>WQ</i>	<i>1500.00</i>
		<i>Henry County PSA</i>				
		<i>Lower Smith R. STP</i>		<i>Smith R.</i>	<i>WQ</i>	<i>567.00</i>
<i>WQMA XIV</i>	<i>Stuart - Patrick Springs</i>	<i>Stuart STP</i>		<i>S. Mayo R.</i>	<i>EL</i>	<i>141.90</i>
		<i>United Elastic Patrick Springs</i>		<i>S. Mayo R.</i>	<i>EL</i>	<i>8.38</i>
<i>WQMA XIV</i>	<i>NONE</i>	<i>United Elastic Woolwine</i>		<i>Smith R.</i>	<i>EL</i>	<i>192.00</i>

NOTES:

¹ See Table 3.

TABLE 3.
WASTELOAD ALLOCATIONS FOR DISCHARGERS WITH TIERED PERMITS ROANOKE RIVER BASIN WATER QUALITY MANAGEMENT PLAN.

<i>Water Quality Management Area (WQMA)</i>	<i>Study Area Name</i>	<i>Discharger</i>	<i>Months</i>	<i>Flow (mgd)</i>	<i>Effluent D.O.</i>	<i>CBOD₅ (lbs/day)</i>	<i>BOD₅ (mg/l)</i>	<i>Ammonia (mg/l)</i>	<i>Total Kjeldahl Nitrogen (mg/l)</i>
<i>WQMA VI</i>	<i>Keysville</i>	<i>Keysville</i>	<i>Jan. - Feb.</i>	<i>0.250</i>	<i>3.0</i>		<i>23.0</i>	<i>10.0</i>	
			<i>Mar. - Nov.</i>	<i>0.250</i>	<i>3.0</i>		<i>23.0</i>	<i>2.0</i>	
			<i>Dec.</i>	<i>0.250</i>	<i>3.0</i>		<i>23.0</i>	<i>10.0</i>	
<i>WQMA VII</i>	<i>South Hill-Lacrosse-Brodnax</i>	<i>South Hill</i>	<i>Jan. - Feb.</i>	<i>1.000</i>	<i>6.5</i>	<i>250.00</i>	<i>30.0</i>	<i>20.0</i>	
			<i>March</i>	<i>1.000</i>	<i>6.5</i>	<i>250.00</i>	<i>30.0</i>	<i>5.0</i>	
			<i>Apr. - May</i>	<i>1.000</i>	<i>6.5</i>	<i>83.00</i>	<i>10.0</i>	<i>1.0</i>	
			<i>June- Sept.</i>	<i>1.000</i>	<i>6.5</i>	<i>75.00</i>	<i>9.0</i>	<i>1.0</i>	
			<i>Oct.</i>	<i>1.000</i>	<i>6.5</i>	<i>83.00</i>	<i>10.0</i>	<i>1.0</i>	
			<i>Nov.</i>	<i>1.000</i>	<i>6.5</i>	<i>142.00</i>	<i>17.0</i>	<i>5.0</i>	
			<i>Dec.</i>	<i>1.000</i>	<i>6.5</i>	<i>250.00</i>	<i>30.0</i>	<i>20.0</i>	
<i>WQMA VII</i>	<i>Clarksville-Chase City-Boydton</i>	<i>Boydton</i>	<i>May- Nov.</i>	<i>0.360</i>	<i>5.0</i>	<i>39.1</i>	<i>13.0¹</i>		<i>3.0</i>
			<i>Dec.- Apr.</i>	<i>0.360</i>	<i>5.0</i>	<i>75.1</i>	<i>25.0¹</i>		

NOTES:

¹ *CBOD₅ (CBOD₅/BOD₅=25/30).*

9 VAC 25-430-30. Municipal and industrial wastes.

A. Regional service areas. Regional sewerage service areas identified in this basin are shown on Plate 1, and the corresponding sewerage system and treatment works data are presented in Table 4.¹⁵ The Greater Roanoke Metropolitan Area is one of these service areas, and is also included in an areawide water quality management plan as authorized by Section 208 of P.L. 92-500. This "208" Plan provides a further detailed water quality management strategy for this basin's headwaters area.¹⁶

Of the 22 study areas identified, 11 are to have secondary treatment plants, and eight others are to have treatment levels higher than secondary. For the remaining three areas, nonconventional treatment methods, such as land disposal, are recommended.

B. Wastewater treatment plants. Industrial and municipal wastewater discharge locations in the basin watershed area are given in Table 5 and are shown on Plate 2.¹⁷ Raw water sources are also shown on Plate 2. Table 5 indicates if these individual discharges are in one of the regional service areas listed in Table 4, and whether it is to be connected to a

Proposed Regulations

regional service area facility. The ~~waste load~~ *wasteload* allocation process described in the preceding section takes into account these isolated dischargers as well as those located in the regional service areas.

Section 201 of P.L. 92-500 authorizes grants for construction of municipal sewage treatment works and associated sewage interceptor facilities. This grant program consists of three steps. Step I is the planning and feasibility phase, Step II is the design phase and Step III is the actual construction of the facility. The status of the facilities grant as of May 1976 for facilities within the sewerage service area is given in Table 4 and for facilities outside the sewerage service area in Table 5.

Grants for sewerage systems and treatment works that have not been considered in any grant program of any fiscal year through 1976 are to be considered for Step I grants in fiscal year 1977. Table 6 shows the sewerage system and treatment works projects which are expected to be constructed within the Roanoke River Basin in fiscal year 1977 based on the statewide priority points.

C. Policies for point source discharges. Population and industrial output of many of the sewerage service areas are expected to grow, giving rise to needs for increased capacity for waste treatment, either by traditional methods or by such alternatives as waste recycling or waste source control. In 1971, the SWCB established the following policy regarding allowable wastewater flow and discharge:

1. When the average flow influent to a sewage treatment works for any consecutive three-month period reaches 80% of the SWCB approved design capacity, the owner shall submit to the board, within 90 days, an analysis of projected loadings, and shall submit proposed plans for increasing the treatment works capacity, including proposed methods of financing, unless the owner can demonstrate, in writing to the satisfaction of the board or its staff, that an increase in treatment capacity is not required at that time.

2. When the average flow influent to a sewage treatment works for any consecutive three-month period reaches 95% of the SWCB approved design capacity, the jurisdictions using this plant shall terminate the issuance of permits which allow start of construction of projects in the affected area, and shall submit a plant expansion program to the board for its review and approval before granting any additional such permits.¹⁸

D. Board actions for point source discharges. The following board actions will be taken:

1. Issue discharge permits consistent with projected area growth and development plans;
2. Continue the waste treatment facility construction grants program to achieve or maintain the required wastewater treatment levels;
3. Issue and enforce discharge certificates to those communities, industrial firms, and institutions isolated

from the designated sewerage system service areas or not connecting to any central facility, or both;

4. Require, whenever practicable, owners that generate future wastewater loads within the service areas to discharge to the appropriate sewerage service area;

5. Issue state certificates for proposed zero discharge systems; and

6. Consider and evaluate cost effective nonconventional proposals for service and wastewater treatment.¹⁹

¹⁵ Hayes, Seay, Mattern & Mattern, Roanoke River Basin Comprehensive Water Resources Plan, Volume V-A, pp. 8-45; 331-814.

¹⁶ Moore, Gardner & Associates, 208 Areawide Wastewater Management Plan, Summary Report, pp. 6-2 through 6-20; Appendix 5, pp. 1-34.

¹⁷ Hayes, Seay, Mattern & Mattern, Roanoke River Basin Comprehensive Water Resources Plan, Volume V-A, pp. 4-8; 47-84; 197-112; 1131-1172.

¹⁸ Commonwealth of Virginia, State Water Control Law (§ 62.1-44.2 et seq. of the Code of Virginia), Policy for Sewage Treatment Plant Loadings, adopted May 12, 1971, effective June 23, 1971.

¹⁹ Hayes, Seay, Mattern & Mattern, Roanoke River Basin Comprehensive Water Resources Plan, Volume V-A, Rustburg Study Area, p. 26, Virgilina Study Area, pp. 32-33; Pamplin City Study Area, p. 28.

PLATE 1.
ROANOKE RIVER BASIN
STREAM SEGMENT CLASSIFICATION.

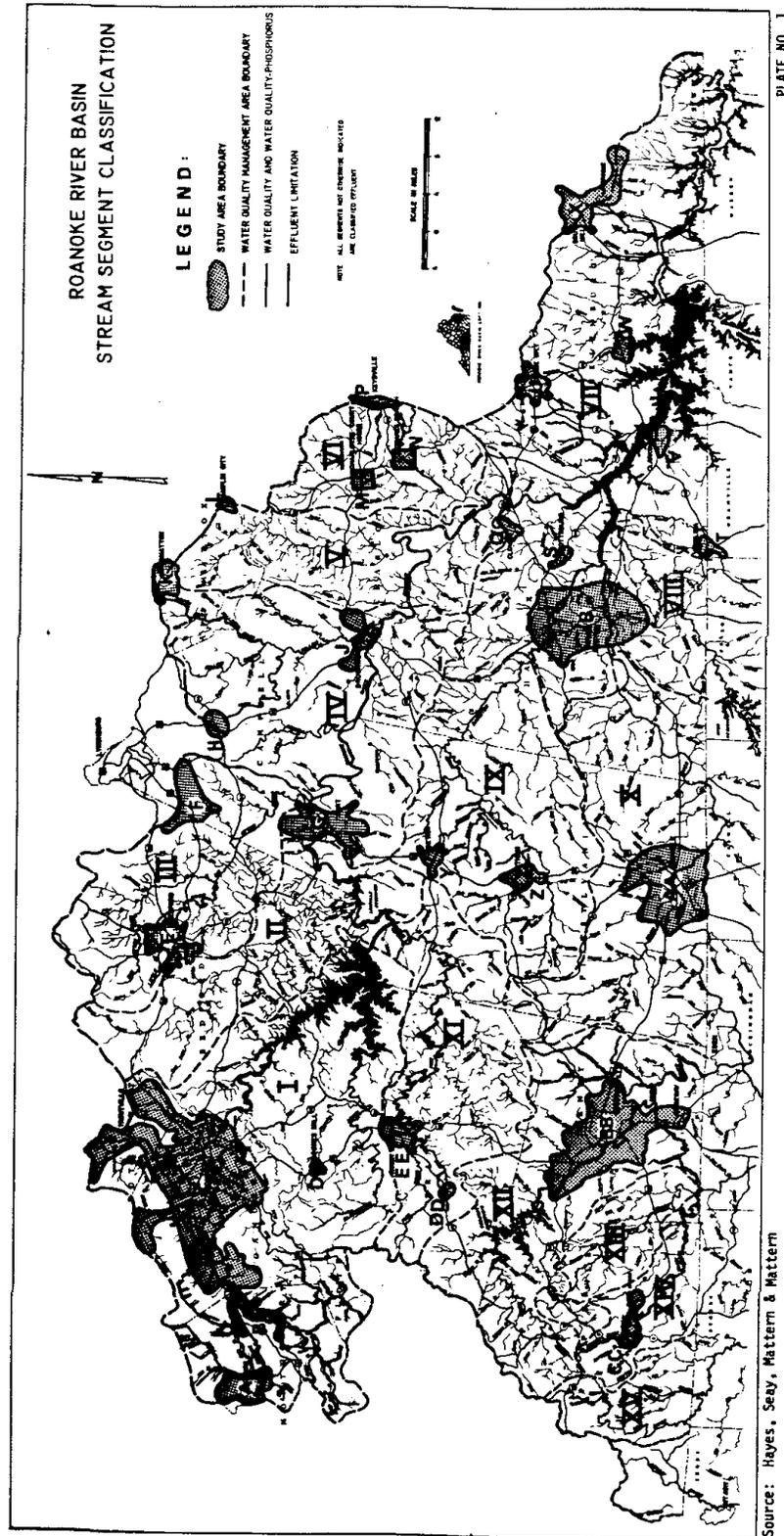


PLATE NO. 1

Source: Hayes, Seay, Mattem & Mattem

Proposed Regulations

TABLE 4.
SEWERAGE SERVICE AREAS.

NPDES Limits³

SSA ¹	Municipality	Receiving Stream Classification ²	Flow (mgd)	BOD ₅ (lbs/day)	SS (lbs/day)	Status of Applicable ⁴ Section 201 Programs May 1976
K	Appomattox	EL	0.170	42.55	42.55	
		EL	0.054	*9.48/ 13.45	27.12	
BB	Bassett		Not Applicable ⁵			To be served by Henry County Regional Plant
X	Brodnax		Not applicable ⁵			To be served by South Hill
J	Brookneal	EL	0.078	31	31	No grant application yet submitted
		EL	0.082	33	33	
M	Charlotte C.H.		Required permit to be issued ⁶			Continue use of existing community septic tank system; to be rated for grant in Fiscal Year 1977
U	Chase City	WQ	0.1	*30/50	*30/50	No grant application yet submitted
		WQ	0.28	112	112	
Z	Chatham	EL	0.45	113	113	
V	Clarksville	WQ	0.35	380	292	No grant application yet submitted
Q	Clover		0.35	8.76	8.76	
BB	Collinsville		Not applicable ⁵			STP to be abandoned and area served by Henry County Regional Plant
AA	Danville (2 plants)	WQ	24.0	4203	4203	Construction completed in Spring 1976
		WQ	15.0	2127	3735	
N	Drakes Branch	EL	0.0575	75	58	Step I to be submitted Fiscal Year 1976
BB	Fieldale		Not Applicable ⁵			To be served by Henry County Regional Plant
Y	Gretna	EL	0.230	58	58	
R	Halifax	WQ	0.300	75	75	
BB	Henry County PSA	WQ	4.0	564	1001	
	Upper Smith R. STP					
Not Shown	Henry County PSA	WQ	4.0	567	1001	
	Lower Smith R. STP					
P	Keysville	WQ	0.25	**	62	
X	LaCrosse	WQ	0.072	29	29	To be served by South Hill
		WQ	0.04	16	16	
BB	Martinsville	EL	8.0	1500	2002	

Proposed Regulations

G	Motley		Not applicable ⁵			Continue use of individual septic tanks
L	Pamplin City		Not applicable ⁵			No grant application yet submitted
CC	Patrick Springs		Not applicable ⁵			Continue use of individual septic tanks
H	Rustburg	WQ	0.156	62	62	Step III submitted; construction to begin Summer 1976
S	Scottsburg		Not applicable ⁵			To be served by South Boston; Step I for connection to be submitted Fiscal Year 1976
R	South Boston	EL	1.3	1410	1410	Construction completed in December 1976
X	South Hill	E	1.00	**	251.33	
BB	Stanleytown					To be served by Henry County Regional Plant
CC	Stuart		Required Permit to be issued ⁶			Construction completed March 1976
			0.30	130	47.5	
F	Timberlake		Not applicable ⁵			To be served by Lynchburg in James River Basin
T	Virgilina		Not applicable ⁵			No grant application yet submitted

NOTES:

¹ Sewerage Service Areas (SSA) shown on Plate 1.

² Effluent Limiting (EL) or Water Quality (WQ).

³ For existing sewage treatment facility.

⁴ For new sewage treatment facility.

⁵ No existing or future sewage treatment plan planned, wastes to be transferred to other sewerage service areas.

⁶ No exiting discharge but new sewage treatment plan is under construction or planned.

* Seasonal NPDES allowable loading: April to September/October to March.

** See Table 3 in 9 VAC 25-430-20.

Source: Hayes, Seay, Mattern & Mattern

**TABLE 5.
WASTEWATER POINT DISCHARGERS.**

Waste Source Number	Wastewater Point Discharger
APPOMATTOX COUNTY	
240 *#@	Appomattox Country Club
241	Town of Appomattox
242 *	Maude's Restaurant
CAMPBELL COUNTY	
231 *#@	Yellow Branch Elementary School
232 *	Rustburg High School
233 *	Rustburg Sanitation
234 #	Field Unit #9
235 *#@	William Camp High School
236	Town of Brookneal #1
237	Town of Brookneal #2
238 *	Universal Electric
239 #	Burlington Industries

CHARLOTTE COUNTY

243 *#@	J. H. Jefferess Elementary School
244 *#@	Phenix Elementary School
245 *#@	Bacon District Elementary School
246 *#@	Reynolds Laundry
247 *#@	Phenix Car Wash
248 *#@	Kyanite Mining
249 *	Randolph Henry High School
250 *	Central Elementary School
251 *	Central Junior High School
252 *	Charlotte City Sewage
253 #@	Virginia Crafts
254	Town of Keysville
255 #	Burlington Industries
256 *	Town of Drakes Branch
257 *#@	Spaulding Box Factory
258 *#@	Cardinal Homes

MECKLENBURG COUNTY

292 *#@	Kieffer Yancey's Restaurant
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Proposed Regulations

293 *#@	Newton's Trailer Park	120 *@	Carver Estates
294 *#@	Little Buffalo Exxon	121 *	Greenbrier
295 *	Lighthouse Motel	122 *#@	Plasters Trailer Court
296	Town of Clarksville	123 *	Ridgeway Elementary School
297 *#	Burlington Industries (Clarksville)	124 *	Drewry Mason High School
298 #	Burlington Industries (Clarksville)	125 *	Ridgeway Trailer Park
299 *#@	Marifield Apartment & Trailer Park	126 *	Henry County Plywood
300 *#@	Hopkins Car Wash	127 *@	Penn's Trailer Park
301 *#@	Occoneechee State Park	128 *	Cravely Furniture
302 *@#	Bluestone Junior High School	129 *	Countryside Trailer Park
303 *#@	Bluestone Senior High School	130 *	Ponderosa Trailer Park
304	Town of Chase City	131	City of Martinsville
306 *	Virginia Home, Inc.	132 *	Town House Motel
307	Town of Boydton	133 *	Eastwood Subdivision
308 *#@	Correction Field Unit #4	134 #	Bassett Walker Knitting Company
309 *#@	Buckhorn Primary School		
310 *#@	South Hill Motel & Restaurant		
316	Town of South Hill		
318 *#@	LaCrosse Primary School		
320 *#@	Parker Oil Company		

HALIFAX COUNTY

260 *#@	Mac's Washer
261 *#@	Sydnor Junior Elementary School
262 *#@	Meadville Elementary School
263 *#@	Clay's Mill Elementary School
264 *#@	Southern Mobile Homes
265 *#@	Scottsburg Elementary School
266 *#@	Carson Anderson Car Wash
267 *	Lakewood Trailer Park
268 *	Crabtree Trailer Park
269	Vulcan Materials
270 *	South Boston Speedway
271 *	J. P. Stevens
272	City of South Boston
273 *	Oak Hill Subdivision
274 *	Fordland
275 *	Highland Hills Subdivision
276 *	Love Shop Mobile Home
277 *	C. D. Ragland Car Wash
278 *#	Burlington Industries
279 #	Burlington Industries
280	Town of Halifax
281 *	Sinai Elementary School
282 *	Hightower Trailer Court
283 #	Halifax Cotton Mill
284 *#@	Birchland Park Laundry & Store
285 *#@	Tucker's Trailer Court
286 *	Hillcrest Motel
287 *	Banner Warehouse
288 *#@	Chester Springs Elementary School
289 *#@	S. of Dan Elementary School
290 *#@	Chester Springs Academy
291 *	Virgilina Elementary School

HENRY COUNTY

116 *#@	State Road Camp #28
117 *#@	J. D. Rea Laundry
118 *@	Spencer Court Subdivision
119 *@	G. W. Carver High School

120 *@	Carver Estates
121 *	Greenbrier
122 *#@	Plasters Trailer Court
123 *	Ridgeway Elementary School
124 *	Drewry Mason High School
125 *	Ridgeway Trailer Park
126 *	Henry County Plywood
127 *@	Penn's Trailer Park
128 *	Cravely Furniture
129 *	Countryside Trailer Park
130 *	Ponderosa Trailer Park
131	City of Martinsville
132 *	Town House Motel
133 *	Eastwood Subdivision
134 #	Bassett Walker Knitting Company

PITTSYLVANIA COUNTY

183 *#@	Tunstall High School
184 *#@	Carriage Hill Trailer Court

PITTSYLVANIA COUNTY

185 *#@	City View Forest Park
186 *#@	Faith Home Inc.
187 *	Westover Mobile Homes
188 *#@	C & W Mobile Home Court
189	Dan River Mills
191	City of Danville
192 #	U. S. Gypsum Company
193	Lorillard, Inc.
194	Goodyear Tire & Rubber Company
195	Cornings Glass Works
196 *#@	Lakewood Exxon Truck
197 *	Baptist Tabernacle
198 *#@	Danville Airport
199 *#@	Hughes Memorial Home
200 *#@	Dan River High School
201 *#	Chatham High School
202	Town of Chatham
203 *#@	Field Unit #15
204 *#@	Union Hall Elementary School
205 *#@	Star Paper Tube
206 *#@	Southern Railway Diesel Shop
207 *#@	Smigh Douglas Fertilizer
208 *#@	Whitehead Trailer Park
209	Town of Gretna
210 *#@	Mr. Airy Elementary School
211 *	Betterton Car Wash
212 *#@	Vulcan Materials
213 *	Zimmerman's Laundry
214 *	Dibrell Brothers
215 *#@	Alderson's Trailer Court
216 *#@	Dodson's Trailer Park
217 *	Smith Mountain Lake Picnic
218 #	Klopman Mills
219 #	Freeman Chemicals
219-A	Dibrell Brothers
219-B	Disston Tool Company

PATRICK COUNTY

104 *#@	Joe Alkins
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Proposed Regulations

105 *@	United Elastic	@ Not inside sewerage service area boundaries.
106 *#@	Groundhog Mountain, Inc.	Source: Virginia State Water Control Board
108	Town of Stuart	
109 *	Patrick City High School	
110 *	United Elastic Company	
111 *	Patrick Memorial Hospital	
112	United Elastic	
113 *	East Hampton Rub. Thr.	
114 *	Carnation	
115 *	Pannill Knitting	
135-7 #	E. I. duPont	
138 *	Holiday Inn	
140 *	Virginia Carolina Truck	
141	Henry County PSA	

HENRY COUNTY

142	Fieldcrest Mills
143 *	Riverside Shopping Center
144 *	Martin Processing
145 *	Stanley Furniture
146 *	Travel Lodge
147 *	Bassett High School
148 *	J. D. Bassett #1
149 *	J. D. Bassett #2
150 *	Bassett Chair Company
151 *	Bassett Furniture Plant
152 *	Bassett Office Building
153 *	Bassett Superior Line & Table Plant
154 *	Bassett Mirror
155 *	Bassett Stanleytown
156 *#@	Stone Hollow Subdivision
157 *	Lakeview Trailer Park
158 *@	Fairways Acres
159 *@	Patrick Henry Land Investment Corp.
161 *#@	Moran's Trailer Court
162 *#@	Longview Trailer Park
163 *#@	Green Acres Trailer Park
164 *#@	Beechwood
165 *	People Car Wash
166 *	Piedmont Car Wash
167 *#@	Moose Lodge
168 *#@	Atkins Construction Co. Sub.
169 *	Reed Water Company
170 *	Winns Laundry
171 *	Patrick Henry Country Club
172 *#@	Serwood Manor Apartments
173 *	Martinsville Water Plant
174 *	Laurel Park
176 *#@	Camp Branch Hills
178 *#@	Pasadena Knoll Subdivision
179 *#@	Pigg City, Inc.
180 *#@	Mt. Olivet School
181 *#@	Leatherwood Elementary School
182 *#@	Campbell Elementary School

NOTES:

* Minor dischargers (less than 50,000 gallons per day).

No provision to tie into sewerage service area.

PLATE 2.
ROANOKE RIVER BASIN.
POINT DISCHARGE AND WATER WITHDRAWAL LOCATIONS
SOLID WASTE DISPOSAL SITES.

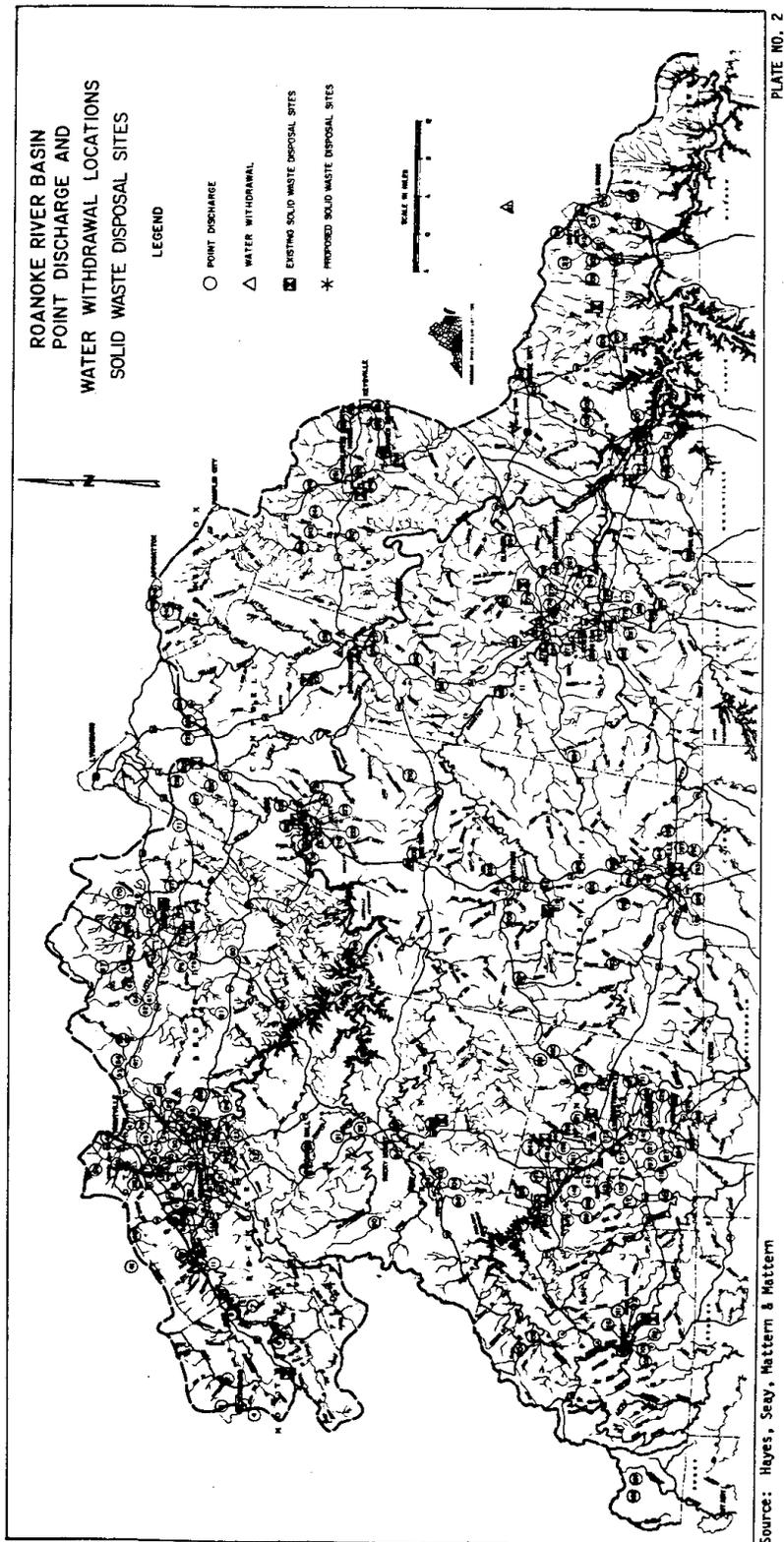


TABLE 6.
FISCAL YEAR 1977 CONSTRUCTION GRANT PRIORITIES.

Project	*Population Served	Statewide Priority Points	Remarks
Brodnax	750	2.69	Served by South Hill Regional STP not currently financed
Brookneal, Town of Sewage Treatment Plant w/Collection System	1,282	4.60	
Charlotte Court House	350	2.69	Present considerations in Keysville-Drakes Branch, Step I borderline health hazard
Clover	406	2.00	
Danville, City of Infiltration/Inflow Evaluation and Correction	71,541	4.30	Extensive Infiltration/Inflow Problems
Gretna, Town of Upgrade Treatment	1,390	11.30	
Pamplin, Town of Sewage Treatment Plant w/Collection System	286	2.00	
Ridgeway, Town of Interceptor and Collector	2,836	2.69	
Virgilina	320	2.00	
Volens	200	2.00	

NOTE:

*Based on 1980 population projection.

Source: State Water Control Board

9 VAC 25-430-40. Nonpoint pollutant sources.

A. Basin conditions. Nonpoint pollutants are those which originate from a dispersed area, rather than from a single waste treatment facility which discharges its effluent through a pipe, ditch, or other such conduit into state waters. Sources of nonpoint pollutants include stormwater run-off, washing or leaching away such material as sediment from urban areas, pesticides and fertilizers from agricultural areas, tailings from mining and quarrying areas, and excavation spoils from construction areas.

A stormwater run-off sampling study was conducted by the consulting firm near the Rocky Mount and Martinsville area. The object of this study was to add to available data on the contribution to pollutant loadings from nonpoint sources during dry and wet weather periods. These results indicated that various loadings were generated from different land uses. Consequently, a set of rating factors was created to rank the relative contribution of nonpoint pollutants from forest, urban, agriculture, cattle pasture and vacant land.²⁰

B. Methods to curtail nonpoint pollutants. Pollutants attributed to nonpoint sources occur in Smith Mountain Lake and Kerr Reservoir, due to leaching of biological nutrients from the watershed area, and from drainage of septic tanks which service the numerous cottages and homes in the littoral zone of these impoundments. Community development plans which control the continued lakeside development, and which address domestic waste treatment problems and control use of agricultural chemicals presently appear to be the most expeditious method for dealing with this problem.

By controlling land development on steep slopes and other areas susceptible to erosion, pollutants associated with sediments can be curbed. Plate 3 shows the general slope characteristics of the Roanoke River basin. Soil erosion and resultant pollutant by suspended solids in the surface watercourses can be curtailed by instituting and enforcing policies regulating development on steep slopes and other lands susceptible to erosion.²¹

Solid wastes, which include residual sludges from wastewater treatment plants, can leach into surface and groundwaters as well as give rise to aesthetic problems. Plate 2 shows the locations of existing and proposed solid waste disposal sites. Generally, the consultant's report recommends continued use of sanitary landfills, with provisions to assure that these sites do not give rise to water quality problems. Alternatives that may be considered as future development takes place, particularly in the more densely populated areas such as Roanoke, are incineration and recycling, including use of digested sewage sludge as fertilizer or soil conditioner.²²

The consultant's report discusses water quality degradation from rain water washing or residues such as oil in urban areas. A pilot field study in the Martinsville area indicated that the principal pollutants contributed from urban stormwater run-off were oxygen demanding substances, i.e., those with high Biochemical Oxygen Demand (BOD), and to substances which contain biological nutrients, e.g., nitrogen and phosphorus. The recommendations of this study were to address control of stormwater that is generated in the initial portion of a storm.²³

Proposed Regulations

C. Board actions to control nonpoint pollutant sources in the Roanoke area are:

1. To encourage housekeeping programs by construction firms and operators to prevent spoils from being washed into watercourses;
2. To encourage planning officials to institute rational programs for lakeside development;^{24,25}
3. To encourage communities to adopt and enforce steep-slope ordinances;
4. To encourage local governments to develop coordinated comprehensive solid waste disposal programs and policies;
5. To review and inspect stream related highway projects in accordance with the Memorandum of Understanding now under development with the Department of Transportation;
6. To provide field assistance to the Soil and Water Conservation Commission in the matter of sediment and erosion problems in accordance with the Memorandum of Understanding being developed between that agency and the Water Control Board;
7. To provide assistance to the Department of Agriculture and Consumer Services in matters relating to pesticides. In accordance with the board's long range planning goals assistance will be provided to the department in the areas of pesticide application and storage, handling and formulation;
8. To provide field assistance to the Department of Forestry in matters relating to silviculture activities;
9. To provide necessary and active assistance to EPA for the implementation of the Spill Prevention Control and Counter-Measures (SPCC) Program;²⁶
10. To utilize Regulation 5 of the Water Control Board for controlling pollution from vessels;²⁷
11. To assure that domestic waste collected from vessels at marina pump-out facilities is treated by an approved method; and
12. To develop and implement water quality standards for sediment.

²⁶ 38 FR 34264-24170.

²⁷ Commonwealth of Virginia, State Water Control Law, § 62.1-44.33 of the Code of Virginia.

²⁰ Hayes, Seay, Mattern & Mattern, Roanoke River Basin Comprehensive Water Resources Plan, Volume V-A, pp. 159-162, 228-247, 845-922.

²¹ Hayes, Seay, Mattern & Mattern, Roanoke River Basin Comprehensive Water Resources Plan, Volume V-A, pp. 163-196, 228-247, 845-922.

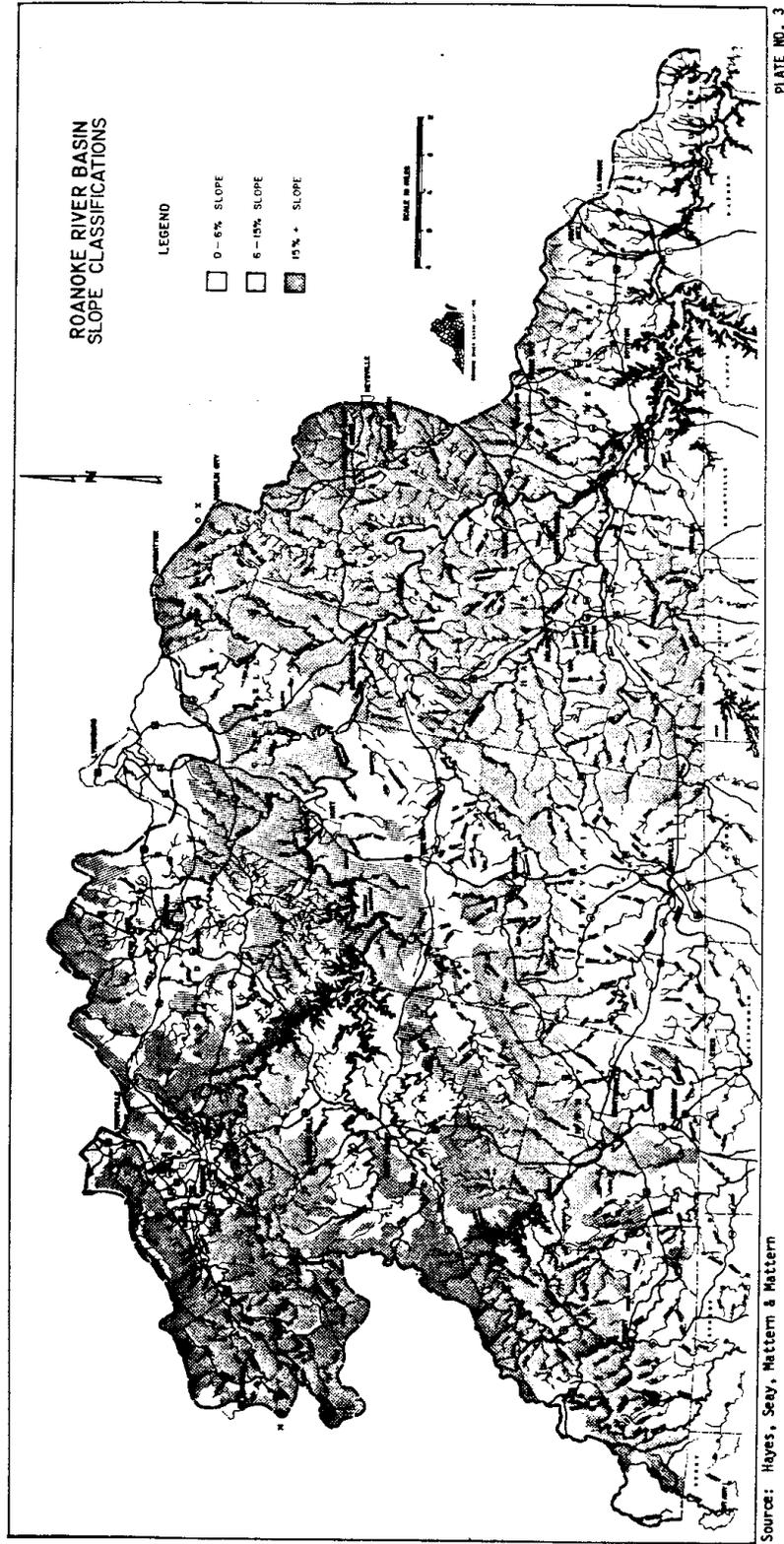
²² *Ibid*, p. 634

²³ *Ibid*, pp. 921-992.

²⁴ Commonwealth of Virginia, Water Resources Policy, Section 3.2-4; 3.3-1, 2, and 3; 3.4-3 and 6; 3.5-4.

²⁵ Commonwealth of Virginia, State Water Control Law (§§ 62.1-44.2 et seq. of the Code of Virginia).

PLATE 3.
ROANOKE RIVER BASIN
SLOPE CLASSIFICATIONS.



Proposed Regulations

9 VAC 25-430-60. Amendments to the plan.

The following amendment was adopted by the board by Letter Ballot No. 4418 on July 31, 1978:

Town of Appomattox: The plan's recommendation was amended to reflect the findings of a detailed stream analysis of Falling River. The modified Streeter-Phelps model, utilizing actual field data, resulted in a ~~waste-load~~ *wasteload* allocation of 100 lbs/day BOD₅ as opposed to the originally recommended 56 lbs/day for the EL segment. A treatment efficiency of 90% and an effluent dissolved oxygen content of 7 mg/l would be required for the 0.500 MGD designed facility.

The following amendments were adopted by the board at its September 25, 1979, meeting:

Town of Chatham: The plan's recommended alternative was amended to reflect the findings of a detailed stream analysis of Cherrystone Creek. The TVA model, utilizing actual field data, yielded a ~~waste-load~~ *wasteload* allocation of 125 lbs/day BOD₅ as opposed to the originally recommended 71 lbs/day for the EL segment. A treatment efficiency of 87.5% and an effluent dissolved oxygen content of 7 mg/l would be required for the 0.54 MGD designed facility.

Town of Gretna: The plan's recommended alternative was amended to reflect the findings of a detailed stream analysis of Georges Creek. The TVA model, utilizing actual field data, resulted in a ~~waste-load~~ *wasteload* allocation of 100 lb/day BOD₅ as opposed to the originally recommended 41 lbs/day for the EL segment. A treatment efficiency of 87.5% and an effluent dissolved oxygen content of 5 mg/l would be required for the 0.38 MGD designed facility.

The following amendments were adopted by the board at its December 6, 1982, meeting:

~~Town of Boydton: The plan recommended that the town be served by a 0.200 MGD facility located on Coleman Creek. The plan was amended to reflect the findings of a detailed stream analysis of the creek. A Streeter-Phelps model, utilizing actual field data from the EL segment, yielded effluent limitations for a tiered permit shown in Table 3. An effluent dissolved oxygen content of 6.5 mg/l would be required for the 0.145 MGD designed facility.~~

Town of Clover: The plan recommended that the town be served by the City of South Boston STP. The town's engineers determined that a treatment plant located on Clover Creek to be the most cost effective treatment system. A Streeter-Phelps model, utilizing actual field data from the EL segment, resulted in a ~~waste-load~~ *wasteload* allocation of 8.80 lbs/day BOD₅. A treatment efficiency of 87.5% and an effluent dissolved oxygen content of 5 mg/l would be required for the 0.035 MGD designed facility.

Town of Halifax: The plan recommended that the town be served by the City of South Boston STP. The 201

Facility Plan for the town found the most cost effective alternative was to construct a wastewater treatment facility located at the confluence of Toots Creek and the Banister River. The plan's recommended alternative was amended to reflect the findings of a detailed stream analysis of the Banister. The TVA model, utilizing actual field data for design capacity of 0.300 MGD. The plan was amended to reflect the WQ segment, yielded a ~~waste-load~~ *wasteload* allocation of 75.1 lbs/day BOD₅. A treatment efficiency of 87.5% and an effluent dissolved oxygen content of 3 mg/l would be required for the 0.300 MGD designed facility.

Town of Keysville: The plan recommended that the town be served by a facility located on Ash Camp Creek, a WQ segment, with the findings of a detailed stream analysis of the creek. A Streeter-Phelps model, utilizing actual field data, yielded effluent limitations for a tiered permit shown in Tables 2 and 3 in 9 VAC 25-430-20. An effluent dissolved oxygen content of 5 mg/l would be required for the 0.250 MGD designed facility.

The Town of South Hill: The plan recommended that the town be served by a facility located on Flat Creek, a WQ segment, with a design capacity of 1.600 MGD. The plan was amended to reflect the findings of a detailed stream analysis of the creek. A Streeter-Phelps model utilizing actual field data, yielded the effluent limitations for a tiered permit shown in Table 3 in 9 VAC 25-430-20. An effluent dissolved oxygen content of 6.5 mg/l would be required for the 1.000 MGD designed facility.

The following amendment was adopted by the board at its September 22, 1986, meeting:

Smith River: The 1982 amended plan established a BOD₅ ~~waste-load~~ *wasteload* allocation of 1,637 lbs/day for the upper Smith River segment and 1,500 lbs/day for the lower segment. The Smith River from Philpott Dam to the VA-NC state line was reclassified as WQ. An instream monitoring program was also required.

Since 1982 certain growth patterns in southern Henry County necessitated further study. Martinsville City and Henry County conducted a monitoring program utilizing 205(j) funding from the SWCB. As a result of this effort a revision to the BOD₅ ~~waste-load~~ *wasteload* allocations was made with a reduction in the upper Smith River segment to 1,070 lbs/day and an increase in the lower segment to 2,067 lbs/day (see Table 2 in 9 VAC 25-430-20). The following provisions were also part of the 1986 amendment:

- Construct a new 4 MGD waste treatment facility to be located near Ridgeway, Virginia, with discharge to the Smith River and institute an instream monitoring program.
- Construct a new wastewater diversion facility to carry wastewater from the City of Martinsville to the newly constructed Henry County Public Service Authority facility near Ridgeway (Lower Smith River STP).

- Retain the existing Henry County Public Service Authority facility at Koehler at 4.0 MGD.
- Construct a new wastewater diversion facility to carry wastewater from the City of Martinsville to the existing authority facility at Koehler.
- Retain the existing Martinsville STP with future expansion to 8.0 MGD.

The amendment noted that the establishment of an instream monitoring program was particularly important due to the lack of a verified water quality model. Data generated from the monitoring program could be used in the verification of a water quality model at a later date.

The following amendments were adopted by the board at its (date to be filled in) meeting:

Burlington Industries-Clarksville: The plan's recommendation was amended to reflect the findings of a detailed analysis of Kerr Reservoir. A EUTRO-5 model, utilizing actual field data, yielded wasteload allocations shown in Table 2 in 9 VAC 25-430-20.

Town of Clarksville: The plan's recommendation was amended to reflect the findings of a detailed analysis of Kerr Reservoir. A EUTRO-5 model, utilizing actual field data, yielded wasteload allocations shown in Table 2 in 9 VAC 25-430-20.

Town of Boydton: The plan recommended that the town be served by a 0.200 MGD facility located on Coleman Creek. The plan was amended December 6, 1982, to reflect the findings of a detailed stream analysis of the creek. A Streeter-Phelps model, utilizing actual field data from the EL segment, yielded effluent limitations for a tiered permit for the 0.145 MGD designed facility. The Streeter-Phelps model used for the analysis leading to the December 6, 1982, plan amendment was updated in 1997 to reflect an increased flow of 0.360 MGD. The revised model yielded the effluent limitations for a tiered permit shown in Table 3 in 9 VAC 25-430-20.

TABLE 1.
STREAM SEGMENT CLASSIFICATION
ROANOKE RIVER BASIN WATER QUALITY
MANAGEMENT PLAN.

Classification	Segment Description
WQMA IV	
EL	Roanoke River through this WQMA.
E	Seneca River to include all tributaries.
WQ	Molley Creek.
EL	North Fork Falling River to the confluence with Falling River (River only).
E	Falling River to include all tributaries not previously classified.
E	All tributaries to the Roanoke River not previously classified in this WQMA.
WQMA V	
E	Roanoke River and all tributaries in this WQMA.

WQMA VI		
WQ	Ash Camp Creek.	
EL	Twittys Creek.	
E	Roanoke Creek to include all tributaries not previously classified in this WQMA.	
WQMA VII		
WQ	Banister River from confluence of Polecat Creet to confluences of Dan and Banister Rivers (River only).	
EL	Dan River from confluence Miry Creek to backwaters of Kerr Reservoir (River Only).	
WQ	Kerr Reservoir.	
WQ	Little Bluestone Creek.	
WQ	Butcher Creek.	
WQ	Flat Creek.	
E	All tributaries to Kerr Reservoir, Dan River and Banister River not previously classified in this WQMA.	
E	Roanoke River from confluence Clover Creek to headwaters of Kerr Reservoir.	
E	All tributaries to the Roanoke River in this WQMA not previously classified.	
WQMA VIII		
E	Hyco River from the NC-VA State Line to its confluene with the Dan River to include all tributaries.	
WQMA IX		
E	Banister River through this WQMA.	
EL	Georges Creek.	
EL	Cherrystone Creek.	
E	All tributaries to Banister River not previously classified in this WQMA.	
WQMA X		
E	Dan River from the NC-VA State Line to one mile above the confluence of Sandy River (River only).	
E	Sandy River to include all tributaries.	
WQ	Dan River from one mile above confluence of Sandy River to NC-VA Line.	
E	Dan River from NC-VA line to confluence Miry Creek.	
E	All tributaries to the Dan River in Virginia not previously classified in this WQMA.	
WQMA XII		
E	Smith River from its headwaters to Philpott Dam.	
WQ	Smith River from Philpott Dam to the NC-VA State Line.	
EL	Marrowbone Creek.	
EL	Leatherwood Creek.	
E	All tributaries to the Smith River not previously classified in this WQMA.	
WQMA XIII		
E	North Mayo River from its headwaters to the NC-VA State Line to include all tributaries.	

Proposed Regulations

WQMA XIV		E	All tributaries of the South Mayo River not previously classified in this WQMA.
E	Headwaters South Mayo River to confluence North Fork South Mayo River.	WQMA XV	
EL	South Mayo River from confluence with North Fork to NC-VA Line.	E	All streams in this WQMA.

Source: Hayes, Seay, Mattern & Mattern

Table 2

Wasteload Allocations for Significant Discharges for Selected Alternative Roanoke River Basin Water Quality Management Plan

Water Quality Management Area Allocation (WQMA)	Study Area Name	Discharger	Name	303(c) Wasteload Stream Classification	Segment BOD ₅ lbs/day
WQMA IV	Appomattox	Appomattox STP	Falling R.	EL	100.00
WQMA IV	Brookneal	Brookneal STP and Burlington Ind.—Brookneal	Roanoke R.	EL	1381.20
WQMA IV	Rustburg	Rustburg STP	Molleys Cr.	WQ	17.94
WQMA VI	Drakes Branch	Drakes Branch and Burlington Ind.—Drakes Branch	Twittys Cr.	EL	27.82
WQMA VI	Keysville	Keysville and Virginia Crafts	Ash Camp Cr.	WQ	48.00 [†]
WQMA VII	Clarksville—Chase City—Boydton	Clarksville STP, Burlington Ind.—Clarksville	Kerr Reservoir	WQ	786.00
		Chase City Regional STP	Little Blue Stone Cr.	WQ	35.52
		Boydton	Coleman Cr.	EL	N/A [†]
WQMA VII	South Boston—Halifax—Scottsburg—Clover	South Boston STP	Dan R.	WQ	1854.00
		Halifax STP, Halifax Cotton Mills, Burlington Ind.—Halifax and Scottsburg STP	Banister R.	WQ	584.84
		Clover	Clover Cr.	EL	8.76
WQMA VII	South Hill—Lacrosse—Brednax	South Hill, Lacrosse and Brednax	Flat Cr.	WQ	N/A [†]
WQMA VII	Virgilina	Virgilina	X-Trib. to Wolfpit Run	EL	13.00
WQMA IX	Chatham—Gretna	Chatham	Cherrystone Cr.	EL	125.22
		Gretna	Georges Cr.	EL	100.00
WQMA X	Dan River	Danville and U.S. Gypsum	Dan R.	WQ	4407.00
		Dan River, Inc.	WILL DISCHARGE PROCESS WATER TO THE CITY OF DANVILLE STP.		
WQMA XII	Smith R.	Henry County PSA			
		Upper Smith R. STP	Smith R.	WQ	567.00
		Collinsville STP	CONNECTED TO UPPER SMITH R. STP		
		Fieldcrest Mills	CONNECTED TO UPPER SMITH R. STP		

Proposed Regulations

		E. I. DuPont	Smith R.	WQ	503.00
		Martinsville STP	Smith R.	WQ	1500.00
		Henry County PSA			
		Lower Smith R. STP	Smith R.	WQ	567.00
WQMA XIV	Stuart - Patrick Springs	Stuart STP	S. Mayo R.	EL	141.90
		United Elastic Patrick Springs	S. Mayo R.	EL	8.38
WQMA XIV	NONE	United Elastic Woolwine	Smith R.	EL	192.00

Notes:

¹ See Table 3

Table 3
Wasteload Allocations for Dischargers with Tiered Permits Roanoke River Basin Water Quality Management Plan

Water Quality Management Area Ammonia (WQMA)	Study Area Name	Discharger	Months	Flow (mgd)	303(e) Wasteload Allocation			
					Flow D.O.	Effluent (lbs/day)	CBOD ₅ (mg/l)	BOD ₅ (mg/l)
WQMA VI	Keysville	Keysville	Jan. - Feb.	0.250	3.0		23.0	10.0
			Mar. - Nov.	0.250	3.0		23.0	2.0
			Dec.	0.250	3.0		23.0	10.0
WQMA VII	Clarksville	Boydton	Jan. - Apr.	0.145	6.5	36.30	30.0	1.0
	Chase City		May - June	0.145	6.5	18.10	15.0	1.0
	Boydton		July - Oct.	0.145	6.5	6.00	5.0	1.0
			Nov. - Dec.	0.145	6.5	18.10	15.0	1.0
WQMA VII	South Hill - Lacrosse	South Hill	Jan. - Feb.	1.000	6.5	250.00	30.0	20.0
	Brednax		March	1.000	6.5	250.00	30.0	5.0
			Apr. - May	1.000	6.5	83.00	10.0	1.0
			June - Sept.	1.000	6.5	75.00	9.0	1.0
			Oct.	1.000	6.5	83.00	10.0	1.0
			Nov.	1.000	6.5	142.00	17.0	5.0
			Dec.	1.000	6.5	250.00	30.0	20.0

PLATE NO. 1. Roanoke River Basin Stream Segment Classification (See: 8:1 VA.R. 49 October 7, 1991).

Table 4
Sewerage Service Areas

SSA ¹	Municipality	Receiving Stream Classification ²	Flow (mgd)	NPDES Limits ³ BOD (lbs/day)	SS (lbs/day)	Status of Applicable ⁴ Section 201 Programs May 1976
K	Appomattox	EL	0.170	42.55	42.55	
		EL	0.054	*0.48/ 13.45	27.12	
BB			Not Applicable ⁵			To be served by Henry County Regional Plant

Proposed Regulations

W	Boydton	E	0.145	**	7.48	Step I-III to be submitted Fiscal Year 1976
X	Brednax		Not applicable ⁵			To be served by South Hill
J	Brookneal	EL	0.078	31	31	No grant application yet submitted
		EL	0.082	33	33	
M	Charlotte C.H.		Required permit to be issued ⁶			Continue use of existing community septic tank system; to be rated for grant in Fiscal Year 1977
U	Chase City	WQ	0.1	*30/50	*30/50	No grant application yet submitted
		WQ	0.28	112	112	
Z	Chatham	EL	0.45	113	113	
V	Clarksville	WQ	0.35	380	202	No grant application yet submitted
Q	Clover		0.35	8.76	8.76	
BB	Collinsville		Not applicable ⁵			STP to be abandoned and area served by Henry County Regional Plant
AA	Danville	WQ	24.0	4203	4203	Construction completed in Spring 1976
	(2 plants)	WQ	15.0	2127	3735	
N	Drakes Branch	EL	0.0575	75	58	Step I to be submitted Fiscal Year 1976
BB	Fieldale		Not Applicable ⁵			To be served by Henry County Regional Plant
Y	Gretna	EL	0.230	58	58	
R	Halifax	WQ	0.300	75	75	
BB	Henry County PSA	WQ	4.0	564	1001	
	Upper Smith R. STP					
Not Shown	Henry County PSA	WQ	4.0	567	1001	
	Lower Smith R. STP					
P	Keysville	WQ	0.25	**	62	
X	LaCrosse	WQ	0.072	29	29	To be served by South Hill
		WQ	0.04	16	16	
BB	Martinsville	EL	8.0	1500	2002	
G	Motley		Not applicable ⁵			Continue use of individual septic tanks
L	Pamplin City		Not applicable ⁵			No grant application yet submitted
GG	Patrick Springs		Not applicable ⁵			Continue use of individual septic tanks
H	Rustburg	WQ	0.156	62	62	Step III submitted; construction to begin Summer 1976

Proposed Regulations

S	Scottsburg		Not applicable ⁵			To be served by South Boston; Step I for connection to be submitted Fiscal Year 1976
R	South Boston	EL	1.3	1410	1410	Construction completion in December 1976
X	South Hill	E	1.00	**	251.33	
BB	Stanleytown					To be served by Henry County Regional Plant
CC	Stuart		Required Permit to be issued ⁶			Construction completed March 1976
			(0.30	130	47.5	
F	Timberlake		Not applicable ⁵			To be served by Lynchburg in James River Basin
T	Virgilina		Not applicable ⁵			No grant application yet submitted

¹ Sewerage Service Areas (SSA) shown on Plate 1

² Effluent Limiting (EL) or Water Quality (WQ)

³ For existing sewage treatment facility

⁴ For new sewage treatment facility

⁵ No existing or future sewage treatment plan planned, wastes to be transferred to other sewerage service areas

⁶ No existing discharge but new sewage treatment plan is under construction or planned

* Seasonal NPDES allowable loading: April to September/October to March

** See Table 3

Step III construction grant funded

Source: Hayes, Seay, Mattern & Mattern

TABLE 5
WASTEWATER POINT DISCHARGERS

Waste Source Number	Wastewater Point Dischargers
APPOMATTOX COUNTY	
240*#@	Appomattox Country Club
241	Town of Appomattox
242*	Maude's Restaurant
CAMPBELL COUNTY	
231&#@	Yellow Branch Elementary School
232*	Rustburg High School
233*	Rustburg Sanitation
234*#	Field Unit #9
235*#@	William Camp High School
236	Town of Brookneal #1
237	Town of Brookneal #2
238*	Universal Electric
239#	Burlington Industries
CHARLOTTE COUNTY	
243*#@	J. H. Jefferess Elementary School

244*#@	Phenix Elementary School
245*#@	Bacon District Elementary School
246*#@	Reynolds Laundry
247*#@	Phenix Car Wash
248*#@	Kyanite Mining
249*	Randolph Henry High School
250*	Central Elementary School
251*	Central Junior High School
252*	Charlotte City Sewage
253#@	Virginia Crafts
254	Town of Keysville
255#	Burlington Industries
256*	Town of Drakes Branch
257*#@	Spaulding Box Factory
258*#@	Cardinal Homes
HALIFAX COUNTY	
260*#@	Mac's Washer
261*#@	Sydnor Junior Elementary School
262*#@	Meadville Elementary School
263*#@	Clay's Mill Elementary School
264*#@	Southern Mobile Homes
265*#@	Scottsburg Elementary School
266*#@	Carson Anderson Car Wash

Proposed Regulations

267 * Lakewood Trailer Park
268 * Crabtree Trailer Park
269 Vulcan Materials
270 * South Boston Speedway
271 * J. P. Stevens
272 City of South Boston
273 * Oak Hill Subdivision
274 * Fordland
275 * Highland Hills Subdivision
276 * Love Shop Mobile Home
277 * C. D. Ragland Car Wash
278 *# Burlington Industries
279 # Burlington Industries
280 Town of Halifax
281 * Sinai Elementary School
282 * Hightower Trailer Court
283 # Halifax Cotton Mill
284 *#@ Birchland Park Laundry & Store
285 *#@ Tucker's Trailer Court
286 * Hillcrest Motel
287 * Banner Warehouse
288 *#@ Chester Springs Elementary School
289 *#@ S. of Dan Elementary School
290 *#@ Chester Springs Academy
291 * Virgiliina Elementary School

HENRY COUNTY

116 *#@ State Road Camp #28
117 *#@ J. D. Rea Laundry
118 *@ Spencer Court Subdivision
119 *@ G. W. Carver High School
120 *@ Carver Estates
121 * Greenbrier
122 *#@ Plasters Trailer Court
123 * Ridgeway Elementary School
124 * Drewry Mason High School
125 * Ridgeway Trailer Park
126 * Henry County Plywood
127 *#@ Penn's Trailer Park
128 * Cravoly Furniture
129 * Countryside Trailer Park
130 * Ponderosa Trailer Park
131 City of Martinsville
132 * Town House Motel
133 * Eastwood Subdivision
134 # Bassett Walker Knitting Company
135-7 # E. I. DuPont
138 * Holiday Inn
140 * Virginia Carolina Truck
141 Henry County PSA
142 Fieldcrest Mills
143 * Riverside Shopping Center
144 * Martin Processing
145 * Stanley Furniture
146 * Travel Lodge
147 * Bassett High School
148 * J. D. Bassett #1
149 * J. D. Bassett #2
150 * Bassett Chair Company
151 * Bassett Furniture Plant

MECKLENBURG COUNTY

292 *#@ Kieffer Yancey's Restaurant
293 *#@ Newton's Trailer Park
294 *#@ Little Buffalo Exxon
295 * Lighthouse Motel
296 Town of Clarksville
297 *# Burlington Industries (Clarksville)
298 # Burlington Industries (Clarksville)
299 *#@ Marifield Apartment & Trailer Park
300 *#@ Hopkins Car Wash
301 *#@ Occoneechee State Park
302 *#@ Bluestone Junior High School
303 *#@ Bluestone Senior High School
304 Town of Chase City
306 * Virginia Home, Inc.
307 Town of Boydton
308 *#@ Correction Field Unit #4
309 *#@ Buckhorn Primary School
310 *#@ South Hill Motel & Restaurant
316 Town of South Hill
318 *#@ LaCrosse Primary School
320 *#@ Parker Oil Company

PITTSYLVANIA COUNTY

183 *#@ Tunstall High School
184 *#@ Carriage Hill Trailer Court
185 *#@ City View Forest Park
186 *#@ Faith Home Inc.
187 * Westover Mobile Homes
188 *#@ C & W Mobile Home Court
189 Dan River Mills
191 City of Danville
192 # U. S. Gypsum Company
193 Lorillard, Inc.

Henry County

152 * Bassett Office Building
153 * Bassett Superior Line & Table Plant
154 * Bassett Mirror
155 * Bassett Stanleystown
156 *#@ Stone Hollow Subdivision
157 * Lakeview Trailer Park
158 *@ Fairways Acres
159 *@ Patrick Henry Land Investment Corp.
161 *#@ Moran's Trailer Court
162 *#@ Longview Trailer Park
163 *#@ Green Acres Trailer Park
164 *#@ Beechwood
165 * People Car Wash
166 * Piedmont Car Wash
167 *#@ Moose Lodge
168 *#@ Atkins Construction Co. Sub.
169 * Reed Water Company
170 * Winns Laundry
171 * Patrick Henry Country Club
172 *#@ Serwood Manor Apartments
173 * Martinsville Water Plant
174 * Laurel Park
176 *#@ Camp Branch Hills
178 *#@ Pasadena Knoll Subdivision
179 *#@ Pigg City, Inc.

Proposed Regulations

180 *#@ Mt. Olivet School
 181 *#@ Leatherwood Elementary School
 182 *#@ Campbell Elementary School

PATRICK COUNTY

104 *#@ Joe Alkins
 105 *#@ United Elastic
 106 *#@ Groundhog Mountain, Inc.
 108 Town of Stuart
 109 * Patrick City High School
 110 * United Elastic Company
 111 * Patrick Memorial Hospital
 112 United Elastic
 113 * East Hampton Rub. Thr.
 114 * Carnation
 115 * Pannill Knitting

ROANOKE COUNTY

PITTSYLVANIA COUNTY

194 Goodyear Tire & Rubber Company
 195 Corning's Glass Works
 196 *#@ Lakewood Exxon Truck
 197 * Baptist Tabernacle
 198 *#@ Danville Airport
 199 *#@ Hughes Memorial Home
 200 *#@ Dan River High School
 201 *# Chatham High School
 202 Town of Chatham
 203 *#@ Field Unit #15
 204 *#@ Union Hall Elementary School

205 *#@ Star Paper Tube
 206 *#@ Southern Railway Diesel Shop
 207 *#@ Smigh Douglas Fertilizer
 208 *#@ Whitehead Trailer Park
 209 Town of Gretna
 210 *#@ Mr. Airy Elementary School
 211 * Betterton Car Wash
 212 *#@ Vulcan Materials
 213 * Zimmerman's Laundry
 214 * Dibrell Brothers
 215 *#@ Alderson's Trailer Court
 216 *#@ Dodson's Trailer Park
 217 * Smith Mountain Lake Picnic
 218 # Klopman Mills
 219 # Freeman Chemicals
 219-A Dibrell Brothers
 219-B Disston Tool Company

ROANOKE COUNTY

* Minor dischargers (less than 50,000 gallons per day)
 # No provision to tie into sewerage service area
 @ Not inside sewerage service area boundaries

Source: Virginia State Water Control Board

PLATE No. 2. Roanoke River Basin Point Discharge and Water Withdrawal Locations Solid Waste Disposal Sites (See: 8:1 VA.R. 58 October 7, 1991).

TABLE 6
 FISCAL YEAR 1977 CONSTRUCTION GRANT PRIORITIES

Project	*Population Served	Statewide Priority Points	Remarks
Brodnax	750	2.69	Served by South Hill Regional STP not currently financed
Brookneal, Town of Sewage Treatment Plant w/Collection System	1,282	4.60	
Charlotte Court House	350	2.69	Present considerations in Keysville-Drakes Branch, Stop I borderline health hazard
Clover	406	2.00	
Danville, City of Infiltration/Inflow Evaluation and Correction	71,541	4.30	Extensive Infiltration/Inflow Problems
Gretna, Town of Upgrade Treatment	1,390	11.30	
Pamplin, Town of Sewage Treatment Plant w/Collection System	286	2.00	
Ridgeway, Town of Interceptor and Collector	2,836	2.69	
Virgilina	320	2.00	
Volens	200	2.00	

*Based on 1980 population projection

Source: Virginia State Water Control Board

PLATE 3. Roanoke River Basin Slope Classifications (See: 8:1 VA.R. 61 October 7, 1991).

VA.R. Doc. No. R97-536; Filed June 17, 1998, 11:34 a.m.

Proposed Regulations

Title of Regulation: 9 VAC 25-440-10 et seq. Upper Roanoke River Subarea Water Quality Management Plan (amending 9 VAC 25-440-150).

Statutory Authority: §§ 62.1-44.15(10) and 62.1-44.15(13) of the Code of Virginia.

Public Hearing Date: August 5, 1998 - 1 p.m.

Public comments may be submitted until September 4, 1998.

(See Calendar of Events section for additional information)

Basis: The basis for the existing regulation is § 62.1-44.15(13) of the Code of Virginia, which authorizes the State Water Control Board to establish policies and programs for effective area-wide and basin-wide water quality control and management. The Code also authorizes the board to develop pollution abatement and water quality control plans. The state Attorney General's Office has determined that the water quality management plans should be adopted as regulation because the plans are required to contain TMDLs and WLAs for Water Quality Limited segments that are incorporated into VPDES permits; therefore, the Upper Roanoke River Subarea Water Quality Management Plan was adopted in its entirety as a regulation.

Water quality management plans are required by § 303(e) of the federal Clean Water Act (CWA) (33 USC § 1251 et seq.) as implemented by 40 CFR Part 130. Section 62.1-44.15(13) of the State Water Control Law as implemented by the Permit Regulation requires that "No permit may be issued: . . . For any discharge inconsistent with a plan or plan amendment approved under Section 208(b) of the CWA" (subdivision C 7 of 9 VAC 25-31-50, Prohibitions, eff. July 1996).

Purpose: The proposed regulatory action amends 9 VAC 25-440-10 et seq., Upper Roanoke River Subarea Water Quality Management Plan (WQMP). The State Water Control Board adopted the plan on December 9, 1991. The plan became effective February 12, 1992. Water quality management plans identify water quality problems, consider alternative solutions and recommend pollution control measures needed to attain or maintain water quality standards. The proposed amendment addresses changed conditions in two segments of the Roanoke (Staunton) River. The first is in Campbell County in the Altavista area. New modeling data show an increased total wasteload assimilative capacity in the Altavista segment greater than that previously identified in the plan. The second is in Roanoke, Virginia, in the Roanoke Valley area. Current biological oxygen demand (BOD) data indicate sustainable treatment capacities in the Roanoke Valley segment.

The Upper Roanoke River Subarea Water Quality Management Plan states that ". . . as more data become available, alternative methods of analysis should be considered and applied . . ." (9 VAC 25-440-150, Wasteload allocation and total maximum daily load, eff. February, 1992). Two dischargers have requested revised wasteload

allocations in their Virginia Pollution Discharge Elimination System (VPDES) permits to allow for expanded discharge flows.

The proposed regulatory action will protect the public health, safety and welfare by maintaining and improving water quality by establishing wastewater loads and total maximum daily loads for point and nonpoint sources of pollution.

Substance:

Altavista segment: Amend the Upper Roanoke River Subarea Water Quality Management Plan, specifically 9 VAC 25-440-150, to reflect the use of the more sophisticated mathematical STREAM Model (Lung, 1987; US EPA 1992) for the Roanoke (Staunton) River segment from approximately the US Bus. 29 Bridge 10 miles downstream, river mile 129.72 to 119.55. Retain the segment's Plan classification as Effluent Limiting with Antidegradation applied for dissolved oxygen requiring secondary treatment levels for dischargers to this segment.

Roanoke Valley segment: Amend the Upper Roanoke River Subarea Water Quality Management Plan, specifically 9 VAC 25-440-150, to reflect a WLA of 1173 kg/d and TMDL of 1352 kg/d BOD₅ for the existing segment and require the development of a monitoring program to ensure maintenance of water quality. Retain the Plan classification of the existing segment as Water Quality Limited requiring greater than secondary treatment levels for dischargers to the segment.

Issues: **Advantages:** The Upper Roanoke River Subarea Water Quality Management Plan is an existing regulation. The Town of Altavista and the City of Roanoke have requested changes to the wasteload allocations in their respective Virginia Pollution Discharge Elimination System (VPDES) permits. The changes will enable the facilities to accept higher influent waste water flows. The proposed amendment reflects the use of a new more sophisticated mathematical model with antidegradation applied for a 10-mile segment that includes the Town of Altavista Sewage Treatment Plant. The model indicates secondary treatment levels for the entire 10-mile segment of the Roanoke (Staunton) River will maintain existing water quality. The high degree of treatment provided by the Roanoke City Regional Sewage Treatment Plant and analysis of effluent BOD indicates that BOD₅ wasteloads could increase and have minimal impact on dissolved oxygen in the Roanoke River.

Amending the Upper Roanoke River Subarea Water Quality Management Plan by increasing BOD₅ wasteloads for both areas will protect existing water quality, ensure beneficial uses of the Roanoke (Staunton) River and sustain the economic well-being of the communities through which it flows. Treating the waste water will contribute to the protection of the health and safety of the citizens of both of these communities and the Commonwealth.

Disadvantages: The public mistaken perception of increased pollutant loading degrading water quality is a disadvantage.

Failure to amend the regulation could result in construction of new facilities on other streams in either the Altavista or Roanoke Valley areas that are not consistent with water quality management plans requiring regional approaches to solve environmental problems. Construction of new facilities would also result in abandonment of some existing community infrastructure investment. In addition, new facilities in the Roanoke Valley would have to meet greater than secondary treatment levels. Streams in the Valley that are large enough to assimilate BOD are designated by the Upper Roanoke River Subarea Water Quality Management Plan as Water Quality Limited.

The Upper Roanoke River Subarea Water Quality Management Plan recognized that new technologies would be developed for modeling and wastewater treatment. Not amending the WQMP is a failure to meet the Plan's mandate to use up-to-date information for the protection of water quality and the economic health of the Commonwealth's communities.

Estimated impact and identity of communities affected. Two communities are affected by the amendment of the regulation, Altavista (~8,000 people) and the Roanoke Valley (>100,000 people). The Town of Altavista has completed the expansion and upgrade of the sewage treatment plant through funding provided by the Virginia Revolving Loan Program. Improvements to the expanded Altavista Sewage Treatment Plant include:

- The addition of two new clarifiers
- A new Aeration Basin Blower System
- New Chlorination and Dechlorination Unit
- Three new Aerobic Digestors
- A new Return Activated Sludge (RAF) Station

The additions and improvements cost approximately \$6.5 million. The town also replaced both the Ross and Main Roanoke River Pump Stations through its own funding mechanism.

The Roanoke Regional WPCP reached hydraulic capacity in 1985. At that point it began improving the collection system that transports waste to the plant. A new interceptor along the Roanoke River is complete with other improvements to the system to be completed in the near future. Sewage overflows during heavy rains will be prevented. The table below lists these improvements. Funding for the projects is through the Virginia Revolving Loan Program. All costs are estimates as bids are being evaluated at this writing. Anticipated completion of all projects is two years.

Roanoke Regional Water Pollution Control Plant Improvements	
Project	Dollars (Millions) (Est.)
Plant Expansion and Upgrade	\$18 - 20
<u>Interceptor Projects</u>	
Roanoke River Interceptor	\$22 - 25

Tinker Creek Interceptor	\$6 - 8
Tinker Creek Connector	\$1 - 2
Total of Interceptor Projects:	\$29 - 35
TOTAL:	\$47 - 55

Fiscal Impact Analysis to the Commonwealth through Implementation.

1. Projected cost. Cost to the Commonwealth should not exceed what is already expended through conductance of normal permit issuance/reissuance.
2. Source of funds. Funds are secured through federal 106 Grant Funds and the collection of permit fees from the permittees.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 13 (94). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The proposed regulation increases the wasteload allocation for the Upper Roanoke River Subarea Water Quality Management Plan (WQMP), and thereby increases the wasteload allocation for the Altavista Sewage Treatment Plant (ASTP) and the Roanoke Regional Water Pollution Control Plant (RRWPCP).

Estimated economic impact. The sewage treatment plant expansions in Altavista and Roanoke are expected to have favorable effects on the local economies by expanding plant capacity to meet anticipated demands. Not allowing the increased wasteloads would necessarily increase the costs of waste disposal in the affected areas. Significant increases in waste treatment costs could hurt economic activity in the area.

Increased effluent loading in streams and lakes does have associated economic costs. Empirical evidence clearly indicates that the public has, on average, a substantial willingness to pay for improvements in water quality. This willingness to pay exists even for changes in stream quality that most people know they will never directly experience.

The wastes affected by this change are regulated for their impact on dissolved oxygen (DO) in the water. The permissible minimum levels of DO in the water are chosen to ensure the protection of flora and fauna in the water during

Proposed Regulations

periods of very low flow, when the effluents are expected to have their greatest impact. These circumstances are expected to occur only rarely so the standard is fairly conservative in that it protects in-stream wildlife under quite infrequent, extreme conditions. Allowable wasteloads are determined by using models that simulate the effects of the wastes on stream quality. The in-stream impact of effluents depends on both the total mass loading of wastes and the concentration of the mass in the effluent stream.

When the original wasteload allocations in the WQMPs were established, the allocations were made using existing data and mathematical models. The quality and quantity of data as well as the sophistication of the mathematical models for estimating in-stream impacts have greatly improved in recent years. Thus, it would not be surprising if the best scientific information available today would lead to a somewhat different conclusion than did analysis two decades ago.

When a source wishes to establish or increase its effluents into state waters, the prospective source has the burden of demonstrating that its effluents will not cause water quality to fall below the minimum standards established in state laws and regulations. In order to satisfy the Department of Environmental Quality (DEQ) on this point, prospective sources arrange to have the in-stream impact of the proposed wasteload modeled using the most current data and simulation technology. The models and data used are subject to oversight by DEQ staff. If the new modeling effort indicates that the proposed wasteload allocation will not cause water quality to fall below the standards, DEQ will permit the activity.

Modeling carried out for the ASTP and the RRWPCP indicate that the proposed increase in wasteload would not have a significant impact on dissolved oxygen levels in the Roanoke River. DEQ reviewed the models and concurred with the results.

DEQ indicates that during periods of normal flow, it is unlikely that the changes in wasteload proposed here will be perceptible in the affected segments of the waterways involved. It would appear, then, that there are not substantial costs due to reductions in water quality associated with this proposal. Given that this is true, these modifications to the WQMP should result in a positive economic impact.

Businesses and entities affected. The only entities directly affected by the regulation are the wastewater treatment works in Altavista and Roanoke. However, any limit on the expansion of these two facilities would have an impact on all residences and businesses served by these facilities. The increase in wasteloads will benefit the treatment plants and their customers. Any reductions in perceived water quality in the affected segments of the Roanoke River could hurt businesses in the area. DEQ staff indicates that it is not likely that the proposed changes will result in any noticeable changes in in-stream water quality in the affected segments.

Localities particularly affected. The towns of Altavista and Roanoke will be affected by this proposal as will potential

users of the waste disposal services of the Roanoke River in the vicinity of those towns.

Projected impact on employment. The failure to approve this change would increase the cost of waste disposal in the Altavista and Roanoke areas. This could conceivably have an impact on employment in the area.

Effects on the use and value of private property. The failure to approve this change could hurt property values somewhat if it resulted in a substantial increase in the cost of waste disposal services. Any perceptible reductions in water quality due to the increased wasteloads could hurt property values along the Roanoke River in the segments of the river subject to reduced quality.

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

Summary:

The proposed amendments to the Upper Roanoke River Subarea Water Quality Management Plan (WQMP) increase wasteload allocations and thereby impact two segments of the Roanoke (Staunton) River. The first is in Campbell County in the Altavista area. New modeling data show total wasteload assimilative capacity in the Altavista segment greater than previously identified in the Plan. The second is in Roanoke, Virginia, in the Roanoke Valley area. Current biological oxygen demand (BOD₅) data indicate sustainable treatment capacities in the Roanoke Valley segment.

9 VAC 25-440-150. Wasteload allocation and total maximum daily load.

The assimilative capacity of a river segment is the maximum amount of waste that can be discharged to it under specified conditions and yet achieve water quality objectives. For water quality planning "assimilative capacity" is defined by state and federal regulations as the maximum daily load that can be discharged to a stream segment without: violating the minimum stream quality standards; significantly degrading waters of existing high quality; or interfering with the beneficial use of state waters.

The EPA regulations require the development of total maximum daily loads (TMDLs) for all water quality limited segments. TMDLs represent the cumulative allowable loading to a waterbody or stream segment. TMDL is the sum of individual wasteload allocations (WLAs) for point sources and load allocations (LAs) for nonpoint sources and natural background. WLA is the allowable loading allocated to a point source discharger. LA is the load allocation attributed to existing or future nonpoint sources and /or natural background sources.

WLAs for conventional pollutants have been established for water quality limited segments in the Upper Roanoke River subarea using the SWCB modeling procedures. These procedures take into account background loads (assumed to

be in the range of 2-3 mg/l BOD₅ and use initial flow of 7Q10. During 7Q10 low flow condition there is little precipitation and essentially no run-off resulting in minimal or no nonpoint source load contribution other than the general background load considered in the model. Since no data is available on the actual loads attributable to nonpoint sources and since background loads were taken into account in the modeling procedures, the resulting WLAs are also considered as TMDLs. The determination of TMDLs will be refined as more data on nonpoint sources becomes available.

The SWCB has not developed methodologies for determining TMDLs for fecal coliform and metals. The SWCB awaits the promulgation of federal regulations in this regard. Water quality standards require fecal coliform bacteria to be measured as a number per unit volume and not as a load or concentration. State metals standards for the protection of aquatic life from acute and chronic effects are being developed. The SWCB is working with the EPA to develop a TMDL methodology for pollutants that are measured as a count and for metals.

There are 101 existing or proposed dischargers in the Upper Roanoke River subarea illustrated in Plates 3 and 4 and tabulated in Table 5. VPDES permits issued by the SWCB regulate all discharges. The Tennessee Valley Authority (TVA) flat water equation was used in the 1976 Roanoke River Basin WQMP in determining the assimilative capacity and degree of treatment required for a stipulated wasteload on a specific stream at a given point. The selection of the TVA method was based on the availability of field data. The 1976 plan recognized that as more data become available, alternative methods of analysis should be considered and applied using either the TVA flat water or other equations such as Streeter-Phelps.

Table 5 presents the point source pollutant wasteload allocation (WLA), expressed in kg/day of BOD₅, for dischargers in the Upper Roanoke River subarea. The basis of this value is on 7Q10 and regulated flow. TMDLs listed are for water quality limited segments only.

It is important to recognize that the waste treatment levels listed in Table 5 represent final effluent limits. Some facilities may operate under interim treatment limits of secondary, best practicable control technology (BPT) or better while stream standards and effluent policies are further evaluated and verified through intensive stream sampling and detailed modeling. Due to the high cost associated with advanced wastewater treatment, the SWCB conducts a detailed evaluation of municipal projects that require greater than secondary/BPT levels of treatment to refine further the treatment levels required to protect water quality and public health.

1. Methods of wasteload allocation. In some instances it may become necessary to determine wasteload allocations between dischargers to maintain water quality standards. Suggested methods follow for making these determinations:

- a. Proportional allocation based on relative design flows with the use of water quality models;
- b. Equal treatment: All dischargers provide equal treatment; (i.e., the same removal efficiency);
- c. Equal effluent: All dischargers provide the same effluent concentrations;
- d. Population equivalent: Industrial waste and other dischargers converted to population equivalent; (i.e., 240 mg/l BOD₅ per 100 gallons of sewage); or
- e. Affected dischargers negotiate acceptable allocations among themselves.

2. Special modeling studies.

Altavista segment:

~~There have been no modeling studies conducted in the subarea. However,~~ An error found in the stream flow conditions used in the 1976 TVA flat water model is corrected by this plan. Low flow adjustments have been made from 170 cfs to 225 cfs based on updated stream flow data. Table 5 (Wasteload Allocation Allocations) reflects this adjustment. ~~The entire wasteload has been allocated in the Altavista area.~~ A new more sophisticated mathematical model has been calibrated and verified for use in the 10-mile segment (river mile 129.72 to 119.55) of the Roanoke (Staunton) River in Altavista. The STREAM Model (Lung, 1987; US EPA 1992) with antidegradation applied predicts secondary treatment levels/Federal Effluent Guidelines (Technology Based Effluent Limits) will maintain existing water quality in the segment. The STREAM Model shows a wasteload increase over that predicted by the 1976 TVA Flat Water Equation. The segment will remain effluent limited (EL).

Roanoke Valley segment:

Long-term BOD analysis of the Roanoke City Regional Sewage Treatment Plant's effluent shows BOD concentrations consistently less than 10 mg/l in a range of 6-8 mg/l but show the BOD to have an extremely slow degrading (highly refractory) or nondegrading nature. The tertiary plant maintains a high degree of treatment for BOD₅, 5 mg/l which is approximately normal stream background level. The proposed 62.0 mgd design flow of the facility is 3.5 times greater than the Roanoke River's 23.60 mgd critical (7Q10) stream flow. However, because of the effluent's low oxygen demand rate compared to the instream or background BOD, the plant can operate at the design flow of 62.0 mgd and maintain existing water quality. Greater BOD₅ wasteloads are a result of the expanded design flow. The resulting WLA is 1173 kg/d with a TMDL of 1352 kg/d. Table 5 (Wasteload Allocations) reflects the new wasteload allocation and TMDL.

An instream monitoring program designed to signal any water quality degradation is required to ensure water quality standards are maintained. The monitoring

Proposed Regulations

program to be conducted by the permittee shall be designed to monitor the Roanoke River especially during critical conditions. Collected data should also support a more sophisticated mathematical model to address the variables not addressed by the TVA Flat Water Equation.

3. Plan required treatment improvements. Below are listed those POTWs that have been required to meet the wasteload allocation prescribed by the 1976 Water Quality Management Plan.

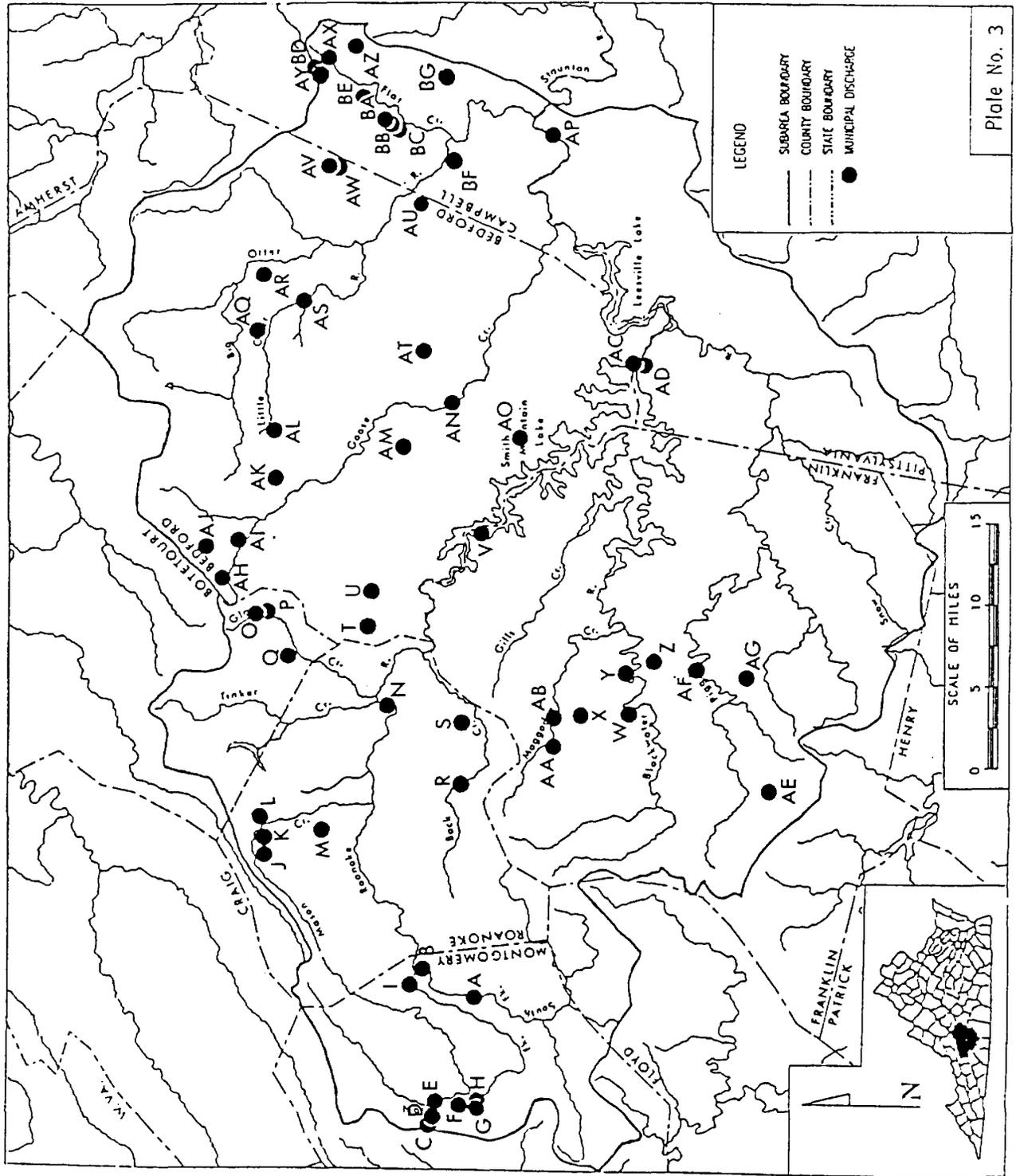
a. City of Bedford. Intensive stream survey results in 1988 indicated low dissolved oxygen values below the City of Bedford STP discharge. Consequently, the permitted discharge of BOD₅ from the STP has been reduced to 52.8 kg/day. This value equals the 1976 303(e) plan's allocation. Bedford officials are

upgrading their treatment process to meet the new limits.

b. Ferrum Water and Sewerage Authority. The permitted discharge of BOD₅ from Ferrum's STP has been lowered to 14.2 kg/day, the 303(e) wasteload allocation is 14.2 kg/day. Ferrum Water and Sewer Authority officials are in the process of upgrading their treatment process to meet the new limits.

c. Town of Rocky Mount. The total assimilative capacity less background of the Pigg River at the existing discharge point has been allocated between Ronile, Inc. (14.8 kg/day), and the Rocky Mount STP (133 kg/day) BOD₅. The wasteload allocation for the proposed facility is 133 kg/day at the downstream site based on updated stream flows used in the 1976 TVA flat water equation.

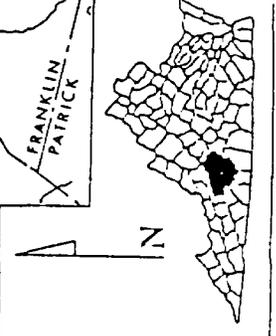
MUNICIPAL VPDES DISCHARGERS
UPPER ROANOKE RIVER SUBAREA



LEGEND

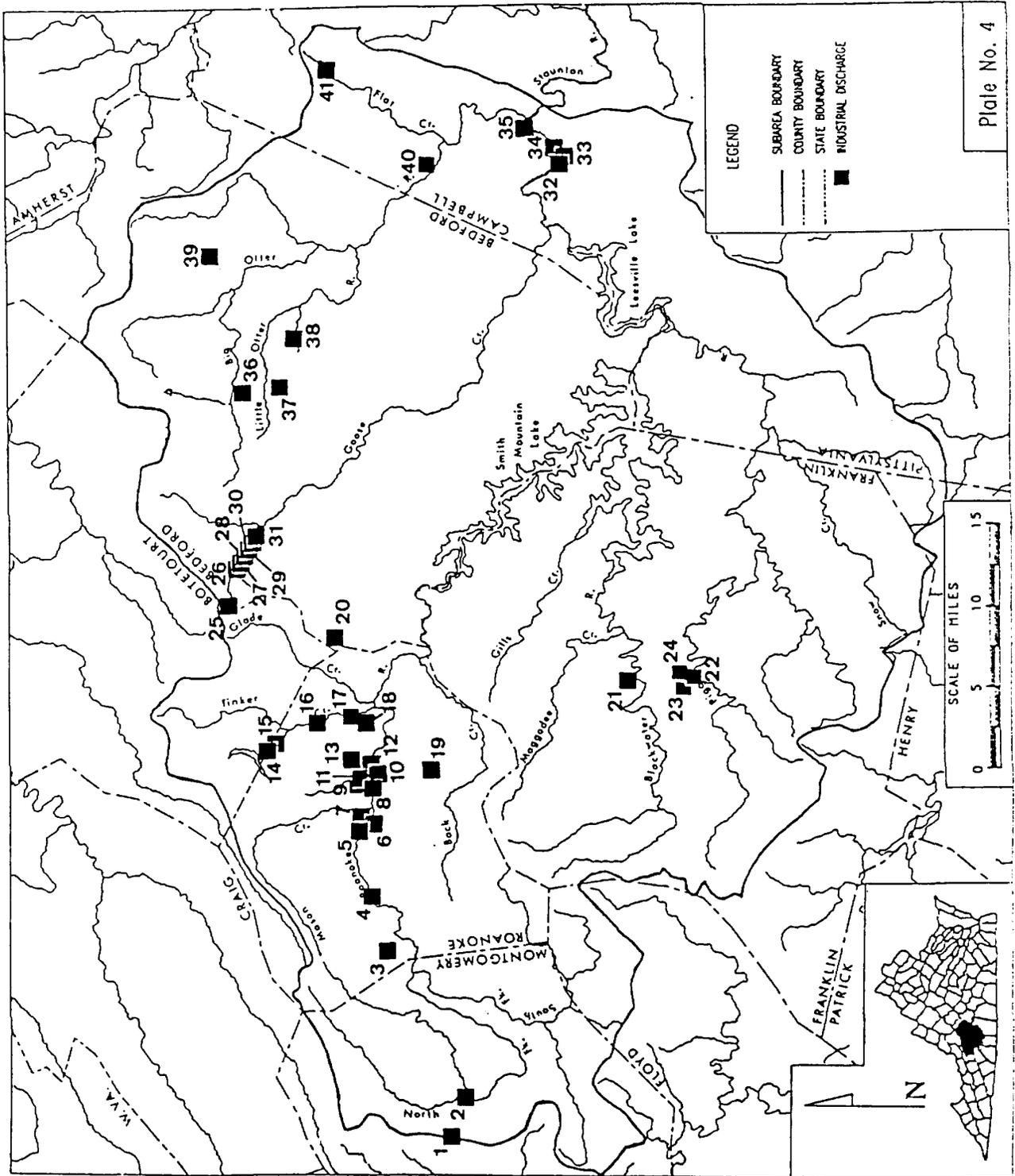
- SUBAREA BOUNDARY
- - - COUNTY BOUNDARY
- · · · · STATE BOUNDARY
- MUNICIPAL DISCHARGE

Plate No. 3



Proposed Regulations

INDUSTRIAL VPDES DISCHARGERS UPPER ROANOKE RIVER SUBAREA



Proposed Regulations

TABLE 5-.
WASTELOAD ALLOCATIONS BASED ON EXISTING DISCHARGE POINT¹ UPPER ROANOKE RIVER SUBAREA.
HUC 03010101

Map Location	Stream Name	Segment Number	Segment Classification Standards	Mile to Mile ²	Discharger	VPDES Permit Number	VPDES Permit Limits BOD ₅ kg/day	303(e) ³ Wasteload Allocation BOD ₅ kg/day	Total Maximum Daily Load W.Q. Segments BOD ₅ kg/day
A	S. F. Roanoke R.	4A-1	E.L.-P W.Q.-FC	6.33	Montgomery County PSA Shawsville STP	VA0024031	11.40	Secondary	
B	S.F. Roanoke R.	4A-1	E.L.-P W.Q.-FC	0.76	Montgomery County PSA Elliston - Lafayette STP	VA0062219	28.00	Secondary	
C	X-trib. To N.F. Roanoke R.	4A-1	E.L.-P	0.25	Lonnie J. Weddle Residence	VA0073229	0.03	Secondary	
D	X-trib. To N.F. Roanoke R.	4A-1	E.L.-P	0.24	James Luther Residence	VA0073237	0.05	Secondary	
E	N.F. Roanoke R.	4A-1	E.L.-P	17.57	Blacksburg Country Club, Inc.	VA0027481	4.00	Secondary	
1	Cedar Run	4A-1	E.L.-P	2.64	Wolverine Gasket Co., Inc.	VA0052825	N/A	Secondary	
F	Cedar Run	4A-1	E.L.-P	0.40	Wendell Hensely Residence	VA0066737	0.07	Secondary	
G	X-trib. To Cedar Run	4A-1	E.L.-P	0.20	Ivan Gary Bland Residence	VA0077488	0.05	Secondary	
H	Cedar Run	4A-1	E.L.-P	0.46	Velma D. Compton Residence	VA0080021	0.06	Secondary	
2	N.F. Roanoke R.	4A-1	E.L.-P	15.21	Federal Mogul, Inc.	VA0001619	N/A	Secondary	
I	N.F. Roanoke R.	4A-1	E.L.-P	0.76	VDOT - I-81 Ironto Rest Area	VA0060941	2.80	Secondary	
3	X-trib. To Roanoke R.	4A-2	E.L.-P	1.04	Salem Stone Corp.	VA0006459	N/A	Secondary	
4	Roanoke R.	4A-2	W.Q.-DO,P	218.13	Koppers Company, Inc.	VA0001333	N/A	N/A	N/A
5	Roanoke R.	4A-2	W.Q.-DO,P	216.33	Roanoke Electric Steel Salem Plant	VA0001341	N/A	N/A	N/A
6	Snyders Br.	4A-2	E.L.-P	0.17	Graham-White Mfg., Inc.	VA0030031	N/A	Secondary	
7	Bowman's Br.	4A-2	E.L.-P	0.20	Mechanical Development Co., Inc.	VA0072311	N/A	Secondary	
8	Roanoke R.	4A-2	W.Q.-DO,P	212.61	Rowe Furniture Corp., Inc.	VA0024716		N/A	N/A
9	Roanoke R.	4A-2	W.Q.-DO,P	212.39	Valleydale Packers, Inc.	VA0001317	N/A	N/A	N/A
J	X-trib. To Mason Cr.	4A-2	E.L.-P	0.21	Gary L. Bryant Residence	VA0063398	0.07	Secondary	
K	Mason Cr.	4A-2	E.L.-P	0.30	Roanoke County Schools Mason Cove E.S.	VA0027545	0.45	Secondary	
L	Mason Cr.	4A-2	E.L.-P	7.79	Roanoke Moose Lodge 284	VA0077895	0.53	Secondary	
M	Gish Br.	4A-2	E.L.-P	1.80	Eddie Miller Residence	VA0076759	0.06	Secondary	
10	Roanoke R.	4A-2	W.Q.-DO,P	209.58	Virginia Plastics Co., Inc.	VA0052477	N/A	N/A	N/A
10	X-trib. To Mud Lick Cr.	4A-2	E.L.-P	0.47	Virginia Plastics Co., Inc.	VA0052477	2.70	Secondary	
11	Peters Cr.	4A-2	W.Q.-DO,P	0.26	Roanoke Electric Steel Roanoke Plant	VA0001589	N/A	N/A	N/A
12	Roanoke R.	4A-2	W.Q.-DO,P	207.60	Fuel Oil & Equipment Co., Inc.	VA0001252	N/A	N/A	N/A
13	Roanoke R.	4A-2	W.Q.-DO,P	207.24	Norfolk & Western Railway Co., Inc. - Shaffers Crossing	VA0001597	N/A	N/A	N/A

Proposed Regulations

13	Horton Cr.	4A-2	E.L.-P	0.41	Norfolk & Western Railway Co., Inc. - Shaffers Crossing	VA0001597	N/A	Secondary	
N	Roanoke R.	4A-2	W.Q.-DO,P	201.81	Roanoke City Regional STP	VA0025020	662.00 1173.00 ^d	757.40 1173.00	927.72 1352.00
14	Carvin Cr.	4A-2	E.L.-P	5.77	Roanoke City Carvin Cove WTP	VA0001473	N/A	Secondary	
15	Carvin Cr.	4A-2	E.L.-P	4.98	ITT Electro-Optical Products Division	VA0020443	N/A	Secondary	
16	Tinker Cr.	4A-2	W.Q.-DO,P, FC	5.17	Elizabeth Arden, Inc.	VA0001635	N/A	N/A	N/A
17	Tinker Cr.	4A-2	W.Q.-DO,P, FC	1.45	Exxon Company, USA, Inc.	VA0079006	N/A	N/A	N/A
18	Lick Run	4A-2	E.L.-P	3.51	Norfolk & Western Railway Co., Inc. - Shaffers Crossing	VA0001597	N/A	Secondary	
18	Lick Run	4A-2	E.L.-P	1.12	Norfolk & Western Railway Co., Inc. - East End Shops	VA0001511	N/A	Secondary	
O	X-trib. To Glade Cr.	4A-2	E.L.-P	1.60	R. W. Bowers Commercial Dev.	VA0068497	0.06	Secondary	
P	X-trib. To Glade Cr.	4A-2	E.L.-P	1.24	Geraldine B. Carter Residence	VA0076546	0.06	Secondary	
Q	Coyner Spring Br.	4A-2	E.L.-P	0.50	Roanoke City - Coyner Springs STP	VA0021121	0.80	Secondary	
R	Back Cr.	4A-2	E.L.-P	16.14	Roanoke Sanitary Disposal Corp. - Starkey STP	VA0027103	45.40	Secondary	
19	Back Cr.	4A-2	E.L.-P	1.48	Shell Oil Co., Inc.	VA0001431	N/A	Secondary	
S	X-trib. to Back Cr.	4A-2	E.L.-P	1.00	Suncrest Development Co., Inc. - Suncrest Heights STP	VA0028711	2.30	Secondary	
20	Falling Cr.	4A-2	E.L.-P	7.70	Roanoke City - Falling Cr. WTP	VA0001465	N/A	Secondary	
T	X-trib. To Falling Cr.	4A-2	E.L.-P	0.32	Oak Ridge Mobile Home Park	VA0078392	3.40	Secondary	
U	Nat Branch	4A-2	E.L.-P	0.59	Bedford County Schools Stewartsville E.S.	VA0020842	0.50	Secondary	
V	Roanoke R.	4A-2	W.Q.-DO,P	182.76	L. Jack & Vicki S. Browning Residence	VA0067229	0.07	0.07	170.07
W	X-trib. To Little Cr.	4A-3	E.L.-P	0.16	Robert R. Walter Residence	VA0074004	0.05	Secondary	
X	X-trib. To Teals Cr.	4A-3	E.L.-P	0.96	Franklin County Schools Boones Mill E.S.	VA0060291	0.05	Secondary	
21	Blackwater R.	4A-3	E.L.-P	40.05	Rocky Mount Town Blackwater R. WTP	VA0055999	N/A	Secondary	
Y	Blackwater R.	4A-3	E.L.-P	38.95	Franklin Manor Home for Adults	VA0067555	1.70	Secondary	
Z	X-trib. To Blackwater R.	4A-3	E.L.-P	1.15	Franklin County Schools Rocky Mount E.S.	VA0060283	0.80	Secondary	
AA	X-trib. To Maggoodee Cr.	4A-3	E.L.-P	0.28	Boones Mill Town - Sand Filter	VA0078401	0.50	Secondary	
AB	Maggoodee Cr.	4A-3	E.L.-P	14.51	Boones Mill Town STP	VA0067245	3.40	Secondary	
AC	Roanoke R.	4A-5	E.L.	158.09	APCO - SML Dam Visitors Center	VA0074179	0.57	Secondary	

Proposed Regulations

AD	Roanoke R.	4A-5	E.L.	157.49	APCO - SML Dam Picnic Area	VA0074217	0.57	Secondary	
AE	Storey Cr.	4A-4	W.Q.-DO	9.78	Ferrum Water & Sewerage Authority - Ferrum STP	VA0029254	14.20	14.20	14.60
23	X-trib. To Pigg R.	4A-4	E.L.	1.28	The Lane Company - Rocky Mount Plant	VA0098438	N/A	Secondary	
22 AF	Pigg R. Pigg R.	4A-4 4A-4	W.Q.-DO W.Q.-DO	57.24 56.72 52.68	Ronile, Inc. Rocky Mt. Town Existing STP Rocky Mt. Town Proposed STP	VA0076015 VA0023728 VA0085952	14.80 133.00	14.80 133.00 133.00	34.98 153.18
24	X-trib. To Powder Mill Cr.	4A-4	E.L.	1.64	Rocky Top Wood Preservers Inc.	VA0080071	N/A	Secondary	
AG	Willow Cr.	4A-4	E.L.	1.30	Town & Country Subdivision	VA0028657	4.50	Secondary	
25	S.F. Goose Cr.	4A-5	E.L.	6.77	Blue Ridge Stone Corp. Blue Ridge Plant	VA0050636	N/A	Secondary	
AH	X-trib. To S.F. Goose Cr.	4A-5	E.L.	0.66	Woodhaven Village, Inc.	VA0074870	0.50	Secondary	
26	X-trib. To S.F. Goose Cr.	4A-5	E.L.	0.08	Conoco, Inc.	VA0055328	N/A	Secondary	
27	S.F. Goose Cr.	4A-5	E.L.	2.58	Chevron USA, Inc.	VA0026051	N/A	Secondary	
28	X-trib. To S.F. Goose Cr.	4A-5	E.L.	0.20	Phillips Petroleum Co., Inc.	VA0051446	N/A	Secondary	
29	X-trib. to S.F. Goose Cr.	4A-5	E.L.	0.04	Amoco Oil Co., Inc.	VA0054577	N/A	Secondary	
29	X-trib. To S.F. Goose Cr.	4A-5	E.L.	0.06	Amoco Oil Co., Inc.	VA0054577	N/A	Secondary	
29	X-trib. To S.F. Goose Cr.	4A-5	E.L.	0.14	Amoco Oil Co., Inc.	VA0054577	N/A	Secondary	
30	S.F. Goose Cr.	4A-5	E.L.	2.30	Colonial Pipeline Co., Inc.	VA0051721	N/A	Secondary	
AI	X-trib. To N.F. Goose Cr.	4A-5	E.L.	0.20	Bedford County Schools Montvale E.S.	VA0066206	0.42	Secondary	
31	S.F. Goose Cr.	4A-5	E.L.	2.18	Texaco, Inc.	VA0001490	N/A	Secondary	
AJ	X-trib. To Day Cr.	4A-5	E.L.	1.79	Camp Virginia Jaycee Inc.	VA0060909	1.70	Secondary	
AK	X-trib. To Reed Cr.	4A-5	E.L.	0.84	Robincrest Mobile Home Park	VA0078413	2.70	Secondary	
AM	X-trib. To Shoulder Run	4A-5	E.L.	0.95	Bedford County Schools Staunton River H.S.	VA0063738	2.90	Secondary	
AN	Goose Cr.	4A-5	E.L.	19.55	Camp Tipacano, Inc.	VA0068063	1.10	Secondary	
AO	Mattox Cr.	4A-5	E.L.	3.76	VDOC - Field Unit #24 Smith Mtn. Lake	VA0023515	2.40	Secondary	
32	Staunton (Roa.) R.	4A-5	E.L.	129.72	Burlington Industries-Klopman Div. - Altavista Plant	VA0001678	530.00 630.00	Secondary	
33	Staunton (Roa.) R.	4A-5	E.L.	128.96	Altavista Town WTP	VA0027189	N/A	Secondary	
34	Staunton (Roa.) R.	4A-5	E.L.	128.94	The Lane Co., Inc. Altavista Plant	VA0001520	N/A	Secondary	
	Staunton (Roa.) R.	4A-5	E.L.		Town of Hurt (Proposed)			Secondary	
AP	Staunton (Roa.) R.	4A-5	E.L.	127.96	Altavista Town STP	VA0020451	204.00 408.00	Secondary	
35	Staunton (Roa.) R.	4A-5	E.L.	126.39	Ross Laboratories	VA0001716	66.20 ⁴⁵	Secondary	

Proposed Regulations

36	X-trib. To Big Otter R.	4A-5	E.L.	1.63	Bedford City WTP	VA0001503	N/A	Secondary	
37	Roaring Run	4A-5	E.L.	3.26	Gunnoe Sausage Co., Inc.	VA0001449	0.55	Secondary	
AQ	X-trib. To Big Otter R.	4A-5	E.L.	1.15	Bedford County Schools Otter River E.S.	VA0020851	0.40	Secondary	
38	X-trib. To Little Otter R.	4A-5	E.L.	0.76	Wheelabrator Frye, Inc.	VA0058033	N/A	Secondary	
AR	X-trib. To Little Otter R.	4A-5	E.L.	0.42	Bedford County Schools Liberty H.S.	VA0020796	2.80	Secondary	
AS	Little Otter R.	4A-5	W.Q.-DO	14.36	Bedford City STP	VA0022390	52.80	52.80	64.15
39	Johns Cr.	4A-5	W.Q.-DO	2.61	Golden West Foods, Inc.	VA0056430	N/A	N/A	N/A
AT	X-trib. To Wells Cr.	4A-5	E.L.	2.22	Bedford County Schools Body Camp E.S.	VA0020818	0.40	Secondary	
AU	X-trib. To Big Otter R.	4A-5	E.L.	1.20	David T. Callahan Residence	VA0080667	0.57	Secondary	
AV	X-trib. To Buffalo Cr.	4A-5	E.L.	0.67	Bedford County Schools New London Academy	VA0020826	0.50	Secondary	
AW	Buffalo Cr.	4A-5	E.L.	12.42	Alum Springs Shopping Center	VA0078999	4.50	Secondary	
40	Big Otter R.	4A-5	E.L.	11.74	Campbell County USA (Proposed WTP)	VA0078646	N/A	Secondary	
BF	X-trib. To Big Otter R.	4A-5	E.L.	1.07	Otterwood Grocery Store	VA0082732	0.05	Secondary	
AX	Flat Cr.	4A-5	E.L.	13.34	Virginia Track & Equipment Corp.	VA0068594	0.03	Secondary	
BD	X-trib. To Flat Cr.	4A-5	E.L.	0.68	Montague Betts Co., Inc.	VA0075116	0.45	Secondary	
41	Flat Cr.	4A-5	E.L.	12.62	Blue Ridge Stone Corp. Lynchburg Plant	VA0050628	N/A	Secondary	
AY	X-trib. To Flat Cr.	4A-5	E.L.	0.12	Winebarger Corp.	VA0074969	0.70	Secondary	
AZ	Smith Br.	4A-5	E.L.	2.82	Briarwood Village	VA0031194	2.70	Secondary	
BE	X-trib. To Flat Cr.	4A-5	E.L.	0.88	Ralph P. Shepard Residence	VA0081591	0.05	Secondary	
BA	X-trib. To Flat Cr.	4A-5	E.L.	1.16	Phillips, Arthur, Phillips Tract #6	VA0068098	0.05	Secondary	
BB	X-trib. To Flat Cr.	4A-5	E.L.	1.12	Kyle E. & Annette D. Shupe Residence	VA0068080	0.05	Secondary	
BC	X-trib. To Flat Cr.	4A-5	E.L.	1.08	Wayne E. & Sherrina D. Shupe Residence	VA0068071	0.05	Secondary	
BG	X-trib. To Troublesome Cr.	4A-5	E.L.	2.15	Kelly Convenience Store	VA0067078	0.11	Secondary	

NOTES:

N/A--Not Applicable--currently no BOD₅ limits or wasteload have been required by the VPDES Permit. Should BOD₅ limits be required, a WQMP amendment would be necessary for Water Quality Limited Segments only.

¹ Secondary Treatment levels are required in Effluent Limited segments. Quantities listed for Water Quality Limited segments represent wasteload allocation.

² Ending river miles are not available at this time.

³ These allocations represent current and original (1976 WQMP) modeling with the exception of the Altavista segment, river miles 130.00 to 119.00 on the Staunton (Roanoke) River. Future revisions may be necessary based on State Water Control Board approved modeling.

⁴ The VPDES Permit Limit presented here is a future loading, not the current VPDES Permit limitation. The permitting process will determine the current loading not to exceed 1173 kg/d WLA established by this plan.

⁴⁵ The current permitted BOD₅ loading for this facility is 30 mg/l monthly average and 45 mg/l daily maximum. Based on maximum flows reported by this facility for 1987-88 (0.389 mgd) the resulting wasteload is 66.2 kg/d. Revocation of the permit has been requested by the permittee.

VA.R. Doc. No. R97-535; Filed June 17, 1998, 11:33 a.m.

◆ ————— ◆
TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: **Medicaid Coverage for Licensed Clinical Nurse Specialists-Psychiatric.**

12 VAC 30-50-10 et seq. Amount, Duration, and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-140 and 12 VAC 30-50-150).

12 VAC 30-60-10 et seq. Standards Established and Methods Used to Assure High Quality Care (amending 12 VAC 30-60-40 and 12 VAC 30-60-120).

12 VAC 30-80-10 et seq. Methods and Standards for Establishing Payment Rates; Other Types of Care (amending 12 VAC 30-80-30).

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

Public Hearing Date: N/A -- Public comments may be submitted until September 4, 1998.

(See Calendar of Events section for additional information)

Basis and Authority: Section 32.1-325 of the Code of Virginia grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. Section 32.1-324 of the Code of Virginia grants to the Director of the Department of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance in lieu of board action pursuant to the board's requirements.

Chapter 730 of the 1997 Virginia Acts of Assembly (House Bill 2425) required the board to promulgate regulations which reimburse licensed clinical nurse specialists at rates based upon reasonable criteria, including the professional credentials for licensure.

Purpose: The purpose of this proposal is to comply with the state mandate to add clinical nurse specialists-psychiatric to the list of providers that may directly enroll and be reimbursed as Medicaid providers. Greater access to care will be provided to recipients because of an expanded provider base.

Substance and Analysis: Although counseling services are available from multiple types of providers, until 1996 Medicaid policy provided for enrollment and direct

reimbursement only to psychiatrists and licensed clinical psychologists. Legislation passed in 1996 added licensed clinical social workers and licensed professional counselors to the plan.

Chapter 730 of the 1997 Virginia Acts of Assembly requires the board to promulgate regulations which reimburse licensed clinical nurse specialists at rates based upon reasonable criteria, including the professional credentials for licensure. Reimbursement is currently provided to psychologists at 90% of the rate for psychiatrists. Licensed clinical social workers (LCSWs) and licensed professional counselors (LPCs) may either enroll directly or provide services under the direct supervision of a psychiatrist or psychologist. For those LCSWs and LPCs who provide services to Medicaid recipients under the direct supervision of a psychiatrist or psychologist, the enrolled supervisor is reimbursed by Medicaid. That supervising enrolled provider is responsible for determining the reimbursement rate to the LCSW or LPC. Those LCSWs and LPCs who directly enroll are reimbursed at a rate of 75% of the rate for psychologists.

Issues: This change represents an advantage to Medicaid recipients and Medicaid providers. The regulatory changes necessary to directly enroll licensed clinical social workers and licensed professional counselors were effective April 1, 1998. This change regarding clinical nurse specialists-psychiatric will allow an additional type of provider of services to be directly reimbursed, reducing some of the administrative costs to these providers. The agency projects no negative issues involved in implementing this proposed change.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 13 (94). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The proposed regulation adds licensed clinical nurse specialists-psychiatric to the list of providers who may directly enroll and be

Proposed Regulations

reimbursed as Medicaid providers for psychotherapy services.

Although counseling services are available from various types of providers, until 1996 Medicaid policy provided enrollment and direct reimbursement only to psychiatrists and licensed clinical psychologists. Legislation passed in 1996 added licensed clinical social workers (LCSWs) and licensed professional counselors (LPCs) to the plan. Previously, LCSWs and LPCs were allowed to provide counseling services under the direct supervision of a psychiatrist or psychologist. Medicaid reimbursed the enrolled supervisor who determined the reimbursement rate for the LCSW or LPC.

The Department of Medical Assistance Services (DMAS) now proposes to allow licensed clinical nurse specialists-psychiatric to enroll and receive direct reimbursement in order to comply with legislation passed during the 1997 Session of the General Assembly. Based on a comparison of the licensing requirements between clinical nurse specialists-psychiatric and other types of providers, DMAS proposes to reimburse clinical nurse specialists at a rate of 75% of the rate for psychologists. This is identical to the reimbursement rate for enrolled LCSWs and LPCs.

Estimated economic impact. According to DMAS, there is currently no shortage of Medicaid providers for psychotherapy services. Therefore, this proposal can be expected to shift psychotherapy services from one provider type to others, rather than dramatically increase the amount of services provided. The shift will most likely occur from psychiatrists and licensed clinical psychologists to LCSWs, LPCs, and now, to clinical nurse specialists-psychiatric. This will result in potential cost savings for DMAS if the same amount of services are now reimbursed at lower rates. Medicaid recipients can be expected to benefit from this change, as they will experience increased access to care due to the expanded provider base, although the magnitude of this effect is likely to be quite small.

Any costs of this proposal would most likely accrue to the psychiatrists and licensed clinical psychologists who would be expected to provide less psychotherapy services for Medicaid recipients. But these providers are not limited in the amount of services they may provide to non-Medicaid patients and they are qualified to offer many more types of services. So it can be expected that any costs would be quite small. While it is not possible to measure the exact cost and benefits at this time, there is good reason to believe that the benefits will outweigh any potential costs from this proposal.

Businesses and entities affected. Currently there are 1,078 psychiatrists and 1,160 psychologists enrolled as Medicaid providers. Because the regulatory changes necessary to directly enroll LCSWs and LPCs were effective April 1, 1998, these providers have just begun to enroll. The Board of Nursing report that there are 440 clinical nurse specialists currently licensed in Virginia. The number of those specializing as CNS-Psychiatric is not available.

Localities particularly affected. The proposed regulation is not expected to disproportionately affect any particular localities.

Projected impact on employment. It is possible, but unlikely, that there could be a very small decrease in the number of practicing psychiatrists and licensed clinical psychologists in Virginia as a result of this proposal. The magnitude of any such decrease would be too small to measure.

Effects on the use and value of private property. The proposed regulation is not expected to have any significant effect on the use and value of private property.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency concurs with the economic impact analysis prepared by the Department of Planning and Budget regarding the regulations concerning Medicaid coverage of clinical nurse specialists.

Summary:

Although counseling services are available from multiple types of providers, until 1996 Medicaid policy provided for enrollment and direct reimbursement only to psychiatrists and licensed clinical psychologists. Legislation passed in 1996 added licensed clinical social workers and licensed professional counselors to the plan.

Chapter 730 of the 1997 Virginia Acts of Assembly (House Bill 2425) requires the board to promulgate regulations which reimburse licensed clinical nurse specialists at rates based upon reasonable criteria, including the professional credentials for licensure. Reimbursement is currently provided to psychologists at 90% of the rate for psychiatrists. Licensed clinical social workers (LCSWs) and licensed professional counselors (LPCs) who directly enroll are reimbursed at a rate of 75% of the rate for psychologists. Clinical nurse specialists-psychiatric will also be reimbursed at 75% of the rate for psychologists. The department is not imposing any supervision requirements beyond those required for licensure of these professionals.

12 VAC 30-50-140. 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. Outpatient psychiatric services.

1. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension (subject to DMAS' approval) 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 DMAS. Psychiatric services are further restricted to no more than three sessions in any given seven-day period. Consistent with § 6403 of the Omnibus Budget Reconciliation Act of 1989, medically necessary psychiatric services shall be covered when prior authorized by DMAS for individuals younger than 21 years of age when the need for such services has been identified in an EPSDT screening.

2. Psychiatric services can be provided by psychiatrists or by a licensed clinical social worker or, licensed professional counselor, or *licensed clinical nurse specialist-psychiatric* under the direct supervision of a psychiatrist.*

3. Psychological and psychiatric services shall be medically prescribed treatment which is directly and specifically related to an active written plan designed and signature-dated by either a psychiatrist or by a licensed clinical social worker or, licensed professional counselor, or *licensed clinical nurse specialist-psychiatric* under the direct supervision of a psychiatrist.*

* Licensed clinical social workers and, licensed professional counselors, and *licensed clinical nurse specialists-psychiatric* may also directly enroll or be supervised by psychologists as provided for in 12 VAC 30-50-150.

4. Psychological or psychiatric services shall be considered appropriate when an individual meets the following criteria:

a. Requires treatment in order to sustain behavioral or emotional gains or to restore cognitive functional levels which have been impaired;

b. Exhibits deficits in peer relations, dealing with authority; is hyperactive; has poor impulse control; is clinically depressed or demonstrates other dysfunctional clinical symptoms having an adverse impact on attention and concentration, ability to learn, or ability to participate in employment, educational, or social activities;

c. Is at risk for developing or requires treatment for maladaptive coping strategies; and

d. Presents a reduction in individual adaptive and coping mechanisms or demonstrates extreme increase in personal distress.

5. Psychological or psychiatric services may be provided in an office or a mental health clinic.

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 over the age of 21 are limited to a maximum of 21 days per admission within 60 days for the same or similar diagnoses or treatment plan and is further restricted to medically necessary authorized (for enrolled providers)/approved (for nonenrolled providers) 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 general hospitals and freestanding psychiatric 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 shall be limited to medically necessary inpatient hospital days.

H. (Reserved).

I. Reimbursement shall not be provided for physician services provided to recipients in the inpatient setting whenever the facility is denied reimbursement.

J. (Reserved.)

K. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys and corneas shall be covered for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma or breast cancer. Transplant services for liver, heart, and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, and bone marrow/stem cell transplants and any other medically necessary transplantation procedures that are determined to not be experimental or investigational require preauthorization by DMAS. 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. Reimbursement for covered liver, heart, and bone marrow/stem cell transplant services and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be a fee based upon the greater of a prospectively determined, procedure-specific flat fee determined by the agency or a prospectively determined, procedure-specific percentage of usual and customary charges. The flat fee reimbursement will cover procurement costs; all hospital costs from admission to discharge for the transplant

Proposed Regulations

procedure; and total physician costs for all physicians providing services during the transplant hospital stay, including radiologists, pathologists, oncologists, surgeons, etc. The flat fee reimbursement does not include pre- and post-hospitalization for the transplant procedure or pretransplant evaluation. If the actual charges are lower than the fee, the agency shall reimburse actual charges. Reimbursement for approved transplant procedures that are performed out of state will be made in the same manner as reimbursement for transplant procedures performed in the Commonwealth. Reimbursement for covered kidney and cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in 12 VAC 30-50-540 through 12 VAC 30-50-570.

12 VAC 30-50-150. 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.

C. Chiropractors' services are not provided.

D. Other practitioners' services; psychological services, psychotherapy. Limits and requirements for covered services are found under *Outpatient Psychiatric Services* (see 12 VAC 30-50-140 D).

1. These limitations apply to psychotherapy sessions provided, within the scope of their licenses, by licensed clinical psychologists or licensed clinical social workers/licensed professional counselors/*licensed clinical nurse specialists-psychiatric* who are either independently enrolled or under the direct supervision of a licensed clinical psychologist. 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.

2. Psychological testing is covered when provided, within the scope of their licenses, by licensed clinical psychologists or licensed clinical social workers/licensed professional counselors/*licensed clinical nurse specialists-psychiatric* who are either independently enrolled or under the direct supervision of a licensed clinical psychologist.

12 VAC 30-60-40. Utilization control: Nursing facilities.

A. 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. All nursing facility services, including specialized care, shall be provided in accordance with guidelines found in the Virginia Medicaid Nursing Home Manual.

B. 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.

C. The Department of Medical Assistance Services shall periodically conduct 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.

D. 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.

E. 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 12 VAC 30-60-300 (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 12 VAC 30-60-320 (Adult specialized care criteria) or 12 VAC 30-60-340 (Pediatric and 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.

F. 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.

G. 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.

H. Specialized care services.

1. 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.

2. Providers must be able to provide the following specialized services to Medicaid specialized care recipients:

- a. Physician visits at least once weekly (after initial physician visit, subsequent visits may alternate between physician and physician assistant or nurse practitioner);
- b. Skilled nursing services by a registered nurse available 24 hours a day;
- c. Coordinated multidisciplinary team approach to meet the needs of the resident;
- d. Infection control;
- e. 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 90 minutes each day, five days per week;
- f. 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 two hours per day, five days a week;
- g. Ancillary services related to a plan of care;

h. Respiratory therapy services by a board-certified therapist (for ventilator patients, these services must be available 24 hours per day);

i. Psychology services by a licensed clinical psychologist, a licensed clinical social worker, ~~or a~~ licensed professional counselor, or licensed clinical nurse specialist-psychiatric related to a plan of care;

j. Necessary durable medical equipment and supplies as required by the plan of care;

k. Nutritional elements as required;

l. A plan to assure that specialized care residents have the same opportunity to participate in integrated nursing facility activities as other residents;

m. Nonemergency transportation;

n. Discharge planning; and

o. Family or caregiver training.

3. Providers must coordinate with appropriate state and local agencies for educational and habilitative needs for Medicaid specialized care recipients who are under the age of 21.

12 VAC 30-60-120. Utilization control: Intensive physical rehabilitative services.

A. A patient qualifies for intensive inpatient rehabilitation or comprehensive outpatient physical rehabilitation as provided in a comprehensive outpatient rehabilitation facility (CORF) if the following criteria are met:

1. Adequate treatment of his medical condition requires an intensive rehabilitation program consisting of an interdisciplinary coordinated team approach to improve his ability to function as independently as possible; and
2. It has been established that the rehabilitation program cannot be safely and adequately carried out in a less intense setting.

B. In addition to the disability requirement, participants shall meet the following criteria:

1. Require at least two of the listed therapies in addition to rehabilitative nursing:
 - a. Occupational therapy.
 - b. Physical therapy.
 - c. Cognitive rehabilitation.
 - d. Speech/language pathology services.

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

3. For continued intensive rehabilitation services, the patient must demonstrate an ability to actively participate in goal-related therapeutic interventions developed by the interdisciplinary team. This is evidenced by regular attendance in planned activities

Proposed Regulations

and demonstrated progress toward the established goals.

4. Intensive rehabilitation services are to be considered for termination regardless of the preauthorized length of stay when any of the following conditions are met:

- a. No further potential for improvement is demonstrated. The patient has reached his maximum progress and a safe and effective maintenance program has been developed.
- b. There is limited motivation on the part of the individual or caregiver.
- c. The individual has an unstable condition that affects his ability to participate in a rehabilitative plan.
- d. Progress toward an established goal or goals cannot be achieved within a reasonable length of time.
- e. The established goal serves no purpose to increase meaningful function or cognitive capabilities.
- f. The service can be provided by someone other than a skilled rehabilitation professional.

C. 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.

D. Documentation of rehabilitation services shall, at a minimum:

1. Describe the clinical signs and symptoms of the patient necessitating admission to the rehabilitation program;
2. Describe any prior treatment and attempts to rehabilitate the patient;
3. Document an accurate and complete chronological picture of the patient's clinical course and progress in treatment;
4. Document that an interdisciplinary coordinated treatment plan specifically designed for the patient has been developed;
5. Document in detail all treatment rendered to the patient in accordance with the interdisciplinary plan of

care with specific attention to frequency, duration, modality, response to treatment, and identify who provided such treatment;

6. Document change in the patient's conditions;
7. Describe responses to and the outcome of treatment; and
8. 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.

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. All intensive rehabilitative services shall be provided in accordance with guidelines found in the Virginia Medicaid Rehabilitation Manual.

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

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 reevaluation.

Admissions for evaluation or training, or both, for solely vocational or educational purposes or for developmental or behavioral assessments are not covered services.

F. Interdisciplinary 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 assess the validity of the rehabilitation goals established at the time of the initial evaluation, determine if rehabilitation criteria continue to be met, and revise patient goals as needed. A review by the various team members of each others' notes does not constitute a team conference. Where practical, the patient or family or both shall participate in the team conferences. 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.

Rehabilitation care is to be considered for termination, 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.

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 and that the patient continues to meet intensive rehabilitation criteria throughout the entire program. 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.

G. 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.

H. 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.

I. 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:

1. 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:

- a. 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;
- b. 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;
- c. 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

d. 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.

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

- a. 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;
- b. 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;
- c. 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
- d. 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.

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

- a. 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;
- b. 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;
- c. 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

Proposed Regulations

- 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
- d. 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.
4. Speech-language therapy services are those services furnished a patient which meet all of the following conditions:
- a. 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 440.1109 (c);
- b. 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;
- c. 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
- d. 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.
5. Cognitive rehabilitation services are those services furnished a patient which meet all of the following conditions:
- a. 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;
- b. 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 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;
- c. 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;
- d. The cognitive rehabilitation services shall be an integrated part of the interdisciplinary patient care plan and shall relate to information processing deficits which are a consequence of and related to a neurologic event;
- e. The services include activities to improve a variety of cognitive functions such as orientation, attention/concentration, reasoning, memory, discrimination and behavior; and
- f. The services 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.
6. Psychology services are those services furnished a patient which meet all of the following conditions:
- a. The services shall be directly and specifically related to an active written treatment plan ordered by a physician;
- b. 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 or by a licensed clinical social worker or, a licensed professional counselor, or a licensed clinical nurse specialist-psychiatric;
- c. 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
- d. 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.
7. Social work services are those services furnished a patient which meet all of the following conditions:
- a. The services shall be directly and specifically related to an active written treatment plan ordered by a physician;

b. 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;

c. 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

d. 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.

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

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

b. 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;

c. 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

d. 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.

9. Prosthetic/orthotic services.

a. 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.

b. 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.

c. 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.

d. 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.

e. 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 predictable period of time, or shall be necessary to establish an improved functional state of maintenance.

f. 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.

12 VAC 30-80-30. Fee-for-service providers.

A. Payment for the following services, except for physician services, shall be the lower of the state agency fee schedule (12 VAC 30-80-190 has information about the state agency fee schedule) or actual charge (charge to the general public):

1. Physicians' services (12 VAC 30-80-160 has obstetric/pediatric fees). Payment for physician services shall be the lower of the state agency fee schedule or actual charge (charge to the general public), except that reimbursement rates for designated physician services when performed in hospital outpatient settings shall be 50% of the reimbursement rate established for those services when performed in a physician's office. The following limitations shall apply to emergency physician services.

a. Definitions. The following words and terms, when used in this subdivision 1, shall have the following meanings when applied to emergency services unless the context clearly indicates otherwise:

"All-inclusive" means all emergency service and ancillary service charges claimed in association with the emergency department visit, with the exception of laboratory services.

"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.

"Emergency physician services" means services that are necessary to prevent the death or serious impairment of the health of the recipient. The threat to the life or health of the recipient necessitates the use of the most accessible hospital available that is equipped to furnish the services.

Proposed Regulations

"Recent injury" means an injury which has occurred less than 72 hours prior to the emergency department visit.

b. Scope. DMAS shall differentiate, as determined by the attending physician's diagnosis, the kinds of care routinely rendered in emergency departments and reimburse physicians for nonemergency care rendered in emergency departments at a reduced rate.

(1) DMAS shall reimburse at a reduced and all-inclusive reimbursement rate for all physician services, including those obstetric and pediatric procedures contained in 12 VAC 30-80-160, rendered in emergency departments which DMAS determines are nonemergency care.

(2) Services determined by the attending physician to be emergencies shall be reimbursed under the existing methodologies and at the existing rates.

(3) Services determined by the attending physician which may be emergencies shall be manually reviewed. If such services meet certain criteria, they shall be paid under the methodology in subdivision 1 b (2) of this subsection. Services not meeting certain criteria shall be paid under the methodology in subdivision 1 b (1) of this subsection. Such criteria shall include, but not be limited to:

(a) The initial treatment following a recent obvious injury.

(b) Treatment related to an injury sustained more than 72 hours prior to the visit with the deterioration of the symptoms to the point of requiring medical treatment for stabilization.

(c) The initial treatment for medical emergencies including indications of severe chest pain, dyspnea, gastrointestinal hemorrhage, spontaneous abortion, loss of consciousness, status epilepticus, or other conditions considered life threatening.

(d) A visit in which the recipient's condition requires immediate hospital admission or the transfer to another facility for further treatment or a visit in which the recipient dies.

(e) Services provided for acute vital sign changes as specified in the provider manual.

(f) Services provided for severe pain when combined with one or more of the other guidelines.

(4) Payment shall be determined based on ICD-9-CM diagnosis codes and necessary supporting documentation.

(5) DMAS shall review on an ongoing basis the effectiveness of this program in achieving its objectives and for its effect on recipients, physicians, and hospitals. Program components may be revised subject to achieving program intent

objectives, the accuracy and effectiveness of the ICD-9-CM code designations, and the impact on recipients and providers.

2. Dentists' services.

3. Mental health services including: (i) community mental health services; (ii) services of a licensed clinical psychologist; or (iii) mental health services provided by a physician.

a. Services provided by licensed clinical psychologists shall be reimbursed at 90% of the reimbursement rate for psychiatrists.

b. Services provided by independently enrolled licensed clinical social workers and, licensed professional counselors, or licensed clinical nurse specialists-psychiatric shall be reimbursed at 75% of the reimbursement rate for licensed clinical psychologists.

4. Podiatry.

5. Nurse-midwife services.

6. Durable medical equipment.

a. The rate paid for all items of durable medical equipment except nutritional supplements shall be the lower of the state agency fee schedule that existed prior to July 1, 1996, less 4.5%, or the actual charge.

b. The rate paid for nutritional supplements shall be the lower of the state agency fee schedule or the actual charge.

7. Local health services, including services paid to local school districts.

8. Laboratory services (other than inpatient hospital).

9. Payments to physicians who handle laboratory specimens, but do not perform laboratory analysis (limited to payment for handling).

10. X-Ray services.

11. Optometry services.

12. Medical supplies and equipment.

13. Home health services. Effective June 30, 1991, cost reimbursement for home health services is eliminated. A rate per visit by discipline shall be established as set forth by 12 VAC 30-80-180.

14. Physical therapy; occupational therapy; and speech, hearing, language disorders services when rendered to noninstitutionalized recipients.

15. Clinic services, as defined under 42 CFR 440.90.

B. Hospice services payments must be no lower than the amounts using the same methodology used under Part A of Title XVIII, and adjusted to disregard offsets attributable to Medicare coinsurance amounts.

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FINAL REGULATIONS

For information concerning Final Regulations, see Information Page.

Symbol Key

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

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: **Specialized Care Services.**

12 VAC 30-20-10 et seq. Administration of Medical Assistance Services (amending 12 VAC 30-20-170).

[**12 VAC 30-50-10 et seq. Amount, Duration and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-160).**]

12 VAC 30-60-10 et seq. Standards Established and Methods Used to Assure High Quality Care (amending 12 VAC 30-60-40, 12 VAC 30-60-320, and 12 VAC 30-60-340).

[**12 VAC 30-90-10 et seq. Methods and Standards for Establishing Payment Rates for Long-Term Care (amending 12 VAC 30-90-264 and 12 VAC 30-90-290).**]

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

Effective Date: August 5, 1998.

Summary:

These regulations amend the specialized care program to update the definitions of provider and recipient criteria as required by legislation.

On October 1, 1991, the Department of Medical Assistance Services implemented a new reimbursement system for nursing facilities based on patient care intensity and a new level of service called specialized care. Specialized care was described as care required by residents who have long-term health conditions which demand close medical supervision, 24-hour licensed nursing care, and specialized services or equipment. For payment purposes, services for specialized care residents were grouped into four categories: comprehensive rehabilitation, complex care, ventilator dependent, and AIDS.

The specialized care program was the Department of Medical Assistance Services' response to the need for access to care and the appropriate provision of services to those Medicaid recipients who required more intensive resources than average nursing facility residents. Expenditures, utilization, and provider participation have increased dramatically since the inception of the specialized care program in 1991. After careful analysis of the specialized care program, the Department of Medical Assistance Services reported that the actual costs to providers of specialized care services appeared to be well below the flat rates that the providers were being reimbursed. Recommendations for reductions in

the specialized care rates were submitted to the General Assembly. Hearings and discussions ensued between the legislature, the Department of Medical Assistance Services, and the provider community which resulted in the legislature mandating a formal study of the specialized care program. The report presents the Department of Medical Assistance Services' recommendations for a collection of changes in the specialized care program.

These recommendations include changes in specialized care categories and payment methodologies, and clarifications and changes in specialized care resident and provider criteria. In December 1996, the Department of Medical Assistance Services implemented emergency regulations for the payment methodologies based upon two broad recommendations from the report. Those emergency regulations addressed the recommendations in the report for changes in specialized care payment methodologies and an elimination of the existing AIDS category of care due to nonutilization. The remaining recommendations from the report primarily addressed changes in specialized care resident and provider criteria.

Based on public comment from the Virginia Pressure Ulcer Quality Initiative Task Force and further research conducted by DMAS, DMAS has changed the amended regulation with regard to therapeutic sleep surfaces. The changes (i) eliminate wound care as a component of specialized care and (ii) add coverage for special beds for wound care as covered durable medical equipment for residents of all Medicaid participating nursing facilities, not just to those providers involved in specialized care services.

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

Agency Contact: Copies of the regulation may be obtained from Victoria P. Simmons or Roberta J. Jonas, Regulatory Coordinators, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

12 VAC 30-20-170. Basis of payment for reserving beds during a recipient's absence from an inpatient facility.

4. Payment is made for reserving beds in long-term care facilities for recipients during their temporary absence for [~~the following purpose: For~~] leaves of absence up to 18 days per year for any reason other than inpatient hospital admissions. *The Department of Medical Assistance Services does not provide payment for reserving beds during inpatient*

Final Regulations

hospital admissions and does not provide payment beyond 18 days per year for leaves of absence for any nursing facility or specialized care resident. For recipients [~~that~~ who] are qualified for specialized care, the facility will receive payment at the nursing facility rate for any leave days taken up to the maximum 18 days.

[12 VAC 30-50-160. 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. Home health services shall be provided in accordance with guidelines found in the Virginia Medicaid Home Health Manual.

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 registered 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. Durable medical equipment (DME) and supplies suitable for use in the home.

1. General requirements and conditions.

a. All medically necessary supplies and equipment 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.

b. DME providers shall adhere to all applicable DMAS policies, laws, and regulations for durable medical equipment and supplies. DME providers shall also comply with all other applicable Virginia laws and regulations requiring licensing, registration, or permitting. Failure to comply with such laws and regulations shall result in denial of coverage for

durable medical equipment or supplies which are regulated by such licensing agency or agencies.

c. DME and supplies must be furnished pursuant to a Certificate of Medical Necessity (CMN) (DMAS-352).

d. A CMN shall contain a physician's diagnosis of a recipient's medical condition and an order for the durable medical equipment and supplies that are medically necessary to treat the diagnosed condition and the recipient's functional limitation. The order for DME or supplies must be justified in the written documentation either on the CMN or attached thereto. The CMN shall be valid for a maximum period of six months for Medicaid recipients 21 years of age and younger. The maximum valid time period for Medicaid recipients older than 21 years of age is 12 months. The validity of the CMN shall terminate when the recipient's medical need for the prescribed DME or supplies ends.

e. DME must be furnished exactly as ordered by the attending physician on the CMN. The CMN and any supporting verifiable documentation must be complete (signed and dated by the physician) and in the provider's possession within 60 days from the time the ordered DME and supplies are initially furnished by the DME provider. Each component of the DME must be specifically ordered on the CMN by the physician. For example, the order must specify IV pole, pump, and tubing. A general order for IV supplies shall not be acceptable.

f. The CMN shall not be changed, altered, or amended after the attending physician has signed it. If changes are necessary, as indicated by the recipient's condition, in the ordered DME or supplies, the DME provider must obtain a new CMN. New CMNs must be signed and dated by the attending physician within 60 days from the time the ordered supplies are furnished by the DME provider.

g. DMAS shall have the authority to determine a different (from those specified above) length of time a CMN may be valid based on medical documentation submitted on the CMN. The CMN may be completed by the DME provider or other health care professionals, but it must be signed and dated by the attending physician. Supporting documentation may be attached to the CMN but the attending physician's entire order must be on the CMN.

h. The DME provider shall retain a copy of the CMN and all supporting verifiable documentation on file for DMAS' post payment audit review purposes. DME providers shall not create nor revise CMNs or supporting documentation for this service after the initiation of the post payment review audit process. Attending physicians shall not complete, nor sign and date, CMNs once the post payment audit review has begun.

2. Preauthorization is required for incontinence supplies provided in quantities greater than two cases per month.

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 or *specialty beds for the treatment of wounds consistent with DME criteria* 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 (e.g., 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 (e.g., 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; and support stockings);

g. Orthotics, including braces, splints, and supports;

h. Home or vehicle modifications;

i. Items not suitable for or not used primarily in the home setting (i.e., car seats, equipment to be used while at school, etc.); and

j. Equipment [~~that~~ for which] 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 12 VAC 30-50-500.

5. Reserved.

6. The medical equipment and supply vendor must provide the equipment and supplies as prescribed by the physician on the certificate of medical necessity. Orders

shall not be changed unless the vendor obtains a new certificate of medical necessity prior to ordering or providing the equipment or supplies to the patient.

7. Medicaid shall not provide reimbursement to the medical equipment and supply vendor for services provided prior to the date prescribed by the physician or prior to the date of the delivery or when services are not provided in accordance with published policies and procedures. If reimbursement is denied for one of these reasons, the medical equipment and supply vendor may not bill the Medicaid recipient for the service that was provided.

8. The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to the department. Medically necessary DME and supplies shall be:

a. Ordered by the physician on the CMN;

b. A reasonable and necessary part of the recipient's treatment plan;

c. Consistent with the recipient's diagnosis and medical condition particularly the functional limitations and symptoms exhibited by the recipient;

d. Not furnished solely for the convenience, safety, or restraint of the recipient, the family, attending physician, or other practitioner or supplier;

e. Consistent with generally accepted professional medical standards (i.e., not experimental or investigational); and

f. Furnished at a safe, effective, and cost-effective level suitable for use in the recipient's home environment.

9. Coverage of enteral nutrition (EN) which does not include a legend drug shall be limited to when the nutritional supplement is the sole source form of nutrition, is administered orally or through a nasogastric or gastrostomy tube, and is necessary to treat a medical condition. Coverage of EN shall not include the provision of routine infant [~~formulae~~ formula]. A nutritional assessment shall be required for all recipients receiving nutritional supplements.

E. Physical therapy, occupational therapy, or speech/language pathology services and audiology services provided by a home health agency or physical 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 without authorization. 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

Final Regulations

provider shall request prior authorization from DMAS for additional services.

F. The following services are not covered under the home health services program:

1. Medical social services;
2. Services or items which would not be paid for if provided to an inpatient of a hospital, such as private-duty nursing services, or items of comfort which have no medical necessity, such as television;
3. Community food service delivery arrangements;
4. Domestic or housekeeping services which are unrelated to patient care and which materially increase the time spent on a visit;
5. Custodial care which is patient care that primarily requires protective services rather than definitive medical and skilled nursing care; and
6. Services related to cosmetic surgery.]

12 VAC 30-60-40. Utilization control: Nursing facilities.

A. 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. All nursing facility services, including specialized care, shall be provided in accordance with guidelines found in the Virginia Medicaid Nursing Home Manual.

B. 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.

C. The Department of Medical Assistance Services shall periodically conduct a validation survey of the assessments *and medical records* completed by nursing facilities to determine ~~that~~ *whether* 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. *If provision of or need for services or the appropriate level of care are not demonstrated in the medical record, the Department of Medical Assistance Services shall deny reimbursement, retract reimbursement, or adjust case-mix calculations to accurately reflect the services and level of care provided or that should appropriately have been provided to any Medicaid recipient. [When a nursing facility completes the required standardized comprehensive assessment (which is the mandated version of the federal Resident Assessment Instrument (RAI)), the nursing facility is responsible for assuring that level of care criteria and all reimbursement criteria are substantiated. If level of care criteria or other reimbursement criteria are not adequately substantiated in the RAI, the facility is responsible for*

immediately assisting the resident in gaining access to the appropriate level of care. When level of care criteria or reimbursement criteria are not substantiated, DMAS shall deny, retract, or adjust reimbursement as specified in this subsection.]

D. 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.

E. 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 12 VAC 30-60-300 (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 12 VAC 30-60-320 (Adult specialized care [*admission and continued stay*] criteria) or 12 VAC 30-60-340 (Pediatric [*and*] adolescent specialized care criteria). [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 as follows.]

[In each case for which payment for nursing facility or *specialized care* 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.]

[~~F. G.~~] 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.

[~~G. H.~~] 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. *On the day that the resident no longer meets the specialized care criteria set forth in 12 VAC 30-60-320 or 12 VAC 30-60-340, the resident must be discharged to the nursing facility level of care or other appropriate lower level of care.*

[*H. Reimbursement for specialty beds for wound care treatment is available to residents of Medicaid certified nursing facilities through the Durable Medical Equipment (DME) program under 12 VAC 30-50-160 through a direct*

payment to approved DME vendors when a nursing facility resident meets all the required DME reimbursement criteria for specialty bed reimbursement.]

~~H.~~ I. Specialized care services: contract and scope of services requirements.

1. 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. In addition, providers must be certified to provide skilled nursing services by the Medicare program as it applies to Part A skilled (SNF) services.

2. Providers must agree contract to provide care to at least four residents who meet the specialized care criteria for children/adolescents or adults.

3. Providers must assist Medicaid recipients in applying for third party benefits for which recipients may be eligible (including, but not limited to, assisting with the application for Medicare coverage, including assistance with the appropriate disability determination process to secure skilled (SNF) coverage and other applicable Medicare benefits or other third party coverage).

4. Providers must meet the contract approval standards that are set forth in subsection J of this section to receive a new contract for specialized care services. As part of the review process for providers seeking a contract to provide specialized care services, the Department of Medical Assistance Services shall complete a comprehensive two-year history review of the facility which will include (i) an examination of the licensure and certification survey reports from the Virginia Department of Health; (ii) reviews conducted by the Department of Medical Assistance Services; and (iii) complaints received by the Department of Health, the Department of Medical Assistance Services, and the Department for the Aging (State Long-Term Care Ombudsman Program). If the provider is a new nursing facility provider and does not have a two-year history of providing nursing facility level of care, the Department of Medical Assistance Services shall conduct a comprehensive review of the provider's status as a health care provider and make determinations based on the quality standards that reflect the criteria in this section deemed appropriate for contracting nursing facilities. If the facility has not been providing health care for at least two years, it will not be eligible for a contract for specialized care services.

5. In addition to the review specified in subdivision 4 of this subsection, the provider must document the ability to provide the services in accordance with the program scope of service requirements. Each component of the review will be evaluated according to the provider's ability to successfully meet all component requirements. If a requester does not meet one or more of the requirements, the request for contract will be rejected. A

provider will not be awarded a contract if it is demonstrated in the two-year review history that the provider has not been able to provide an adequate quality of nursing facility care as demonstrated according to the requirements set forth in subsection J of this section, or if the provider is unable to document the ability to provide the scope of service requirements as described in subsection K of this section.

J. Contract approval standards. The provider standards that must be met for new specialized care contracts are set forth in this subsection.

1. During the most recent two years, the provider cannot have been found to have "substandard quality of care" (as defined in the Health Care Financing Administration's nursing facility sanctioning guidelines) during the survey process by the Department of Health. The provider will not be allowed to participate in the program until a two-year history is demonstrated without any "substandard quality of care" deficiency ratings.

2. During the most recent two years, the provider cannot have any more than three justified complaints in any of the following category areas confirmed by the Department of Health, the Department of Medical Assistance Services, or the State Long-Term Care Ombudsman Program and can have no more than eight total justified complaints confirmed among the following categories: residents rights; admission, transfer, and discharge rights; resident behavior and facility practices; quality of life; resident assessment; quality of care; nursing services; dietary services; physician services; specialized rehabilitative services; dental services; pharmacy services; infection control; physical environment; administration.

3. During the most recent two years, the provider cannot have demonstrated a significant lack of compliance as identified in the Department of Medical Assistance Services utilization review findings.

4. The provider must be able to document within the written contract application request the ability to provide all required services as specified in the contractual guidelines as defined in the scope of required services for specialized care in subsection K of this section.

5. If any of the above specified contract approval standards are not met by the requesting provider, the provider will not meet all components of the contract approval process and will not be granted specialized care reimbursement. A provider may reapply for a contract after the deficient area is corrected in accordance with this subsection.

~~2.~~ K. Scope of required services. Providers must be able to provide the following specialized services to Medicaid specialized care recipients:

~~a.~~ 1. Physician visits by the attending physician at least once weekly (after initial physician visit, subsequent visits may alternate between physician and physician

Final Regulations

~~assistant or nurse practitioner~~; every 30 days. The attending physician must make the required 30-day visit. If a resident must be seen more frequently than once every 30 days, visits occurring in between the required 30-day visits may be conducted by a qualified physician assistant or certified nurse practitioner at the attending physician's discretion;

~~b.~~ 2. Skilled nursing services by a registered nurse available 24 hours a day. A registered nurse must function in a "charge nurse" capacity whose sole responsibility is the designated nursing unit on which the specialized care residents reside. If specialized care residents are residing on more than one designated nursing unit within the facility, a registered nurse must fulfill the above specified requirement for each separate nursing unit housing specialized care residents.

For comprehensive rehabilitation residents, nursing staff are responsible for rehabilitative nursing and supporting documentation. Rehabilitative nursing shall include the practice of skills learned or acquired during therapy sessions and the ongoing clinical assessment and documentation of rehabilitative progress as a component of the required nursing documentation. The documentation must incorporate nursing-related impressions of the outcomes of the overall therapeutic regime, including progress as assessed on the unit. A registered nurse is responsible for the oversight of rehabilitative nursing practice, clinical assessment, and documentation required to meet the rehabilitative nursing requirement;

~~c.~~ 3. Coordinated multidisciplinary team approach to meet the needs of the resident;

~~d.~~ 4. Infection control;

~~e.~~ 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 ~~90 minutes each day, five days per week~~ 450 therapy minutes per week (every seven days);

~~f.~~ 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 ~~two hours per day, five days a week~~ 600 therapy minutes per week (every seven days);

~~g.~~ 7. Ancillary services related to a plan of care;

~~h.~~ 8. Respiratory therapy services by a board-certified therapist (for ventilator patients, these services must be available 24 hours per day) related to the plan of care. Providers must assure that all residents who are ventilator dependent or who are receiving respiratory therapy in the complex health care category as defined in 12 VAC 30-60-320 or 12 VAC 30-60-340 are seen by a respiratory therapist at least once every 14 days;

~~i.~~ 9. Psychology services by a licensed clinical psychologist, a licensed clinical social worker, or a licensed professional counselor related to a plan of care;

~~j.~~ 10. Necessary durable medical equipment and supplies as required by the plan of care;

~~k.~~ 11. Nutritional elements as required by the plan of care;

~~l.~~ 12. A plan to assure that specialized care residents have The same opportunity for specialized care residents to participate in integrated nursing facility activities as other residents;

~~m.~~ 13. Nonemergency transportation afforded in a manner consistent with transportation to community activities and events that is provided to all other nursing facility residents;

~~n.~~ 14. Discharge planning and ongoing utilization review. Discharge planning shall begin at admission and be an ongoing process for all residents during a specialized care stay. Utilization review shall be conducted and documented in the medical record by the interdisciplinary care plan team at least every 30 days to support that the resident continues to meet the specified criteria requirements for specialized care reimbursement. This review shall also be substantiated by the physician's documentation of utilization review of the necessary criteria and written support in the medical record of the resident's continued need for specialized care stay at least every 30 days; and

~~o.~~ 15. Family or caregiver training.

~~3.~~ Providers must coordinate with appropriate state and local agencies for educational and habilitative needs for Medicaid specialized care recipients who are ~~under the age of 24~~ eligible for such services.

L. Contract termination. The specialized care provider contract shall be terminated upon the demonstration of one or more of the following conditions:

1. The provider is no longer certified to participate in the Medicare or Medicaid programs.

2. The provider violates provisions of the written contract for specialized care.

3. The provider gives written notice to the Department of Medical Assistance Services at least 30 days in advance that it wishes to terminate the contract.

12 VAC 30-60-320. Adult specialized care admission and continued stay criteria.

~~§ 2.0.~~ A. General description. A resident must meet all aspects of the nursing facility criteria as set forth in 12 VAC 30-60-300 (Nursing facility criteria) before being considered for specialized care reimbursement. A provider must also have a contract to [~~provider provide~~] specialized care before being eligible to receive specialized care reimbursement. The resident must ~~have~~ demonstrate long-term health conditions

requiring close medical supervision *in a nursing facility*, a need for 24-hour licensed nursing care, and [~~require a requirement for~~] specialized services ~~or equipment~~ as defined in the categories of specialized care. Residents must be discharged from specialized care services to the nursing facility level or other appropriate level of care when the program criteria are no longer met.

~~§ 2.1. B. Targeted population. Individuals requiring specialized care must meet the specified general program criteria in subsection C of this section and the criteria defined in at least one of the three specified categories of care in subsection D of this section. These categories are: comprehensive rehabilitation, mechanical ventilation, [and] complex health care. The general program criteria and specific category criteria are set forth in [subsection subsections] C [and D] of this section.~~

~~A. Individuals requiring mechanical ventilation~~

~~B. Individuals with communicable diseases requiring universal or respiratory precautions~~

~~C. Individuals requiring ongoing intravenous medication or nutrition administration~~

~~D. Individuals requiring comprehensive rehabilitative therapy services~~

~~§ 2.2. C. [Criteria.] A. The individual must require at a minimum:~~

~~1. Nursing facility level of care;~~

~~2. Physician visits at least once weekly (the initial physician visit must be made by the physician personally. Subsequent required physician visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant or nurse practitioner.) every 30 days;~~

~~3. Skilled registered nursing services 24 hours a day (a registered nurse must be on supervise the nursing unit on which the resident resides, 24 hours a day in a "charge nurse" capacity, [whose sole responsibility is the designated and be solely responsible for] that unit); and~~

~~4. A coordinated multidisciplinary team approach to meet needs.~~

~~B. D. In addition to the general criteria in subsection C of this section, the individual must meet require one of the following requirements three categories of care:~~

~~1. Comprehensive rehabilitation category. All of the following category criteria must be met to qualify for the comprehensive rehabilitation category.~~

~~a. Must require two out of three of the following rehabilitative services which are required at an acuity that is not available at the nursing facility level of care: physical therapy, occupational therapy, or speech-pathology services; therapy must be provided at a minimum of 2 hours of therapy per day, 5 days per~~

~~week; individual must demonstrate progress in overall rehabilitative plan of care on a monthly basis; or.~~

~~b. Must receive a minimum of 600 therapy minutes per week. No more than 180 minutes on any one therapy day shall count toward the 600 weekly minutes. Daily therapy should not exceed a resident's ability to effectively participate in the therapeutic regime.~~

~~c. Must have a stable medical condition which is compatible with an active comprehensive rehabilitation program. In the event the recipient experiences an acute medical instability (one- to two-day illness or less) providers shall adjust the therapy regime to assure the required weekly 600 minute schedule is completed. If the resident's acute medical instability is too severe or too long to permit completion of the required weekly 600 minute schedule, the resident may be placed on a reduced therapy schedule. For the purposes of this subsection, the period during which the recipient is placed on a reduced therapy schedule is called "medical hold." The Department of Medical Assistance Services shall continue specialized care reimbursement in this category for one medical hold period of no more than three days per rehabilitation stay. To qualify for reimbursement, the medical hold or reduced therapy schedule must be ordered by the physician and the medical record must support that the resident, due to acute illness or acute medical instability, was unable to tolerate or reasonably make up the required therapy time toward the 600 required weekly minutes. If a resident should require more than one medical hold during a rehabilitative stay, the Department of Medical Assistance Services shall determine, at its sole discretion, whether an additional medical hold period is permitted based on the resident's medical status and overall rehabilitative progress. If any period of medical hold is not ordered by the physician and substantiated in the medical record as determined by the Department of Medical Assistance Services, the department shall deny or retract reimbursement for such periods.~~

~~If the full 600 minutes of rehabilitation therapies are not provided during any seven-day period without an acceptable, substantiated, and ordered medical hold period, the Department of Medical Assistance Services shall deny or retract specialized care reimbursement. If the resident does not receive the full 600 minutes of required therapy during a seven-day week, the following reimbursement denial or retraction scale shall apply:~~

~~480-599 minutes received = 1 day retraction
360-479 minutes received = 2 days retraction
240-359 minutes received = 3 days retraction
120-239 minutes received = 4 days retraction
0-119 minutes received = 5 days retraction.~~

Final Regulations

In addition to the above scale, if the resident is missing therapy time and is found not to be making significant measurable progress in the rehabilitation program, a full denial of specialized care reimbursement shall occur from the point that the resident is documented, as determined by the Department of Medical Assistance Services, to have ceased making significant rehabilitation progress in the medical record.

d. Must be able to benefit from the services to be provided, based on physician assessment of rehabilitation potential, with the expectation that the condition of the resident will improve significantly in a reasonable and generally predictable period of time in accordance with medical practice standards, or, based on physician assessment, must require rehabilitative services to establish a safe and effective maintenance program provided for a specific medical diagnosis. Once a resident is no longer able to benefit from this level of rehabilitation, has ceased to make significant progress in the rehabilitation program, or once rehabilitation or maintenance programming can be provided at the nursing facility or other lower level of care, the resident must be discharged from the specialized care program.

e. Must demonstrate significant, measurable progress in the overall rehabilitative plan of care on a monthly (30-day) basis.

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; or Mechanical ventilation category.~~

a. The recipient must meet both of the following category criteria, and must meet the criteria specified in subdivisions 2 b and c of this subsection if applicable to the patient's treatment status, to qualify for the mechanical ventilation category.

(1) Must require daily mechanical ventilation which may be for all or a specified part of a 24-hour period; and

(2) Must require a visit from a respiratory therapist at least once every 14 days.

b. If a CPAP (assist device with continuous positive airway pressure), BiPAP (intermittent assist device with inspiratory and expiratory positive airway pressure), or other similar mechanical respiratory assist device is used instead of a continuous mechanical ventilator, the resident must require other 24-hour specialized care services, such as frequent monitoring and nursing intervention for desaturation. A resident would not meet this (mechanical respiratory assist device) criteria if such device is only used without significant other medical/nursing needs which require specialized care.

c. If a resident has been successfully weaned from the support of a mechanical ventilator, the Department of Medical Assistance Services will continue specialized care reimbursement for up to five days after the resident has not been ventilator dependent for 24 hours. This five-day period begins after the resident completes a 24-hour period with no ventilatory support and demonstrates respiratory stability. If during the five days, the resident requires ventilatory support or demonstrates marked respiratory instability, the resident may continue in the mechanical ventilation category until five consecutive days of respiratory stability are demonstrated. Continued instability must be documented by the physician in the medical record.

3. ~~Individuals that require~~ Complex health care category. At least one of the following special services must be met to qualify for the complex health care category:

a. ~~Ongoing~~ Must require daily administration of intravenous pain management medications ~~or for terminal illness diagnoses, such as cancer, or must require intravenous nutrition (i.e., TPN, antibiotic therapy, narcotic administration, etc.).~~

b. Must require special infection control precautions ~~(universal or respiratory precaution; this does not include handwashing precautions only) that necessitate isolation with negative pressure ventilation or other specialized infection control interventions that cannot be adequately managed in a medically necessitated private room.~~

c. Must require dialysis treatment that is provided on-unit within the nursing facility (i.e., peritoneal dialysis).

d. Must require daily respiratory therapy treatments that must be provided by a skilled nurse or respiratory therapist. The respiratory condition being treated must require chest physiotherapy (PT) followed by a nebulizer treatment four times per day and suctioning at least every two hours, chest PT followed by a nebulizer treatment four times per day for a resident with a tracheostomy, chest PT four times per day for a resident with a tracheostomy requiring suctioning at least every two hours, nebulizer treatments four times per day for a resident with a tracheostomy, or ongoing assessment and monitoring of respiratory/cardiac status for a resident with a chest tube. Residents receiving these services must require a visit from a respiratory therapist at least once every 14 days.

~~[e. Must require extensive wound care] requiring debridement, irrigation, packing, etc., more than two times a day (i.e., grade IV decubiti [for at least one stage IV pressure ulcer (decubitus), a large surgical] wounds [wound that cannot be closed, or second or third degree burns covering more than 10% of the body). These wounds must require debridement, irrigation, packing, etc., more than two times a day or ongoing consistent utilization of kinetic therapy (low air loss, air fluidized, or rotating or turning specialty beds)~~

~~as ordered by the physician in combination with other appropriate, aggressive wound care treatment.]~~

~~[f. e.] Must have multiple unstable ostomies (a single ostomy does not constitute a requirement for special specialized care) requiring frequent care (i.e., suctioning every hour, stabilization of feeding, stabilization of elimination). The instability of more than one ostomy must be demonstrated in the medical record such that it can be determined that extensive daily care and intervention at the specialized care level of care is necessitated.~~

12 VAC 30-60-340. Pediatric and adolescent specialized care admission and continued stay criteria.

~~§ 3-0 A. [General description.] A child or adolescent must meet all aspects of the nursing facility criteria as set forth in 12 VAC 30-60-300 (Nursing facility criteria) before being considered for specialized care reimbursement. A provider must also have a contract to provide pediatric specialized care before being eligible to receive specialized care reimbursement. To receive the pediatric specialized care rate for services to children under the age of 14, the provider must provide care to the child within a distinct part unit (DPU) of eight or more dedicated pediatric beds. The child must have demonstrate ongoing health conditions requiring close medical supervision, 24 hours [a need for] 24-hour licensed nursing supervision in a nursing facility, and [require a requirement for] specialized services or equipment as defined in the categories of specialized care. Residents must be discharged from specialized care services to the nursing facility level or other appropriate level of care when the program criteria are no longer met. The recipient must be age 21 or under.~~

~~§ 3-1 B. [Targeted population.] A child or adolescent requiring specialized care must meet the specified general program criteria in subsection C of this section and the criteria defined in at least one of three specified categories of care in subsection D of this section. These categories are: comprehensive rehabilitation, mechanical ventilation, and complex health care. The general program criteria and specific category criteria are set forth in subsections C and D of this section.~~

~~A. Children requiring mechanical ventilation~~

~~B. Children with communicable diseases requiring universal or respiratory precautions (excluding normal childhood diseases such as chicken pox, measles, strep throat, etc.)~~

~~C. Children requiring ongoing intravenous medication or intravenous nutrition administration~~

~~D. Children requiring daily dependence on device based respiratory or nutritional support (tracheostomy, gastrostomy, etc.)~~

~~E. Children requiring comprehensive rehabilitative therapy service~~

~~F. Children with terminal illness~~

§ 3-2 C. [General program] criteria for children.

A- 1. The child must require at a minimum:

a. Nursing facility level of care;

~~4- b. Physician visits at least once weekly (the initial physician visit must be made by the physician personally. Subsequent required physician visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant or nurse practitioner.) every 30 days;~~

~~2- c. Skilled registered nursing services 24 hours a day (a registered nurse must be on supervise the nursing unit on which the resident resides, 24 hours a day in a "charge nurse" capacity, [whose sole responsibility is the designated and be solely responsible for] that unit); [and]~~

~~3- d. A coordinated multidisciplinary team approach to meet needs [; and .]~~

~~4- 2. The nursing facility must coordinate with appropriate state and local agencies for the educational and habilitative needs of the child. These services must be age appropriate and appropriate to the cognitive level of the child. Services must also be individualized to meet the specific needs of the child and must be provided in an organized and proactive manner. Services may include but are not limited to school, active treatment for mental retardation, habilitative therapies, social skills and leisure activities. The services must be provided for a total of 2 hours per day, minimum.~~

~~B- D. In addition to the general criteria in subsection C of this section, the child must meet require one of the following requirements three categories of care:~~

~~1. Comprehensive rehabilitation category. All of the following category criteria must be met to qualify for the comprehensive rehabilitation category.~~

~~4- a. Must require two out of three of the following rehabilitative services which are required at an acuity that is not available at the nursing facility level of care: physical therapy, occupational therapy, or speech-pathology services; therapy must be provided at a minimum of 6 therapy sessions, (minimum of 15 minutes per session) per day, 5 days per week; child must demonstrate progress in overall rehabilitative plan of care on a monthly basis; or .~~

~~b. Must receive a minimum of 450 therapy minutes per week. No more than 135 minutes on any one therapy day shall count toward the 450 weekly minutes. Daily therapy should not exceed a resident's ability to effectively participate in the therapeutic regime.~~

~~c. Must have a stable medical condition which is compatible with an active comprehensive rehabilitation program. In the event the recipient experiences an acute medical instability (one- to two-day illness or~~

Final Regulations

less) providers shall adjust the therapy regime to assure the required weekly 450 minute schedule is completed. If the resident's acute medical instability is too severe or too long to permit completion of the required weekly 450 minute schedule, the resident may be placed on a reduced therapy schedule. For the purposes of this subsection, the period during which the recipient is placed on a reduced therapy schedule is called "medical hold." The Department of Medical Assistance Services shall continue specialized care reimbursement in this category for one medical hold period of no more than three days per rehabilitation stay. To qualify for reimbursement, the medical hold or reduced therapy schedule must be ordered by the physician and the medical record must support that the resident, due to acute illness or acute medical instability, was unable to tolerate or reasonably make up the required therapy time toward the 450 required weekly minutes. If a resident should require more than one medical hold during a rehabilitative stay, the Department of Medical Assistance Services shall determine, at its sole discretion, whether an additional medical hold period is permitted based on the resident's medical status and overall rehabilitative progress. If any period of medical hold is not ordered by the physician and substantiated in the medical record as determined by the Department of Medical Assistance Services, the department shall deny or retract reimbursement for such periods.

If the full 450 minutes of rehabilitation therapies are not provided during any seven-day period without an acceptable, substantiated, and ordered "medical hold" period, the Department of Medical Assistance Services shall deny or retract specialized care reimbursement. If the resident does not receive the full 450 minutes of required therapy during a seven-day week, the following reimbursement denial or retraction scale shall apply:

360-449 minutes received = 1 day retraction
270-359 minutes received = 2 days retraction
180-269 minutes received = 3 days retraction
90-179 minutes received = 4 days retraction
0-89 minutes received = 5 days retraction.

In addition to the above scale, if the resident is missing therapy time and is found not to be making significant measurable progress in the rehabilitation program, a full denial of specialized care reimbursement shall occur from the point that the resident is documented, as determined by the Department of Medical Assistance Services, to have ceased making significant rehabilitation progress in the medical record.

d. Must be able to benefit from the services to be provided, based on physician assessment of rehabilitation potential, with the expectation that the condition of the resident will improve significantly in a reasonable and generally predictable period of time in

accordance with medical practice standards, or, based on physician assessment, must require rehabilitative services to establish a safe and effective maintenance program provided for a specific medical diagnosis. Once a resident is no longer able to benefit from this level of rehabilitation, has ceased to make significant progress in the rehabilitation program, or once rehabilitation or maintenance programming can be provided at the nursing facility or other lower level of care, the resident must be discharged from the specialized care program.

e. Must demonstrate significant, measurable progress in the overall rehabilitative plan of care on a monthly (30-day) basis.

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 Mechanical ventilation category [÷ .]~~

a. The recipient must meet both of the following category criteria and must meet the criteria specified in subdivisions 2 b and c of this subsection if applicable to the patient's treatment status, to qualify for the mechanical ventilation category.

(1) Must require daily mechanical ventilation which may be for all or a specified part of a 24-hour period.

(2) Must require a visit from a respiratory therapist at least once every 14 days.

b. If a CPAP (assist device with continuous positive airway pressure), BiPAP (intermittent assist device with inspiratory and expiratory positive airway pressure), or other similar mechanical respiratory assist device is used instead of a continuous mechanical ventilator, the resident must require other 24-hour specialized care services, such as frequent monitoring and nursing intervention for desaturation. A resident would not meet this (mechanical respiratory assist device) criteria if such device is only used without significant other medical/nursing needs which require specialized care.

c. If a resident has been successfully weaned from the support of a mechanical ventilator, the Department of Medical Assistance Services will continue specialized care reimbursement for up to five days after the resident has not been ventilator dependent for 24 hours. This five-day period begins after the resident completes a 24-hour period with no ventilatory support and demonstrates respiratory stability. If during the five days, the resident requires ventilatory support or demonstrates marked respiratory instability, the resident may continue in the mechanical ventilation category until five consecutive days of respiratory

stability are demonstrated. Continued instability must be documented by the physician in the medical record.

3. ~~Children that require Complex health care category.~~ At least one of the following special services must be met to qualify for the complex health care category:

a. ~~Ongoing~~ Must require daily administration of intravenous pain management medications for terminal illness diagnoses, such as cancer, or must require intravenous nutrition (i.e., TPN, ~~antibiotic therapy, narcotic administration, etc.~~).

b. Must require special infection control precautions (~~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.~~) that necessitate isolation with negative pressure ventilation or other specialized infection control interventions that cannot be adequately managed in a medically necessitated private room.

c. Must require dialysis treatment that is provided on-unit within the nursing facility (i.e., peritoneal dialysis).

d. Must require daily respiratory therapy treatments that must be provided by a skilled nurse or respiratory therapist. *The respiratory condition being treated must require chest physiotherapy (PT) followed by a nebulizer treatment four times per day and suctioning at least every two hours, chest PT followed by a nebulizer treatment four times per day for a resident with a tracheostomy, chest PT four times per day for a resident with a tracheostomy requiring suctioning at least every two hours, nebulizer treatments four times per day for a resident with a tracheostomy, or ongoing assessment and monitoring of respiratory/cardiac status for a resident with a chest tube. Residents receiving these services must require a visit from a respiratory therapist at least once every 14 days.*

~~[e. Must require extensive wound care] requiring debridement, irrigation, packing, etc., more than two times a day (i.e., grade IV decubiti; [for at least one stage IV pressure ulcer (decubitus), a large surgical] wounds [wound that cannot be closed, or second or third degree burns covering more than 10% of the body). These wounds must require debridement, irrigation, packing, etc., more than two times per day or ongoing, consistent utilization of kinetic therapy (low air loss, air fluidized, or rotating or turning specialty beds) as ordered by the physician in combination with other appropriate, aggressive wound care treatment.]~~

~~[f. e.]~~ Must require ostomy care requiring the services by of a licensed nurse.

~~[g. f.]~~ Must require care for terminal illness. *The child's condition must be documented by the physician as terminal with life expectancy of less than six months.*

[12 VAC 30-90-264. Specialized care services.

Specialized care services provided in conformance with 12 VAC 30-60-40 E and [H G], 12 VAC 30-60-320 and 12 VAC 30-60-340 shall be reimbursed under the following methodology. The nursing facilities that provide adult specialized care for the categories of [~~Ventilator Dependent Mechanical Ventilation~~] Care, Comprehensive Rehabilitation Care, and Complex Health Care will be placed in one group for rate determination. The nursing facilities that provide pediatric specialized care in a dedicated pediatric unit of eight beds or more will be placed in a second group for rate determination.

1. Routine operating cost. Routine operating cost shall be defined as in 12 VAC 30-90-271 and 12 VAC 30-90-272. To calculate the routine operating cost reimbursement rate, routine operating cost shall be converted to a per diem amount by dividing it by actual patient days.

2. Allowable cost identification and cost reimbursement limitations. The provisions of Article 3 (12 VAC 30-90-50 et seq.) of Part II of this chapter and of Appendix III (12 VAC 30-90-290) of Part III of this chapter shall apply to specialized care cost and reimbursement.

3. Routine operating cost rates. Each facility shall be reimbursed a prospective rate for routine operating costs. This rate will be the lesser of the facility-specific prospective routine operating ceiling, or the facility-specific prospective routine operating cost per day plus an efficiency incentive. This efficiency incentive shall be calculated by the same method as in 12 VAC 30-90-41.

4. Facility-specific prospective routine operating ceiling. Each nursing facility's prospective routine operating ceiling shall be calculated as:

a. Statewide ceiling. The statewide routine operating ceiling shall be the weighted average (weighted by 1994 days) of specialized care rates in effect on July 1, 1996, reduced by statewide weighted average ancillary and capital cost per day amounts based on audited 1994 cost data from the 12 facilities whose 1994 FY specialized care costs were audited during 1996. This routine operating ceiling amount shall be adjusted for inflation by the percentage of change in the moving average of the Virginia specific Skilled Nursing Facility Market Basket of Routine Service Costs, as developed by DRI/McGraw-Hill, using the second quarter 1996 DRI table. The respective statewide operating ceilings will be adjusted each quarter in which the provider's most recent fiscal year ends, by adjusting the most recent interim ceiling by 100% of historical inflation and 50% of forecasted inflation to the end of the provider's next fiscal year.

b. The portion of the statewide routine operating ceiling relating to nursing salaries (as determined by the 1994 audited cost report data, or 67.22%) will be wage adjusted using a normalized wage index. The normalized wage index shall be the wage index

Final Regulations

applicable to the individual provider's geographic location under Medicare rules of reimbursement for skilled nursing facilities, divided by the statewide average of such wage indices across the state. This normalization of wage indices shall be updated January 1, after each time the Health Care Financing Administration (HCFA) publishes wage indices for skilled nursing facilities. Updated normalization shall be effective for fiscal years starting on and after the January 1 for which the normalization is calculated.

c. The percentage of the statewide routine operating ceiling relating to the nursing labor and nonlabor costs (as determined by the 1994 audited cost report data or 71.05%) will be adjusted by the nursing facility's specialized care average Resource Utilization Groups, Version III (RUG-III) Nursing-Only Normalized Case Mix Index (NCMI). The NCMI for each nursing facility will be based on all specialized care patient days rendered during the six-month period prior to that in which the ceiling applies (see subdivision 6 [~~below~~ of this section]).

5. Normalized case mix index (NCMI). Case mix shall be measured by RUG-III nursing-only index scores based on Minimum Data Set (MDS) data. The RUG-III nursing-only weights developed at the national level by the Health Care Financing Administration (HCFA) (see 12 VAC 30-90-320) shall be used to calculate a facility-specific case mix index (CMI). The facility-specific CMI divided by the statewide CMI shall be the facility's NCMI. The steps in the calculation are as follows:

a. The facility-specific CMI for purposes of this rate calculation shall be the average of the national RUG-III Nursing-Only weights calculated across all patient days in the facility during the six months prior to the six-month period to which the NCMI shall be applied to the facility's routine operating cost and ceiling.

b. The statewide CMI for purposes of this rate calculation shall be the average of the national RUG-III Nursing-Only weights calculated across all specialized care patient days in all specialized care nursing facilities in the state during the six months prior to the six-month period to which the NCMI shall be applied. A new statewide CMI shall be calculated for each six-month period for which a provider-specific rate must be set.

c. The facility-specific NCMI for purposes of this rate calculation shall be the facility-specific CMI from [~~(a)~~ ~~above~~ subdivision 5 a of this section] divided by the statewide CMI from [~~(b)~~ ~~above~~ subdivision 5 b of this section].

d. Each facility's NCMI shall be updated semiannually, at the start and the midpoint of the facility's fiscal year.

e. Patient days for which the lowest RUG-III weight is imputed, as provided in subdivision 14 c of this

section, shall not be included in the calculation of the NCMI.

6. Facility-specific prospective routine operating base cost per day: The facility-specific routine operating cost per day to be used in the calculation of the routine operating rate and the efficiency incentive shall be the actual routine cost per day from the most recent fiscal year's cost report adjusted (using DRI-Virginia inflation factors) by 50% of historical inflation and 50% of the forecasted inflation and adjusted for case mix as described below:

a. An NCMI rate adjustment shall be applied to each facility's prospective routine nursing labor and nonlabor operating base cost per day for each semiannual period of the facility's fiscal year.

b. The NCMI calculated for the second semiannual period of the previous fiscal year shall be divided by the average of that (previous) fiscal year's two semiannual NCMI's to yield an "NCMI cost rate adjustment" to the prospective nursing labor and nonlabor operating cost base rate in the first semiannual period of the subsequent fiscal year.

c. The NCMI determined in the first semiannual period of the subsequent fiscal year shall be divided by the average of the previous fiscal year's two semiannual NCMI's to determine the NCMI cost rate adjustment to the prospective nursing labor and nonlabor operating base cost per day in the second semiannual period of the subsequent fiscal year.

See 12 VAC 30-90-310 for an illustration of how the NCMI is used to adjust routine operating cost ceilings and semiannual NCMI adjustments to the prospective routine operating base cost rates.

7. Interim rates. Interim rates, for processing claims during the year, shall be calculated from the most recent settled cost report and Minimum Data Set (MDS) data available at the time the interim rates must be set, except that failure to submit cost and MDS data timely may result in adjustment to interim rates as provided elsewhere.

8. Ancillary costs. Specialized care ancillary costs will be paid on a pass-through basis for those Medicaid specialized care patients who do not have Medicare or any other sufficient third-party insurance coverage. Ancillary costs will be reimbursed as follows:

~~a. All covered ancillary services, except kinetic therapy devices (see 12 VAC 30-50-160 for discussion of reimbursement for specialty treatment beds), will be reimbursed for reasonable costs as defined in the current NHPS. See 12 VAC 30-90-290 for the cost reimbursement limitations.~~

~~b. Kinetic therapy devices will have a limit per day (based on 1994 audited cost report data inflated to the rate period). See 12 VAC 30-90-290 for the cost reimbursement limitations.~~

~~e. Kinetic therapy devices will be reimbursed only if a resident is being treated for wounds that meet specialized care Complex Health Care Category wound care criteria. Residents receiving this wound care must require kinetic bed therapy (that is, low air loss mattresses, fluidized beds, and/or rotating/turning beds) and require treatment for a grade (stage) IV decubitus, a large surgical wound that cannot be closed, or second to third degree burns covering more than 10% of the body.~~

9. Covered ancillary services are defined as follows: laboratory, X-ray, medical supplies (e.g., infusion pumps, incontinence supplies), physical therapy, occupational therapy, speech therapy, inhalation therapy, IV therapy, *and* enteral feedings, ~~and kinetic therapy~~. The following are not specialized care ancillary services and are excluded from specialized care reimbursement: physician services, psychologist services, total parenteral nutrition (TPN), and drugs. These services must be separately billed to DMAS. An interim rate for the covered ancillary services will be determined (using data from the most recent settled cost report) by dividing allowable ancillary costs by the number of patient days for the same cost reporting period. The interim rate will be retroactively cost settled based on the specialized care nursing facility cost reporting period.

10. Capital costs (excluding pediatric specialized care units). Capital cost reimbursement shall be in accordance with the current NHPS, except that the 95% (85% if applicable) occupancy requirement shall not be separately applied to specialized care. Capital cost related to specialized care patients will be cost settled on the respective nursing facility's cost reporting period. In this cost settlement, the 95% (85% if applicable) occupancy requirement shall be applied to all the nursing facility's licensed nursing facility beds inclusive of specialized care. An occupancy requirement of 70% shall be applied to distinct part pediatric specialized care units.

11. Nurse aide training and competency evaluation programs [~~and competency evaluation programs~~] (NATCEPs) costs. NATCEP costs will be paid on a pass-through basis in accordance with the current NHPS.

12. Pediatric routine operating cost rate. For pediatric specialized care in a distinct part pediatric specialized care unit, one routine operating cost ceiling will be developed. The routine operating cost ceiling will be computed as follows:

a. The Complex Health Care Payment Rate effective July 1, 1996, and updated for inflation, will be reduced by (i) the weighted average capital cost per day developed from the 1994 audit data and (ii) the weighted average ancillary cost per day from the 1994 audit data updated for inflation in the same manner as described in subdivision 4 a of this [~~subsection~~ *section*].

b. The statewide operating ceiling shall be adjusted for each nursing facility in the same manner as described in subdivisions 4 and 5 of this section.

c. The final routine operating cost reimbursement rate shall be computed as described for other than pediatric units in subdivision 3 of this section.

13. Pediatric unit capital cost. Pediatric unit capital costs will be reimbursed in accordance with the current NHPS, except that the occupancy requirement shall be 70% rather than 95% or 85%. An interim capital rate will be calculated from the latest cost report and retrospectively cost settled on the respective specialized care provider's cost reporting period.

14. MDS data submission. MDS data relating to specialized care patients must be submitted to the department in a submission separate from that which applies to all nursing facility patients.

a. Within 30 days of the end of each month, each specialized care nursing facility shall submit to the department, separately from its submission of MDS data for all patients, a copy of each MDS Version 2.0 which has been completed in the month for a Medicaid specialized care patient in the nursing facility. This shall include (i) the MDS required within 14 days of admission to the nursing facility (if the patient is admitted as a specialized care patient), (ii) the one required by the department upon admission to specialized care, (iii) the one required within 12 months of the most recent full assessment, and (iv) the one required whenever there is a significant change of status.

b. In addition to the monthly data submission required in [~~(a) above~~ *subdivision 14 a of this section*], the same categories of MDS data required in [~~(a) above~~ *subdivision 14 a*] shall be submitted for all patients receiving specialized care from January 1, 1996, through December 31, 1996, and shall be due February 28, 1997.

c. If a provider does not submit a complete MDS record for any patient within the required timeframe, the department shall assume that the RUG-III weight for that patient, for any time period for which a complete record is not provided, is the lowest RUG-III weight in use for specialized care patients. A complete MDS record is one that is complete for purposes of transmission and acceptance by the Health Care Financing Administration.

15. Case mix measures in the initial semiannual periods. In any semiannual periods for which calculations in 12 VAC 39-90-310 [~~requires~~ *require*] an NCMI from a semiannual period beginning before January 1996, the case mix used shall be the case mix applicable to the first semiannual period beginning after January 1, 1996, that is a semiannual period in the respective provider's fiscal period. For example, December year-end providers' rates applicable to the month of December

Final Regulations

1996, would normally require (in Appendix I (12 VAC 30-90-270 et seq.) of Part III of this chapter) an NCMI from July to December 1995, and one from January to June 1996, to calculate a rate for July to December 1996. However, because this calculation requires an NCMI from a period before January 1996, the NCMI that shall be used will be those applicable to the next semiannual period. The NCMI from January to June 1996, and from July to December 1996, shall be applied to December 1996, as well as to January to June 1997. Similarly, a provider with a March year end would have its rate in December 1996 through March 1997, calculated based on an NCMI from April through September 1996, and October 1996 through March 1997.

16. Cost reports of specialized care providers are due not later than 150 days after the end of the provider's fiscal year. Except for this provision, the requirements of 12 VAC 30-90-70 and 12 VAC 30-90-80 shall apply.]

[12 VAC 30-90-290. Cost reimbursement limitations.

A. This appendix outlines operating, NATCEPs and plant cost limitations that are not referenced in previous sections of these regulations.

All of the operating cost limitations are further subject to the applicable operating ceilings.

B. Directors' fees.

1. Although Medicaid does not require a board of directors (Medicare requires only an annual stockholders' meeting), the Program will recognize reasonable costs for directors' meetings related to patient care.

2. It is not the intent of DMAS to reimburse a facility for the conduct of business related to owners' investments, nor is it the intent of the Program to recognize such costs in a closely held corporation where one person owns all stock, maintains all control, and approves all decisions.

3. To receive reimbursement for directors' meetings, the written minutes must reflect the name of the facility for which the meeting is called, the content and purpose of the meeting, members in attendance, the time the meeting began and ended, and the date. If multiple facilities are discussed during a meeting, total allowable directors' fees, as limited herein, shall be pro-rated between such facilities.

4. Bona fide directors may be paid an hourly rate of \$125 up to a maximum of four hours per month. These fees include reimbursement for time, travel, and services performed.

5. Compensation to owner/administrators who also serve as directors shall include any directors' fees paid, subject to the above referenced limit set forth in these regulations.

C. Membership fees.

1. These allowable costs will be restricted to membership in health care organizations and appropriate professional societies which promote objectives in the provider's field of health care activities.

2. Membership fees in health care organizations and appropriate professional societies will be allowed for the administrator, owner, and home office personnel.

3. Comparisons will be made with other providers to determine reasonableness of the number of organizations to which the provider will be reimbursed for such membership and the claimed costs, if deemed necessary.

D. Management fees.

1. External management services shall only be reimbursed if they are necessary, cost effective, and nonduplicative of existing nursing facility internal management services.

2. Costs to the provider, based upon a percentage of net and/or gross revenues or other variations thereof, shall not be an acceptable basis for reimbursement. If allowed, management fees must be reasonable and based upon rates related to services provided.

3. Management fees paid to a related party may be recognized by the Program as the owner's compensation subject to administrator compensation guidelines.

4. A management fees service agreement exists when the contractor provides nonduplicative personnel, equipment, services, and supervision.

5. A consulting service agreement exists when the contractor provides nonduplicative supervisory or management services only.

6. Limits will be based upon comparisons with other similar size facilities and/or other DMAS guidelines and information.

Effective for all providers' cost reporting periods ending on or after October 1, 1990, a per patient day ceiling for all full-service management service costs shall be established. The ceiling limitation for cost reporting periods ending on or after October 1, 1990, through December 31, 1990, shall be the median per patient day cost as determined from information contained in the most recent cost reports for all providers with fiscal years ending through December 31, 1989. These limits will be adjusted annually by a Consumer Price Index effective January 1 of each calendar year to be effective for all providers' cost reporting periods ending on or after that date. The limits will be published and distributed to providers annually.

E. Pharmacy consultants' fees. Costs will be allowed to the extent they are reasonable and necessary.

F. Physical therapy fees (for outside services). Limits are based upon current PRM-15 guidelines.

G. Inhalation therapy fees (for outside services). Limits are based upon current PRM-15 guidelines.

H. Medical directors' fees. Costs will be allowed up to the established limit per year to the extent that such fees are determined to be reasonable and proper. This limit will be escalated annually by the CPI-U January 1 of each calendar year to be effective for all providers' cost reporting periods ending on or after that date. The limits will be published and distributed to providers annually. The following limitations apply to the time periods as indicated:

Jan. 1, 1988--Dec. 31, 1988 \$6,204

Jan. 1, 1989--Dec. 31, 1989 \$6,625

I. Reimbursement for physical therapy, occupational therapy, and speech-language therapy services shall not be provided for any sums that the rehabilitation provider collects, or is entitled to collect, from the nursing facility or any other available source, and provided further, that this amendment shall in no way diminish any obligation of the nursing facility to DMAS to provide its residents such services, as set forth in any applicable provider agreement.

J. Personal automobile.

1. Use of personal automobiles when related to patient care will be reimbursed at the maximum of the allowable IRS mileage rate when travel is documented.

2. Flat rates for use of personal automobiles will not be reimbursed.

K. Seminar expenses. These expenses will be treated as allowable costs, if the following criteria are met:

1. Seminar must be related to patient care activities, rather than promoting the interest of the owner or organization.

2. Expenses must be supported by:

a. Seminar brochure, and

b. Receipts for room, board, travel, registration, and educational material.

3. Only the cost of two persons per facility will be accepted as an allowable cost for seminars which involve room, board, and travel.

L. Legal retainer fees. DMAS will recognize legal retainer fees if such fees do not exceed the following:

BED SIZE	LIMITATIONS
0 - 50	\$100 per month
51 - 100	\$150 per month
101 - 200	\$200 per month
201 - 300	\$300 per month
301 - 400	\$400 per month

The expense to be allowed by DMAS shall be supported by an invoice and evidence of payment.

M. Architect fees. Architect fees will be limited to the amounts and standards as published by the Virginia Department of General Services.

N. Administrator/owner compensation.

DMAS ADMINISTRATOR/OWNER COMPENSATION SCHEDULE

JANUARY 1, 1989 - DECEMBER 31, 1989

BED SIZE	NORMAL ALLOWABLE FOR ONE ADMINISTRATOR	MAXIMUM FOR 2 OR MORE ADMINISTRATORS
1 - 75	\$32,708	\$49,063
76 - 100	35,470	53,201
101 - 125	40,788	61,181
126 - 150	46,107	69,160
151 - 175	51,623	77,436
176 - 200	56,946	85,415
201 - 225	60,936	91,399
226 - 250	64,924	97,388
251 - 275	68,915	103,370
276 - 300	72,906	108,375
301 - 325	76,894	115,344
326 - 350	80,885	121,330
351 - 375	84,929	127,394
376 & over	89,175	133,763

These limits will be escalated annually by the CPI-U effective January 1 of each calendar year to be effective for all providers' cost reporting periods ending on or after that date. The limits will be published and distributed to providers annually.

~~O. Kinetic therapy. For specialized care reimbursement effective December 1, 1996, a limitation per patient day on kinetic therapy shall be established based on historical data. This limit shall be reviewed annually by January 1 of each calendar year and compared to actual cost data, then revised if appropriate, to be effective for all providers' cost reporting periods ending on or after that date. The limit will be published and distributed to providers annually. It shall be:~~

~~December 1, 1996 - December 31, 1997 \$102 per day~~

~~*NOTE: DMAS will gather data over time from provider cost reports, supplemented from other industry sources, on prices of kinetic therapy equipment. From this data DMAS will develop a trend factor to be applied to the base amount.]~~

VA.R. Doc. No. R97-219; Filed June 17, 1998, 10:30 a.m.



Final Regulations

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF MEDICINE

Title of Regulation: 18 VAC 85-20-10 et seq. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, and Physician Acupuncture (amending 18 VAC 85-20-10, 18 VAC 85-20-20, 18 VAC 85-20-30, 18 VAC 85-20-120, 18 VAC 85-20-140, 18 VAC 85-20-150, 18 VAC 85-20-210, 18 VAC 85-20-230 and 18 VAC 85-20-240; adding 18 VAC 85-20-21, 18 VAC 85-20-22, 18 VAC 85-20-105, 18 VAC 85-20-121, 18 VAC 85-20-122 and 18 VAC 85-20-131; repealing 18 VAC 85-20-60, 18 VAC 85-20-70, 18 VAC 85-20-110, 18 VAC 85-20-160, 18 VAC 85-20-170, 18 VAC 85-20-180, 18 VAC 85-20-190, 18 VAC 85-20-200, 18 VAC 85-20-250, 18 VAC 85-20-260 and 18 VAC 85-20-270).

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

Effective Date: August 5, 1998.

Summary:

Amendments are adopted pursuant to Executive Order 15 (94), which called for clarification, simplification and, where possible, a reduction in the regulatory burden. The amendments lower certain application fees, eliminate the confusion in terminology for licensure by endorsement or by examination, and repeal unnecessary regulations. In response to public comment, the board corrected the name of the accrediting body and the examining body for doctors of osteopathy.

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

Agency Contact: Copies of the regulation may be obtained from Elaine J. Yeatts, Senior Regulatory Analyst, Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9918.

PART I. GENERAL PROVISIONS.

18 VAC 85-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

~~Acupuncture~~ Acupuncturist

Board

Healing arts

[Practice of chiropractic]

Practice of medicine or osteopathy

[Practice of chiropractic]

Practice of podiatry

~~The healing arts.~~

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

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

"Principal site" means the location in a foreign country where teaching and clinical facilities are located.

18 VAC 85-20-20. Public Participation Guidelines.

A separate board regulation, 18 VAC 85-10-10 et seq., entitled Public Participation Guidelines, which provides for involvement of the public in the development of all regulations of the Virginia State Board of Medicine, is incorporated by reference in this chapter.

18 VAC 85-20-21. Current addresses.

Each licensee shall furnish the board his current address. All notices required by law or by this chapter to be mailed by the board to any such licensee shall be validly given when mailed to the latest address given by the licensee. Any change of address shall be furnished to the board within 30 days of such change.

18 VAC 85-20-22. Required fees.

A. Unless otherwise provided, fees established by the board shall not be refundable.

[B. All examination fees shall be determined by and made payable as designated by the board.]

[~~B. C.~~] *The application fee for licensure in medicine, osteopathy, podiatry, or chiropractic shall be \$200. The fee for board approval to sit for Part 3 of the United States Medical Licensing Examination without subsequent licensure in Virginia shall be \$150.*

[~~C. All examination fees shall be determined by and made payable as designated by the board.~~]

D. *The fee for a temporary permit to practice medicine pursuant to § 54.1-2927 B (i) and (ii) of the Code of Virginia shall be \$25.*

E. *The fee for a limited professorial or fellow license issued pursuant to [~~18 VAC 85-20-200~~ 18 VAC 85-20-210] shall be \$125. The annual renewal [fee] shall be \$25.*

F. *The fee for a limited license to interns and residents pursuant to [~~18 VAC 85-20-210~~ 18 VAC 85-20-220] shall be \$10 a year. An additional fee for late renewal of licensure shall be \$10.*

G. *The fee for a duplicate wall certificate shall be \$25; the fee for a duplicate license shall be \$10.*

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

I. The fee for requesting reinstatement of licensure pursuant to § 54.1-2921 of the Code of Virginia shall be \$750.

J. The application fee for licensure to practice acupuncture shall be \$100. The biennial renewal fee shall be \$50, due and payable by June 30 of each even-numbered year.

K. The fee for reinstatement of a license issued by the Board of Medicine pursuant to § 54.1-2904 of the Code of Virginia which has expired for a period of two years or more shall be \$250 and shall be submitted with an application for licensure reinstatement.

L. The fee for a letter of good standing/verification to another jurisdiction for a license shall be \$10.

M. The fee for certification of grades to another jurisdiction by the board shall be \$25. The fee shall be due and payable upon submitting the form to the board.

PART II.

STANDARDS OF PROFESSIONAL CONDUCT.

18 VAC 85-20-30. Advertising ethics.

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

B. Advertising [a] discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment which is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bonafide emergency.

C. Advertisements of discounts shall disclose the full fee and documented evidence to substantiate the discounted fees.

D. A licensee or certificate holder's authorization of or use in any advertising for his practice of the term "board certified" or any similar words or phrase calculated to convey the same meaning shall constitute misleading or deceptive advertising under § 54.1-2914 of the Code of Virginia, unless the licensee or certificate holder discloses the complete name of the specialty board which conferred the aforementioned certification.

E. It shall be considered unprofessional conduct for a licensee of the board to publish an advertisement which is false, misleading, or deceptive.

18 VAC 85-20-60. Misleading or deceptive advertising. (Repealed.)

A. A licensee or certificate holder's authorization of or use in any advertising for his practice of the term "board certified" or any similar words or phrase calculated to convey the same meaning shall constitute misleading or deceptive advertising under § 54.1-2914 of the Code of Virginia, unless the licensee or certificate holder discloses the complete name of the specialty board which conferred the aforementioned certification.

B. It shall be considered unprofessional conduct for a licensee of the board to publish an advertisement which is false, misleading, or deceptive.

18 VAC 85-20-70. Current business addresses. (Repealed.)

Each licensee shall furnish the board his current business address. All notices required by law or by this chapter to be mailed by the board to any such licensee shall be validly given when mailed to the latest address given by the licensee. Any change of address shall be furnished to the board within 30 days of such change.

18 VAC 85-20-105. Refusal to provide information.

It shall be considered unprofessional conduct for a licensee to willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

PART # III.

LICENSURE: GENERAL AND EDUCATIONAL REQUIREMENTS AND LICENSURE BY EXAMINATION.

18 VAC 85-20-110. Licensure, general. (Repealed.)

A. No person shall practice medicine, osteopathy, chiropractic, podiatry, or acupuncture in the Commonwealth of Virginia without a license from this board, except as provided in 18 VAC 85-20-200.

B. For all applicants for licensure by this board, licensure shall be by examination by this board or by endorsement, whichever is appropriate.

18 VAC 85-20-120. Licensure by examination. Prerequisites to licensure.

A. Prerequisites to examination-

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

- a. 1. Meet the educational requirements specified in subdivision 2 or 3 of this subsection 18 VAC 85-20-121 or 18 VAC 85-20-122 and the examination requirements as specified for each profession in 18 VAC 85-20-140;

Final Regulations

~~b. 2. File the complete application and credentials required in subdivision 4 of this subsection appropriate fee as specified in 18 VAC 85-20-22 with the executive director of the board not less than 75 days prior to the date of examination; and~~

~~c. Pay the appropriate fee, specified in 18 VAC 85-20-270 of this chapter, at the time of filing the application.~~

3. File the required credentials with the executive director by a date established by the board and as specified below:

a. Graduates of an approved institution shall file:

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

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

b. Graduates of an institution not approved by an accrediting agency recognized by the board shall file:

(1) Documentary evidence of education as required by 18 VAC 85-20-122;

(2) A translation made and endorsed by a consul or by a professional translating service of all such documents not in the English language; and

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

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

2. 18 VAC 85-20-121. [~~Education~~ Educational] requirements: Graduates of American approved institutions.

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

~~a. 1. For licensure in medicine. The institution shall be a medical school that is approved or accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association, or by the Committee for the Accreditation of Canadian Medical Schools or its appropriate subsidiary agencies or any other organization approved by the board.~~

~~An applicant shall provide evidence of having completed one year of satisfactory postgraduate training as an intern or resident in a hospital or health care facility offering approved internship and residency training programs when such a program is approved by an accrediting agency recognized by the board for internship and residency training.~~

~~b. 2. For licensure in osteopathy. The institution shall be a college of osteopathic medicine that is approved or accredited by the [~~Committee on Colleges and~~] Bureau of Professional Education of the American Osteopathic Association or any other organization approved by the board.~~

~~An applicant shall provide evidence of having completed one year of satisfactory postgraduate training as an intern or resident in a hospital or health care facility offering approved internship and residency training programs when such a program is approved by an accrediting agency recognized by the board for internship and residency training.~~

~~e. 3. For licensure in podiatry. The institution shall be a school of podiatry approved and recommended by the Council on Podiatry Education of the American Podiatry Medical Association or any other organization approved by the board.~~

B. Such an applicant for licensure in medicine, osteopathy, or podiatry shall provide evidence of having completed one year of satisfactory postgraduate training as an intern or resident in a hospital or health care facility offering approved internship and residency training programs when such a program is approved by an accrediting agency recognized by the board for internship and residency training.

~~d. C. For licensure in chiropractic.~~

~~(4) 1. If the applicant matriculated in a chiropractic college on or after July 1, 1975, he shall be a graduate of a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education or any other organization approved by the board.~~

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

3. 18 VAC 85-20-122. Educational requirements: Graduates and former students of schools institutions not approved by an accrediting agency recognized by the board shall:

~~a. Present documentary evidence that he:~~

A. [~~Graduates~~ A graduate] of [~~institutions~~ an institution] not approved by an accrediting agency recognized by the board shall present documentary evidence that he:

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

(2) Received a degree from the institution; and

~~(3)~~ 2. Has fulfilled the applicable requirements of § 54.1-2930 of the Code of Virginia.

3. *Has obtained a certificate from the Educational Council of Foreign Medical Graduates [~~certificate~~] (ECFMG), or its equivalent. Proof of licensure by the board of another state or territory of the United States or a province of Canada may be accepted in lieu of ECFMG certification.*

4. *Has had supervised clinical training as a part of his curriculum in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the clinical training received, if such training was received in the United States.*

~~(4)~~ 5. Has completed three years of satisfactory postgraduate training as an intern or resident in a hospital or health care facility offering an approved internship or residency training program when such a program is approved by an accrediting agency recognized by the board for internship and residency.

a. The board may substitute other postgraduate training or study for up to two years of the three-year requirement when such training or study has occurred in the United States or Canada and is:

~~(a)~~ (1) An approved fellowship program; or

~~(b)~~ (2) A position teaching medical students, interns, or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.

~~(5)~~ b. The board may substitute continuous full-time practice of five years or more with a limited professorial license in Virginia and one year of postgraduate training in a foreign country in lieu of three years of postgraduate training.

6. *Has received a degree from the institution.*

~~(6)~~ The Virginia Board of Medicine recognizes as accrediting agencies the Liaison Committee on Graduate Medical Education (LCGME) and the Liaison Committee on Medical Education (LCME) of the American Medical Association, the American Osteopathic Association and the American Podiatric Medical Association and the License Medical Council of Canada (LMCC) or other official accrediting bodies recognized by the American Medical Association.

b. A graduate of a school not approved by an accrediting agency recognized by the board applying for examination for licensure in medicine or osteopathy shall also possess a standard Educational Council of Foreign Medical Graduates certificate (ECFMG), or its equivalent. Proof of licensure by the board of another state or territory of the United States or a Province of Canada may be accepted in lieu of ECFMG certification.

~~e.~~ An applicant for examination for licensure in medicine B. [~~Former students~~ A former student] who [has] completed all degree requirements except social services and postgraduate internship at a school not approved by an accrediting agency recognized by the board shall be ~~admitted to examination~~ considered for licensure provided that he:

1. *Has fulfilled the requirements of subdivisions A 1 through 5 of this subsection;*

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

3. *Presents a document issued by the school certifying that he has met all the formal requirements of the institution for a degree except social services and postgraduate internship.*

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

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

~~(3)~~ Has completed the postgraduate hospital training required of all applicants for licensure as defined in § 54.1-2930 of the Code of Virginia; and

~~(4)~~ Has completed three years of satisfactory postgraduate training as an intern or resident in a hospital or health care facility offering an approved internship or residency training program when such a program is approved by an accrediting agency recognized by the board for internship and residency. The board may substitute other postgraduate training or study for up to two years of the three-year requirement when such training or study has occurred in the United States or Canada and is:

~~(a)~~ An approved fellowship program; or

~~(b)~~ A position teaching medical students, interns, or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.

~~(5)~~ The Virginia Board of Medicine recognizes as accrediting agencies the Liaison Committee on Graduate Medical Education (LCGME) and the Liaison Committee on Medical Education (LCME) of the American Medical Association, the American Osteopathic Association and the American Podiatric Medical Association and the License Medical Council of Canada (LMCC) or other official accrediting bodies recognized by the American Medical Association.

~~(6)~~ Presents a document issued by the school not approved by an accrediting agency recognized by

Final Regulations

~~the board certifying that he has met all the formal requirements of the institution for a degree except social services and postgraduate internship.~~

~~4. Credentials to be filed prior to examination. Applicants shall file with the executive director of the board, along with their applications for board examination (and at least 75 days prior to the date of examination) the credentials specified in subdivision a, b, or c, whichever is appropriate:~~

~~a. Every applicant who is a graduate of an American institution shall file:~~

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

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

~~b. Every applicant who attended a school not approved by an accrediting agency recognized by the board shall file:~~

~~(1) The documentary evidence of education required by subdivision 3 a, b, or c of this subsection, whichever is or are appropriate;~~

~~(2) All such documents not in the English language, a translation made and endorsed by a consul or by a professional translating service; and~~

~~(3) A complete chronological record of all professional activities since the applicant attended the school not approved by an accrediting agency recognized by the board, giving location, dates, and types of services performed.~~

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

~~B. Applicants for licensure by board examination shall take the appropriate examination prescribed by the board as provided in 18 VAC 85-20-140 of this chapter.~~

18 VAC 85-20-131. Licensure requirements for physician acupuncturists.

A. *The board shall license as physician acupuncturists only licensed doctors of medicine, osteopathy, podiatry, and chiropractic.*

[B.] *Such licensure shall be subject to the following conditions:*

[1.] *The applicant shall first have obtained at least 200 hours of instruction in general and basic aspects [of the practice of acupuncture], specific uses and techniques of acupuncture [,] and indications and contraindications for acupuncture administration.*

[~~B.~~ 2.] *A podiatrist may use acupuncture only for treatment of pain syndromes originating in the human foot.*

PART III IV. EXAMINATIONS LICENSURE: EXAMINATION REQUIREMENTS.

18 VAC 85-20-140. Examinations, general.

A. ~~Applicants for licensure in medicine and osteopathy may take Components I and II of the Federation Licensing Examination (FLEX) separately or as a unit. However, in no case shall an applicant who has not passed Component I be eligible to sit for Component II as a separate examination. The examination results shall be reported to the candidate as pass/fail. The Executive Director of the Board of Medicine or his designee shall review each application for licensure and in no case shall an applicant be licensed unless there is evidence that the applicant has passed an examination equivalent to the Virginia Board of Medicine examination required at the time he was examined and meets all requirements of Part III (18 VAC 85-20-120 et seq.) of this chapter. If the executive director or his designee is not fully satisfied that the applicant meets all applicable requirements of Part III of this chapter and this part, he shall refer the application to the Credentials Committee for a determination on licensure.~~

B. *A Doctor of Medicine or Osteopathy who has passed the examination of the National Board of Medical Examiners or of the National Board of Osteopathic [Medical] Examiners, FLEX, or the United States Medical Licensing Examination, or the examination of the Licensing Medical Council of Canada or other such examinations as prescribed in § 54.1-2913.1 of the Code of Virginia may be accepted for licensure.*

C. *A Doctor of Podiatry who has passed the National Board of Podiatry Examiners examination and has passed a clinical competence examination equivalent to the Virginia Board of Medicine examination may be accepted for licensure.*

D. *A Doctor of Chiropractic who has met the requirements of one of the following may be accepted for licensure.*

1. *An applicant who graduated after January 31, 1996, shall document successful completion of Parts I, II, III, and IV of the National Board of Chiropractic Examiners examination (NBCE).*

2. *An applicant who graduated from January 31, 1991, to January 31, 1996, shall document successful completion of Parts I, II, and III of the National Board of Chiropractic Examiners examination (NBCE).*

3. *An applicant who graduated from July 1, 1965, to January 31, 1991, shall document successful completion of Parts I, II, and III of the NBCE, or Parts I and II of the NBCE and the Special Purpose Examination for Chiropractic (SPEC), and document evidence of licensure in another state for at least two years immediately preceding [~~their~~ his] application.*

4. *An applicant who graduated prior to July 1, 1965, shall document successful completion of the SPEC, and*

document evidence of licensure in another state for at least two years immediately preceding [~~their~~ his] application.

E. The following provisions shall apply for applicants taking Step 3 of the United States Medical Licensing Examination or the Podiatric Medical Licensing Examination:

1. Applicants for licensure in medicine and osteopathy may be eligible to sit for Step 3 of the United States Medical Licensing Examination (USMLE) upon evidence of having passed Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

~~2. Applicants who have successfully passed Component I of the FLEX may be eligible to sit for Step 3 of the United States Medical Licensing Examination (USMLE) for licensure in Virginia.~~

~~B. Applicants who have taken both Components I and II of the Federation Licensing Examination (FLEX), in one sitting, and have failed to pass both components, or have taken and passed only one component in another state or territory of the United States, the District of Columbia, or Province of Canada, and have met all other requirements for licensure in Virginia may be eligible to take the failed or missing component upon payment of the fee prescribed in 18 VAC 85-20-270.~~

2. Applicants who sat for the United States Medical Licensing Examination (USMLE) shall provide evidence of passing Steps 1, 2, and 3 within a seven-year period.

3. Applicants may take a combination of the United States Medical Licensing Examination (USMLE) and the Federation Licensing Examination (FLEX) which is acceptable to the board.

4. Applicants shall have completed the required training or be engaged in their final year of required postgraduate training.

~~C. 5. Applicants for licensure in podiatry shall provide evidence of having passed the National Board of Podiatric Medical Examiners Examination, Parts I and II, to be eligible to sit for the Podiatric Medical Licensing Examination (PMLEXIS) in Virginia. The examination results shall be reported to the candidate as pass/fail.~~

18 VAC 85-20-150. Reexamination.

A. An applicant for licensure by examination in medicine, osteopathy, or podiatry who fails three consecutive or more attempts to pass the applicable examination(s) administered by the board shall be eligible to sit for another series of three consecutive attempts upon presenting proof to the Credentials Committee of the board that he has fulfilled the requirements of ~~subsection B or C subdivision 1 or 2~~ of this section, whichever is appropriate.

~~B. 1. An applicant for licensure in medicine or osteopathy who fails three consecutive or more attempts to pass Component I and Component II, or Parts I, II, and III of the FLEX examination or the United States Medical Licensing Examination in Virginia or any other~~

state or territory of the United States, the District of Columbia, or province of Canada, or a combination of either of these examinations, shall engage in one year of additional postgraduate training to be obtained in a hospital in the United States or Canada approved by the American Medical Association or the American Osteopathic Association.

~~C. 2. An applicant for licensure in podiatry who fails three consecutive or more attempts to pass the Virginia examination administered by the board PMLEXIS shall appear before the Credentials Committee of the board and shall engage in such additional postgraduate training as may be deemed appropriate by the Credentials Committee.~~

18 VAC 85-20-160. Administration of examination. (Repealed.)

~~A. The board may employ monitors for the examination.~~

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

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

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

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

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

~~1. Only members of the board, office staff, proctors, and applicants shall be permitted in the examination room, except by consent of the chief proctor.~~

~~2. Applicants shall be seated as far apart as possible at desks or desk chairs and each shall have in plain view an admission card bearing his number and photograph.~~

~~3. No examinee shall have any compendium, notes or textbooks in the examination room.~~

~~4. Any conversation between applicants will be considered prima facie evidence of an attempt to give or receive assistance.~~

~~5. Applicants are not permitted to leave the room except by permission of and when accompanied by an examiner or monitor.~~

Final Regulations

~~6. The use of unfair methods will be grounds to disqualify an applicant from further examination at that meeting.~~

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

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

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

18 VAC 85-20-170. Scoring of examination. (Repealed.)

~~Scores forwarded to the executive director shall be provided to the candidate within 30 days of receipt of the scores provided by the testing service.~~

PART IV. LICENSURE BY ENDORSEMENT.

18 VAC 85-20-180. Licensure by endorsement. (Repealed.)

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

~~B. A Doctor of Medicine who meets the requirements of Part II of this chapter and has passed the examination of the National Board of Medical Examiners, FLEX, United States Medical Licensing Examination, or the examination of the Licensing Medical Council of Canada may be accepted for licensure by endorsement without further examination.~~

~~No applicant for licensure to practice medicine and surgery by endorsement will be considered for licensure unless the applicant has met all the following requirements for pre or postgraduate training as follows:~~

~~1. Graduates of schools of medicine approved by an accrediting agency recognized by the board shall have completed one year of satisfactory postgraduate training as an intern or resident in a hospital approved by the Accreditation Council for Graduate Medical Education, Licensing Medical Council of Canada or other official accrediting body recognized by the American Medical Association for intern or residency training.~~

~~2. Graduates of schools of medicine not approved by an accrediting agency recognized by the board who serve supervised clinical training in the United States as part of the curriculum of a school not approved by an accrediting agency recognized by the board, shall serve the clerkships in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the clinical training received.~~

~~3. Graduates of schools of medicine not approved by an accrediting agency recognized by the board shall have completed three years of satisfactory postgraduate training as an intern or resident in a hospital approved by the Accreditation Council for Graduate Medical Education, Licensing Medical Council of Canada or other official accrediting body recognized by the American Medical Association for intern or residency training. The board may substitute other postgraduate training or study for up to two years of the three-year requirement when such training or study has occurred in the United States or Canada and is:~~

~~a. An approved fellowship program; or~~

~~b. A position teaching medical students, interns, or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.~~

~~4. The board may substitute continuous full-time practice of five years or more with a limited professorial license in Virginia, and one year of postgraduate training in a foreign country, in lieu of the three years of postgraduate training.~~

~~5. An applicant for licensure by the FLEX examination or the United States Medical Licensing Examination who has experienced three unsuccessful attempts, shall submit proof of one additional year of approved postgraduate studies in the United States following each series of three attempts to pass the FLEX or the United States Medical Licensing Examination to be eligible for licensure to practice medicine and surgery in Virginia.~~

~~6. Applicants who have sat for the United States Medical Licensing Examination shall provide evidence of passing Steps 1, 2, and 3 within a seven-year period.~~

~~C. A Doctor of Osteopathy who meets the requirements of Part II of this chapter and has passed the examination of the National Board of Osteopathic Examiners may be accepted for licensure by endorsement without further examination.~~

~~No applicant for licensure to practice osteopathy by endorsement will be considered for licensure unless the applicant has met all the following requirements for pre or postgraduate training as follows:~~

~~1. Graduates of schools of osteopathy approved by an accrediting agency recognized by the board shall have completed one year of satisfactory postgraduate training as an intern or resident in a hospital approved by the American Osteopathic Association, the American Medical Association, Licensing Medical Council of Canada or other official accrediting body recognized by the American Osteopathic Association, or the American Medical Association for intern or residency training.~~

~~2. Graduates of schools of osteopathy not approved by an accrediting agency recognized by the board who serve supervised clinical training in the United States as part of curriculum of a foreign osteopathic school, shall serve the clerkships in an approved hospital, institution~~

or school of osteopathy or medicine offering an approved residency program in the specialty area for the clinical training received.

3. Graduates of schools of osteopathy not approved by an accrediting agency recognized by the board shall have completed three years of satisfactory postgraduate training as an intern or resident in a hospital approved by the American Osteopathic Association, the Accreditation Council for Graduate Medical Education, Licensing Medical Council of Canada or other official accrediting body recognized by the American Osteopathic Association, or the American Medical Association for intern or residency training. The board may substitute other postgraduate training or study for up to two years of the three-year requirement when such training or study has occurred in the United States or Canada and is:

- a. An approved fellowship program; or
- b. A position teaching osteopathic or medical students, interns, or residents in an osteopathic or medical school program approved by an accrediting agency recognized by the board for internship and residency training.

4. An applicant for licensure by the FLEX examination or the United States Medical Licensing Examination who has experienced three unsuccessful attempts, shall submit proof of one additional year of approved postgraduate studies in the United States following each series of three attempts to pass the FLEX or the United States Medical Licensing Examination to be eligible for licensure to practice osteopathy and surgery in Virginia.

5. Applicants who have sat for the United States Medical Licensing Examination shall provide evidence of passing Steps 1, 2, and 3 within a seven-year period.

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

E. A Doctor of Chiropractic who meets the requirements of Part II of this chapter, and one of the following, may be accepted for licensure without further examination.

- 1. An applicant who has graduated after January 31, 1996, shall document successful completion of Parts I, II, III, and IV of the National Board of Chiropractic Examiners examination (NBCE).
- 2. An applicant who graduated from January 31, 1991 to January 31, 1996, shall document successful completion of Parts I, II and III of the National Board of Chiropractic Examiners examination (NBCE).
- 3. An applicant who graduated from July 1, 1965, to January 31, 1991, shall document successful completion of Parts I, II, and III of the NBCE, or Parts I and II of the NBCE and the Special Purpose

Examination for Chiropractic (SPEC), and document evidence of licensure in another state for at least two years immediately preceding their application.

4. An applicant who graduated from July 1, 1965, shall document successful completion of the SPEC, and document evidence of licensure in another state for at least two years immediately preceding their application.

18 VAC 85-20-190. Licensure to practice as a physician acupuncturist. (Repealed.)

The board will license as physician acupuncturists only doctors of medicine, osteopathy, podiatry, and chiropractic as only these practitioners have demonstrated a competence by passing the medicine/osteopathy, podiatry, or chiropractic licensure examination.

No person shall practice as a physician acupuncturist in the Commonwealth of Virginia without being licensed by the board to do so.

The board shall license as physician acupuncturists only licensed doctors of medicine, osteopathy, podiatry, and chiropractic. Such licensure shall be subject to the following condition: The applicant shall first have obtained at least 200 hours of instruction in general and basic aspects, specific uses and techniques of acupuncture and indications and contraindications for acupuncture administration.

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

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

Failure to maintain patient records of those patients treated with acupuncture or failure to respond to the board's request for patient records within 30 days shall be grounds for suspension or revocation of a license to practice acupuncture.

18 VAC 85-20-200. Exemption for temporary consultant. (Repealed.)

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

- 1. He is authorized by another state or foreign country to practice the healing arts;
- 2. Authorization for such exemption is granted by the executive director of the board; and
- 3. The practitioner is called in for consultation by a licensee of the Virginia Board of Medicine.

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

Final Regulations

PART V.
LIMITED OR TEMPORARY LICENSES.

18 VAC 85-20-210. Limited licenses to foreign medical graduates.

A. A physician who graduated from a school an institution not approved by an accrediting agency recognized by the board applying for a limited professorial license or a limited fellow license to practice medicine in an approved medical school or college in Virginia shall:

1. Submit evidence of authorization to practice medicine in a foreign country.
2. Submit evidence of a standard Educational Commission for Foreign Medical Graduates (ECFMG) certificate or its equivalent. *Such required evidence may be waived by the Credentials Committee.*
3. Submit a recommendation from the dean of an accredited medical school in Virginia that the applicant is a person of professorial or of fellow rank whose knowledge and special training will benefit the medical school.

B. The limited professorial license or limited fellow license applies only to the practice of medicine in hospitals and outpatient clinics where medical students, interns or residents rotate and patient care is provided by the medical school or college recommending the applicant.

1. The limited professorial license will shall be valid for one year and may be renewed annually upon recommendation of the dean of the medical school and upon continued full-time employment as a faculty member.
2. The limited fellow license shall be valid for one year and may be renewed not more than twice upon the recommendation of the dean of the medical school and upon continued full-time employment as a fellow.

C. An individual who has practiced with a limited professorial license for five continuous years may have a waiver when applying for a full license to practice medicine in the Commonwealth of Virginia. The limited professorial licensee applying for a full license shall meet the requirements of 18 VAC 85-20-120 and 18 VAC 85-20-180 18 VAC 85-20-122.

D. A physician who graduated from a school not approved by an accrediting agency recognized by the board applying for a limited fellow license to practice medicine in an approved medical school or college in Virginia shall:

1. Submit evidence of authorization to practice medicine in a foreign country.
2. Submit evidence of a standard Educational Commission for Foreign Medical Graduates (ECFMG) certificate or its equivalent.
3. Submit a recommendation from the dean of an accredited medical school in Virginia that the applicant

is a person of fellow rank whose knowledge and special training will benefit the medical school.

E. The limited fellow license applies only to the practice of medicine in hospitals and outpatient clinics where medical students, interns or residents rotate and patient care is provided by the medical school or college recommending the applicant. The license will be valid for one year and may be renewed not more than twice upon the recommendation of the dean of the medical school and upon continued full-time employment as a fellow.

PART V VI.
RENEWAL OF LICENSE; REINSTATEMENT.

18 VAC 85-20-230. Renewal of license.

A. Every licensee who intends to continue his practice shall renew his license biennially during his birth month and pay to the board the renewal fee prescribed in 18 VAC 85-20-270 of this chapter 18 VAC 85-20-22.

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

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

18 VAC 85-20-240. Reinstatement of lapsed license.

A practitioner who has not renewed his certificate in accordance with § 54.1-2904 of the Code of Virginia for two successive years or more and who requests reinstatement of licensure shall:

1. Submit to the board a chronological account of his professional activities since the last renewal of his license File a completed application for reinstatement, and
2. Pay the reinstatement fee prescribed in 18 VAC 85-20-270 of this chapter 18 VAC 85-20-22.

PART VI.
ADVISORY COMMITTEES AND PROFESSIONAL
BOARDS.

18 VAC 85-20-250. Advisory Committee on Physician Acupuncture. (Repealed.)

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

18 VAC 85-20-260. Psychiatric Advisory Committee. (Repealed.)

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

~~B. The term of office for each member of the Psychiatric Advisory Committee shall be one year or until his successor is appointed.~~

**PART VII.
FEES REQUIRED BY THE BOARD.**

18 VAC 85-20-270. Fees. (Repealed.)

Fees required by the board are:

~~A. Examination fee for medicine or osteopathy: The fee for the Federation Licensing Examination (FLEX) for Component I shall be \$275 and Component II shall be \$325. Upon successfully passing both components of the Federation Licensing Examination (FLEX) in Virginia, the applicant shall be eligible for licensure upon payment of a licensure fee of \$125 to the board. The fee for the United States Medical Licensing Examination (USMLE) shall be \$550.~~

~~B. Examination fee for podiatry: The fee for the Podiatry Licensure Examination shall be \$350.~~

~~C. The fee for initial licensure for new graduates of doctors of chiropractic who are within three months of graduation and who do not hold a license in another state shall be \$250.~~

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

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

~~F. The fee for a limited license issued pursuant to § 54.1-2936 of the Code of Virginia shall be \$125. The annual renewal is \$25.~~

~~G. The fee for a duplicate certificate shall be \$25.~~

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

~~I. The fee for requesting reinstatement of licensure pursuant to § 54.1-2921 of the Code of Virginia shall be \$750.~~

~~J. The fee for a temporary permit to practice medicine pursuant to § 54.1-2927 B of the Code of Virginia shall be \$25.~~

~~K. The fee for licensure by endorsement for medicine, osteopathy, chiropractic, and podiatry shall be \$300. A fee of \$150 shall be retained by the board for a processing fee upon written request from the applicant to withdraw his application for licensure.~~

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

~~M. Lapsed license: The fee for reinstatement of a license issued by the Board of Medicine pursuant to § 54.1-2904, which has expired for a period of two years or more, shall be \$250 and shall be submitted with an application for licensure reinstatement.~~

~~N. The fee for a limited license issued pursuant to § 54.1-2937 shall be \$10 a year. An additional fee for late renewal of licensure shall be \$10.~~

~~O. The fee for a letter of good standing/verification to another state for a license shall be \$10.~~

~~P. The fee for taking the Special Purpose Examination (SPEX) shall be \$350. The fee shall be nonrefundable.~~

~~Q. Any applicant having passed one component of the FLEX examination in another state shall pay \$325 to take the other component in the Commonwealth of Virginia.~~

NOTICE: The forms used in administering 18 VAC 85-20-10 et seq., Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, and Physician Acupuncture, are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Board of Medicine, 6606 W. Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

FORMS

~~Application for a License to Practice Medicine/Osteopathy (Rev. 3/94).~~

~~Claims History Sheet (Rev. 7/93) #A.~~

~~Employment Verification/Reference (Rev. 7/93) #B.~~

~~Clearance From Other State Boards (Rev. 7/93) #C.~~

~~Virginia Request for Physician Profile (Rev. 7/93) #D.~~

~~Disciplinary Inquiries (Rev. 7/93) #E.~~

~~Certificate of Secretary of State Board Issuing Original License (Rev. 7/93) #F.~~

~~Instructions for Completing National Boards Endorsement Application, HRB-30-005 (10/94).~~

~~Instructions for Completing National Board of Osteopathic Examiners Endorsement Application, HRB-30-006 (10/94).~~

~~Instructions for Completing FLEX Endorsement Application, American Graduate, HRB-30-007 (10/94).~~

Final Regulations

~~Instructions for Completing FLEX Endorsement Application, Non-American Graduate, HRB-30-008 (10/94).~~

~~Instructions for Completing LMCC Endorsement Application, Canadian/American Graduate, HRB-30-009 (10/94).~~

~~Instructions for Completing Other Boards Endorsement Application, American Graduate, HRB-30-001 (10/94).~~

~~Instructions for Completing Other Boards Endorsement Application, Non-American Graduate, HRB-30-002 (10/94).~~

~~Instructions for Completing Other Boards/American Boards Endorsement Application, American Graduate, HRB-30-003 (10/94).~~

~~Instructions for Completing Other Boards/American Boards Endorsement Application, Non-American Graduate, HRB-30-004 (10/94).~~

~~Information and Instructions for Completing an Application for the United States Medical Licensing Examination (USMLE) (Rev. 11/94).~~

~~Information and Instructions for Completing an Application for the United States Medical Licensing Examination (USMLE) For Foreign Graduates (Rev. 11/94).~~

~~Application for a License to Practice Podiatry (Rev. 3/94).~~

~~Employment Verification/Reference (Rev. 5/94) #B.~~

~~Virginia Request for Podiatry Disciplinary Action (Rev. 7/93) #J.~~

~~Clearance from Other State Boards (Rev. 5/94) Form #C (P).~~

~~Instructions Regarding the Podiatry Examination (PMLEXIS) (Rev. 9/94).~~

~~Instructions for Completing Podiatry Endorsement Application, HRB-30-015 (10/94).~~

~~Application for a License to Practice Chiropractic, DHP-03-058 (Rev. 3/94).~~

~~Chiropractic Employment/Professional Activity Questionnaire (Rev. 7/93) #B.~~

~~Chiropractic Clearance from Other State Board (Rev. 7/93) #C.~~

~~Certificate of Secretary of State Board Issuing Original License, #F.~~

~~Instructions for Completing Chiropractic Endorsement Application, HRB-30-016 (10/94).~~

~~Application for a License to Practice Acupuncture (Rev. 7/93).~~

~~Acupuncture Programs Approved by the Virginia Board of Medicine.~~

~~Instructions for Completing an Application for Licensure to Practice Acupuncture.~~

~~Application for a Temporary License for Intern/Resident Training Program, DHP-030-061 (Rev. 3/94).~~

~~Certificate of Enrollment, Intern/Resident (Rev. 7/93) Form A.~~

~~Certificate of Professional Education, Intern/Resident (Rev. 7/93) Form B.~~

~~Requirements and Instructions for an Intern/Resident License, HRB-30-061 (Rev. 2/7/92).~~

~~Instructions for Completing FLEX or USMLE Endorsement Application; American Graduates - revised May, 1997.~~

~~Instructions for Completing FLEX or USMLE Endorsement Application; Non-American Graduates - revised [May June], 1997.~~

~~Instructions for Completing PMLEXIS Examination Application [; Non-American Graduates] - revised May, 1997.~~

~~Instructions for Completing Chiropractic Endorsement Application - revised May, 1997.~~

~~Instructions for Completing Podiatry Endorsement application - revised May, 1997.~~

~~Instructions for Completing LMCC Endorsement Application; Canadian/American Graduates - revised May, 1997.~~

~~Instructions for Completing LMCC Endorsement Application; Non-American Graduates - revised June, 1997.~~

~~Instructions for Completing National Boards Endorsement Application - revised May, 1997.~~

~~Instructions for Completing Osteopathic National Boards Endorsement Application - revised May, 1997.~~

~~Instructions for Completing Other Boards Endorsement Application; American Graduates - revised May, 1997.~~

~~Instructions for Completing Other Boards Endorsement Application; Non-American Graduates - revised [May June], 1997.~~

~~Form #A, Claims History Sheet - revised June, 1997.~~

~~Form #B, Activity Questionnaire - revised June, 1997.~~

~~Form #C, Clearance from Other State Boards - revised June, 1997.~~

~~Form #D, Virginia Request for Physician Profile - revised June, 1997.~~

~~Application for a License to Practice Medicine/Osteopathy - revised May, 1997.~~

~~Form #H, Certification of Grades Attained on the Podiatric Medical Licensing Examination for States (PMLEXIS) - revised June, 1997.~~

~~Form #I, National Board of Podiatric Medical Examiners Request for Scores on Part I and II - [revised] June, 1997.~~

~~[Form HRB-30-061,] Requirements and Instructions for an Intern/Resident License - revised July, 1997.~~

~~Intern/Resident Form #A, Memorandum [to from] Associate Dean of Graduate Medical Education - revised July, 1997.~~

~~Intern/Resident Form #B, Certificate of Professional Education - revised July, 1997.~~

Instructions for Completing an Application for a Limited License to Practice Medicine as a Full-time Faculty Member or as a Full-time Fellow - revised January, 1998.

[Form DHP-030-056,] Application for a Limited License to Practice Medicine as a Full-time Faculty Member or as a Full-time Fellow - revised January, 1998.

Form #G - [~~Certification by Education~~ Request for Status Report of Educational] Commission for Foreign Medical Graduates [Certification] - revised October, 1997.

Instructions for Licensure to Practice as a Physician Acupuncturist - revised March, 1997.

Application for a License to Practice Acupuncture - revised July, 1997.

Renewal [~~form~~ Notice and Application] - revised July, 1997.

VA.R. Doc. No. R97-309; Filed June 15, 1998, 11:32 a.m.

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REGISTRAR'S NOTICE: The Board of Medicine has claimed an exemption from the Administrative Process Act in accordance with § 9-6.14:4.1 C 4 (a) of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law or the appropriation act where no agency discretion is involved. The Board of Medicine will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: **18 VAC 85-40-10 et seq. Regulations Governing the Practice of Respiratory Care Practitioners (amending 18 VAC 85-40-10, 18 VAC 85-40-20, 18 VAC 85-40-40, 18 VAC 85-40-50, 18 VAC 85-40-60, 18 VAC 85-40-70 and 18 VAC 85-40-80).**

Statutory Authority: §§ 54.1-2400, 54.1-2900 and 54.1-2954 through 54.1-2956.1 of the Code of Virginia.

Effective Date: August 5, 1998.

Summary:

The following amendments conform the regulation to changes made by the General Assembly in Chapter 557 of the 1998 Acts of Assembly. The amendments change the requirements for certification of respiratory therapy practitioners to requirements for licensure of respiratory care practitioners and change the requirements for "referral and direction" to statutory language on practice "upon receipt of written or verbal orders from a qualified practitioner and under qualified medical direction."

Agency Contact: Copies of the regulations may be obtained from Warren W. Koontz, M.D., Board of Medicine, 6606 West Broad Street, 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

CHAPTER 40.
REGULATIONS GOVERNING THE PRACTICE OF
RESPIRATORY THERAPY CARE PRACTITIONERS.

18 VAC 85-40-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

Board

Qualified medical direction

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

"Advisory board" means the Advisory Board on Respiratory Therapy Care to the ~~board~~ Board of Medicine as specified in § 54.1-2956 of the Code of Virginia.

"Board" means the Virginia state Board of Medicine.

"Certified respiratory therapy practitioner" means a person who has passed the certification examination for the entry level practice of respiratory therapy administered by the National Board of Respiratory Care, Inc., or other examination approved by the board, who has complied with such rules and regulations pertaining to certification as shall be prescribed by the board, and who has been issued a certificate by the board.

"NBRC" means the National Board for Respiratory Care, Inc.

"Referral and direction" means the referral of a patient by a licensed doctor of medicine, osteopathy, podiatry or dental surgery to a certified respiratory therapy practitioner for a specific purpose and for consequent treatment that will be performed under the direction of and in continuing communication with the referring doctor.

"Respiratory care practitioner" means a person as specified in § 54.1-2954 of the Code of Virginia.

18 VAC 85-40-20. Public participation.

A separate board regulation, 18 VAC 85-10-10 et seq., which provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine, is incorporated by reference in this chapter.

PART II.
REQUIREMENTS FOR PRACTICE AS A CERTIFIED
LICENSED RESPIRATORY THERAPY CARE
PRACTITIONER.

18 VAC 85-40-40. General requirements.

A. No person shall practice as a ~~certified~~ licensed respiratory therapy care practitioner in the Commonwealth except as provided in this chapter.

B. All services rendered by a ~~certified~~ licensed respiratory therapy care practitioner shall be performed only upon ~~referral~~ written or verbal orders from a qualified practitioner

Final Regulations

and *under qualified medical direction of a doctor of medicine, osteopathy, podiatry or dental surgery licensed to practice in the Commonwealth.*

18 VAC 85-40-50. ~~Certification Licensure.~~

An applicant for a ~~certificate license~~ to practice as a ~~certified licensed respiratory therapy care~~ practitioner shall:

1. Submit to the board written evidence, verified by affidavit, that the applicant has passed the NBRC entry level examination for respiratory ~~therapy care~~, or its equivalent;
2. Make application on forms supplied by the board and completed in every detail; and
3. Pay ~~at the time of filing the application~~, the application fee prescribed in 18 VAC 85-40-80 ~~of this chapter at the time the application is filed.~~

18 VAC 85-40-60. ~~Renewal of certificate license.~~

Every ~~certified licensed~~ respiratory ~~therapy care~~ practitioner intending to continue his ~~certification licensure~~ shall biennially in each odd-numbered year in his birth month:

1. Register with the board for renewal of his ~~certificate license~~; and
2. Pay the prescribed renewal fee at the time he files for renewal.

18 VAC 85-40-70. ~~Individual responsibilities.~~

Practice as a ~~certified licensed~~ respiratory ~~therapy care~~ practitioner means, upon ~~medical referral receipt of written or verbal orders from a qualified practitioner~~ and *under qualified medical direction*, the evaluation, care and treatment of patients with deficiencies and abnormalities associated with the cardiopulmonary system. This practice shall include, but not be limited to, ventilatory assistance and support; the insertion of artificial airways without cutting tissue and the maintenance of such airways; the administration of medical gases exclusive of general anesthesia; topical administration of pharmacological agents to the respiratory tract; humidification; and administration of aerosols. The practice of respiratory ~~therapy care~~ shall include such functions shared with other health professionals as cardiopulmonary resuscitation; bronchopulmonary hygiene; respiratory rehabilitation; specific testing techniques required to assist in diagnosis, therapy and research; and invasive and noninvasive cardiopulmonary monitoring.

18 VAC 85-40-80. ~~Fees.~~

The following fees are required:

1. The application fee, payable at the time the application is filed, shall be \$100.
2. The biennial fee for renewal of ~~registration licensure~~ shall be \$50, payable in each odd-numbered year in the ~~certificate license~~ holder's birth month.

3. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$10 for each renewal cycle.

4. Lapsed license. The fee for reinstatement of a license issued by the Board of Medicine pursuant to § 54.1-2904 of the Code of Virginia, which has expired for a period of two years or more, shall be \$100 and must be submitted with an application for licensure reinstatement.

NOTICE: The forms used in administering 18 VAC 85-40-10 et seq., Regulations Governing the Practice of Respiratory Care Practitioners, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

~~Application for Certification as a Respiratory Therapy Practitioner, DHP-030-061 (eff. 3/94).~~

Instructions for Completing a Respiratory Care Practitioner Application (rev. 7/98).

Application for a License to Practice as a Respiratory Care Practitioner (rev. 7/98).

Form #A, Claims History Sheet (rev. 7/98).

Form #B, Activity Questionnaire (rev. 7/98).

Form #C, Clearance from Other State Boards (rev. 7/98).

Verification of Certification Request Form (NBRTC) (rev. 7/98).

Renewal Notice and Application (rev. 7/97).

(SEE PRINT COPY OR CONTACT AGENCY FOR FORMS.)

REGISTRAR'S NOTICE: The Board of Medicine has claimed an exemption from the Administrative Process Act in accordance with § 9-6.14:4.1 C 4 (a) of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law or the appropriation act where no agency discretion is involved. The Board of Medicine will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: 18 VAC 85-50-10 et seq. **Regulations Governing the Practice of Physician Assistants (amending 18 VAC 85-50-10, 18 VAC 85-50-50, 18 VAC 85-50-55, 18 VAC 85-50-57, 18 VAC 85-50-115 and 18 VAC 85-50-170; adding 18 VAC 85-50-101 and 18 VAC 85-50-116).**

Statutory Authority: §§ 54.1-2400 and 54.1-2949 through 54.1-2953 of the Code of Virginia.

Effective Date: August 5, 1998.

Summary:

The following amendments conform the regulation to changes made by the General Assembly in Chapter 319 of the 1998 Acts of Assembly. The amendments (i) remove the definition of physician assistant and reference the definition in statute; (ii) change the Advisory Committee on Physician Assistants from a board-appointed committee to one created in statute and appointed by the Governor; (iii) change the requirement of an application which is submitted by the supervising physician to the submission of an application by the assistant and licensure of the assistant apart from the physician; (iv) make nonsubstantive changes to requirements for licensure to conform to statutory language; (v) change the requirements for a protocol so it is necessary for initiation of practice but is not a requirement for licensure; and (vi) provide for the issuance and renewal of a volunteer restricted license.

Agency Contact: Copies of the regulations may be obtained from Warren W. Koontz, M.D., Board of Medicine, 6606 West Broad Street, 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

18 VAC 85-50-10. Definitions.

A. The following words and terms shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

Board

Physician assistant

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

~~"Board" means the Virginia Board of Medicine.~~

~~"Committee" means the Advisory Committee on Physician Assistants appointed by the president of the board to advise the board on matters relating to physician assistants. The committee is composed of four members of the board, one supervising physician, and four physician assistants as specified in § 54.1-2950.1 of the Code of Virginia.~~

"Formulary" means the listing of categories of drugs which may be prescribed by the physician assistant according to this chapter.

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

"NCCPA" means the National Commission on Certification of Physician Assistants.

~~"Physician assistant" means an individual who is qualified as an auxiliary paramedical person by academic and clinical training and is functioning in a dependent-employee relationship with a doctor of medicine, osteopathy, or podiatry licensed by the board.~~

"Protocol" means a set of directions developed by the supervising physician that defines the supervisory relationship between the physician assistant and the physician and the circumstances under which the physician will see and evaluate the patient.

"Supervision" means:

1. "Alternate supervising physician" means a member of the same group or professional corporation or partnership of any licensee, any hospital or any commercial enterprise with the supervising physician. Such alternating supervising physician shall be a physician licensed in the Commonwealth who has registered with the board and who has accepted responsibility for the supervision of the service that a physician assistant renders.
2. "Direct supervision" means the physician is in the room in which a procedure is being performed.
3. "General supervision" means the supervising physician is easily available and can be physically present within one hour.
4. "Personal supervision" means the supervising physician is within the facility in which the physician's assistant is functioning.
5. "Supervising physician" means the ~~supervising physician who makes application to the board for licensure of the assistant~~ doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth

Final Regulations

who has accepted responsibility for the supervision of the service that a physician assistant renders.

~~6. "Substitute supervising physician" means a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth who has accepted responsibility for the supervision of the service that a physician assistant renders in the absence of such assistant's supervising physician.~~

18 VAC 85-50-50. Licensure: entry requirements and application.

~~A. Application for board approval of a physician assistant shall be submitted to the board by the supervising physician under whom the assistant will work, and who will assume the responsibility for the assistant's performance. By submitting the application, the supervising physician attests to the general competence of the assistant. In a group or institutional practice setting, the supervising physician shall be the contact for the board regardless of whether the supervision has been delegated to an alternate or substitute supervising physician.~~

~~B. The applicant seeking licensure as a physician assistant shall submit:~~

~~1. A completed application and fee as prescribed by the board.~~

~~2. A written protocol acceptable to the board, which spells out the roles and functions of the assistant. Any such protocols shall take into account such factors as the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician's availability in ensuring direct physician involvement at an early stage and regularly thereafter.~~

~~a. The board may require information regarding the level of supervision, "direct," "personal" or "general," with which the supervising physician plans to supervise the physician assistant for selected tasks. The board may also require the supervising physician to document the assistant's competence in performing such tasks.~~

~~b. If the role of the assistant includes prescribing for Schedule VI drugs and devices, the written protocol shall include those categories of drugs and devices within the approved formulary of this chapter and that are within the scope of practice and proficiency of the supervising physician.~~

~~3. 2. Documentation of successful completion of a an educational program as prescribed curriculum of academic study for physician assistants in a school or institution accredited by the Commission on Accreditation of Allied Health Education Programs or its successor agency in § 54.1-2951.1 of the Code of Virginia.~~

~~4. 3. Documentation of eligibility for the NCCPA examination or completed licensure requirements~~

passage of the certifying examination administered by the National Commission on Certification of Physician Assistants.

4. Documentation that the applicant has not had a license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

~~C. The proficiency examination of the NCCPA constitutes the board examination required of all applicants for licensure.~~

18 VAC 85-50-55. Provisional licensure.

Pending the outcome of the next examination administered by the NCCPA, an applicant who has met the all other requirements of the board 18 VAC 85-50-50 at the time his initial application is submitted may be granted provisional licensure by the board if he meets the provisions of § 54.1-2950 of the Code of Virginia and 18 VAC 85-50-50 of this chapter. The provisional licensure shall be valid until the applicant takes the next subsequent NCCPA examination and its results are reported, but this period of validity shall not exceed 30 days following the reporting of the examination scores, after which the provisional license shall be invalid.

18 VAC 85-50-57. Discontinuation of employment.

If for any reason the assistant discontinues working in the employment and under the supervision of the a licensed practitioner who submitted the application, such assistant and the employing practitioner shall so inform the board and the assistant's approval shall terminate. A new application protocol shall be submitted to the board and approved by the board in order for the assistant either to be reemployed by the same practitioner or to accept new employment with another supervising physician.

PART IV. INDIVIDUAL RESPONSIBILITIES PRACTICE REQUIREMENTS.

18 VAC 85-50-101. Requirements for a protocol.

A. Prior to initiation of practice, a physician assistant and his supervising physician shall submit a written protocol which spells out the roles and functions of the assistant. Any such protocol shall take into account such factors as the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician availability in ensuring direct physician involvement at an early stage and regularly thereafter.

B. The board may require information regarding the level of supervision, i.e. "direct," "personal" or "general," with which the supervising physician plans to supervise the physician assistant for selected tasks. The board may also require the supervising physician to document the assistant's competence in performing such tasks.

C. If the role of the assistant includes prescribing for Schedule VI drugs and devices, the written protocol shall include those categories of drugs and devices that are within

the approved formulary of this chapter and within the scope of practice and proficiency of the supervising physician.

18 VAC 85-50-115. Responsibilities of the physician assistant.

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the supervising physician as prescribed in the physician assistant's protocol. When a physician assistant is to be supervised by an alternate supervising physician outside the scope of specialty of the supervising physician, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate protocol for that alternate supervising physician is approved and on file with the board.

2. Prescribe only those drugs and devices as allowed in Part V (18 VAC 85-50-130 et seq.) of this chapter.

3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

B. If the assistant is to perform duties away from the supervising physician, such supervising physician shall obtain board approval in advance for any such arrangement and shall establish written policies to protect the patient.

C. If, due to illness, vacation, or unexpected absence, the supervising physician is unable to supervise personally the activities of his assistant, such supervising physician may temporarily delegate the responsibility to another doctor of medicine, osteopathy, or podiatry. The employing supervising physician so delegating his responsibility shall report such arrangement for coverage, with the reason therefor, to the board office in writing, subject to the following provisions:

1. For planned absence, such notification shall be received at the board office at least one month prior to the supervising physician's absence;

2. For sudden illness or other unexpected absence, the board office shall be notified as promptly as possible, but in no event later than one week; and

3. Temporary coverage may not exceed four weeks unless special permission is granted by the board.

D. With respect to assistants employed by institutions, the following additional regulations shall apply:

1. No assistant may render care to a patient unless the physician responsible for that patient has signed an application the protocol to act as supervising physician for that assistant. The board shall make available appropriate forms for physicians to join the application protocol for an assistant employed by an institution.

2. Any such application protocol as described in subdivision 1 of this subsection shall delineate the duties which said physician authorizes the assistant to perform.

3. The assistant shall as soon as circumstances may dictate, but, within an hour, with an acute or significant finding or change in clinical status, report to the supervising physician concerning the examination of the patient. The assistant shall also record his findings in appropriate institutional records.

4. No physician assistant shall perform the initial evaluation, or institute treatment of a patient who presents to the emergency room or is admitted to the hospital for a life threatening illness or injury. In noncritical care areas, the physician assistant may perform the initial evaluation in an inpatient setting provided the supervising physician evaluates the patient within eight hours of the physician assistant's initial evaluation.

18 VAC 85-50-116. Volunteer restricted license for certain physician assistants.

The issuance of a volunteer restricted license and the practice of a physician assistant under such a license shall be in accordance with the provisions of § 54.1-2951.3 of the Code of Virginia.

18 VAC 85-50-170. Fees.

A. The initial application fee for a primary license, payable at the time application is filed, shall be \$100.

~~B. The fee for filing an application for a secondary license shall be \$50.~~

~~C. B. The biennial fee for renewal of the primary a license shall be \$80 payable in each odd-numbered year in the birth month of the licensee. Any secondary licenses held by the physician assistant shall be renewed with the primary license without an additional fee.~~

~~D. C. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$10 for each renewal cycle.~~

D. A restricted volunteer license shall expire 12 months from the date of issuance and may be renewed without charge by receipt of a renewal application which verifies that the physician assistant continues to comply with the provisions of § 54.1-2951.3 of the Code of Virginia.

NOTICE: The forms used in administering 18 VAC 85-50-10 et seq., Regulations Governing the Practice of Physician Assistants, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

Instructions for Completing a Physician Assistant Licensure Application (rev. 7/98).

Application for a License to Practice as a Physician Assistant with instructions (rev. 6/97 7/98).

Protocol of Physician Assistant's Duties, #1 (rev. 12/96).

Final Regulations

Form #B, Activity Questionnaire (rev. 7/98).

Form #C, Clearance from Other State Boards (rev. 7/98).

Form #2, Physician Assistant Invasive Procedures Protocol, #2 (rev. ~~12/96~~ 7/98).

~~Employment Verification (rev. 12/96).~~

~~License Verification (rev. 12/96).~~

~~Renewal Notice and Application (rev. ~~5/97~~ 7/97).~~

~~Request for Prescriptive Authority (eff. 6/97).~~

~~Application for an Additional License as a Physician Assistant with instructions (eff. 6/97).~~

Protocol for Employment as a Physician Assistant (rev. 7/98).

(SEE PRINT COPY OR CONTACT AGENCY FOR FORMS.)

VA.R. Doc. No. R98-256; Filed June 16, 1998, 11:24 a.m.

Final Regulations

REGISTRAR'S NOTICE: The Board of Medicine has claimed an exemption from the Administrative Process Act in accordance with § 9-6.14:4.1 C 4 (a) of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law or the appropriation act where no agency discretion is involved. The Board of Medicine will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: 18 VAC 85-80-10 et seq. **Regulations for Licensure of Occupational Therapists (amending 18 VAC 85-80-10, 18 VAC 85-80-40, 18 VAC 85-80-50, 18 VAC 85-80-60, 18 VAC 85-80-70, 18 VAC 85-80-80 and 18 VAC 85-80-120).**

Statutory Authority: §§ 54.1-2400 and 54.1-2956.1 through 54.1-2956.5 of the Code of Virginia.

Effective Date: August 5, 1998.

Summary:

The following amendments conform the regulation to changes made by the General Assembly in Chapter 593 of the 1998 Acts of Assembly. The amendments change the requirements for certification of occupational therapists to requirements for licensure.

Agency Contact: Copies of the regulations may be obtained from Warren W. Koontz, M.D., Board of Medicine, 6606 West Broad Street, 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

CHAPTER 80.
REGULATIONS FOR ~~CERTIFICATION~~ LICENSURE OF
OCCUPATIONAL THERAPISTS.

18 VAC 85-80-10. Definitions.

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

"*Advisory board*" means the Advisory Board of Occupational Therapy.

"*AOTA*" means the American Occupational Therapy Association, Inc.

"*ACOTE*" means the Accreditation Council for Occupational Therapy Education.

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

"*Certification examination*" means the national examination approved and prescribed by NBCOT for certification as an occupational therapist.

"*NBCOT*" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"*Occupational therapy personnel*" means persons who provide occupational therapy services under the supervision of a ~~certified~~ licensed occupational therapist.

PART II.

REQUIREMENTS OF ~~CERTIFICATION~~ LICENSURE AS AN
OCCUPATIONAL THERAPIST.

18 VAC 85-80-40. Educational requirements.

A. An applicant for ~~certification~~ licensure who has received his professional education in the United States, its possessions or territories, shall successfully complete all academic and fieldwork requirements of an accredited educational program as verified by the ACOTE.

B. An applicant who has received his professional education outside the United States, its possessions or territories, shall successfully complete all academic and clinical fieldwork requirements of a program approved by a member association of the World Federation of Occupational Therapists as verified by the candidate's occupational therapy program director and approved by the NBCOT and submit proof of proficiency in the English language by passing the Test of English as a Foreign Language (TOEFL) with a grade of not less than 560. TOEFL may be waived upon evidence of English proficiency.

C. An applicant who does not meet the educational requirements as prescribed in ~~subsections~~ subsection A or B of this section but who holds certification by the NBCOT as an occupational therapist shall be eligible for ~~certification~~ licensure in Virginia and shall provide the board verification of his education, training and work experience acceptable to the board.

18 VAC 85-80-50. Examination requirements.

A. An applicant for ~~certification~~ licensure to practice as an occupational therapist shall submit evidence to the board that he holds current and valid certification from the NBCOT.

B. An applicant must submit the application, credentials and prescribed fees as required by the board for ~~certification~~ licensure.

C. An applicant who has received a degree from a duly accredited educational program in occupational therapy shall be allowed to practice as an occupational therapist for one year from the date of graduation or until he has taken and received a passing grade of the certification examination, whichever occurs sooner.

D. An applicant who fails to successfully pass the examination within one year after graduation may practice occupational therapy under the supervision of a ~~certified~~ licensed occupational therapist until successful completion of the certification examination and the filing of the required application, credentials, and fee.

E. An applicant who does not qualify by education for the NBCOT Certification Examination and who does not hold a valid certificate from the NBCOT but who is currently practicing occupational therapy may submit, for review and recommendation of the advisory board and the approval by

the board, evidence of his education, training, and experience along with a request to take the examination for ~~certification licensure~~ as an occupational therapist in Virginia. A person who does not take the certification examination may continue to practice occupational therapy under the supervision of an occupational therapist.

PART III.
RENEWAL OF ~~CERTIFICATION LICENSURE~~;
REINSTATEMENT.

18 VAC 85-80-60. Practice requirements.

An applicant who has met educational and examination requirements but who has not practiced occupational therapy for a period of six years shall serve a board approved practice of 160 hours which is to be completed in two consecutive months under the supervision of a ~~certified licensed~~ occupational therapist.

18 VAC 85-80-70. Biennial renewal of ~~certification licensure~~.

A. An occupational therapist shall renew his ~~certification licensure~~ biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18 VAC 85-80-120 ~~of this chapter~~; and
2. Indicating whether or not he has been professionally active during each biennial renewal cycle.

B. An occupational therapist whose ~~certification licensure~~ has not been renewed by the first day of the month following the month in which renewal is required shall be dropped from the ~~certification licensure~~ roll.

C. An additional fee to cover administrative costs for processing a late application shall be imposed by the board as prescribed in 18 VAC 85-80-120.

18 VAC 85-80-80. Reinstatement.

A. An occupational therapist who allows his ~~certification licensure~~ to lapse for a period of two years or more and chooses to resume his practice shall make a new application to the board and payment of the fee for reinstatement of his ~~certification licensure~~ as prescribed in 18 VAC 85-80-120 ~~B of this chapter~~.

B. An occupational therapist who has allowed his ~~certification licensure~~ to lapse for six years or more, and who has been professionally inactive, shall serve a board-approved practice of 160 hours to be completed in two consecutive months under the supervision of a ~~certified licensed~~ occupational therapist.

C. An occupational therapist whose ~~certification licensure~~ has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of his certification as prescribed in 18 VAC 85-80-120 ~~F of this chapter~~ pursuant to § 54.1-2921 of the Code of Virginia.

18 VAC 85-80-120. Fees.

The following fees have been established by the board:

1. The initial fee for the occupational therapist ~~certification licensure~~ shall be \$100.
2. The fee for reinstatement of the occupational therapist ~~certification licensure~~ shall be \$150.
3. The fee for ~~certification licensure~~ renewal shall be \$85 and shall be due in the birth month of the ~~certified licensed~~ therapist in each even-numbered year.
4. The additional fee to cover administrative costs for processing a late application shall be \$25 for each renewal cycle.
5. The fee for a letter of good standing/verification to another state for a license ~~or certification~~ shall be \$10.
6. The fee for reinstatement of revoked ~~certification licensure~~ shall be \$500.

NOTICE: The forms used in administering 18 VAC 85-80-10 et seq., Regulations for Licensure of Occupational Therapists, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

~~Application for Certification to Practice Occupational Therapy, DHP-030-080 (rev. 11/95).~~

~~Verification of Certification—American Occupational Therapy Certification Board (eff. 7/93).~~

~~Employment Verification (eff. 7/93).~~

~~Clearance from Other State Board or Regulatory Authority—Occupational Therapy (eff. 7/93).~~

~~Instructions for Completing an Application for Certification as an Occupational Therapist (rev. 3/97).~~

Instructions for Completing an Occupational Therapist Application (rev. 7/98).

Application for a License to Practice Occupational Therapy (rev. 7/98).

Form #A, Claims History Sheet (rev. 7/98).

Form #B, Activity Questionnaire (rev. 7/98).

Form #C, Clearance from Other State Boards (rev. 7/98).

Verification of Certification Request Form (NBCOT) (rev. 3/98).

Renewal Notice and Application (rev. 7/97).

(SEE PRINT COPY OR CONTACT AGENCY FOR FORMS.)

VA.R. Doc. No. R98-257; Filed June 16, 1998, 11:24 a.m.



Final Regulations

TITLE 22. SOCIAL SERVICES

CHILD DAY-CARE COUNCIL

Title of Regulation: 22 VAC 15-30-10 et seq. Minimum Standards for Licensed Child Day Centers (amending 22 VAC 15-30-10, 22 VAC 15-30-20, 22 VAC 15-30-30, 22 VAC 15-30-50, 22 VAC 15-30-70, 22 VAC 15-30-80, 22 VAC 15-30-90, 22 VAC 15-30-100, 22 VAC 15-30-110, 22 VAC 15-30-120, 22 VAC 15-30-130, 22 VAC 15-30-140, 22 VAC 15-30-150, 22 VAC 15-30-160, 22 VAC 15-30-170, 22 VAC 15-30-180, 22 VAC 15-30-190, 22 VAC 15-30-200, 22 VAC 15-30-230, 22 VAC 15-30-250, 22 VAC 15-30-260, 22 VAC 15-30-280, 22 VAC 15-30-290, 22 VAC 15-30-310, 22 VAC 15-30-320, 22 VAC 15-30-330, 22 VAC 15-30-340, 22 VAC 15-30-350, 22 VAC 15-30-360, 22 VAC 15-30-370, 22 VAC 15-30-380, 22 VAC 15-30-390, 22 VAC 15-30-410, 22 VAC 15-30-430, 22 VAC 15-30-440, 22 VAC 15-30-490, 22 VAC 15-30-500, 22 VAC 15-30-510, 22 VAC 15-30-520, 22 VAC 15-30-540, 22 VAC 15-30-550, 22 VAC 15-30-560, 22 VAC 15-30-570, 22 VAC 15-30-580, 22 VAC 15-30-590, 22 VAC 15-30-600, 22 VAC 15-30-610, 22 VAC 15-30-620, 22 VAC 15-30-630, 22 VAC 15-30-640, 22 VAC 15-30-650, 22 VAC 15-30-660, 22 VAC 15-30-670; adding 22 VAC 15-30-451, 22 VAC 15-30-461, 22 VAC 15-30-471, 22 VAC 15-30-481, 22 VAC 15-30-484, 22 VAC 15-30-487, 22 VAC 15-30-575; repealing 22 VAC 15-30-40, 22 VAC 15-30-60, 22 VAC 15-30-210, 22 VAC 15-30-220, 22 VAC 15-30-240, 22 VAC 15-30-270, 22 VAC 15-30-300, 22 VAC 15-30-400, 22 VAC 15-30-420, 22 VAC 15-30-450, 22 VAC 15-30-460, 22 VAC 15-30-470, 22 VAC 15-30-480, 22 VAC 15-30-530, 22 VAC 15-30-680, 22 VAC 15-30-690, 22 VAC 15-30-700, 22 VAC 15-30-710, 22 VAC 15-30-720, and 22 VAC 15-30-730).

Statutory Authority: § 63.1-202 of the Code of Virginia.

Effective Date: September 1, 1998.

Summary:

After the 60-day public comment period, the council restored numerous requirements that are required by the current child day center regulations but were not included in the first proposed regulation dated September 29, 1997. These revisions represent substantial changes from the proposed regulation but do not represent a substantial change from the current center regulation. The council did not make any substantial changes in response to the additional 30-day comment period (3/30/98-4/29/98). The amendments adopted by the council:

1. Require centers to provide to parents before the child's first day of attendance the center's philosophy and any religious affiliation, the phone number where a message can be given to staff and termination policies (22 VAC 15-30-490 A 1). This also means that centers are required to provide this information to staff according to 22 VAC 15-30-310 B;

2. Specify that the eight hours of annual training be related to child safety and development (22 VAC 15-30-310 C);

3. Require a written agreement between the center and parent that the parent will arrange to have his child picked up as soon as possible upon notification that his child is ill and upon request of the center to pick up his child (22 VAC 15-30-110 A 2);

4. Require centers to inform parents of the reasons for termination of services (22 VAC 15-30-490 E 4);

5. Require that when there is evidence that the safety of children may be jeopardized by contact with a staff member because of the physical or mental health of such staff member or volunteer, that staff member shall not have contact with children or participate in the food service program until an exam confirms that any risk has been eliminated or can be reduced to an acceptable level by reasonable accommodations (22 VAC 15-30-190);

6. Prohibit the staff member who meets director or child care supervisor qualifications and who is regularly present in a group of children from supervising more than two aides (22 VAC 15-30-430 D);

7. Require centers to allow school age children to sleep or rest as individually needed (22 VAC 15-30-451 C). This was already required by the proposed regulation for younger children;

8. Require centers to offer sensory experiences to toddlers and preschool age children (22 VAC 15-30-471 A 4);

9. Require the space for children's personal belongings to be "individual" space (22 VAC 15-30-500 G);

10. Require at least two staff members to supervise swimming activities of school age children (22 VAC 15-30-540 A). This was already required by the proposed regulation for younger children;

11. Require the center to record the name(s) of staff present during a "serious" or "significant" injury (22 VAC 15-30-610 G 4);

12. Prohibit preschoolers and school age children from drinking or eating while walking around (22 VAC 15-30-620 K). This was already required by the proposed regulation for younger children;

13. Require staff members to sit with toddlers and preschool age children during meals (22 VAC 15-30-620 K); and

14. Require centers to allow breastfeeding (22 VAC 15-30-630 H).

Summary of Public Comments Received and Agency's Response: A summary of comments made by the public and the agency's response may be obtained from the

promulgating agency or viewed at the office of the Registrar of Regulations.

Agency Contact: Copies of the regulation may be obtained from Arlene Kasper, Department of Social Services, Division of Licensing Programs, 730 East Broad Street, Richmond, VA 23219-1849, telephone (804) 692-1791.

CHAPTER 30.
MINIMUM STANDARDS FOR LICENSED CHILD DAY
CENTERS SERVING CHILDREN OF PRESCHOOL AGE
OR YOUNGER.

PART I.
INTRODUCTION.

22 VAC 15-30-10. Definitions.

~~Position titles used in these standards are descriptive only and do not preclude the use of other titles by centers.~~

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

~~"Admission" means a written or oral agreement for a child's provisional inclusion in the program.~~

"Adult" means any individual 18 years of age or older.

~~"Age and stage appropriate" means a philosophy which (i) applies a knowledge of child development to the curriculum, the environment, adult-child interactions, and staff-parent interactions, and (ii) recognizes the age span of the children within the group, as well as the needs of the individual child. the curriculum, environment, equipment, and adult-child interactions are suitable for the ages of the children within a group and the individual needs of any child.~~

"Age groups"

"Infant" means children from birth to 16 months.

"Toddler" means children from 16 months up to two years.

"Preschool" means children from two years up to the age of eligibility to attend public school, five years by September 30.

~~"School age" means children from the age of eligibility eligible to attend public school and older, age five or older by September 30 of that same year. Four- or five-year-old children included in a group of school age children may be considered school age during the summer months if the children will be entering kindergarten that year.~~

"Attendance" means the actual presence of an enrolled child.

~~"Balanced mixed-age grouping" means a program planned for three- through six-year-old five-year-old children in which the enrollment in the group is comprised of 1/3 of each of three ages and is designed for children and staff to remain for three years together with turnover planned only for the~~

~~replacement of graduating older children with incoming younger children.~~

"Camp" means a child day camp.

"Center" means a child day center.

"Child" means any individual under 18 years of age.

~~"Child day camp" means a child day center for school age children that operates during the summer vacation months only. Four-year-old children who will be five by September 30 of that same year may be included in a camp for school age children.~~

~~"Child day center" means a child day program offered to (i) two or more children under the age of 13 in a facility that is not the residence of the provider or of any of the children in care or (ii) 13 or more children at any location.~~

Exemptions: (§ 63.1-196.001 of the Code of Virginia).

1. A child day center that has obtained an exemption pursuant to § 63.1-196.3 of the Code of Virginia;
2. A program where, by written policy given to and signed by a parent or guardian, children are free to enter and leave the premises without permission or supervision. A program that would qualify for this exemption except that it assumes responsibility for the supervision, protection and well-being of several children with disabilities who are mainstreamed shall not be subject to licensure;
3. A program of instructional experience in a single focus, such as, but not limited to, computer science, archaeology, sport clinics, or music, if children under the age of six do not attend at all and if no child is allowed to attend for more than 25 days in any three-month period commencing with enrollment. This exemption does not apply if children merely change their enrollment to a different focus area at a site offering a variety of activities and such children's attendance exceeds 25 days in a three-month period;
4. Programs of instructional or recreational activities wherein no child under age six attends for more than six hours weekly with no class or activity period to exceed 1½ hours, and no child six years of age or above attends for more than six hours weekly when school is in session or 12 hours weekly when school is not in session. Competition, performances and exhibitions related to the instructional or recreational activity shall be excluded when determining the hours of program operation;
5. A program that operates no more than a total of 20 program days in the course of a calendar year provided that programs serving children under age six operate no more than two consecutive weeks without a break of at least a week;
6. Instructional programs offered by public and private schools that satisfy compulsory attendance laws or the Individuals with Disabilities Education Act (20 USC §

Final Regulations

1470 et seq.), and programs of school-sponsored extracurricular activities that are focused on single interests such as, but not limited to, music, sports, drama, civic service, or foreign language;

7. Education and care programs provided by public schools which are not exempt pursuant to subdivision A 6 of *under the child day center definition* in this section shall be regulated by the State Board of Education using regulations that incorporate, but may exceed, the regulations for child day centers licensed by the commissioner;

8. Early intervention programs for children eligible under Part H of the Individuals with Disabilities Education Act (20 USC § 1470 et seq.), wherein no child attends for more than a total of six hours per week;

9. Practice or competition in organized *competitive* sports leagues;

10. Programs of religious instruction, such as Sunday schools, vacation Bible schools, and Bar Mitzvah or Bat Mitzvah classes, and child-minding services provided to allow parents or guardians who are on site to attend religious worship or instructional services;

11. Child-minding services which are not available for more than three hours per day for any individual child offered on site in commercial or recreational establishments if the parent or guardian (i) is not an on-duty employee, (ii) can be contacted and can resume responsibility for the child's supervision within 30 minutes, and (iii) is receiving services or participating in activities offered by the establishment;

12. A certified preschool or nursery school program operated by a private school which is accredited by a statewide accrediting organization recognized by the State Board of Education or accredited by the National Association for the Education of Young Children's National Academy of Early Childhood Programs and which ~~shall comply~~ *complies* with the provisions of § 63.1-196.3:1 of the Code of Virginia; or

13. By policy, a child day center that is required to be programmatically licensed by another state agency for that service.

"Child day program" means a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period.

Note: This does not include programs such as drop-in playgrounds or clubs for children when there is no service arrangement with the child's parent.

"Children with disabilities" means those children evaluated as having autism, deaf-blindness, a developmental delay, a hearing impairment which may include deafness, mental retardation, multiple disabilities, an orthopedic impairment, a serious emotional disturbance, a severe or profound

disability, a specific learning disorder, a speech or language impairment, a traumatic brain injury, or a visual impairment which may include blindness.

"Commissioner" means the Commissioner of Social Services, also known as the Director of the Virginia Department of Social Services.

~~*"Contract employee"* means an individual who enters into an agreement to provide specialized services for a specified period of time.~~

"Department" means the Virginia Department of Social Services.

"Department's representative" means an employee or designee of the Virginia Department of Social Services, acting as the authorized agent of the commissioner.

~~*"Enrollment"* means the actual attendance of a child as a member of the center.~~

"Evening care" means care provided in a center ~~between the hours of after 7 p.m. and 4 a.m., inclusively but not through the night.~~

~~*"Fall zone"* means the area underneath and surrounding equipment that requires a resilient surface. It shall encompass sufficient area to include the child's trajectory in the event of a fall if the child falls while the equipment is in use.~~

"Good character and reputation" means knowledgeable and objective people agree that the individual (i) maintains business, professional, family, and community relationships which are characterized by honesty, fairness, and truthfulness, and (ii) demonstrates a concern for the well-being of others to the extent that the individual is considered suitable to be entrusted with the care, guidance, and protection of children. Relatives by blood or marriage and people who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective references.

"Independent contractor" means an individual who enters into an agreement to provide specialized services for a specified period of time.

"Individual service, education or treatment plan" means a plan identifying the child's strengths, needs, general functioning and plan for providing services to the child. The service plan includes specific goals and objectives for services, accommodations and intervention strategies. The service, education or treatment plan clearly ~~indicates~~ *shows* documentation and reassessment/evaluation strategies.

"Intervention strategies" means a plan for staff action that outlines methods, techniques, cues, programs, or tasks that enable the child to successfully complete a specific goal.

"Licensee" means any individual, partnership, association, public agency, or corporation to whom the license is issued.

"Minor injury" means a wound or other specific damage to the body such as, but not limited to, a small scratch, cut or scrape, minor bruise or discoloration of the skin.

~~"Montessori Module" means a group of alternative, specific standards in the regulations allowed for all programs meeting the eligibility criteria of a Montessori preschool, as specified in the module.~~

~~"Montessori preschools" means educational programs wherein the teacher training and subsequent pedagogy are approved by either American Montessori Society, Association Montessori Internationale, National Center of Montessori Education, or Saint Nicholas Montessori, thus verifying that the preschool meets the Montessori standards as outlined in the Montessori Module. Only Montessori schools which meet the Montessori criteria as outlined in the Montessori Module are eligible to comply with the modified licensing standards contained in that module.~~

~~"Overnight care" means care provided in a center between the hours of 1 a.m. and 5 a.m., inclusively after 7 p.m. and through the night.~~

~~"Parent" means the biological or adoptive parent or parents or legal guardian or guardians of a child enrolled in or in the process of being admitted to a center.~~

~~"Physician" means an individual licensed to practice medicine in any of the 50 states or the District of Columbia.~~

~~"Primitive camp" means a camp where places of abode, water supply system, permanent toilet and cooking facilities are not usually provided.~~

~~"Programmatic experience in the group care of children" means time spent working directly with children in a group, in a child care situation which is located away from the child's home (e.g., Sunday school, vacation Bible school, scouts, etc.) day center or family day home regulated by the state Department of Social Services, the state Department of Mental Health, Mental Retardation and Substance Abuse Services, or the state Department of Education; provided that "regulated" shall specifically include, without limitation, day care centers qualifying for exemption from licensure under §§ 63.1-196.3 and 63.1-196.3:1 of the Code of Virginia. Work time shall be computed on the basis of full-time work experience during the period prescribed or equivalent work time over a longer period.~~

~~"Resilient surfacing" means (i) for outdoor use underneath and surrounding equipment, mats manufactured for such use that meet the guidelines of the Consumer Product Safety Commission and the standards of the American Society for Testing Materials or at least six inches of materials, such as, but not limited to, loose sand, wood chips, wood mulch, or pea gravel, and (ii) for indoor use underneath and surrounding equipment, padding of two or more inches. Natural grass and compacted materials do not qualify as resilient surfacing.~~

~~"Sanitized" means washed to reduce the amount of filth and harmful micro-organisms through the use of (i) hot water with soap, detergent or abrasive cleaners to remove filth or soil and small amounts of certain bacteria or (ii) a chemical sanitizing solution.~~

~~"Serious injury" means a wound or other specific damage to the body such as, but not limited to, unconsciousness; broken bones; deep cut requiring stitches; concussion; foreign object lodged in eye, nose, ear, or other body orifice.~~

~~"Short-term program" means a child day center that operates less than 12 weeks a year.~~

~~"Significant injury" means a wound or other specific damage to the body such as, but not limited to, head injuries, dislocations, sprains.~~

~~"Special needs child day program" means a program exclusively serving children with disabilities.~~

~~"Specialty camps" means those centers which have an educational or recreational focus on one subject such as dance, drama, music, or sports.~~

~~"Sponsor" means an individual, partnership, association, public agency, corporation or other legal entity in whom the ultimate authority and legal responsibility is vested for the administration and operation of a center subject to licensure.~~

~~"Staff" means administrative, activity, and service, and volunteer personnel including the licensee when the licensee is an individual who works in the facility center, and any persons counted in the staff-to-children ratios or any persons working with a child without sight and sound supervision of a staff member.~~

~~"Staff positions" are defined as follows:~~

~~"Aide" means the individual designated to be responsible for helping the program leader/child care supervisor in supervising children and in implementing the activities and services for children.~~

~~"Program leader" or "child care supervisor" means the individual designated to be responsible for the direct supervision of children and for implementation of the activities and services for a group of children.~~

~~"Program director" means the primary, on-site director or coordinator designated to be responsible for developing and implementing the activities and services offered to children, including the supervision, orientation, training, and scheduling of staff who work directly with children, whether or not the program director personally performs these functions.~~

~~EXCEPTION: The administrator may perform staff orientation or training or program development functions if the administrator meets the qualifications of 22 VAC 15-30-220 22 VAC 15-30-230 and a written delegation of responsibility specifies the duties of the program director.~~

~~"Administrator" means a manager or coordinator designated to be in charge of the total operation and management of one or more centers. The administrator may be responsible for supervising the program director or, if appropriately qualified, may concurrently serve as the program director.~~

Final Regulations

"~~Therapeutic child development day program~~" means a specialized program, including but not limited to therapeutic recreation programs, exclusively serving children with disabilities when an individual service, education or treatment plan is developed and implemented with the goal of improving the functional abilities of the children in care.

"~~Universal precautions~~" means an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

"~~Volunteers~~" means persons who come to the center less than once a week and who are not counted toward the required number of staff.

"~~Volunteer personnel~~" means persons who work at the center once a week or more often or who are counted in the required ratio of staff to children. Parent volunteers, such as parents helping in the classroom of a parent cooperative preschool, are considered volunteer personnel if they are counted in the staff-to-children ratio or if they volunteer once a week or more often.

"~~Volunteer~~" means a person who works at the center and:

1. ~~Is not paid;~~
2. ~~Is not counted in the staff-to-children ratios; and~~
3. ~~Is in sight and sound supervision of a staff member when working with a child.~~

~~Any unpaid person not meeting this definition shall be considered "staff."~~

22 VAC 15-30-20. Legal base.

A. Chapter 10 (§ 63.1-195 et seq.) of Title 63.1 of the Code of Virginia describes the responsibility of the Department of Social Services for the regulation of residential and day programs for children, including child day centers.

B. Section 63.1-202 of the Code of Virginia requires the Child Day-Care Council to prescribe standards for certain activities, services, and facilities for child day centers.

C. ~~Nothing in this chapter shall be construed to contradict or to negate any provisions of the Code of Virginia which may apply to child day centers.~~

22 VAC 15-30-30. Purpose and applicability.

A. The purpose of these minimum standards is to protect children of preschool age [~~ages 12 years or younger under the age of 13~~] who are separated from their parents during a part of the day by:

1. Ensuring that the activities, services, and facilities of centers are conducive to the well-being of children; and
2. Reducing risks in the environment.

22 VAC 15-30-40. Applicability.

~~B. The minimum standards in Part I through VIII (22 VAC 15-30-10 et seq. through 22 VAC 15-30-2160 et seq.) and the Montessori Module in Part IX of this chapter (22 VAC 15-30-2630 et seq.) for Montessori preschools wanting to meet alternative standards, in this chapter apply to child day centers [as defined in 22 VAC 15-30-10] serving children of preschool age [~~ages 12 years or younger as defined in 22 VAC 15-30-10 under the age of 13~~].~~

PART II. ADMINISTRATION.

22 VAC 15-30-50. Sponsorship; Operational responsibilities.

~~A. Each center shall have a sponsor which shall be identified by its legal name in accordance with state requirements.~~

~~B. The names and addresses of individuals who hold primary financial control and officers of the sponsor or governing body shall be disclosed fully to the Department of Social Services.~~

~~A. Applications for licensure shall conform with Chapter 10 (§ 63.1-195 et seq.) of Title 63.1 of the Code of Virginia.~~

~~C. B. Pursuant to §§ 63.1-198 and 63.1-198.1 of the Code of Virginia, the sponsor, who may be represented by the individual proprietor, partners, officers, and managers delegated authority to act for the sponsor, shall be of good character and reputation and shall not have been convicted of a felony or a misdemeanor related to abuse, neglect, or exploitation of children or adults.~~

~~D. As required in § 63.1-198 of the Code of Virginia, C. The sponsor shall afford the commissioner or his agents the right at all reasonable times to inspect facilities, ~~all of his financial books and records,~~ and to interview his agents, employees, and any child or other person within his custody or control, *provided that no private interviews may be conducted with any child without prior notice to the parent of such child.*~~

~~E. D. The license shall be posted in a place conspicuous to the public, ~~near the main entrance of the building or the main office~~ (§ 63.1-196 of the Code of Virginia).~~

~~F. E. The operational responsibilities of the licensee shall include, but not be limited to, the following: 1. ~~To develop a written statement of the purpose, scope, and philosophy of the services to be provided by the center and written policies under which the center will operate;~~ 2. ~~To ensure~~ *ensuring* that the center's activities, services, and facilities are maintained in compliance with: these minimum standards; *and* the terms of the current license issued by the department; ~~other relevant federal, state, and local laws and regulations including the Americans with Disabilities Act and state law regarding disabilities; and the center's own policies and procedures. These minimum standards are not intended to prevent reasonable accommodations for children with~~~~

disabilities. If a variance is necessary to attain reasonable accommodation, contact your licensing specialist.

~~3. To identify in writing the individuals responsible for the day-to-day operations and implementation of both these regulations and the facility's policies.~~

~~G. No center "shall make, publish, disseminate, circulate, or place before the public, or cause, directly or indirectly, to be made... an advertisement of any sort regarding services or anything so offered to the public, which... contains any promise, assertion, representation, or statement of fact which is untrue, deceptive, or misleading" (§ 63.1-196 of the Code of Virginia).~~

F. Every center shall ensure that any advertising is not misleading or deceptive as required by § 63.1-201.1 of the Code of Virginia.

~~H. G. The sponsor shall maintain public liability insurance for bodily injury for each center site with a minimum limit of at least \$500,000 each occurrence and with a minimum limit of \$500,000 aggregate. A public sponsor may have equivalent self-insurance which is in compliance with the Code of Virginia. Evidence of insurance coverage shall be made available to the department's representative upon request.~~

~~I. A plan of accident or school insurance shall be available to the parent. The center may designate whether the parent's participation in the plan is optional or mandatory.~~

~~J. H. The center shall develop written procedures for injury prevention. These procedures shall be based on documentation of injuries and a review of the activities and services.~~

~~K. I. The center shall develop written playground safety procedures which shall include:~~

- ~~1. Provision for active supervision by staff; and~~
- ~~2. Positioning of staff on the playground to help meet the safety needs of children; and~~
- ~~3. 2. Method of maintaining resilient surface.~~

~~L. J. Hospital operated centers may temporarily exceed their licensed capacity during a natural disaster or other catastrophe if: or emergency situation. Such centers shall develop a written plan for emergency operations, for submission to and approval by the Department of Social Services.~~

~~1. The center has developed a plan with defined limits for its emergency operation, and~~

~~2. The center has received prior approval of the plan by the department.~~

~~M. If K. When children 13 years or older are enrolled in the program and receive supervision in the licensed program, they shall be counted in the number of children receiving care and the center shall comply with the standards for these children.~~

22 VAC 15-30-60. Policies and procedures. (Repealed.)

~~A. Before a child's enrollment, parents shall be provided in writing the following:~~

~~1. Operating information:~~

- ~~a. The center's purpose, scope, philosophy, and any religious affiliations;~~
- ~~b. The hours and days of operation and holidays or other times closed;~~
- ~~c. The forms or other written instruments for admission and registration of children;~~
- ~~d. Fees and tuition including whether participation in the accident or school insurance is mandatory;~~
- ~~e. The phone number of the center where a message can be given to center staff;~~
- ~~f. The program and services provided and the ages of children accepted;~~
- ~~g. Organizational chart or other description of established lines of authority for persons responsible for center management within the organization;~~
- ~~h. Reasons and procedures for removal of children from rolls including the amount of notice required for the parent and center before removal from the program; and~~
- ~~i. Licensing information found in Appendix I.~~

~~2. Arrival and departure for children.~~

- ~~a. Policy governing a parent picking up a child after closing hours and procedures if the child is not picked up;~~
- ~~b. Policy for release of children from the center only to responsible persons for whom the center has written authorization; and~~
- ~~c. Procedures for protecting children from traffic and other hazards during arrival and departure and when crossing streets.~~

~~3. Program and activities:~~

- ~~a. Discipline policies including acceptable and unacceptable discipline measures;~~
- ~~b. Food policies; and~~
- ~~c. Transportation safety policies and procedures when provided.~~

~~4. Health and emergencies:~~

- ~~a. Procedures for storing and giving children's medications which shall include:

 - ~~(1) Any general restrictions of the center;~~
 - ~~(2) Duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 working days. Long-term~~~~

Final Regulations

~~prescription drug use may be excepted if a form such as the one in Appendix II is completed and on file; and~~

~~(3) Methods to prevent use of outdated medication.~~

~~b. Policy for center staff to report suspected child abuse (Note: Section 63.1-248.3 of the Code of Virginia requires any person providing full or part-time child care for pay on a regularly-planned basis to report suspected child abuse or neglect).~~

~~B. Before staff are allowed to supervise children, staff shall be provided in writing with the information listed in subsection A of this section and the following:~~

~~1. Procedures for supervising a child who may arrive after scheduled classes or activities, including field trips, have begun;~~

~~2. Procedures to confirm absence of a child from the center when the child attends more than one care or educational arrangement a day;~~

~~3. Procedures for identifying where attending children are at all times including procedures to assure that all children are accounted for before leaving a field trip site and upon return to center;~~

~~4. Procedures for action in case of lost or missing children, ill or injured children, and medical emergencies; and~~

~~5. Procedures for natural disasters, including but not limited to fire, flood, or other severe weather.~~

22 VAC 15-30-70. General recordkeeping; reports.

A. All *Staff and children's records and personnel records* shall be treated confidentially. EXCEPTION: Children's records shall be made available to the custodial parent upon request.

B. All Records and reports on children and staff required by this chapter shall be maintained and made accessible for two years after termination of ~~enrollment services or separation from~~ employment unless specified otherwise. Records may be kept at a central location except as ~~indicated stated~~ otherwise in these standards.

22 VAC 15-30-80. Children's records.

Each center shall maintain and keep at the center a separate record for each child enrolled which shall contain the following information:

1. Name, nickname (if any), sex, and birth date of the child;
2. Name, home address, and home phone number of each parent who has custody;
3. When applicable, work phone number and place of employment of each parent who has custody;
4. Name and phone number of child's physician;

5. Name, address, and phone number of two designated people to call in an emergency if a parent cannot be reached;

6. Names of persons authorized to pick up the child. Appropriate legal paperwork shall be on file when the custodial parent requests the center not to release the child to the other parent;

7. Allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation;

8. Chronic physical problems and pertinent developmental information and any special accommodations needed;

9. Health information as required by 22 VAC 15-30-150 through 22 VAC 15-30-170;

Exception: When a center is located on the same premises where a child attends school and the child's record has a statement verifying the school's possession of the health record, the center is not required to maintain duplicates of the school's health record for that child provided the school's records are accessible during the center's hours of operation.

10. Written agreements between the parent and the center as required by 22 VAC 15-30-110 A and B;

~~11. Any blanket permission slips and opt out requests;~~

~~12. Name of any additional programs or schools that the child is concurrently attending and the grade or class level; and~~

~~13. Enrollment and termination First and last dates of attendance.~~

22 VAC 15-30-90. Staff records.

The following staff records shall be kept for each staff and volunteer personnel which shall include the following person:

1. Name, address, verification of age requirement, job title, and date of employment or volunteering; *and name, address and telephone number of a person to be notified in an emergency which shall be kept at the center.*

2. *For staff hired after March 1, 1996, documentation that two or more references as to character and reputation as well as competency were checked before employment or volunteering. If a reference check is taken over the phone, documentation shall include dates of contact, names of persons contacted, the firms contacted, results, and signature of person making call.*

~~EXCEPTIONS: Reference checks are not required for:~~

~~a. Staff hired before April 1, 1986, in centers initially licensed before July 1, 1993;~~

~~b. Staff who began work before July 1, 1993, in previously excepted centers that were initially required to be licensed after July 1, 1993; and~~

~~6. Parents who are volunteer personnel at a cooperative preschool if the parent was referred to the school by another parent or if the board of the preschool documents in writing each year that it agrees not to obtain reference checks on families not referred by other members.~~

3. A criminal record check as required by the Regulation for Criminal Record Checks for Child Welfare Agencies (22 VAC 15-55-10 et seq.).

~~4. Name, address, and telephone number of a person to be notified in an emergency which shall be kept at the center;~~

~~5. 4. Written information to demonstrate that the individual possesses the education, orientation training, staff development, certification, and experience required by the job position.~~

~~6. 5. First aid and other certification as required by the responsibilities held by the staff member.~~

~~7. 6. Health information as required by 22 VAC 15-30-180 and 22 VAC 15-30-190.~~

~~8. 7. Information, to be kept at the center, about any health problems which may interfere with fulfilling the job responsibilities.~~

~~9. 8. Date of termination when applicable *separation from employment*.~~

~~NOTE: Staff records on parents who are volunteer personnel at a cooperative preschool may be combined with the children's records if the parent agrees to this arrangement.~~

22 VAC 15-30-100. Attendance records; reports.

A. The center shall keep a written record of children in attendance each day.

B. Reports shall be filed and maintained as follows:

1. The center shall inform the commissioner's representative as soon as practicable but not to exceed one working day of the circumstances surrounding the following ~~incidences~~ *incidents*:

- a. Death of a child while under the center's supervision; and
- b. Missing child when local authorities have been contacted for help.

2. Any suspected ~~incidence~~ [~~incidents~~ *incident*] of child abuse shall be reported in accordance with § 63.1-248.3 of the Code of Virginia.

22 VAC 15-30-110. Enrollment and termination procedures ~~Parental agreements~~.

A. A written agreement between the parent and the center shall be in each child's record ~~at the time~~ *by the first day* of the child's ~~enrollment~~ *attendance*. The agreement shall be signed by the parent and include:

1. An authorization for emergency medical care should an emergency occur when the parent cannot be located immediately, *unless the parent states an objection to the provision of such care on religious or other grounds*; and

2. A statement that the center will notify the parent when the child becomes ill ~~and that the parent will arrange to have the child picked up as soon as possible~~ *and that the parent will arrange to have the child picked up as soon as possible if so requested by the center*.

~~B. When applicable, written permission from the parent authorizing the child's participation in the center's transportation and field trips shall be in the child's record.~~

~~C. Reserved.~~

~~D. When a center decides to terminate the enrollment of a child, the center shall provide the parent the reasons for termination.~~

~~E. Before the admission of a preschool or younger child, there shall be personal communication among a staff person, the parent, and the child unless there are unusual circumstances which do not allow the child to be present for the communication. The purpose of the communication shall be to provide the opportunity for the parent and staff to share information and agree about the admission of the child.~~

~~Exception: Programs, where children attend two or fewer weeks, are not required to involve the child during this communication.~~

~~B. If a parent wishes a school age child to leave the center unaccompanied, written permission from the parent authorizing the child to leave the center shall be secured and the center shall maintain a record of the child leaving unaccompanied.~~

22 VAC 15-30-120. Enrollment procedures of therapeutic child development day programs and special needs child day programs.

~~A. Before admission of a child *the child's first day of attendance*, there shall be personal communication between the director, or his designee, and the parent to determine [~~the child's~~]:~~

1. [~~The child's~~] level of general functioning as related to physical, affective/emotional, cognitive and social skills required for participation; *and*

~~2. Activities for daily living; and~~

~~3. 2. Any special medical procedures needed.~~

~~B. The information required in subsection A of this section shall be documented and retained in the child's record.~~

~~C. Based upon the results of the personal communication required in subsection A of this section, the director, or his designee, shall determine the initial placement of the child.~~

Final Regulations

22 VAC 15-30-130. Individual assessment for therapeutic child development day programs.

~~A. An individual assessment for each newly enrolled child shall be obtained or completed within six months before enrollment the child's attendance or 30 days after enrollment the first day of attendance shall be maintained for each child.~~

~~B. The assessment shall include:~~

- ~~1. Documentation of disability;~~
- ~~2. Current functional levels and skills capabilities in the areas of activities of daily living, affective/communicative, perceptual motor, physical and social development;~~
- ~~3. Recommendations for program placement;~~
- ~~4. Recommendations for accommodations for program participation;~~
- ~~5. Recommendations for program adjustments and special services; and~~
- ~~6. A description of physical adaptations and equipment needed.~~

~~C. B. An individual assessment shall be reviewed and updated for each child no less than once every 12 months.~~

~~D. Each child's record shall contain copies of the required individual assessment plans.~~

~~E. For therapeutic child development programs, upon obtaining or completing the individual assessment for a newly enrolled child, the director or his designee, in a meeting with the child's parent and other professionals as deemed necessary, shall evaluate program placement and program accommodations for the child.~~

22 VAC 15-30-140. Individual service, education or treatment plan for therapeutic child development day programs.

~~A. An individual service, education or treatment plan for each newly enrolled child shall be developed and for each child by the director or his designee and primary staff responsible for plan implementation. Implementation of the plan shall begin within 60 days after enrollment the first day of the child's attendance.~~

~~B. The individual service, education or treatment plan shall be based on an analysis of the child's individual assessment and developed by the director or his designee, and staff persons who supervise the child. The plan shall include the following:~~

- ~~1. An assessment of the child's general functioning;~~
- ~~2. Specific program accommodations and intervention strategies necessary for participation;~~
- ~~3. Monthly documentation of the child's progress; and~~
- ~~4. Evaluation criteria goals and goal attainment measures.~~

~~C. The initial and subsequent service, education or treatment plans and any changes made to the plans shall be reviewed and approved in writing by the staff person who supervises the child and the administrator or director of the facility prior to implementation.~~

~~D. The individual service, education or treatment plan shall be reviewed and revised every three months and rewritten annually.~~

~~E. B. The child's individual service, education or treatment plan shall be developed and, reviewed, and revised every three months and rewritten annually by the director or his designee and primary staff responsible for plan implementation. This shall be done in partnership with the parent, residential care provider or advocate.~~

~~F. C. A copy of the initial plan and subsequent or amended service, education or treatment plans shall be maintained in the child's record and a copy given to the child's parent.~~

~~G. Each child's record shall contain copies of the required individual service, education or treatment plans.~~

22 VAC 15-30-150. Immunizations for children.

~~A. The center shall obtain documentation before each child's enrollment in the center that the each child has received all the immunizations required by the State Board of Health before the child can attend the center.~~

Exemptions (subsection C of § 22.1-271.2 of the Code of Virginia and 12 VAC 5-110-110 of the Regulations for the Immunizations of School Children): Documentation of immunizations is not required for any child whose (i) parent submits an affidavit to the center, on the form entitled "Certification of Religious Exemption," stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices, or (ii) physician or a local health department states on a MCH 213B or MCH 213C Form that one or more of the required immunizations may be detrimental to the child's health.

~~B. Updated information on additional immunizations received shall be obtained once every six months for children under the age of two years.~~

~~C. Updated information on additional immunizations received shall be obtained once between each child's fourth and sixth birthdays.~~

22 VAC 15-30-160. Physical examinations for children.

Each child shall have a physical examination by or under the direction of a physician before [enrollment the child's attendance] or within one month after [enrollment attendance]. The schedules for examinations prior to [enrollment attendance] for children are listed below:

1. Within two months prior to [enrollment attendance] for children six months of age and younger;
2. Within three months prior to [enrollment attendance] for children aged seven months through 18 months;

3. Within six months prior to [~~enrollment attendance~~] for children aged 19 months through 24 months; and

4. Within 12 months prior to [~~enrollment attendance~~] for children two years of age through five years of age.

EXCEPTIONS:

1. Children transferring from a facility licensed by the Virginia Department of Social Services, certified by a local department of public welfare or social services, registered as a small family day home by the Virginia Department of Social Services or by a contract agency of the Virginia Department of Social Services, or approved by a licensed family day system:

a. If the initial report or a copy of the initial report of immunizations is available to the admitting facility, no additional examination is required.

b. If the initial report or a copy of the initial report is not available, a report of physical examination and immunization is required in accordance with 22 VAC 15-30-150 and this section.

2. Pursuant to subsection D of § 22.1-270 of the Code of Virginia, physical examinations are not required for any child whose parent objects on religious grounds. The parent must submit a signed statement noting that the parent objects on religious grounds and certifying that to the best of the parent's knowledge the child is in good health and free from communicable or contagious disease.

22 VAC 15-30-170. Form and content of immunizations and physical examination reports for children.

A. The current form required by the Virginia Department of Health or a physician's form shall be used to report immunizations received and the results of the required physical examination. ~~See Appendix III for a copy of this form.~~

~~EXCEPTION: When the current Health Department form has not been used such as, but not limited to, when a child transfers from another state, other documentary proof of the child having received the required examination and immunization shall be accepted. Documentary proof may include, but not be limited to, an International Certificate of Immunization, another state's immunization form, or a physician's letterhead.~~

B. Each report shall include the date of the physical examination and dates immunizations were received. ~~C. Each report and shall be signed by a physician, his designee, or an official of a local health department.~~

22 VAC 15-30-180. Tuberculosis examination screening for staff and independent contractors.

~~A. Each staff member, including the licensee, administrator, and volunteer personnel, shall obtain and submit a statement that he is free of tuberculosis in a communicable form. The statement shall be submitted no~~

~~later than 21 days after employment or volunteering and shall:~~

~~1. Be dated within two years before or 21 days after employment of the individual;~~

~~Exception: Staff hired before November 1, 1993, in centers newly subject to licensure effective July 1, 1993, shall submit a tuberculosis statement by March 1, 1996, that is dated no more than two years before March 1, 1996.~~

~~2. Include the types of tests used and the results; and~~

~~3. Include the signature of the physician, the physician's designee, or an official of a local health department.~~

~~B. The tuberculosis examination shall be repeated before the date on the statement is two years old and as required by a licensed physician or the local health department.~~

A. Each staff member and independent contractor shall obtain a screening for tuberculosis and submit documentation of a negative Purified Protein Derivative (PPD) screening conducted within the last two years. The screening shall be submitted no later than 21 days after employment or volunteering.

Exceptions: For staff who have a contraindication to a Purified Protein Derivative screening, as in the case of those who have received a TB vaccination, documentation of the contraindication and a determination of noncommunicable tuberculosis status from a physician, his designee, or an official of a local health department shall be obtained and submitted every two years to the center. Staff who test positive to the Purified Protein Derivative screening shall meet the requirements of subsection D of this section.

B. Documentation of tuberculosis screenings shall include:

1. Negative results of the Purified Protein Derivative screening;

2. The signature of the physician, the physician's designee, or an official of the local health department; and

3. The date the screening was evaluated.

C. Each staff member shall obtain and submit a negative Purified Protein Derivative screening in accordance with subsections A and B of this section at least every two years from the date of the first screening or more frequently as recommended by a licensed physician or the local health department.

D. Any staff member who comes in contact with a known case of tuberculosis or, who develops chronic progressive respiratory symptoms shall within one month after exposure or development receive an evaluation in accordance with subsections A and B of this section or who tests positive to the tuberculosis screening shall, regardless of the date of the last screening, obtain and submit within one month of such incident, a determination of noncontagious by a physician or a local health department official. Until such

Final Regulations

determination is made, that staff member shall not have direct contact with children or food served to the children.

22 VAC 15-30-190. Physical and mental health of staff and volunteers.

~~A. When there is evidence that the safety of children may be jeopardized by the physical health or mental health of a staff member or volunteer, a report of examination of this person by a physician or, if appropriate, a clinical psychologist skilled in the diagnosis and treatment of mental illness shall be obtained. The request for obtaining an examination may come from the licensee, administrator, or department.~~

~~B. If a staff member's or volunteer's examination or test results indicate that his physical or mental condition may jeopardize the safety of children or prevent his performance of duties and no reasonable accommodation can be made to eliminate the risk, the staff member shall not be allowed contact with children or food served to children. The staff member may return when the physician or clinical psychologist confirms that the risk has been eliminated or substantially reduced such that reasonable accommodations may be made. Such confirmation shall include a signed, dated statement from the physician or clinical psychologist.~~

~~When there is evidence that the safety of children may be jeopardized by contact with a staff member or volunteer because of the physical health or mental health of a such staff member or volunteer, the licensee shall, at a minimum, prohibit the employee or volunteer from engaging in *unsupervised* contact with the children or participation in the food service program until a physician or a clinical psychologist skilled in the diagnosis and treatment of mental illness confirms that any risk has been eliminated or can be reduced to an acceptable level by reasonable accommodations. This requirement should not be construed as a mandatory precondition to any other employment action that an employer may otherwise take.~~

PART III.

PERSONNEL STAFF QUALIFICATIONS AND TRAINING.

22 VAC 15-30-200. General qualifications.

A. No staff shall have been convicted of a felony or a misdemeanor related to abuse, neglect, or exploitation of children or adults.

~~B. All staff shall understand and be sensitive to the varying capabilities, interests, needs, and problems of children in care.~~

~~C. All B. Staff shall be:~~

- ~~1. Of good character and reputation;~~
- ~~2. Capable of carrying out assigned responsibilities;~~
- ~~3. Willing and able to accept Capable of accepting training and supervision; and~~

~~4. Able to communicate Capable of communicating effectively both orally and in writing as applicable to the job responsibility; and.~~

~~5. Able to understand and apply the minimum standards in this booklet which relate to their respective responsibilities.~~

~~D. All C. Staff who work directly with children shall have the ability to: 1. Communicate be capable of communicating with emergency personnel and understand understanding instructions on a prescription bottle;~~

~~2. Communicate effectively and appropriately with the age group to which the staff person is assigned;~~

~~3. Communicate effectively with parents;~~

~~4. Provide a stimulating and safe environment for the age group to which the staff person is assigned; and~~

~~5. Use materials, activities, and experiences to encourage children's growth and development.~~

~~E. D. For therapeutic child development day programs and special needs child day programs, staff who work with children shall have knowledge of the groups being served and skills specific to the disabilities of the children in care including, but not limited to, functional abilities, accommodations, assessment techniques, behavior management, and medical and health concerns.~~

~~F. For therapeutic child development programs and special needs child day programs:~~

~~1. Staff who work with children shall adapt or modify activities based on the assessment of the children's needs and functional abilities, and~~

~~2. Each child shall always be supervised by staff appropriately trained in the form of communication needed.~~

22 VAC 15-30-210. Qualifications by job responsibility. (Repealed.)

~~All staff who work in multiple positions within the center shall meet the qualifications for each position.~~

~~Note: Personnel titles used in the standards are descriptive only. Centers are not required to use the same titles. The administrator or program director may have responsibilities for several centers at one site.~~

22 VAC 15-30-220. Administrator qualifications. (Repealed.)

~~A. There shall be an administrator designated to be in charge of the total operation of the center. Administrators who assume the administrator responsibilities on or after November 1, 1993, who also perform responsibilities of the program director shall be at least 21 years of age and meet one of the program director qualification options listed in 22 VAC 15-30-230 C 1 through 4.~~

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

~~B. In addition to the requirements under subsection A of this section, the administrator of a therapeutic child development program or a special needs child day program, who also performs responsibilities of the program director, shall have completed at least 15 semester hours or 21 quarter hours from an accredited college or university in areas related to special needs children, or 60 hours of training and education in areas related to special needs children.~~

22 VAC 15-30-230. Program director qualifications for centers with children of preschool age or younger.

~~A. There shall be a program director designated to be responsible for developing and implementing the activities and services offered to children. There may be one program director for a center offering care to both school age and preschool children at one site or there may be two directors, according to the age of the children, for a center serving school age and preschool children. If a program director is responsible for a center with school age children and a center with children of preschool age or younger, the qualifications applicable to both school age and preschool age and younger shall apply.~~

~~B. Program directors hired or promoted before November 1, 1993, shall have until July 1, 1996, to meet the qualifications of subsection C of this section. Program directors hired or promoted on or after November 1, 1993, shall meet one of the qualifications of subsection C of this section immediately.~~

~~C. A. Program directors shall be at least 21 years of age and shall possess one of the following have:~~

- ~~1. A graduate degree in a child related field from an accredited college or university and six ~~three~~ months of age appropriate, programmatic experience in the group care of children; or~~
- ~~2. An endorsement or bachelor's degree in a child related field from an accredited college or university and one year ~~six months~~ of age appropriate, programmatic experience in the group care of children; or~~
- ~~3. Forty-eight semester hours or 72 quarter hours of college credit in a child related field from an accredited college or university of which 12 semester hours or 18 quarter hours are in subjects relating to group care of children and one year ~~nine months~~ of age appropriate, programmatic experience in the group care of children; or~~
- ~~4. Two years ~~One year~~ of age appropriate, programmatic experience in the group care of children; [of which one year] ~~that~~ [shall be in a staff supervisory capacity; with one year in a staff supervisory capacity] and at least one of the following educational backgrounds: a. ~~Forty-eight semester hours or 72 quarter hours of college credit from an accredited college or university;~~ b.~~

a. A one-year early childhood certificate from an accredited college or university that consists of at least 30 semester hours; or

b. A child development credential by an organization approved by the department; or

c. A certification of qualification from an internationally or nationally recognized Montessori organization; or

e. ~~A Child Development Associate credential or equivalent as determined by the department based on documentation supplied by those claiming equivalency.~~

~~NOTE: For the programmatic experience to be considered age appropriate at least some of the experience shall be with children of preschool age or younger.~~

~~EXCEPTION: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

~~5. Three years of programmatic experience in the group care of children with one year in a staff supervisory capacity and a high school diploma or G.E.D. or verification of completion of a home school program approved by the state. Programmatic experience shall be obtained in a child day center that offers a staff training program that includes the subject areas of first aid, human growth and development birth to age 12 years, and behavioral management of children. Such training shall be completed by the employee and documented by the center.~~

~~B. For program directors of therapeutic child day programs and special needs child day programs, education and programmatic experience shall be in the group care of children with disabilities.~~

~~C. Notwithstanding subsection A of this section, a person between 19 and 21 years of age may serve as a program director at a short-term program serving only school age children if the program director has daily supervisory contact by a person at least 21 years of age who meets one of the program director qualification options.~~

22 VAC 15-30-240. Program directors for therapeutic child development programs and special needs child day programs. (Repealed.)

~~A. Program directors hired or promoted before March 1, 1996, shall have until June 1, 1998, to meet the qualifications of subsection B of this section. Program directors hired or promoted on or after March 1, 1996, shall meet the qualifications of subsection B of this section immediately.~~

~~B. Program directors shall be at least 21 years of age and possess one of the following:~~

- ~~1. A graduate degree in a special needs related field from an accredited college or university and six months of programmatic experience in the group care of children with disabilities; or~~

Final Regulations

~~2. An endorsement, or bachelor's degree in a special needs related field from an accredited college or university and one year of programmatic experience in the group care of children with disabilities; or~~

~~3. Forty-eight semester hours or 72 quarter hours of college credit from an accredited college or university of which 12 semester hours or 18 quarter hours are in subjects relating to group care of children with disabilities and one year of programmatic experience in the group care of children with disabilities; or~~

~~4. Two years of programmatic experience in the group care of children with disabilities of which one year of this experience shall be in a staff supervisory capacity, and at least one of the following education backgrounds:~~

~~a. Forty-eight semester hours or 72 quarter hours of college credit from an accredited college or university;~~

~~b. One year early childhood certificate from an accredited college or university that consists of at least 30 semester hours; or~~

~~c. A Child Development Associate credential or equivalent as determined by the department based on documentation supplied by those claiming equivalency. The requirements in this standard are in lieu of the requirements specified in 22 VAC 15-30-230-B and C.~~

22 VAC 15-30-250. Back-up for program directors.

~~A. For centers operating eight hours or more per day, if the program director is regularly present in the facility fewer than four hours per day, there shall be an officially designated person who shall assume the responsibility in the absence of the program director and meet 22 VAC 15-30-230 or for therapeutic child development programs or special needs child day programs, 22 VAC 15-30-240. In addition, if the program operates multiple shifts for working parents, a program director shall be regularly present for at least four hours of each shift or have a back-up program director who shall assume responsibility in the absence of the director and meet 22 VAC 15-30-230 or for therapeutic child development programs or special needs child day programs, 22 VAC 15-30-240.~~

~~B. For centers operating eight hours or less per day, if the program director is regularly present in the facility less than 50% of the hours of operation, there shall be an officially designated person who shall assume responsibility in the absence of the program director and meet 22 VAC 15-30-230 or for therapeutic child development programs or special needs child day programs, 22 VAC 15-30-240.~~

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

~~The qualified program director or a back-up program director who meets one of the director qualifications shall regularly be on site at least 50% of the center's hours of operation, provided that if the program employs one or more program leaders or child care supervisors who are qualified under subsection C of 22 VAC 15-30-260 but not under~~

~~subsection A of that section, the program director or back-up program director shall be on site at least 75% of the center's hours of operation.~~

22 VAC 15-30-260. Program leader and child care supervisor qualifications.

~~A. Program leaders and child care supervisors shall be at least 18 years of age and have a high school diploma or G.E.D. In addition, program leaders and child care supervisors who are hired or promoted on or after November 1, 1993, shall meet one of the program director qualifications in 22 VAC 15-30-230 C or possess one of the following have:~~

~~1. An endorsement or bachelor's degree in a child related field from an accredited college or university; or~~

~~2. Forty-eight semester hours or 72 quarter hours of college credit from an accredited college or university of which 12 semester hours or 18 quarter hours are in subjects relating to group care of children and six months of age appropriate, programmatic experience in the group care of children; or~~

~~3. 1. Three months of programmatic experience in the group care of children and at least one of the following educational backgrounds:~~

~~a. A one year early childhood certificate from an accredited college or university that consists of at least 30 semester hours and six ~~three~~ months of age appropriate, programmatic experience in the group care of children ; or~~

~~b. A child development credential by an organization approved by the department; or~~

~~c. A teaching diploma from an internationally or nationally recognized Montessori organization; or~~

~~4. A Child Development Associate credential or equivalent as determined by the department based on documentation supplied by those claiming equivalency; or~~

~~5. One year of age appropriate, programmatic experience in the group care of children and participation in a staff training plan of at least 10 hours. The training plan shall reflect care and education practices that are age and stage appropriate for children and shall be conducted within six months of employment or promotion to a program leader at the center.~~

~~Note: For the programmatic experience to be considered age appropriate, at least some of the experience shall be with children of preschool age or younger.~~

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

~~2. A high school diploma or G.E.D. or verification of completion of a home school program approved by the state, and six months of supervised programmatic experience in the group care of children. Within one month after being promoted or beginning work, a~~

minimum of 12 hours of training related to the care of children, including child development, playground safety, and health and safety issues, including child abuse and neglect shall be received. Such training may take place on site while not supervising children.

B. For program leaders and child care supervisors of therapeutic child day programs and special needs child day programs, at least three months of programmatic experience shall be in the group care of children with disabilities.

C. Notwithstanding subsection A of this section, program leaders at short-term programs may have only one season of programmatic or general experience in the group care of children, provided that this experience shall include at least 250 hours, of which up to 24 hours can be formal training, working directly with children in a group.

22 VAC 15-30-270. Program leaders and child care supervisors of therapeutic child development programs and special needs child day programs. (Repealed.)

~~Program leaders and child care supervisors shall be at least 18 years of age and have a high school diploma or G.E.D. In addition, program leaders and child care supervisors who are hired or promoted on or after March 1, 1996, shall meet one of the program director qualifications in 22 VAC 15-30-240 B or possess one of the following:~~

- ~~1. An endorsement or bachelor's degree in a special needs related field from an accredited college or university; or~~
- ~~2. Forty-eight semester hours or 72 quarter hours of college credit from an accredited college or university of which 12 semester hours or 18 quarter hours are in subjects relating to group care of children, and six months of programmatic experience in the group care of individuals with disabilities; or~~
- ~~3. One year of programmatic experience in the group care of children, of which at least six months shall be with children with disabilities. The requirements in this standard are in lieu of the requirements specified in 22 VAC 15-30-260.~~

22 VAC 15-30-280. Aides.

Aides shall be at least 16 years of age and shall meet the general qualifications, health, orientation training, and staff development requirements for the applicable position.

22 VAC 15-30-290. Contract staff Independent contractors; volunteers.

~~Contract staff working with children shall meet the personnel, health, and orientation training requirements for the applicable position.~~

A. Independent contractors shall not be counted in the staff-to-children ratios unless they meet the qualifications for the applicable position.

B. Independent contractors who do not meet staff qualifications shall, when in the presence of children, be within sight and sound supervision of a staff member.

~~22 VAC 15-30-300. Volunteer personnel; volunteers.~~

~~A. Volunteer personnel shall meet the qualifications for the applicable position.~~

~~Exception: Volunteer personnel only need to meet the health requirements of 22 VAC 15-30-180 and 22 VAC 15-30-190 and any applicable Code of Virginia requirements if they (i) are family members 14 years of age or older; (ii) are sight supervised when with children; and (iii) are not counted in the staff-to-children ratios.~~

~~B. The duties of volunteers shall be clearly defined.~~

C. Volunteers who work with children shall be at least 14 13 years of age.

22 VAC 15-30-310. Staff orientation training and development.

A. All Staff shall receive the following training by the end of their first day of assuming job responsibilities:

1. Job responsibilities and to whom they report;
2. The policies and procedures listed in ~~22 VAC 15-30-60 subsection B of this section and 22 VAC 15-30-490 A~~ that relate to the staff member's responsibilities;
3. The center's playground safety procedures unless the staff member will have no responsibility for playground activities or equipment;
4. Confidential treatment of personal information about children in care and their families; and
5. The minimum standards in this ~~booklet chapter~~ which relate to the staff member's responsibilities.

~~B. The center shall have a written plan for staff development.~~

B. By the end of the first day of supervising children, staff shall be provided in writing with the information listed in 22 VAC 15-30-490 A and the following:

1. Procedures for supervising a child who may arrive after scheduled classes or activities including field trips have begun;
2. Procedures to confirm absence of a child when the child is scheduled to arrive from another program or from an agency responsible for transporting the child to the center;
3. Procedures for identifying where attending children are at all times, including procedures to ensure that all children are accounted for before leaving a field trip site and upon return to the center;
4. Procedures for action in case of lost or missing children, ill or injured children, and medical emergencies and general [~~emergency procedures~~ emergencies] ;

Final Regulations

5. *Policy for any administration of medication; and*
6. *Procedures for response to natural and man-made disasters.*

C. In addition to first aid and orientation training required elsewhere in ~~these regulations, employed this chapter,~~ staff who work directly with children shall annually attend eight hours of staff development activities that shall: ~~4.~~ be related to ~~children~~ *child safety and development* and the function of the center;

- ~~2. Consist of some sources outside the center which may include but not be limited to audio and visual tapes, conferences, and workshops;~~
- ~~3. Be from someone with verifiable expertise or experience when conducted as in-service training; and~~
- ~~4. Include annually the topics of safety for children, child development and discipline, and playground and outdoor supervision for staff.~~

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module as long as the criteria in subdivisions C 1 through 4 of this section are met.~~

D. There *always* shall be at least one staff member on duty at all times who has obtained instruction in performing the daily health observation of children. This instruction shall be obtained from a physician, registered nurse, or health department medical personnel at a three-year ~~interval~~ *intervals*. Staff with this training shall observe daily each child for signs and symptoms of illness.

E. ~~In addition to the topics required elsewhere in these standards,~~ Before assuming job responsibilities, *staff who work with children in therapeutic child development day programs* and special needs child day ~~staff working directly with children programs~~ shall also receive training in:

1. Universal precautions procedures;
2. Activity adaptations;
3. Medication administration ~~and medical procedures;~~
4. Disabilities precautions and health issues; and
5. *Appropriate* intervention strategies.

F. For therapeutic child ~~development day~~ programs and special needs child day programs, employed staff who work directly with children shall annually attend ~~46~~ 24 hours of staff development activities. ~~In addition to the requirements of 22 VAC 15-30-310 C,~~ staff shall attend At least eight hours of *this training shall be* on topics related to the care of *children with disabilities of the children in care.*

PART IV. PHYSICAL PLANT.

22 VAC 15-30-320. Approval from other agencies; requirements prior to initial licensure.

A. Before issuance of ~~initial~~ *the first* license and before use of newly constructed, renovated, remodeled, or altered buildings or sections of buildings, written documentation of the following shall be provided by the applicant or licensee to the licensing representative:

1. ~~Inspection and~~ Approval from the appropriate authority that the buildings meet building *and fire* codes or that ~~the center has an approved~~ a plan of correction *has been approved*; and

Exception: Any building which is currently approved for school occupancy and which houses a public or private school during the school year shall be considered to have met the requirements of subdivision 1 of this subsection when housing a center only serving children two and a half years of age or older.

2. ~~Inspection and~~ Approval from the local health department, or approval of a plan of correction, for meeting requirements for:

- a. Water supply;
- b. Sewage disposal system; and
- c. Food service, if applicable.

~~EXCEPTION: Any building which is currently approved for school occupancy and which houses a public or private school during the school year shall be considered to have met the requirements of subdivision A 1 of this section when housing a center only serving children two and a half years of age or older.~~

B. ~~If a building was under construction~~ *For buildings built before 1978,* a written statement from a *person licensed in Virginia licensed as an* asbestos inspector and management planner shall be submitted before ~~initial licensure in order to the first license is issued.~~ *The statement shall comply with § 63.1-198.01 of the Code of Virginia. The statement shall include: and the requirements of the Asbestos Hazard Emergency Response Act (15 USC § 2641 et seq.).*

1. ~~Verification that the building in which the child day center is located was inspected for asbestos according to the requirements of the Asbestos Hazard Emergency Response Act — 40 CFR 763 — Asbestos Containing Materials in Schools;~~
2. ~~The dates of the inspection;~~
3. ~~Whether asbestos was found or assumed in the building;~~
4. ~~Signature of the licensed asbestos inspector and management planner, including the Virginia license numbers and a copy of the asbestos inspector license and management planner license valid at the time of the inspection; and~~

5. If asbestos is found or assumed, the statement shall include:

- a. The location of any friable asbestos;
- b. Verification of completion of the management plan; and
- c. Response actions recommended by the inspector.

~~Exception: Private, nonprofit schools providing educational instruction to children five years of age or older are also subject to the federal requirements of the Asbestos Hazard Emergency Response Act (AHERA). Private, nonprofit schools which are also subject to licensure and have had an asbestos inspection completed prior to July 1, 1993, may submit the letter of completion they have received from the Department of Education, in lieu of the requirements of this subsection.~~

~~Private, nonprofit schools subject to the federal AHERA requirements, but which have not already received an asbestos inspection must comply with this subsection.~~

~~C. If asbestos was found or assumed in the building, before a license will be issued the prospective licensee shall:~~

1. ~~Submit to the department a signed, written statement that:~~
 - a. ~~Response actions to remove all asbestos containing materials have been completed; or~~
 - b. ~~The recommendations of the management plan will be followed, appropriate staff will receive the necessary training and documentation of required inspections will be completed.~~
2. ~~Maintain documentation provided by a Virginia licensed asbestos abatement contractor of:~~
 - a. ~~Removal, where applicable, at the center for review by the department's representative; and~~
 - b. ~~Response actions to encapsulate, enclose or repair the asbestos material have been completed, where applicable.~~
3. ~~The center shall post a notice about the presence and location of the asbestos containing material as well as the advisement that the asbestos inspection report and management plan are available for review. A copy of this notice shall be submitted to the department.~~

~~Note: The department may request that the complete asbestos inspection report and management plan be submitted for review.~~

~~Exception: The asbestos requirements of subsections B and C of this section do not apply to child day centers located in a currently operating public school building or a state owned building since the asbestos requirements of these buildings are regulated by other agencies. However, the center administrator shall become familiar with the location of any asbestos containing material in the building in which the center is located and any applicable management plan.~~

C. The administrator shall post a notice regarding the presence and location of asbestos containing materials and advising that the asbestos inspection report and management plan are available for review.

Exception: The provisions of subsections B and C of this section do not apply to centers located in buildings required to be inspected according to Article 5.2 (§ 2.1-526.12 et seq.) of Chapter 32 of Title 2.1 of the Code of Virginia.

D. Before the first license is issued, camps shall notify the closest fire department and the closest rescue squad or similar emergency service organization of the camp location.

22 VAC 15-30-330. Approval from other agencies; requirements subsequent to initial licensure.

~~A. Every 12 months, written documentation An annual fire inspection report shall be obtained and provided to the licensing representative of inspection and approval from the appropriate fire prevention official that the center's facility complies with the Statewide Fire Prevention Code (13 VAC 5-50-10 et seq.).~~

~~Exception: If a center is located in a building currently housing a public or private school during the school year, the school's annual fire inspection report may shall be accepted in lieu instead of the requirements of subsection A of this section if the inspection was completed within the past 12 months subsection.~~

~~B. Subsequent to initial licensure, and as required by the local health department, written documentation After the first license, annual approval from the health department shall be provided of any additional inspections and approvals, or approvals of a plan of correction, for meeting requirements for:~~

1. Water supply;
2. Sewage disposal system; and
3. Food service, if applicable.

~~C. For those buildings where asbestos containing materials are found or assumed and not removed:~~

1. ~~The administrator or a designated staff member shall take the required asbestos training as specified in the management plan for the facility;~~
2. ~~The administrator or a designated staff member who has received the required asbestos training shall conduct visual inspections of all asbestos containing materials according to the schedule recommended in the management plan and document the date and the findings of these inspections;~~
3. ~~The center shall post a notice about the presence and location of the asbestos containing material as well as the advisement that the asbestos inspection report and management plan are available for review. A posted notice shall be maintained at the center; and~~

Final Regulations

~~4. The administrator shall submit to the department a signed, written statement that the center is following the recommendations of the management plan.~~

~~D. For those buildings where asbestos containing materials have been found or assumed and asbestos has been removed, the center shall maintain at the center documentation provided by a Virginia licensed asbestos contractor, where applicable, indicating specific locations where asbestos containing material was removed or stating that all asbestos material was removed. Unless all asbestos containing materials have been removed, the management plan shall be followed for any remaining asbestos material.~~

~~Exception: Subsections C and D of this section do not apply to child day centers located in a currently operating public school building or a state owned building since the asbestos requirements of these buildings are regulated by other agencies. However, the center administrator shall become familiar with the location of any asbestos containing material in the building in which the center is located and any applicable management plan.~~

C. For those buildings where asbestos containing materials are detected and not removed, the administrator shall:

- 1. Submit to the department a signed, written statement that the center is following the recommendations of the management plan; and*
- 2. Post a notice regarding the presence and location of asbestos containing materials and advising that the asbestos inspection report and management plan are available for review.*

Exception: The provisions of this subsection do not apply to child day centers located in buildings required to be inspected according to Article 5.2 (§ 2.1-526.12 et seq.) of Chapter 32 of Title 2.1 of the Code of Virginia.

22 VAC 15-30-340. General requirements; heating and cooling equipment Building maintenance.

~~A. The facility's Areas and equipment of the center, inside and outside, shall be: maintained in a clean, safe and operable condition.~~

- ~~1. Maintained in clean and sanitary condition;~~
- ~~2. Maintained in conditions that are safe and free of hazards such as, but not limited to, sharp points or corners, splinters, protruding nails, loose rusty parts, and objects small enough to be swallowed; and~~

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

- ~~3. Maintained in operable condition.~~

B. Heat shall be supplied from an officially approved heating system *except for camps*. The heating system shall:

1. Be installed to prevent accessibility of children to the system; and

2. Have appropriate barriers to prevent children from being burned, shocked, or injured from heating equipment. In addition, proper supervision shall be available to prevent injury.

Exception: In case of emergency, portable heaters may be used in accordance with the manufacturer's instructions.

C. In *inside* areas ~~used occupied~~ by children, the temperature shall be maintained no lower than 68°F.

D. Fans or other cooling systems shall be used when the temperature of *inside* areas ~~used occupied~~ by children exceeds 80°F.

E. Drinking ~~water~~ fountains or individual disposable cups, ~~or both, shall be provided.~~ *with safe drinking water* shall be available and accessible at all times.

~~F. Reserved.~~

~~G. Reserved.~~

~~H. Reserved.~~

~~I. F.~~ Equipment shall include, but not be limited to, the following:

1. Outside lighting provided at entrances and exits used by children before sunrise or after sundown; and
2. ~~A working~~ *An in-service*, nonpay telephone.

22 VAC 15-30-350. Hazardous substances and other harmful agents.

A. No center shall be located where conditions exist that would be hazardous to the health and safety of children.

B. Hazardous substances such as cleaning materials, insecticides, and pesticides shall be kept in a locked place using a safe locking method that prevents access by children. If a key is used, the key shall not be accessible to the children.

C. Pesticides or insecticides shall not be stored in areas used by children or in areas used for food preparation or storage.

D. Cleaning materials shall not be located above food, food equipment, utensils or single-service articles and shall be stored in areas physically separate from food.

E. Cleaning materials (e.g., detergents, sanitizers and polishes) and insecticides/pesticides shall be stored in areas physically separate from each other.

F. Hazardous substances shall be stored in the original container unless this container is of such a large size that its use would be impractical.

G. If hazardous substances are not kept in original containers, the substitute containers shall clearly indicate their contents and shall not resemble food or beverage containers.

H. Cosmetics, medications, or other harmful agents shall not be stored in areas, purses or pockets that are accessible to children.

I. Hazardous art and craft materials, such as those listed in Appendix IV, shall not be used with children.

J. ~~Smoking shall be prohibited inside the center in areas in the interior of a center that is not used for residential purposes and shall be prohibited outside the center in the presence of children. In residential areas of the center and outside the center, smoking shall be prohibited in the presence of children.~~

22 VAC 15-30-360. General physical plant requirements for centers serving children of preschool age or younger.

In areas used by children of preschool age [~~and~~ or] younger, the following shall apply:

1. Steps with three or more risers ~~and a total height of more than 20 inches~~ shall have: a guardrail or barrier and a handrail having a minimum and maximum height of 30 inches and 38 inches respectively. The distance between any posts shall be no greater than 3½ inches.

a. ~~Handrails within the normal handgrasp of the children; or~~

b. ~~A banister with vertical posts, between the handrail and each step, which can be safely grasped by the children. The distance between the posts shall be no greater than three and one half inches.~~

2. Fans, when used, shall be ~~secured~~ and out of reach of children ~~and cords shall be secured so as not to create a tripping hazard.~~

3. All Electrical outlets shall have protective caps ~~or other equivalent, approved, protective devices and be covers that are of a size that cannot be swallowed by children.~~

22 VAC 15-30-370. ~~Reserved Section.~~ General physical plant requirements for centers serving school age children.

A. Any building which is currently approved for school occupancy and which houses a school during the school year shall be considered to have met the building requirements in this regulation when housing a center only serving school age children.

B. Portable camping equipment for heating or cooking that is not required to be approved by the building official shall bear the label of a recognized inspection agency, except for charcoal and wood burning cooking equipment.

C. No cooking or heating shall occur in tents.

22 VAC 15-30-380. Indoor Areas.

A. There shall be 25 square feet of indoor space available to each per child where activities are conducted.

~~Exception: Centers newly subject to licensure effective July 1, 1993, which were in operation before November 1, 1993, may have until July 1, 1996, to meet this requirement.~~

~~B. Areas not routinely used for children's activities shall not be calculated as available activity space. Space not calculated shall include, but not be limited to, offices, hallways, restrooms, kitchens, storage rooms or closets, and space occupied by equipment which is not used in or does not contribute to the children's activities.~~

1. Areas not routinely used for children's activities shall not be calculated as available space. Space not calculated shall include, but not be limited to, offices, hallways, restrooms, kitchens, storage rooms or closets.

2. Space in areas used by infants shall be calculated separately from space for older children. There shall be a minimum of 25 square feet of space per infant excluding space occupied by cribs and changing tables or a minimum of 35 square feet of available space per infant including space occupied by cribs and changing tables.

3. Camps for school age children are not required to meet this space requirement. However, when weather prevents outdoor activities, 25 square feet of indoor space per child shall be provided either at the program site or at a predesignated, approved location off site.

B. When children are on the outdoor play area, at least 75 square feet of space per child shall be provided at any one time.

C. Centers licensed for the care of infants and toddlers shall provide a separate playground area for these children which has at least 25 square feet of unpaved surface per infant/toddler on the outdoor area at any one time. This space may be counted as part of the 75 square feet required in subsection B of this section.

~~C. D. A place away from the children's activity area separate space shall be designated for children who are ill ; or injured ; tired, or emotionally upset.~~

~~D. Smoking shall be prohibited inside the center and outside the center in the presence of children.~~

~~Exception: Smoking may be allowed inside the building if it occurs in a room with a separate air circulation system from the one used for children's areas and the circulation system is vented directly to the outdoors.~~

~~E. Activity space shall be arranged so that when playing on the floor, children at each developmental stage shall be protected from children at more advanced developmental stages.~~

~~F. Space in areas used by infants shall be calculated separately from space for older children. One of the following methods to calculate available activity space for infants shall be used:~~

1. Centers shall have a minimum of 25 square feet of available activity space per infant when space occupied

Final Regulations

~~by cribs and changing tables is deducted from the calculation of available activity space; or~~

~~2. Centers shall have a minimum of 35 square feet of available activity space per infant when space occupied by cribs and changing tables is included in the calculation of available activity space.~~

~~G. Therapeutic child development programs and special needs child day programs serving children who use wheelchairs shall have an area equipped with vinyl covered floor mats available to use when activities call for children to be out of their wheelchairs.~~

22 VAC 15-30-390. Restroom areas and furnishings.

A. Centers shall ~~have~~ *be provided with* at least two toilets and two sinks.

B. Each restroom *area* provided for children shall:

~~1. Be within a confined contained area;~~ ~~2. Be accessible, readily available and within the building used by the children (Exception: Restrooms used by school age children at camps are not required to be located within the building);~~

~~3.~~ 2. Have toilets that are all flushable;

~~4.~~ 3. Have sinks *near the toilets and* that are all equipped *supplied* with running water which does not exceed 120°F; and

~~5.~~ 4. Be equipped with soap, toilet paper, and disposable towels *or an air dryer within reach of children.*

C. For restrooms available to ~~boys~~ *males*, urinals ~~may~~ *shall not* be substituted for ~~not~~ more than one-half the required number of toilets; ~~provided at least one toilet is available to boys.~~

D. An adult size toilet with privacy shall be provided for staff use. Staff toilets may be counted in the number of required toilets for children only if children are allowed unrestricted access to them ~~on a routine basis.~~

Exception: Primitive camps are not required to have a toilet with privacy for staff.

E. ~~Restroom areas~~ *Centers shall have be provided with* at least one toilet and one sink ~~for every 15 per 20 preschool children or and at least one standard size toilet and one sink per 30 school age children.~~ When sharing restroom areas with other programs, the children in ~~the other those~~ programs shall be included in the toilet and sink ratio calculations. The toilet and sink ratio appropriate to the younger age group shall apply.

~~Exceptions: Centers newly subject to licensure effective July 1, 1993, which were in operation before November 1, 1993, may have until July 1, 1996, to meet this requirement and Montessori preschools may meet the alternative requirements in the Montessori Module.~~

F. When child size toilets, urinals, and low sinks are not available in restrooms used by children of preschool age and

younger, one or more ~~platform platforms or set sets~~ of steps shall be available so that children may use adult size toilets and sinks without help or undue delay *provided.*

G. ~~Reserved. School age children of the opposite sex shall not use the same restroom at the same time.~~

H. ~~Reserved. A restroom used for school age children that contains more than one toilet shall have at least one toilet enclosed.~~

I. ~~Reserved. Restrooms used by school age children at primitive camps are not required to have:~~

1. Sinks, if adequate water, supplies, and equipment for hand washing are available ~~;~~ and

2. Flushable toilets, if the number of sanitary privies or portable toilets constructed and operated in accordance with the applicable law and regulations of the Virginia Department of Health meets the toilet ratio stated in subsection E of this section. No privy or outdoor toilet shall be located within 75 feet of other buildings or camp activities.

22 VAC 15-30-400. Requirements for centers with children who are not toilet trained. (Repealed.)

~~A. Centers that serve children who are not toilet trained shall provide a diapering area which allows for sight and sound supervision of children in the classroom or is accessible and within the building used by children if the staff to children ratios required by subdivisions 1 through 4 of 22 VAC 15-30-440 E are maintained in the classroom. The diapering area shall have at least the following:~~

~~1. A sink with running warm water not to exceed 120°F;~~

~~2. A changing table or counter equipped with a nonabsorbent surface for changing diapers of children below the age of three;~~

~~3. A nonabsorbent surface for changing diapers of children three years of age or older;~~

~~4. A leakproof storage system for diapers that is not hand generated;~~

~~5. A covered receptacle for soiled bed linens; and~~

~~6. Soap and disposable towels.~~

~~B. For every 10 children in the process of being toilet trained there shall be at least one toilet chair, or one child-sized toilet, or at least one adult-sized toilet with a platform or steps and an available adapter seat. The location of these items shall allow for sight and sound supervision of children in the classroom or be accessible and within the building used by children if the staff to children ratios required by subdivisions 1 through 4 of 22 VAC 15-30-440 E are maintained in the classroom while other children are being escorted to toileting locations.~~

~~C. When only toilet chairs are used, there shall be a toilet located in an area or room in which the door is not more~~

than 10 feet from the area used for the majority of the day by the children being toilet trained.

22 VAC 15-30-410. ~~Outdoor Play areas.~~

~~A. Centers newly subject to licensure effective July 1, 1993, which were in operation before November 1, 1993, may have until July 1, 1996, to meet the requirements of subsections B through J of this section.~~

~~B. The outdoor play area shall provide a minimum of 75 square feet of space per child in the area at any one time.~~

~~C. A. Playgrounds shall be located and designed in a way to protect children from hazards.~~

~~D. While 22 VAC 15-30-500 B addresses the variety and amount of materials and equipment available for children, the specific playground equipment the center shall have is not designated. If B. Where playground equipment is provided, resilient surfacing that helps absorb the shock if a child falls off the equipment shall be placed under all fixed playground equipment with moving parts or climbing apparatus to create a fall zone free of hazardous obstacles. Fall zones are defined as the area underneath and surrounding equipment that requires a resilient surface. A fall zone shall encompass sufficient area to include the child's trajectory in the event of a fall while the equipment is in use. For recommendations concerning resilient surfacing, see Appendix V.~~

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

~~E. C. Ground supports shall be covered with materials which would that protect children from injury.~~

~~F. Equipment used by children shall meet the following requirements:~~

- ~~1. All bounded openings which allow a 3½ inch by 6 1/4 inch rectangle to fit through shall also allow a nine inch circle to fit through to avoid head entrapment. See Appendix VI for additional information.~~
- ~~2. Have closed S hooks when provided; and~~
- ~~3. Have no protrusions, sharp points, shearing points, or pinch points.~~

~~G. All D. Swing seats shall be made of constructed with flexible material. Molded swing seats may be used only in a separate infant or toddler play area.~~

~~H. E. Sandboxes with bottoms which prevent drainage shall be covered when not in use.~~

~~I. For activity areas, both inside and outside, that are used by toddlers and preschool children, the climbing portion of slides and climbing equipment shall not be more than seven feet high.~~

~~J. Centers licensed for the care of infants and toddlers shall provide a separate playground area for these children which has at least 25 square feet of unpaved surface per infant/toddler on the outdoor area at any one time. This unpaved surface shall be suitable for crawling infants and for~~

~~toddlers learning to walk. This space may be counted as part of the 75 square feet required in subsection B of this section.~~

PART V. STAFFING AND SUPERVISION.

22 VAC 15-30-420. ~~Supervision of staff and volunteers. (Repealed.)~~

~~A. All aides, volunteer personnel, and volunteers shall be under the individual supervision of a staff member on site who meets the qualifications of a program leader, child care supervisor, or program director.~~

~~B. Each person serving in the position of a program director, back up program director, program leader or child care supervisor shall not be responsible for the individual supervision of more than two aides at any one time.~~

~~Exception: In a training environment, aides used beyond the required staff-to-children ratio of subdivisions 1 through 4 of 22 VAC 15-30-440 E shall not be included in the above requirement.~~

22 VAC 15-30-430. ~~Supervision of children.~~

~~A. All staff assigned responsibility for supervision of children. When staff are supervising children, they shall always ensure their care, protection, and guidance at all times.~~

~~B. During the center's hours of operation, one adult on the premises shall be in charge of the administration of the center. This person shall be either the administrator or an adult appointed by the licensee or designated by the administrator.~~

~~C. During the stated hours of operation, there always shall be in each building of the center on the premises and on field trips at all times when one or more children are present: 1. At least two staff, one of whom meets the qualifications of a program leader, child care supervisor, or program director; or 2. one staff member who meets the qualifications of a program leader, child care supervisor, or program director and a readily an immediately available designated support person staff member, volunteer or other employee who is at least 16 years of age, with direct means for communication between the two of them. The volunteer or other employee shall have received instruction in how to contact appropriate authorities if there is an emergency.~~

~~D. In each grouping of children at least one staff member who meets the qualifications of a program leader, child care supervisor, or program director shall be regularly present. Such staff member shall supervise no more than two aides.~~

~~E. Children under 10 years of age always shall be within actual sight and sound supervision of staff at all times, except that staff need only be able to hear a child who is using the restroom provided that:~~

- ~~1. There is a system to assure that individuals who are not staff members or persons allowed to pick up a child~~

Final Regulations

in care do not enter the restroom area while in use by children ~~7~~; and

2. Staff check on a child who has not returned from the restroom after five minutes.

F. ~~Reserved.~~ *Children 10 years of age and older shall be within actual sight and sound supervision of staff except when the following requirements are met:*

1. *Staff can hear or see the children (video equipment, intercom systems, or other technological device shall not substitute for staff being able to directly see or hear children);*

2. *Staff are nearby so they can provide immediate intervention if needed;*

3. *There is a system to ensure that staff know where the children are and what they are doing;*

4. *There is a system to ensure that individuals who are not staff members or persons allowed to pick up children in care do not enter the areas where children are not under sight supervision; and*

5. *Staff provide sight and sound supervision of the children at variable and unpredictable intervals not to exceed 15 minutes.*

G. When the outdoor activity area is not adjacent to the center, there shall be at least two staff members on the outdoor activity area whenever one or more children are present.

H. Staff shall greet each child upon arrival at the center and oversee each child's departure from the center.

~~I. Staff shall ensure the immediate safety of a child during diapering.~~

22 VAC 15-30-440. Staff-to-children ratio requirements.

A. Staff shall be counted in the required staff-to-children ratios only when they are directly supervising children.

B. A child volunteer 13 years of age or older not enrolled in the program shall not be counted as a child in the staff-to-children ratio requirements.

C. When children are regularly in ongoing mixed age groups, the staff-to-children ratio applicable to the youngest child in the group shall apply to the entire group.

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

D. During the designated rest period, the ratio of staff to children may be double the number of children to each staff required by subdivisions E 2 through 4 and 6 of this section if:

1. A staff person is within sight and sound of the resting/sleeping children;

2. All Staff counted in the overall rest period ratio are within the facility building and available to assure ensure safe evacuation in an emergency; and

3. An additional person is present at the center to help, if necessary.

E. The following ratios of staff to children are required wherever children are in care:

1. For children from birth to the age of 16 months: one staff member for every four children;

2. For children 16 months old to two years: one staff member for every five children;

3. For children from two years to four years: one staff member for every 10 children; and

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

4. For children from four years to the age of eligibility to attend public school, five years by September 30: one staff member for every 12 children;

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

5. For school-age children, one staff member for every 20 children; and

6. Notwithstanding subdivisions 3 through 5 of this subsection and subsection C of this section, the ratio for balanced mixed-age groupings of children ages three through six years of age shall be one staff member for every 15 children, provided:

a. If the program leader or child care supervisor has an extended absence, there shall be sufficient substitute staff to meet a ratio of one staff member for every 12 children.

b. The center shall have readily accessible and in close classroom proximity auxiliary persons sufficient to maintain a 1:10 adult-to-child ratio for all three-year-olds who are included in balanced mixed-age groups to be available in the event of emergencies.

c. The program leader or child care supervisor has received training in classroom management of balanced mixed-age groupings of at least eight hours.

~~F. Reserved.~~

~~G. F.~~ With a parent's written permission and a written assessment by the program director and child care supervisor or program leader, a center may choose to assign a child to a different age group if such age group is more appropriate for the child's developmental level and the staff-to-children ratio shall be for the established age group. If such developmental placement is made for a child with a disability, a written assessment by a recognized agency or professional shall be required at least annually.

~~H. G.~~ For therapeutic child development day programs, in each grouping of children of preschool age or younger, the following ratios of staff to children are required according to the disabilities of the children in care:

1. For children with severe and profound disabilities, multiple disabilities, or serious emotional disturbance: one staff member to three children.

2. For children diagnosed as trainable mentally retarded (TMR), or with physical and sensory disabilities, or with autism: one staff member to four children.

3. For children diagnosed as educable mentally retarded (EMR), or developmentally delayed or diagnosed with attention deficit/hyperactivity disorder (AD/HD): one staff member to five children.

~~4. For children diagnosed with attention deficit/hyperactivity disorder (AD/HD): one staff member to five children.~~

~~5.~~ 4. For children diagnosed with specific learning disabilities: one staff member to six children.

~~6.~~ 5. When children with varied disabilities are regularly in ongoing groups, the ratios indicated in subdivisions 4 through 5 of this subsection shall be maintained for each level; the staff-to-children ratio applicable to the child with the most significant disability in the group shall apply to the entire group.

Note: Whenever 22 VAC 15-30-440 E requires more staff than 22 VAC 15-30-440 H G because of the children's ages, 22 VAC 15-30-440 E shall take precedence over 22 VAC 15-30-440 H G.

H. For therapeutic child day programs, in each grouping of school age children, the following ratios of staff to children are required according to the disabilities of the children in care:

1. For children with severe and profound disabilities, autism, multiple disabilities, or serious emotional disturbance: one staff member to four children.

2. For children diagnosed as trainable mentally retarded (TMR), or with physical and sensory disabilities; attention deficit/hyperactivity disorder (AD/HD), or other health impairments: one staff member to five children.

3. For children diagnosed as educable mentally retarded (EMR), or developmentally delayed: one staff member to six children.

4. For children diagnosed with specific learning disabilities, or speech or language impairments: one staff member to eight children.

5. When children with varied disabilities are regularly in ongoing groups, the staff-to-children ratio applicable to the child with the most significant disability in the group shall apply to the entire group.

PART VI. PROGRAMS.

22 VAC 15-30-450. ~~Daily schedule. (Repealed.)~~

~~A. There shall be a predictable sequence to the day for children 16 months or older but the schedule shall be flexible, based on children's needs.~~

~~B. For centers operating more than two hours per day or more than two hours per session per day, outdoor activity shall be provided daily, weather allowing, according to the following:~~

~~1. If the center operates between two and five and one half hours per day or per session, there shall be at least 30 minutes of outdoor activity per day or per session.~~

~~2. If the center operates more than five and one half hours per day or per session, there shall be at least one hour of outdoor activity per day or per session.~~

~~Exceptions: Outdoor activity is not required on days when an all day field trip occurs and Montessori preschools may meet the alternative requirements in the Montessori Module for subdivision 2 of this subsection.~~

~~C. Staff shall provide opportunities for children to engage in self-chosen tasks and activities.~~

~~D. The daily schedule which describes the typical sequence of daily activities for toddlers and preschoolers shall be posted in a place conspicuous to parents and staff.~~

~~E. There shall be a flexible schedule for infants based on their individual needs.~~

~~F. Centers operating five or more hours per day or per session shall have a designated rest period for preschool children and toddlers in attendance at the time of the rest period.~~

~~G. For centers operating five or more hours per day or per session, the following requirements for preschool children and toddlers during the designated rest period shall apply:~~

~~1. The rest period shall be at least one hour but no more than two hours unless children are actually sleeping;~~

~~2. Cots, beds, or rest mats shall be used during the rest period; and~~

~~3. After the first 30 minutes of a rest period, nonsleeping children shall be allowed to participate in quiet activities, which may include, but not be limited to, books, records, puzzles, coloring, or manipulatives.~~

22 VAC 15-30-460. ~~Activities. (Repealed.)~~

~~A. The daily activities shall be age and stage appropriate and promote the individual child's physical, intellectual, emotional, and social well-being and growth as well as promoting curiosity and exploration.~~

~~B. To promote emotional development, the center shall provide for:~~

Final Regulations

1. ~~Opportunities for individual self-expression;~~
2. ~~Recognition that each child is an individual;~~
3. ~~Respect for personal privacy; and~~
4. ~~Respect for each child's cultural, ethnic, and family background, as well as the child's primary language or dialect.~~

C. ~~To promote social development, the center shall provide:~~

1. ~~Guidance to children in developing and working out ways of getting along with one another;~~
2. ~~Staff interaction with children in ways which emphasize and foster attitudes of mutual respect between adults and children; and~~
3. ~~Staff behavior which demonstrates respect for all other persons as individuals and appreciation of cultural and ethnic diversity.~~

D. ~~The center shall provide for the self-direction of the children by:~~

1. ~~Encouraging children to do things independently and to help with daily routines as appropriate to the child's developmental level but to be available to comfort and help when needed, and~~
2. ~~Supporting children's friendships and providing children opportunities to be involved in decision making about group and individual activities.~~

E. ~~A variety of children's activities shall be provided that allow for group and individual involvement and child and staff initiation.~~

F. ~~For children who cannot move without help, staff shall offer to change the places and position of the child and the selection of toys or objects available to the child at least every 30 minutes or more frequently depending on the individual needs of the child.~~

G. ~~The center shall provide a balance of active and quiet activities.~~

H. ~~Children of all ages shall be allowed to rest or sleep as needed on cribs, cots, mats, or beds, as appropriate.~~

I. ~~Reserved.~~

22 VAC 15-30-470. Activities for preschool-age children. (Repealed.)

~~Daily activities and experiences for preschool children, which are explained in Appendix VII, shall include, but not be limited to:~~

1. ~~Art activities;~~
2. ~~Rhythm, movement, and music;~~
3. ~~Language and communication experiences;~~
4. ~~Sensory experiences and exploration of the environment;~~

5. ~~Construction;~~
6. ~~Social living;~~
7. ~~Water and sand play;~~
8. ~~Small motor activities; and~~
9. ~~Large motor activities.~~

~~EXCEPTION: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

22 VAC 15-30-480. Activities for infants and toddlers. (Repealed.)

A. ~~For toddlers, the center shall provide daily equipment and opportunities for sensory and perceptual experiences, large and small motor development, and language development.~~

B. ~~Daily activities and experiences for toddlers, which are explained in Appendix VIII, shall include, but not be limited to:~~

1. ~~Art activities;~~
2. ~~Rhythm, movement, and music;~~
3. ~~Language and communication experiences;~~
4. ~~Sensory experiences and exploration of the environment;~~
5. ~~Construction;~~
6. ~~Social living;~~
7. ~~Water and sand play;~~
8. ~~Small motor activities; and~~
9. ~~Large motor activities.~~

C. ~~Staff shall encourage language development by one-to-one face-to-face conversations giving toddlers time to initiate and respond; labeling and describing objects and events; helping children put feelings into words; and expanding on toddler language.~~

D. ~~Staff shall express affection, support toddler's growing independence such as dressing and eating, and making choices in activities and routines.~~

E. ~~Staff shall support toddler's developing self-control by expressing feelings with words, giving positively worded directions, and modeling and redirecting behavior.~~

F. ~~Parents of toddlers shall receive daily verbal feedback about:~~

1. ~~Daily activities;~~
2. ~~Physical well-being; and~~
3. ~~Developmental milestones.~~

G. ~~For infants, the center shall provide daily equipment and opportunities for sensory and perceptual experiences, large and small motor development, and language development.~~

~~H. Staff shall promptly respond to infants' needs for food and comfort.~~

~~I. Infant play spaces shall:~~

- ~~1. Offer opportunities for least restrictive environment;~~
- ~~2. Offer a diversity of experiences for the infant; and~~
- ~~3. Provide frequent opportunities to creep, crawl, toddle, and walk.~~

~~Note: Play spaces may include but not be limited to cribs, infant seats, infant swings, high chairs, and floor area.~~

~~J. An awake infant not playing on the floor or ground shall be provided a change in play space at least every 30 minutes, and more often as determined by the needs and demands of the individual infant. For awake infants playing on the floor or ground, staff shall change the position of the infant and selection of toys available to the infant every 30 minutes or more often as determined by the needs and demands of the individual infant.~~

~~K. An infant or toddler who falls asleep in a play space other than his own crib, cot, mat, or bed shall be moved promptly to his own crib, cot, mat, or bed if he is uncomfortable or unsafe.~~

~~L. Stimulation shall be regularly provided for infants in a variety of ways including being held, cuddled, talked to, and played with by staff.~~

~~M. For each infant, the center shall post a daily record which can be easily seen by both the parent and by the staff working with the children. The record shall include the following information:~~

- ~~1. The amount of time the infant slept;~~
- ~~2. The amount of food consumed and the time;~~
- ~~3. A description and the time of bowel movements; and~~
- ~~4. Developmental milestones.~~

~~N. Resting or sleeping infants and toddlers shall be individually checked at least every 30 minutes.~~

22 VAC 15-30-451. Daily activities.

A. The variety of daily activities for all age groups shall be age and stage appropriate and provide opportunities for teacher-directed, self-directed, and self-chosen tasks and activities; a balance of active and quiet activities; individual and group activities; and curiosity and exploration.

Exception: Specialty camps do not need to provide opportunities for self-chosen tasks and curiosity and exploration.

B. For a child who cannot move without help, staff shall offer to change the places and position of the child at least every 30 minutes or more frequently depending on the child's individual needs.

C. Children shall be allowed to sleep or rest as individually needed.

22 VAC 15-30-461. Daily activities for infants.

There shall be a flexible daily schedule for infants based on their individual needs. During the day, infants shall be provided with:

1. Sleep as needed.

a. When an infant is placed in his crib, he shall be placed on his back (supine). When an infant is able to easily turn over from the back (supine) to the belly (prone) position and he is placed in his crib, he shall still be put on his back (supine) but allowed to adopt whatever position he prefers. This applies unless otherwise directed by the infant's physician. However, if the side position is used, caregivers shall bring the dependent arm forward to lessen the likelihood of the infant rolling into a belly (prone) position.

~~a. b. Resting or sleeping infants shall be individually checked every 30 minutes ; and.~~

~~b. c. An infant who falls asleep in a play space not his crib, cot, mat, or bed shall be moved to his own crib, cot, mat or bed if he is uncomfortable or unsafe.~~

2. Food as specified in 22 VAC 15-30-620 and 22 VAC 15-30-630.

3. Comfort as needed.

4. Play spaces.

a. Play spaces may include, but are not limited to, cribs, infant seats, play yards, exercise chairs or saucers (but not walkers), infant swings, high chairs, and floor space.

b. The variety of play spaces shall cumulatively offer:

(1) Room for extensive movement (rolling, crawling, or walking) and exploration;

(2) A diversity of sensory and perceptual experiences; and

(3) Equipment and toys that support large and small motor development.

c. Staff shall provide frequent opportunities for infants to creep, crawl, toddle and walk.

d. Infants shall be protected from older children.

e. Staff shall provide awake infants not playing on the floor or ground a change in play space at least every 30 minutes or more often as determined by the individual infant's needs.

f. Staff shall change the position of an awake infant playing on the floor or ground and the selection of toys available to the infant every 30 minutes or more often as determined by the individual infant's needs.

5. Stimulation and language development activities, including but not limited to staff reading, talking to, cuddling, making eye contact, and playing with infants.

Final Regulations

22 VAC 15-30-471. Daily activities for toddlers and preschoolers.

A. There shall be a posted daily schedule that allows for flexibility as children's needs require. The daily schedule need not apply on days occupied a majority of the time by a field trip or other special event. The daily schedule shall include opportunities for:

1. Outdoor activity, weather allowing, for at least:
 - a. Fifteen minutes per day or session if the center operates up to three hours per day or session;
 - ~~a-~~ b. Thirty minutes per day or session if the center operates between ~~two~~ three and five hours per day or session; or
 - ~~b-~~ c. One hour per day or session if the center operates more than five hours per day or session.
2. Sleep or rest.
 - a. Centers operating five or more hours per day shall have a designated rest period for at least one hour but no more than two hours. [Cribs,] cots, beds, or mats shall be used. After the first 30 minutes, children not sleeping may engage in quiet activities.
 - ~~b. Children shall be allowed to sleep or rest at other times as individually needed.~~
 - ~~e-~~ b. A child who falls asleep in a place other than his designated sleeping location shall be moved to such location if uncomfortable or unsafe.
 - ~~d-~~ c. Sleeping toddlers shall be individually checked every 30 minutes.
3. Meals and snacks as specified in 22 VAC 15-30-620 and 22 VAC 15-30-630.
4. Small and large motor activities, language and communication experiences, sensory experiences, art or music activities, and play acting { or social living } .

B. Staff shall encourage language development by personal conversations giving children time to initiate and respond, labeling and describing objects and events, and expanding their language.

22 VAC 15-30-481. Daily activities for school age children.

A. Before or after school, the center shall provide an opportunity for children to do homework or projects or hobbies in a suitable area. In the afternoon, there shall be an opportunity for large motor activities at least 25% of the time.

B. On nonschool days, the daily activity shall include opportunities for large motor activities at least 25% of the time; small motor activities; projects, hobbies, or homework in a suitable place; art or music activities; outdoor activity in accordance with 22 VAC 15-30-471 A 1 and food as specified in 22 VAC 15-30-620 and 22 VAC 15-30-630.

Exception: Specialty camps are not required to meet the requirements of this subsection.

22 VAC 15-30-484. Behavioral guidance.

A. In order to promote the child's physical, intellectual, emotional, and social well-being and growth, staff shall interact with the child and one another to provide needed help, comfort, support and:

1. Respect personal privacy;
2. Respect differences in cultural, ethnic, and family backgrounds;
3. Encourage decision-making abilities;
4. Promote ways of getting along;
5. Encourage independence and self-direction; and
6. Use consistency in applying expectations.

B. Behavioral guidance shall be constructive in nature, age and stage appropriate, and shall be intended to redirect children to appropriate behavior and resolve conflicts.

22 VAC 15-30-487. Forbidden actions.

The following actions or threats thereof are forbidden:

1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment;
2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose;
3. Punishment by another child;
4. Separation from the group so that the child is away from the hearing and vision of a staff member;
5. Withholding or forcing of food or rest;
6. Verbal remarks which are demeaning to the child;
7. Punishment for toileting accidents; and
8. Punishment by applying unpleasant or harmful substances.

22 VAC 15-30-490. Parental involvement.

~~A. The center shall be open for parents to visit and observe their children at any time as stated in § 63.1-210.1 of the Code of Virginia.~~

A. Before the child's first day of attending, parents shall be provided in writing the following:

1. The center's philosophy and any religious affiliation;
- ~~4.~~ 2. Operating information, including the hours and days of operation and holidays or other times closed,

and the phone number where a message can be given to staff;

~~2-~~ 3. Transportation safety policies and those for the arrival and departure of children. Such policies shall include procedures for picking up children after closing, for when a child is not picked up, for release of children only to those who have been authorized in writing, and street safety;

~~3-~~ 4. The center's policy regarding any medication or medical procedures that will be given;

~~4-~~ 5. Description of established lines of authority for ~~persons responsible for center management~~ staff;

~~5-~~ 6. Policy for paid staff to report suspected child abuse as required by § 63.1-248.3 of the Code of Virginia;

~~6-~~ 7. Policy for communicating an emergency situation with parents;

~~7-~~ 8. The appropriate general daily schedule for the age of the enrolling child;

~~8-~~ 9. Food policies; and

~~9-~~ 10. Discipline policies including acceptable and unacceptable discipline measures -; and

11. Termination policies.

B. Staff shall promptly inform parents when persistent behavioral problems are identified; such notification shall include any disciplinary steps taken in response.

C. A custodial parent shall be admitted to any child day program. Such right of admission shall apply only while the child is in the child day program (§ 63.1-210.1 of the Code of Virginia).

~~B. D.~~ The center shall ~~encourage~~ provide opportunities for parental involvement ~~on a volunteer basis~~ in appropriate center activities.

~~C.~~ Staff shall frequently and in person share information with parents about their child's health, development, behavior, adjustment, and needs.

E. Communication.

1. For each infant, the center shall post a daily record which can be easily accessed by both the parent and the staff working with the child. The record shall contain the following information:

- a. The amount of time the infant slept;
- b. The amount of food consumed and the time;
- c. A description and time of bowel movements; and
- d. Developmental milestones.

2. If asked by parents, staff shall provide ~~daily~~ feedback about daily activities, physical well-being, and

developmental milestones ~~to those parents who pick up their toddlers and preschool children.~~

3. Parents shall be provided at least semiannually, either orally or in writing, information on their child's development, behavior, adjustment, and needs.

4. Parents shall be informed of reasons for termination of services.

22 VAC 15-30-500. Equipment and materials.

A. ~~All~~ Furnishings, equipment, and materials shall be of an appropriate size for the child using it.

B. ~~The amount and variety of~~ Materials and equipment available ~~and the arrangement and use of the materials and equipment~~ shall be age and stage appropriate for the children and shall include ~~equipment and materials which:~~ an adequate supply as appropriate for each age group of arts and crafts materials, texture materials, construction materials, music and sound materials, books, social living equipment, and manipulative equipment.

~~1.~~ Are in sufficient supply to avoid excessive competition among the children and to avoid long waits for use of the materials and equipment;

~~2.~~ Provide for a variety of experiences and appeal to the individual interests and abilities of children;

~~3.~~ Are accessible to children for the activities required by these standards; and

~~4.~~ Allow children to use small and large muscles for imaginative play and creative activities.

~~C.~~ Indoor slides and climbing equipment shall not be over bare flooring constructed of wood, masonry or vinyl.

~~D.~~ Storage space for play materials and equipment used by the children shall be accessible to children either independently or with help.

C. Play equipment used by children shall meet the following requirements:

1. Openings above the ground or floor which allow a 3½-inch by 6¼-inch rectangle to fit through shall also allow a nine-inch circle to fit through;

2. Have closed S-hooks where provided; and

3. Have no protrusions, sharp points, shearing points, or pinch points.

D. The climbing portion of slides and climbing equipment used by toddlers and preschool children shall not be more than seven feet high where outdoors and shall not be more than five feet high where indoors. The climbing portions of indoor slides and climbing equipment over 18 inches shall not be over bare flooring ~~constructed of wood, masonry or vinyl.~~ The climbing portions of indoor slides and climbing equipment 36 inches or more shall be located over a resilient surface.

E. If combs, toothbrushes, or other personal articles are used, they shall be individually assigned.

Final Regulations

F. All Disposable products shall be used once and discarded.

~~G. Disposable dishes and utensils shall be sturdy enough to contain food without leakage and to prevent harm and injury to children.~~

~~H. Individualized space such as, but not limited to, lockers or cubbies for each preschool and younger child's clothing and personal items shall be provided.~~

~~I. In each classroom grouping of children of preschool age or younger, at least one area, shelf, or cupboard space where materials can be readily and freely chosen by children during active play periods shall be available.~~

~~J. Equipment and play materials for infants shall include, but not be limited to balls, busy boards, books, rattles, dolls, play mats, soft blocks, nesting and stacking toys, squeeze toys, music boxes, and mirrors placed where infants can see themselves.~~

~~G. Provision shall be made for a an individual place for each child's personal belongings.~~

~~K. Playpens and H. Infant walkers shall not be used.~~

~~I. Play yards where used shall:~~

- ~~1. Meet the Juvenile Products Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements;~~
- ~~2. Not use any pillows or filled comforters;~~
- ~~3. Not be used for sleeping areas; and~~
- ~~4. Not be occupied by more than one child -; and~~
- ~~5. Be cleaned each day of use with an antibacterial agent or more often as needed.~~

~~J. Where portable water coolers are used, they shall be of cleanable construction, maintained in a sanitary condition, kept securely closed and so designed that water may be withdrawn from the container only by water tap or faucet.~~

~~K. Drinking water which is transported to camp sites shall be in closed containers.~~

~~L. Therapeutic child day programs and special needs child day programs serving children who use wheelchairs shall provide cushioned vinyl-covered floormats for use when activities require children to be out of their wheelchairs.~~

22 VAC 15-30-510. Cribs, cots, rest mats, and beds.

A. Cribs, cots, rest mats or beds shall be provided ~~to~~ for children ~~present~~ during the designated rest period and ~~no~~ not more than one child at a time shall occupy a crib, cot, rest mat, or bed.

B. Cribs, cots, rest mats, and beds shall be ~~marked or identified in some way~~ for use by a specific child.

C. Double decker cribs, cots, or beds, or other sleeping equipment when stacked shall not be ~~used~~ permitted.

D. Occupied cribs, cots, rest mats, and beds shall be at least 2½ feet from any heat ~~source in use producing appliance.~~

E. There shall be at least ~~45~~ 12 inches of space between ~~sides and ends of~~ occupied cots, beds, and rest mats.

Exception: ~~Fifteen~~ Twelve inches of space are not required where cots, beds, or rest mats ~~touch the~~ are located adjacent to a wall or ~~where screens are placed between cots or beds~~ a screen as long as one side is open at all times to allow for passage.

F. If rest mats are used, they shall have ~~comfortable~~ cushioning and be sanitized between each use.

G. Cribs shall be used for children under 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or mat.

H. Cribs shall meet the following requirements:

1. They shall meet the Consumer Product Safety Commission Standards at the time they were made;
2. There shall be no more than six centimeters or 2-3/8 inches of space between slats;
- ~~3. Mattresses shall fit snugly next to~~ There shall be no more than ~~1½ inches~~ one inch between the mattress and the crib; and
4. End panel cut-outs in cribs shall be of a size not to cause head entrapment.

~~I. No~~ Cribs shall be placed where objects outside the crib such as cords from blinds or curtains are ~~in~~ not within reach of infants or toddlers.

J. There shall be at least:

1. Twelve inches of space between the sides and ends of occupied cribs except where they touch the wall -; and
2. Thirty inches of space between service sides of occupied cribs and other furniture ~~when~~ where that space is the walkway for staff to gain access to ~~any child in~~ any occupied crib.

K. Crib sides shall ~~always~~ be up and the fastenings secured when a child is in the crib, except when staff is giving the child immediate attention.

L. Pillows and filled comforters shall not be used by children under two years of age.

22 VAC 15-30-520. Linens.

A. ~~Linens for~~ Cribs, cots, ~~rest mats, or~~ and beds used by children shall ~~consist~~ have linens consisting of a top cover and a bottom cover or a one-piece covering which is open on three edges.

B. Linens shall be assigned for individual use.

C. Linens shall be ~~maintained in~~ clean and sanitary condition and shall be washed at least weekly ~~except for~~. Crib sheets which shall be cleaned *and sanitized* daily.

D. ~~When pillows are~~ *Pillows when* used, they shall be assigned for individual use and covered with pillow cases.

E. Mattresses when used shall be covered with a waterproof material which can be easily sanitized.

22 VAC 15-30-530. Behavior guidance. (Repealed.)

A. ~~Discipline shall be constructive in nature and include techniques such as:~~

- ~~1. Using limits that are fair, consistently applied, and appropriate and understandable for the child's level;~~
- ~~2. Providing children with reasons for limits;~~
- ~~3. Giving positively worded directions;~~
- ~~4. Modeling and redirecting children to acceptable behavior;~~
- ~~5. Helping children to constructively express their feelings and frustrations to resolve conflict; and~~
- ~~6. Arranging equipment, materials, activities, and schedules in a way that promotes desirable behavior.~~

B. ~~There shall be no physical punishment or disciplinary action administered to the body such as, but not limited to, spanking; roughly handling a child; forcing a child to assume an uncomfortable position (e.g., standing on one foot, keeping arms raised above or horizontal to the body); restraining to restrict movement through binding or tying; enclosing in a confined space, box, or similar cubicle; or using exercise as punishment.~~

C. ~~A child shall not be shaken at any time.~~

D. ~~Staff shall not be verbally abusive which would include, but not be limited to, threats, belittling remarks about any child, his family, his race, his religion, or his cultural background, or other statements that are frightening or humiliating to the child.~~

E. ~~When disciplining a child, staff shall not:~~

- ~~1. Force, withhold, or substitute food;~~
- ~~2. Force or withhold naps; or~~
- ~~3. Punish a child for toileting accidents.~~

F. ~~When separation is used as a discipline technique, it shall be brief and appropriate to the child's developmental level and circumstances. The child who is separated from the group shall be in a safe, lighted, well-ventilated place and shall be within hearing and vision of a staff member.~~

G. ~~No child, for punishment or any other reason, shall ever be confined in any space that the child cannot open, such as but not limited to closets, locked rooms, latched pantries, or containers. This does not apply to safety equipment such as cribs, high chairs and safety gates when used for the intended purpose.~~

H. ~~Staff shall not give a child authority to punish another child nor shall staff consent to a child punishing another child.~~

I. ~~Staff shall follow the center's policy on acceptable and unacceptable discipline methods.~~

J. ~~Behavior problems of children of preschool age and younger shall be dealt with promptly.~~

22 VAC 15-30-540. Swimming and wading activities; staff and supervision.

A. ~~The staff-child~~ *staff-to-children* ratios required by subdivisions 1 through 4 of 22 VAC 15-30-440 E, G and H shall be maintained while children are participating in swimming or wading activities. *Notwithstanding the staff-to-children ratios already indicated, at no time shall there be fewer than two staff members supervising the activity.* The designated water safety instructor or senior lifesaver shall not be counted in the staff-to-children ratios.

B. If a pool, lake, or other swimming area has a water depth of more than two feet, a water safety instructor or senior lifesaver holding a current certificate shall be on duty supervising the children participating in swimming or wading activities at all times when one or more children are in the water. The certification shall be obtained from an organization such as, but not limited to, the American Red Cross, the YMCA, or the Boy Scouts.

C. ~~A minimum of two staff members of the center shall be on duty supervising the children of preschool age or younger during swimming or wading activities when one or more children are in the water.~~

22 VAC 15-30-550. Pools and equipment.

A. When permanent swimming or wading pools are located on the premises of the center, the following shall apply:

1. The manufacturer's specifications for operating the pool shall be followed as well as any local ordinances and any Department of Health requirements for swimming pools;
2. All Pools constructed, renovated, or remodeled after April 1, 1986, shall have a statement in writing of their inspection and approval from the local building official when such ~~appraisal~~ *approval* is required;
3. Outdoor swimming pools shall be enclosed by safety fences and gates which ~~shall meet the BOCA National Building Code of 1993~~ *are in compliance with the applicable edition of the Virginia Uniform Statewide Building Code (13 VAC 5-61-10 et seq.)* and shall be kept locked when the pool is not in use;
4. Entrances to *indoor* swimming pools shall be locked when the pool is not in use; and
5. A whistle or other audible signaling device, a buoy or a lemon line, a reach pole, and a backboard shall be available at the swimming or wading site.

Final Regulations

B. If children are allowed to swim in a lake or other place other than a pool, safe swimming areas shall be clearly marked *and there shall be appropriate water safety equipment.*

C. All Piers, floats, and platforms shall be in good repair and where used for diving, the minimum water depth shall be ~~indicated~~ *stated* on the deck or planking.

~~D. If children are allowed to swim at a lake or other body of water larger than a pool, there shall be a rescue boat available at all times which is equipped with a reach pole and a lemon line or buoy.~~

~~E. D.~~ If portable wading pools are used, they shall be emptied of dirty water and filled with clean water for each day's use and more frequently as necessary.

22 VAC 15-30-560. Swimming and wading; general.

A. The center shall have emergency procedures and written safety rules for swimming or wading that are:

1. Posted in the swimming area when the pool is located on the premises of the center; *and*

~~2. Given to staff involved in swimming or wading activities;~~

~~3. Given to parents of children participating in swimming or wading activities; and~~

4. 2. Explained to children participating in swimming or wading activities.

B. The center shall maintain written, ~~signed~~ permission from the parent of each child who participates in swimming or wading, *which shall include a statement advising of a child's swimming skills before the child is allowed in water above the child's shoulder height.*

C. Staff shall have a system for accounting for all children in the water.

~~D. Each child's swimming skills shall be determined before the child is allowed in water above the child's shoulder height.~~

~~E. D.~~ Outdoor swimming activities shall occur only during daylight hours unless underwater and deck lighting is provided.

~~F. E.~~ Children who are not toilet trained shall not use portable wading pools.

PART VII.

SPECIAL CARE PROVISIONS AND EMERGENCIES.

22 VAC 15-30-570. Preventing the spread of disease.

A. If a child arrives at the center with the signs or symptoms listed in subsection B of this section, the child shall not be allowed to attend for that day.

B. Unless otherwise instructed by the child's health care provider, that child shall be excluded ~~if he has~~:

1. *If he has* a temperature over 100°F; ~~or~~;

2. *If he has* recurrent vomiting or diarrhea; *or*

3. *As recommended in the Virginia Department of Health's current communicable disease chart.*

C. If a child needs to be excluded according to subsection B of this section, the following shall apply:

1. Arrangements shall be made for the child to leave the center as soon as possible after the signs or symptoms are noticed; *and*

2. The child shall remain in the designated quiet area until leaving the center.

D. When a child at the center has been exposed to a ~~reportable~~ communicable disease *listed in the Department of Health's current communicable disease chart*, the parent shall be informed *unless forbidden by law.*

22 VAC 15-30-575. Hand washing and toileting procedures.

A. *Hand washing.*

~~E. 1.~~ Children's hands shall be washed with soap and water *or disposable wipes* before *and after* eating meals or snacks, after toileting, and after any contact with body fluids.

~~F. 2.~~ Staff shall wash their hands with soap or germicidal cleansing agent and water *before and after* helping a child ~~with toileting use the toilet or a diaper change~~, after the staff member uses the toilet, after any contact with body fluids, and before feeding or helping children with feeding.

~~G. When a child's clothing or diaper becomes wet or soiled, it shall be changed immediately.~~

~~H. Children not toilet trained.~~

~~1. The child's soiled area shall be thoroughly cleaned with a disposable wipe during each diapering.~~

~~2. Staff shall wash their hands with soap or germicidal cleansing agent and water after each diaper change.~~

~~3. Disposable diapers shall be used for children in diapers unless the child's skin reacts adversely to disposable diapers. If cloth diapers are used, there shall be separate step-on diaper pails for the cloth and disposable diapers.~~

~~4. Toilet chairs shall be emptied promptly and sanitized after each use.~~

~~5. Surfaces for changing diapers shall be used only for changing diapers or cleaning children.~~

~~6. Diapers shall be changed on a nonabsorbent surface which shall be washed with soap and warm water or a germicidal cleansing agent after each use.~~

B. *Diapering; soiled clothing.*

1. *The diapering area shall allow for sight and sound supervision of other children in the classroom or be*

accessible and within the building used by children if the required staff-to-children ratios are maintained while children are being diapered.

2. The diapering area shall be provided with the following:

- a. A sink with running warm water not to exceed 120°F;
- b. Soap or germicidal cleaning agent, [~~disposable gloves, and~~] disposable towels [and single use gloves such as surgical or examination gloves];
- c. A nonabsorbent surface for diapering which, for children younger than three years, shall be a changing table or countertop;
- d. The appropriate disposal container as required by subdivision 5 of this subsection; and
- e. A covered receptacle for soiled linens.

3. When a child's clothing or diaper becomes wet or soiled, it shall be changed immediately. The child's soiled area shall be thoroughly cleaned with a disposable wipe or sanitized washcloth ~~sanitized~~ for each ~~use~~ child.

4. Disposable diapers shall be used unless the child's skin reacts adversely to disposable diapers.

5. Disposable diapers shall be disposed in a leakproof or plastic-lined storage system that is not hand operated. When cloth diapers are used, a separate leakproof storage system that is not hand operated shall be used.

6. The diapering surface shall only be used for diapering or cleaning children, and it shall be washed with soap and warm water or a germicidal cleansing agent after each use. ~~7.~~ Tables used for children's activities or meals shall not be used for changing diapers.

7. Staff shall ensure the immediate safety of a child during diapering.

C. Toilet training. For every 10 children in the process of being toilet trained, there shall be at least one toilet chair or one child-sized toilet, or at least one adult sized toilet with a platform or steps and [~~adapter~~ adapter] seat. The location of these items shall allow for sight and sound supervision of children in the classroom if necessary for the required staff-to-children ratios to be maintained. Toilet chairs shall be emptied promptly and sanitized after each use.

22 VAC 15-30-580. Medication.

A. Prescription and nonprescription medication shall be given to a child according to the center's written medication policies and only with written authorization from the parent.

B. The center's procedures for administering medication shall include:

1. Any general restrictions of the center.

2. Duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 work days. Long-term prescription drug use may be allowed with written authorization from the child's physician and parent.

3. Methods to prevent use of outdated medication.

~~B.~~ C. The medication authorization shall be available to staff during the entire time it is effective.

~~C.~~ D. All Medication shall be labeled with the child's name, the name of the medication, the dosage amount, and the time or times to be given.

~~D.~~ E. All Medication shall be in the original container with the prescription label or direction label attached.

~~E.~~ F. When needed, medication shall be refrigerated. When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.

~~F.~~ G. All Medication, including refrigerated medication and staff's personal medication, shall be kept in a locked place using a safe locking method that prevents access by children. If a key is used, the key shall not be accessible to the children.

~~G.~~ H. Centers shall keep a record of medication given children which shall include the following:

1. Child to whom medication was administered;
2. Amount and type of medication administered to the child;
3. The day and time the medication was administered to the child; ~~and~~
4. Staff member administering the medication;
5. Any adverse reactions; and
6. Any medication error.

I. Staff shall inform parents immediately of any adverse reactions to medication administered and any medication error.

~~H.~~ J. Medication shall be returned to the parent as soon as the medication is no longer being administered.

22 VAC 15-30-590. First aid training, cardiopulmonary resuscitation (CPR) and rescue breathing.

A. There shall be at least one staff member ~~who is~~ trained in first aid , cardiopulmonary resuscitation, and rescue breathing as appropriate to the age of the children in care who is on the premises during the center's hours of operation and also one person on all field trips and wherever children are in care. This person shall be available to children and meet one of the following qualifications ~~for first-aid training~~:

1. ~~Has a current first aid certificate by the American Red Cross;~~ Has a current certification by the American Red Cross, American Heart Association, National Safety

Final Regulations

Council, or other designated program approved by the Department of Social Services; or

~~2. Has a current first aid certificate by the National Safety Council;~~

~~3. Has successfully completed, within the past three years, a competency based first aid course which meets the criteria described in Appendix IX; or~~

~~4. Be 2. Is a R.N. or L.P.N. with a current license from the Board of Nursing.~~

B. Primitive camps shall have a staff member on the premises during the hours of operation who has successfully completed at least first responder training within the past three years.

~~*C. For therapeutic child day programs and special needs child day programs, when a child in care has a known seizure disorder or neurological, genetic or physiological disability causing increased medical risk, there shall be at least one staff member with a current cardiopulmonary resuscitation (CPR) certificate as appropriate to the age of the child in care. This staff member shall be on the premises during the center's hours of operation or wherever the child is in care.*~~

22 VAC 15-30-600. First aid and emergency supplies.

A. A first aid kit shall be:

1. On each floor of each building used by children;
2. Accessible to outdoor play areas;
3. On all field trips; and
4. Wherever children are in care.

B. The required first aid kits shall include at a minimum:

1. Scissors;
2. Tweezers;
3. Gauze pads;
4. Adhesive tape;
5. Band-aids, assorted types;
6. An antiseptic cleansing solution;
7. Thermometer;
8. ~~Two or more~~ Triangular bandages;
9. ~~Disposable~~ Single use gloves such as surgical or examination gloves; and
10. The first aid instructional manual.

C. Each first aid kit shall be stored so that it is not available accessible to children but is easily available accessible to staff.

D. The following emergency supplies shall be required at the center and be available on field trips:

1. Syrup of ipecac or activated charcoal preparation (to be used only upon on the advice of the a physician or the Poison Control Center); and

2. ~~Chemical~~ An ice pack or cooling agents, zip-lock bags, and sponges readily available for icing down contusions, sprains, and breaks agent.

E. The following emergency supplies shall be required:

1. A working, battery-operated flashlight on each floor of each building of the facility that is used by children; and

2. One working, battery-operated radio in each building of the facility used by children and any camp location without a building.

22 VAC 15-30-610. Procedures for emergencies.

A. The center shall have an emergency evacuation plan that addresses staff responsibility with respect to:

1. Sounding of fire alarms and notification of local authorities;
2. Evacuation procedures including assembly points, head counts, primary and secondary means of egress, and checking to ensure complete evacuation of the buildings;
3. Fire containment procedures, e.g., closing of fire doors or other barriers; and
4. Other special procedures developed with local authorities.

B. Emergency evacuation procedures shall be posted in a location conspicuous to staff and children on each floor of each building of the center.

C. The center shall implement these emergency evacuation procedures through monthly practice drills and shall maintain a record of the dates of the monthly drills for one year. For centers offering multiple shifts, the evacuation procedures shall be divided evenly among the various shifts.

D. A generic emergency number such as 911 shall be posted in a conspicuous place near each telephone. If a generic number is not available, the following numbers shall be posted near each phone:

1. A physician or hospital;
2. An ambulance or rescue squad service;
3. The local fire department; and
4. The local police department.

E. The number of a regional poison control center shall be posted in a conspicuous place near each phone.

F. If an ambulance service is not readily available within 10 to 15 minutes, other transportation, such as a private automobile, shall be available at all times in case of emergency.

G. The center or other appropriate official shall notify the parent immediately if a child is lost, ~~experiences~~ has a serious ~~accident~~ injury, needs emergency medical care, or dies. The center shall notify the parent [at by] the end of the day of any known ~~minor significant accidents or~~ injuries.

~~NOTE: Examples of a serious accident injury might include unconsciousness; broken bones; deep cut requiring stitches; concussion; foreign object lodged in eye, nose, ear, or other body orifice. Examples of a minor accident injury might include a small scratch, cut or scrape; minor bruise or discoloration of the skin.~~ H. The center shall maintain a written record of children's *serious and significant* injuries in which entries are made the day of occurrence. The record shall include the following:

1. Date and time of injury;
2. Name of injured child;
3. Type *and circumstance of the* injury;
4. ~~Circumstances of the injury;~~
5. ~~Names of staff present during the injury;~~
6. 4. ~~Staff present and~~ treatment; ~~and~~
7. 5. ~~Method of notifying When parents- were notified; and~~
6. *Any future action to prevent recurrence of the injury.*

H. The camp shall have a warning system. Staff and campers shall be trained in this warning system.

PART VIII. SPECIAL SERVICES.

22 VAC 15-30-620. Nutrition and food services.

A. Centers shall schedule appropriate times for snacks or meals, or both, based on the hours of operation and time of the day; e.g., a center open only for after school care shall ~~serve~~ schedule an afternoon snack; a center open from 7 a.m. to 1 p.m. shall ~~serve~~ schedule a morning snack and midday meal.

B. The center shall ensure that children arriving from a half-day, morning kindergarten program who have not yet eaten lunch receive a lunch.

C. The center shall schedule snacks or meals so there is a period of at least 1½ hours but no more than three hours between each meal or snack unless there is a scheduled rest or sleep period for children between the meals and snacks.

D. Drinking water or other beverage not containing caffeine shall be offered at regular intervals to nonverbal children.

E. In environments of 80°F or above, ~~constant~~ attention shall be given to the fluid needs of all children *at regular intervals*. Children in such environments shall be encouraged to drink fluids.

F. When centers choose to provide meals or snacks, the following shall apply:

1. Centers shall ~~comply with~~ follow the *most recent* nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA) ~~or the meal patterns in Appendix X.~~

2. Centers offering both meals and snacks shall serve a variety of nutritious foods and shall serve at least three sources of vitamin A and at least three sources of vitamin C on various days each week. ~~Appendix XI lists sources of vitamin A and vitamin C.~~

3. A menu listing all foods to be served for all meals and snacks during the current one-week period shall be:

- a. Be dated;
- b. Be posted in a location conspicuous to parents or given to parents;
- c. ~~Indicate~~ List any substituted food; and
- d. Be kept on file for ~~six weeks~~ one week at the center.

4. Powdered milk shall not be used except for cooking.

G. When food is brought from home, the following shall apply:

1. The food *container* shall be clearly labeled in a way that identifies the owner;

2. The center shall have extra food or shall have a ~~plan~~ *available provisions* to obtain food to serve to children so they can have an appropriate snack or meal if they forget to bring food from home, bring an inadequate meal or snack, or bring perishable food; and

3. All Unused portions of food shall be discarded by the end of the day or returned to the parent.

H. If a catering service is used, it shall be approved by the local health department.

I. ~~All food during cookouts~~ Food shall be prepared in a clean and sanitary manner.

J. ~~Unused, perishable food during cookouts shall be discarded and not served again.~~ Contaminated or spoiled food shall not be served to children.

K. Children ~~of preschool age and younger~~ shall be encouraged to feed themselves. ~~Infants and toddlers~~ Staff shall sit with children during meal times. No child shall ~~not~~ be allowed to drink or eat while walking around.

L. ~~During meal and snack times with preschoolers and toddlers, staff shall sit with these children when not serving food to them.~~

22 VAC 15-30-630. Feeding of infants; Special feeding needs.

A. High chairs, infant carrier seats, or feeding tables shall be used for children under 12 months who are not held while being fed. *Children using infant seats or high chairs shall be supervised during snacks and meals. When a child is placed*

Final Regulations

~~in an infant seat or high chair, the protective belt shall be fastened securely.~~

~~B. Bottle fed infants who cannot hold their own bottles shall be held when fed. Bottles shall not be propped.~~

~~B. C. The record of each child on formula shall contain:~~

- ~~1. The brand of formula,; and~~
- ~~2. The child's feeding schedule.~~

~~C. D. Infants shall be fed on demand or in accordance with parental instructions.~~

~~D. E. Prepared infant formula shall be refrigerated and clearly labeled in a way that identifies the child. See Appendix XII for recommendations about the safe use of microwaves to heat infant formula labeled with the child's name. Heated formula and baby food shall be stirred or shaken and tested for temperature before serving to children.~~

~~E. Bottle fed infants who cannot hold their own bottles shall be picked up and held when fed. Bottles shall not be propped.~~

~~F. No child shall be allowed to drink or eat while walking around.~~

~~G. F. Formula, bottled breast milk, and prepared baby food not consumed by an infant may be used by that same infant later in the same day, if dated and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day.~~

~~H. G. A one-day's emergency supply of disposable bottles, nipples, and commercial formulas appropriate for the children in care shall be maintained at the facility center.~~

~~I. Mothers shall be allowed to breastfeed their infants at the facility. H. Breastfeeding shall be permitted.~~

~~J. Unless written instructions from a physician indicate differently, H. I. Staff shall feed semisolid food with a spoon unless written instructions from a physician state differently.~~

~~K. Children using infant seats or high chairs shall be carefully supervised during snacks or meals. When a child is placed in an infant seat or high chair the protective belt shall be fastened securely.~~

~~L. J. For therapeutic child development day programs and special needs child day programs, the consistency of food shall be appropriate to a child's special feeding needs. Necessary and adaptive feeding equipment and feeding techniques shall be used for children with special feeding needs.~~

22 VAC 15-30-640. Transportation and field trips.

~~A. If the center transports children to the site of the center, the center shall assume responsibility for the child between the place where the child boards the vehicle and the center site, while at the center and on any center field trips, and from the time the child leaves the center site until the child is delivered to a designated location or to a responsible person designated by his parent If the center provides~~

~~transportation, the center shall be responsible from the time the child boards the vehicle until returned to the parents or person designated by the parent.~~

~~B. Any vehicle used by the center for the transportation of children shall meet the following requirements:~~

- ~~1. The vehicle shall be manufactured for the purpose of transporting human beings people seated in an enclosed area;~~
- ~~2. The vehicle's seats shall be attached to the floor;~~
- ~~3. The vehicle shall be insured with at least the minimum limits established by Virginia state statutes; [and]~~
- ~~4. The vehicle shall meet the safety standards set by the Department of Motor Vehicles and shall be kept in satisfactory condition to assure the safety of children; and~~
- ~~5. If volunteers supply personal vehicles, the center is responsible for ascertaining ensuring that the requirements of this subsection are met.~~

~~C. The center shall ensure that during transportation of children:~~

- ~~1. Virginia state statutes about safety belts and child restraints are followed;~~
- ~~2. The children remain seated and each child's arms, legs, and head remain inside the vehicle;~~
- ~~3. Doors are closed properly and locked unless locks were not installed by the manufacturer of the vehicle;~~
- ~~4. At least one staff member or the driver always remain in the vehicle when children are present;~~
- ~~5. The telephone numbers for obtaining emergency help as stated in 22 VAC 15-30-610 D and E are in the vehicle and available to staff;~~
- ~~6. The name, address, and phone number of the center and an additional emergency contact number is in the vehicle and available to staff; and 5. The following information is in transportation vehicles:~~

~~a. Emergency numbers as specified in 22 VAC 15-30-610 D and E;~~

~~b. The center's name, address, and phone number; and~~

~~c. A list of the names of the children being transported is kept in the vehicle.~~

~~D. When entering and leaving vehicles, children shall enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway.~~

~~E. When necessary to cross streets, Children shall cross streets at corners or crosswalks or other designated safe crossing point if no corner or crosswalk is available.~~

F. The staff-to-children ratios of subdivisions 1 through 4 of 22 VAC 15-30-440 E, G and H shall be followed on all field trips but not necessarily in each vehicle. The staff-to-children ratios may need not be followed during transportation of children to and from the center.

~~Exception: Montessori preschools may meet the alternative requirements in the Montessori Module.~~

G. The center shall make provisions for providing children on field trips with adequate food and water.

H. If perishable food is taken on field trips, the food shall be stored in insulated containers with ice packs to keep the food cold.

I. Before leaving on a field trip, a schedule of the trip's events and locations shall be posted and visible at the center site.

J. There shall be ~~an established~~ a communication plan of communication between center staff at the center site and staff who are away from the center site transporting children or on a field trip.

K. Parental permission for transportation and field trips shall be secured at least 24 hours before the scheduled activity. If a blanket permission is used instead of a separate written permission, the following shall apply:

1. Parents shall be notified of the field trip; and
2. Parents shall be given the opportunity to withdraw their children from the field trip.

22 VAC 15-30-650. Transportation for nonambulatory children.

A. For therapeutic child development day programs and special needs child day programs providing transportation, nonambulatory children shall be transported in a vehicle which is equipped with a ramp or hydraulic lift to allow entry and exit.

B. Wheelchairs shall be equipped with seat belts and shall be securely fastened to the floor when used to seat children in a vehicle.

C. Arrangements of wheelchairs in a vehicle shall not impede access to exits.

D. For therapeutic child development day programs and special needs child day programs, when the center is responsible for providing transportation, the center shall develop a plan based on the needs of the children in care to assure their safe supervision during on-loading, off-loading and transporting and when 16 or more children are being transported, there shall be at least one center aide or adult besides the driver, for each group of 16.

E. For therapeutic child development day programs and special needs child day programs, if a child has a known seizure disorder or neurological, genetic or physiological disability causing increased medical risk and that child is being transported, one center aide or adult who is not the

driver and who is trained in CPR shall be present in the vehicle.

22 VAC 15-30-660. Animals and pets.

A. Animals that are kept on the premises of the center shall be vaccinated, if applicable, against diseases which present a hazard to the health of children.

B. Animals which are, or are suspected of being, ill or infested with external lice, fleas and ticks or internal worms shall be removed from contact with children.

C. If a ~~child~~ child is bitten by an animal, an attempt shall be made to confine the animal for observation or laboratory analysis for evidence of rabies. The site of the bite shall be washed with soap and water immediately, and the child's physician or local health department shall be contacted as soon as possible for medical advice. The center shall report the animal bite incident to the local health department.

D. Manure shall be removed from barns, stables and corrals at least once a day and stored and disposed of in a manner to prevent the breeding of flies.

22 VAC 15-30-670. Evening and overnight care.

A. For evening care, beds with mattresses or cots with at least one inch of dense padding shall be used by children who sleep longer than two hours and are not required to sleep in cribs.

Exception: Camps providing evening or overnight care to school age children on an occasional basis are not required to meet the requirements of this subsection if sleeping bags or cots are used.

B. For overnight care, beds with mattresses or cots with at least two inches of dense padding shall be used by children who are not required to sleep in cribs.

Exception: Camps providing evening or overnight care to school age children on an occasional basis are not required to meet the requirements of this subsection if sleeping bags or cots are used.

C. For overnight care which occurs for a child on a weekly or more frequent basis, beds with mattresses shall be used.

D. In addition to 22 VAC 15-30-520 about linens, bedding appropriate to the temperature and other conditions of the rest area shall be provided.

E. ~~Reserved.~~ For evening and overnight care, separate sleeping areas shall be provided for children of the opposite sex eight years of age or older.

F. ~~Reserved.~~ If sleeping bags are used, 22 VAC 15-30-510 A through E about rest furnishings shall also apply to the use of sleeping bags.

G. ~~Reserved.~~ Camps may use bunk beds if children are at least eight years of age.

H. In centers providing overnight care, an operational tub or shower with heated and cold water shall be provided.

Final Regulations

Exception: Primitive camps are not required to have a tub or shower.

I. When bath towels are used, they shall be assigned for individual use.

J. Activities for children in evening or overnight care shall include, as time allows, age-appropriate activities as described in ~~22 VAC 15-30-470 through 22 VAC 15-30-480 E and 22 VAC 15-30-480 G through E 22 VAC 15-30-451 through 22 VAC 15-30-481.~~

K. Quiet activities and experiences shall be available immediately before bedtime.

L. For children receiving evening [and or] overnight care, the provider shall offer a ~~regularly scheduled~~ an evening meal and snack.

PART IX. MONTESSORI MODULE.

22 VAC 15-30-680. Qualifications of a Montessori preschool. (Repealed.)

~~A. Montessori preschools are educational programs wherein the teacher training and subsequent pedagogy are approved by either American Montessori Society, Association Montessori Internationale, National Center of Montessori Education, or Saint Nicholas Montessori, thus verifying that the school meets the Montessori standards as outlined in the Montessori Module.~~

~~B. Meeting these Montessori standards shall afford the Montessori preschool a waiver from specific minimum standards that conflict with the Montessori educational philosophy as referenced in the regulations. Only preschools which meet the Montessori criteria as outlined in the module are eligible to comply with the modified licensing standards contained in the Montessori Module.~~

~~C. Programs operated by a Montessori preschool which go outside the scope of the regular Montessori preschool classes shall comply with the minimum standards for licensed child day centers without the benefit of the Montessori Module for the extended care portion of the day. Programs going beyond four hours per day for children ages 2½ through four and beyond 6½ hours per day for children five through six years of age, exclusive of the allowable two hour additional enrichment program once a week, shall comply with the minimum standards for licensed child day centers without the benefit of the Montessori Module for the extended care portion of the day. Regular Montessori preschool classes within an all day program shall meet the minimum standards for licensed child day centers with the option of meeting the Montessori Module to obtain waivers from specified standards that conflict with the Montessori philosophy for the regular day portion of their program only.~~

22 VAC 15-30-690. Specific alternatives for qualifying Montessori preschools. (Repealed.)

~~A. The administrator of a Montessori preschool shall be at least 21 years of age and shall have or meet one of the following:~~

~~1. An endorsement or bachelor's degree in a child related field from an accredited college or university and one year of programmatic experience in the group care of children;~~

~~2. An associate degree in a child related field from an accredited college or university and one year of programmatic experience in the group care of children;~~

~~3. The teacher qualification standards of American Montessori Society, Association Montessori Internationale, National Center of Montessori Education, or Saint Nicholas Montessori; or~~

~~4. Five years of Montessori programmatic experience if the program director meets one of the qualifications of subdivisions 1 through 3 of this subsection.~~

~~B. The program director and back-up program director at a Montessori preschool shall be at least 21 years of age and shall have or meet one of the following:~~

~~1. An endorsement or bachelor's degree in a child related field from an accredited college or university and one year of programmatic experience in the group care of children;~~

~~2. An associate degree in a child related field from an accredited college or university and one year of programmatic experience in the group care of children;~~

~~3. The Montessori teacher qualification standards of American Montessori Society, Association Montessori Internationale, National Center of Montessori Education, or Saint Nicholas Montessori; or~~

~~4. Five years of Montessori programmatic experience.~~

~~C. Montessori teachers at a Montessori preschool shall:~~

~~1. Be at least 21 years of age, and~~

~~2. Hold a teaching diploma recognized by American Montessori Society, Association Montessori Internationale, National Center of Montessori Education, or Saint Nicholas Montessori for the level the teacher is teaching.~~

~~D. In addition to first aid and orientation training required elsewhere in these regulations, employed staff who work directly with a single group of children for more than three hours daily at a Montessori preschool shall:~~

~~1. Take advantage of formal and informal opportunities for personal and professional growth, including methodology and specific subject matter, as recognized by Montessori standards for a minimum of eight hours annually; or~~

~~2. In the event of a staff member's participation in a credit course or a seminar longer than eight hours, these hours may be prorated over a period of no more than five years at the rate of 12 hours annually.~~

~~E. Specialty staff at a Montessori preschool providing enrichment activities to a single group of children less than three hours a week shall take advantage of opportunities for~~

professional growth to remain current in their field of expertise.

F. ~~The facilities of a Montessori preschool, inside and outside, shall be maintained in conditions that are safe and free of hazards, protruding points or sharp corners, splinters, protruding nails, and loose rusty parts.~~

G. ~~The Montessori materials at a Montessori preschool shall be maintained in an attractive, accessible, and safe manner, so as to afford the children complete and appropriate opportunity to develop individual and group skills according the Montessori curriculum standard.~~

H. ~~A Montessori preschool shall have restrooms that are easily accessible with a ratio of one toilet and one sink for every 20 children.~~

I. ~~A Montessori preschool shall have a safe outdoor play area which allows for exploration of nature and provides a resilient surface in fall zones.~~

J. ~~A Montessori preschool shall maintain a balanced multi-age grouping, with a ratio of one staff member for every 15 children.~~

K. ~~Teachers at a Montessori preschool shall be, at all times during the Montessori program, responsible for the development and activities of the children in his Montessori class. In the event of the teacher's extended absence, there shall be sufficient substitute staff to comply with a ratio of one staff member for every 12 children.~~

L. ~~A Montessori preschool shall have readily accessible, and in close classroom proximity, auxiliary persons sufficient to maintain a 1:10 adult to child ratio for 2½ to four year olds or 1:15 for balanced mixed age groupings of 2½ to six year olds, to be available in the event of emergency evacuation.~~

M. ~~A Montessori preschool shall offer outdoor and indoor space affording the children complete opportunity to develop individual and group skills, including large and small motor development.~~

N. ~~In a Montessori preschool program operating between five and 6½ hours per day there shall be at least one-half hour of outdoor activity per day.~~

O. ~~A Montessori preschool shall abide by the pedagogy and curriculum guidelines in the Montessori Module.~~

P. ~~During transportation of children and on all field trips, the staff to children ratio for a multi-age grouping of students in a Montessori preschool shall be no more than one to 20.~~

22 VAC 15-30-700. Hours and scope of operation. (Repealed.)

A. ~~A Montessori preschool shall operate, at a minimum, nine months a year, five days a week, allowing for holidays, teacher in-service days, and parent-teacher conferences, as deemed necessary by the preschool in accordance with Montessori standards.~~

B. ~~The hours of operation for a Montessori preschool program for children, ages 2½ through four years, shall be at least three hours a day, but not more than four hours a day.~~

C. ~~The hours of operation for a Montessori preschool program for children five through six years of age shall be at least five hours a day but no more than 6½ hours a day.~~

D. ~~Enrichment programs, compatible with Montessori standards shall be acceptable when operated, in keeping with the Montessori curriculum; physical, emotional, and developmental welfare of the child; and available to the individual child not more than an additional two hours once a week.~~

E. ~~Any program operated beyond these specified school hours and ages of children shall comply with the minimum standards for licensed child day centers without the benefit of the Montessori Module for the extended care portion of the day. Regular Montessori preschool classes within an all day program shall meet the minimum standards for licensed child day centers with the option of meeting the Montessori Module to obtain waivers from specified standards that conflict with the Montessori philosophy for the regular day portion of their program only.~~

22 VAC 15-30-710. Montessori class structure and supervision. (Repealed.)

A. ~~A class shall be deemed a group of children under the direct and continuous supervision of a fully qualified Montessori teacher.~~

B. ~~Teachers at a Montessori preschool shall maintain a safe Montessori environment for the class.~~

C. ~~Teachers at a Montessori preschool shall give the appropriate, individual or group lessons and supervise the ongoing work of the children in accordance with all Montessori pedagogical standards, included herein.~~

D. ~~Teachers at a Montessori preschool shall be observant of the needs of the children in the class at all times and, accordingly, shall provide age and stage appropriate materials and class designation regardless of age.~~

E. ~~Teachers at a Montessori preschool shall be aware of the family backgrounds and individual needs and development of the children within the Montessori program.~~

F. ~~Teachers at a Montessori preschool shall maintain appropriate and confidential communication and records with other school personnel and parents as necessary for the development of the child.~~

G. ~~Children enrolled in a Montessori class at a Montessori preschool shall demonstrate to the teacher an adequate level of development indicating a readiness for formal Montessori education.~~

H. ~~Children enrolled in the Montessori class at a Montessori preschool shall be toilet trained and demonstrate a level of large and small motor development acceptable to working in a positive manner within the Montessori classroom environment.~~

Final Regulations

I. Children enrolled in the Montessori class at a Montessori preschool shall demonstrate adequate communication skills and the ability to function with appropriate independence outside the home or away from a day-care provider.

J. Children are initially accepted into a Montessori program at a Montessori preschool on an observational basis, and shall be given adequate, but limited, time to demonstrate individual readiness for the Montessori program.

K. A newly established Montessori class at a Montessori preschool shall be comprised of no more than 12 to 15 children between the ages of 2½ and six years and shall not increase enrollment to more than 25 children during its first year.

L. As the children and the class develop at a Montessori preschool, the class structure may gradually build to the recommended Montessori size of 25 to 30 children between the ages of 2½ and six years of age.

M. The class and the children at a Montessori preschool shall function at all times during the Montessori program according to the Montessori standards as outlined herein.

22 VAC 15-30-720. Classroom materials. (Repealed.)

A. Classrooms at a Montessori preschool shall contain the necessary and appropriately approved Montessori materials for each age level in the class. These Montessori materials may be complemented by appropriate, teacher-approved materials, but shall not displace or detract from the implementation of the Montessori materials.

B. The children at a Montessori preschool shall have continuous access to these materials as deemed appropriate by the Montessori teacher.

C. These materials at a Montessori preschool shall be organized in the classroom and used by the children in work areas that afford safe and ample working space under the direction of the Montessori teacher.

D. Use of Montessori materials in a Montessori preschool shall be presented by the Montessori teacher in accordance with the Montessori curriculum standards as included herein.

22 VAC 15-30-730. Curriculum. (Repealed.)

Curriculum guidelines, including appropriate materials for children from two years to six years, as stated below, shall be followed in a Montessori preschool.

These requirements are based on guidelines used by American Montessori Society, Association Montessori Internationale, National Center of Montessori Education, and Saint Nicholas Montessori teacher training.

PRACTICAL LIFE

Preliminary Exercises Purpose:
Spooning; To teach the child muscular control;
Pouring rice; care, exactness, how to pour.

Pouring water

Age: 2 1/2 - 3 1/2

Napkin folding Purpose:
To teach muscular control, exactness.
Indirect preparation for geometry.

Age: 2 1/2 - 4

Care of the Environment Purpose:
Table washing; Dusting; To teach the child how to
Polishing wood; Polishing care for his environment so
metal; Arranging that he might adapt to his
flowers; environment and gain
independence.

Sweeping To teach control of action,
acquisition of movement,
order and sequence, conscious
awareness, development of
large and small muscles,
left to right movement,
increased concentration
through repetition.
Preparation for life and
future learning.

Age: 2 1/2 - 4 and up

Care of the Person Purpose
Pressing frames; To teach the child to care
Polishing shoes; for himself, to take pride
Washing hands in his person, to gain
independence and self-worth

Age: 2 1/2 - 4 and up

Grace and Courtesy Purpose
How to interrupt, To help the child develop
listen, make way, understanding or rules of
pass grace and courtesy, to adapt
How to greet, and be accepted into a
introduce oneself, social group.
offer a chair, take
a cookie, serve others,
carry scissors, etc.

Age: 2 1/2 and up

Movement Purpose
How to walk, move To learn
around the room control of movement,
move furniture, stop, self-awareness of ones self,
when hear bell, walk purposeful activity order,
on line, carry a chair, respect for persons and
sit properly, carry property, attention to details,
mats & materials, roll and environment.
a mat, where to place
mat, open & close a
door, play silence games,
respect silence, etc.

Age: 2 1/2 and up

SENSORIAL

Visual Discrimination	Purpose:
Pink Tower	Aid to child's processes
Broad Stair	of classification.
Long Stair	To teach visual discrimination
Solid Cylinders	of dimension (length, width,
Color tablets	height).
Geometric Cabinet	Indirect preparation
Biology Cabinet	for number work, algebra and
Binomial & trinomial	proof of formulas, geometry,
eube	art, biology.
Constructive triangles	Indirect preparation for writing.
Super imposed geometric	Development of vocabulary.
figures	
Knobless Cylinders	
Solid Geometric shapes	
Mystery bag	
Progressive Exercises	

Age: Progressive from
2 1/2 to 4 1/4 +

Auditory discrimination	Purpose:
Sound boxes, Bells,	Training of auditory sense,
Listening exercises	discrimination of sounds,
	development of listening skills,
	discrimination of tones.

Age: 2 1/2 and up

Tactile Sense	Purpose:
Rough and smooth boards,	Development of tactile sense,
Rough and smooth	control of muscular action
tablest, Fabrics	and lightness touch.
	Indirect preparation for writing.

Age: 2 1/2 - 3 1/2

Baric, Thermic,	Purpose:
Olfactory Senses	
Baric tablet, Thermic	Further develop senses. Help
bottles, Scent boxes,	one to be aware of one's
and bottles	environment.

Age: 2 1/2 and 3 1/2

LANGUAGE

Oral Vocabulary	Purpose
Enrichment of	Through giving the names of
vocabulary;	objects in the environment, the
Language training	sensorial materials and their
	relations, picture card
	materials, stories, poems, etc,
	help the child develop a
	fluent vocabulary so that he
	might express himself both
	orally and in written form.
	Preparation for reading, writing,
	self expression, research in
	cultural areas.

Age: 0 and up

Writing	Purpose:
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Sand paper letters	To make the child aware of the
(sound game); Moveable	sounds in words and to unite
Alphabet; Metal Insets;	these sounds by muscular and
Perfection of writing	visual memory.
	To help him explore and
	analyze his vocabulary.
	To acquire mastery of the hand
	in wielding a writing
	instrument.

Age: Progressive 2 1/2 - 4

Reading	Purpose
Phonetic object game;	To give facility to phonetic
Phonograms; Puzzle/	reading.
Secret words	To give the keys to further
	reading and exploration of
	language.

Age: 4 1/2 - 5

Reading Classification	Purpose:
Social cards, cultural	To further the child's reading
cards; Definition	and knowledge by introducing
booklets; Labels for	him to the written symbols for
environment, etc.	words he knows.
	To enable him to classify his
	knowledge.

Age: 4 1/2 on

Function of Words	Purpose:
Article; Adjective	To make the child aware of the
Logical Adjective	individual function of words
game; Conjunction,	in his reading and writing.
Preposition, Verb,	To give him further keys to
Adverb, Commands	the perfection of reading,
	writing, and self expression.

Age: 4 1/2 - 5

Reading Analysis	Purpose
Simple sentence (first	To give the child the keys to
stage, second stage	total reading, full awareness
and extensions,	of the intent feeling and style
attributes, and	of the writer.
appositives)	Help the child in his own
	reading and writing.

Age: 5 1/2 and up

Word Study	Purpose:
	To allow the child to explore
	words on a more advanced-
	level.

Punctuation	Purpose:
	To help the child communicate
	more effectively in his written-
	work.

Reading & Writing	Purpose:
of Music	
Green boards with	To recognize and create the
notes; Green manuscript	language of musical
board; White music charts;	composition through notation

Final Regulations

Summary exercises; and lyrics.
Learning song; Musical instruments; etc.

Age: 4 1/2 and up

MATHEMATICS

Numbers (1 to 10) Purpose:
Number rods; Sandpaper To give the keys to the world
numbers; Number rods and of written numbers.
cards; Spindle boxes; To understand that each
Cards and counters; number is an entity unto itself.
Memory game To teach the quantity, the
symbol of sequence of
numbers.
To teach the concept of zero.
Preparation for addition math.

Age: 4

Decimal system (Golden Purpose:
Bead Exercises)
Introduction of beads To teach the concepts of the
Introduction of cards decimal system through 1000s.
Cards and beads together To give the child the overall
Processes of Addition, picture of the workings of
Subtraction, the decimal system and all
Multiplication, division its processes.

Age: 4 1/2 to 5 1/2 +

Further Exercises in Math Purpose:
Linear and skip counting To give the child opportunity
Teen board, Tens board, for further exploration with
Stamp game, Dot game, numbers, the opportunity for
Snake game, Addition repetition and perfection in
strip board, Negative executing the processes in
snake game, Negative math.
strip board, Bead bar The opportunity to commit to
layouts, Multiplication memory the math facts.
bead board, Division Steps to total abstraction.
unit board, Charts, Small
bead frame, Hierarchical
materials, Large bead frame,
Racks and tubes, Fractions

Age: 5 — 6 1/2 and up

GEOGRAPHY Purpose:

Sandpaper globe; Land To introduce the child to the
and water forms; Painted concepts of physical political,
globe; Puzzle maps; economic geography, inter-
Pictures; Definition dependence of man and related
cards; Stories; Simple language.
reference books

Age: 2 1/2 +

HISTORY Purpose:

Artifacts, Pictures To introduce the child to world
Definition cards, cultures, physical and spiritual
Simple reference books, needs of man throughout
history,

Stories famous persons, holidays, etc.

Age: 2 1/2 +

MUSIC Purpose

Songs, records, tapes, To give the child a variety of
Rhythm and movement, musical experiences, including
Tone bells, Tone charts pitch, tone, rhythm, movement,
Composers/famous music auditory comparisons, related
symbols and language.

Age: 2 1/2 +

CREATIVITY Purpose

Appropriate media, To introduce the child to
Pictures, Stories, concepts of color, tone, light,
Reference books, form, history and art
Practical life, appreciation; and, afford the
Sensorial lessons child appropriate opportunities
for self-expression.

Age: 3 +

BOTANY/BIOLOGY Purpose

Botany leaf cabinet, To introduce the child to nature,
Plants, Pictures/ the vast variety of plants and
plants and animals, animals, the characteristics
Definition cards, and functions; simple
Classifications classification of the plant
materials, Stories, and animal kingdom;
Simple reference books, interdependence and ecology.
Opportunities to explore
nature

Age: 2 1/2 +

* All work in the areas of science, history, culture, music and creativity are interrelated and presented to give the child an age appropriate understanding of these areas, factual information, the tools and ability to work with the materials, and the opportunity to share this knowledge.

** Important prerequisites are practical life lessons and skills, sensorial and related language lessons and skills, and an understanding of reality and factual concepts.

DOCUMENTS INCORPORATED BY REFERENCE

Licensing Information for Parents about Child Day Programs, Appendix I (10/95)

Medication Authorization, Appendix II

School Entrance Physical Examination and Immunization Certification, Appendix III (8/94)

Art Materials: Recommendations for Children Under 12, Appendix IV

Critical Heights for Various Types and Depths of Resilient Material: Information from Handbook for Public Playground Safety, U.S. Consumer Product Safety Commission, Appendix V

~~Head Entrapment: Information from Handbook for Public Playground Safety, U.S. Consumer Product Safety Commission, Appendix VI~~

~~Preschool Activities, Appendix VII~~

~~Toddler Activities, Appendix VIII~~

~~First Aid Training, Appendix IX~~

~~Child Care Food Program Meal Patterns, Appendix X~~

~~Some Foods with Vitamin A and Vitamin C, Appendix XI~~

~~Protocols for Microwave Heating of Refrigerated Infant Formula, Appendix XII (9/92)~~

~~Communicable Disease Reference Chart for School Personnel, Virginia Department of Health, rev. 2/92.~~

~~Standard Consumer Safety Specification for Play Yards, American Society for Testing and Materials, ASTM designation: F 406-89, January 1990.~~

~~The BOCA National Building Code/1993, 12th Edition, Building Officials and Code Administrators International, Inc.~~

FORMS

Initial Application for a License to Operate a Child Day Center (032-05-512/10, ~~6/94~~ 3/96)

Renewal Application for a License to Operate a Child Day Center (032-05-225/9, ~~6/94~~ 3/96)

(SEE PRINT COPY OR CONTACT AGENCY FOR FORMS.)

VA.R. Doc. No. R97-670; Filed June 16, 1998, 9:41 a.m.

Final Regulations

* * * * *

Title of Regulation: **22 VAC 15-40-10 et seq. Minimum Standards for Licensed Child Day Centers Serving School Age Children (REPEALED).**

Statutory Authority: § 63.1-202 of the Code of Virginia.

Effective Date: September 1, 1998.

Summary:

This regulation lists the standards child day centers must meet to be licensed by the Department of Social Services. While this regulation is being repealed, the requirements will be incorporated in the regulation entitled Minimum Standards for Licensed Child Day Centers Serving Children of Preschool Age or Younger (22 VAC 15-30-10 et seq.) which will be renamed Minimum Standards for Licensed Child Day Centers. Changes made to the current school age requirements during this incorporation process are included in the summary of changes prepared for 22 VAC 15-30-10 et seq.

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

Agency Contact: Copies of the regulation may be obtained from Arlene Kasper, Department of Social Services, Division of Licensing Programs, 730 East Broad Street, Richmond, VA 23219-1849, telephone (804) 692-1791.

VA.R. Doc. No. R97-671; Filed June 16, 1998, 9:42 a.m.

GOVERNOR

GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

TITLE 11. GAMING

VIRGINIA RACING COMMISSION

Title of Regulation: 11 VAC 10-180-10 et seq. Medication.

Governor's Comment:

I have reviewed the proposed regulation on a preliminary basis. It is authorized by state law. While I reserve the right to take action under the Administrative Process Act during the final adoption period, I have no objection to this regulation based on the information and public comment currently available.

/s/ James S. Gilmore, III
Governor
Date: June 10, 1998

VA.R. Doc. No. R98-36; Filed June 12, 1998, 1:20 p.m.

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: 12 VAC 30-100-10 et seq. State Programs: Part IV, Health Insurance Program for Working Uninsured Individuals.

Governor's Comment:

I have reviewed the proposed regulation on a preliminary basis. It is authorized by state law. While I reserve the right to take action under the Administrative Process Act during the final adoption period, I have no objection to this regulation based on the information and public comment currently available.

/s/ James S. Gilmore, III
Governor
Date: June 10, 1998

VA.R. Doc. No. R97-338; Filed June 12, 1998, 1:20 p.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF LICENSED PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND SUBSTANCE ABUSE TREATMENT PROFESSIONALS

Title of Regulation: 18 VAC 115-40-10 et seq. Regulations Governing the Certification of Rehabilitation Providers.

Governor's Comment:

I have reviewed the proposed regulation on a preliminary basis. It is authorized by state law. While I reserve the right to take action under the Administrative Process Act during the final adoption period, I have no objection to this regulation based on the information and public comment currently available.

/s/ James S. Gilmore, III
Governor
Date: June 10, 1998

VA.R. Doc. No. R98-84; Filed June 12, 1998, 1:20 p.m.

GENERAL NOTICES/ERRATA

CHESAPEAKE BAY RESTORATION FUND

The Chesapeake Bay Advisory Committee will be making recommendations for financial support grants to be awarded in May 1999 for Chesapeake Bay related projects. The Advisory Committee was given the responsibility of developing guidelines for the use of the moneys collected from the sale of the special Chesapeake Bay license plates. Applications will be accepted from state agencies, local government, and public or private not-for-profit agencies, institutions or organizations. Applications and guidelines may be obtained from Martin Farber or Shannon Varner, Division of Legislative Services, 910 Capitol Street, Richmond, VA 23219, telephone (804) 786-3591. The deadline for submission of grant proposals is October 1, 1998.

STATE CORPORATION COMMISSION

EDITOR'S NOTICE: The distribution list which is referenced in the following order as Appendix A is not being published. However, this list is available for public inspection at the State Corporation Commission, Document Control Center, Tyler Building, 1st Floor, 1300 East Main Street, Richmond, Virginia, from 8:15 a.m. to 5 p.m., Monday through Friday.

AT RICHMOND, JUNE 11, 1998

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

CASE NO. PUE980138

Ex Parte: In the matter of
requiring reports and actions
related to independent system
operators, regional power
exchanges and retail access
pilot programs

MODIFICATION OF FILING REQUIREMENTS

By order dated March 20, 1998, in this case, the Commission established an investigation regarding electric utility restructuring. In that order the Commission required various reports, proposals, etc. to be filed dealing with such issues.

In general, that order did not specify the number of copies of such documents to be filed with the Commission by the filing parties. The Commission now finds it appropriate to address that subject.

Effective as of this date, all further filings with the Commission of documents, reports, proposals, etc. by any entity required or allowed to file such material in this case shall be filed in ten copies, subject to three exceptions discussed below. In every case, however, whether the filing is subject to one of the three exceptions below or not, every entity shall include, as a part of its cover letter or as one of

the initial pages of the filing, a listing of the individual documents included in the filed material. Such list shall contain sufficient information to clearly identify each of the documents included in the materials.

As the first exception, if attachments or supplements to such material are, in the judgment of the filing entity, voluminous, the filing entity may request instructions from the Commission's Division of Energy Regulation as to the number of copies of such attachments to be filed with the material, except that at least one copy shall be filed in every case. Such request to the Staff shall be made no later than five days prior to the due date of the material. After such discussion, the filing entity shall file that number of copies of such attachments and supplements specified by the Division of Energy Regulation. The Division shall confirm its instructions to the filing entity in writing.

Second, if such material is publicly available on the Internet or by other electronic means, or has been previously supplied to the Staff, the filing entity may file one copy of such material together with (1) a list of Internet addresses or other electronic locators where such material can be found, or (2) an identification of the date, case number, or other information as to when and in what context the material was provided to Staff.

Third, for materials regarding which the filing entity seeks confidential treatment, in accordance with the terms and procedures set forth in the order of March 20, 1998, one redacted copy of such materials shall be filed, along with the non-redacted copies required above by this order.

In addition, on April 9, 1998, Delmarva Power and Light Company filed its first report in this proceeding. It also moved that it be excused from filing any further monthly reports describing its activities regarding plans for the development of ISOs and RPXs, as required by paragraph III of the order of March 20, 1998. As grounds for this motion, Delmarva states that it is already a member of PJM Interconnection, L.L.C., an ISO and RPX accepted by the Federal Energy Regulatory Commission on November 25, 1997. Delmarva also states that, since it serves only the Eastern Shore of Virginia, it would not be feasible for it to be a part of an ISO or RPX composed of Virginia utilities.

The Commission grants Delmarva's motion in part. Until further order of the Commission, Delmarva need not file monthly reports on such activities required by paragraph III of our order of March 20, 1998, unless there have been new developments, modifications of agreements or arrangements, or other changes of any sort regarding such ISO and RPX, or Delmarva's role therein, during the preceding monthly reporting period.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to: all Virginia electric cooperatives and electric utilities as set out in Appendix A to this order; James R. Kibler, Jr., Esquire, Mezzullo & McCandlish, P.O. Box 796, Richmond, Virginia 23218; Susan G. George, Esquire, Consolidated Natural Gas Company, 625 Liberty Avenue, Pittsburgh, Pennsylvania 15222; Don W. Lovett,

Hanover Technical Sales, Inc., P.O. Box 70, Battery Park, Virginia 23304; Rebecca Poe Henderson, CNG Transmission Corporation, P.O. Box 2450, Clarksburg, West Virginia 26302-2450; Thomas B. Nicholson, Senior Assistant Attorney General, Division of Consumer Counsel, Office of Attorney General, 900 East Main Street, Second Floor, Richmond, Virginia 23219; John A. Pirko, Esquire, LeClair Ryan, 4201 Dominion Boulevard, Glen Allen, Virginia 23060; Joelle Ogg, Esquire, John & Hengerer, 1200 17th Street, N.W., Suite 600, Washington, D.C. 20036; Kris Errickson, Duke Energy Trading, Marketing, 10777 Westchase Center, #650, Houston, Texas 77042; Mr. K.N. Kappatos, Old Dominion Electric Cooperative, P.O. Box 2310, Glen Allen, Virginia 23058-2310; Marleen L. Brooks, Allegheny Power, 10435 Downsview Pike, Hagerstown, Maryland 21740-1766; Barry L. Thomas, Director/Regulation, American Electric & Power, P.O. Box 2021, Roanoke, Virginia 24022-2121; Louis R. Monacell, Esquire, and Penny D. Sellers, Esquire, Christian & Barton, 909 East Main Street, Suite 1200, Richmond, Virginia 23219-3095; Carter Glass, Esquire, Mays & Valentine, P.O. Box 1122, Richmond, Virginia 23218; Pamela Johnson, Esquire, Virginia Electric and Power Company, P.O. Box 26666, Richmond, Virginia 23261; JoAnne L. Nolte, Esquire, Durette, Irvin & Bradshaw, P.C., Twentieth Floor, Main Street Centre, 600 East Main Street, Richmond, Virginia 23219; John Canfield, Bucy/Canfield, 106 East 6th Street, Suite 900, Austin, Texas 78701-3638; Mary E. Tighe, V.P., Eastern Power Distribution, 2800 Eisenhower Avenue, Alexandria, Virginia 22314; Frann G. Francis, Esquire, AOBA of Metro Washington, 1050 17th Street, N.W., Suite 300, Washington, D.C. 20036; and to the Commission's Division of Energy Regulation.

VA.R. Doc. No. C98-1388; Filed June 16, 1998, 9:35 a.m.

STATE WATER CONTROL BOARD

Proposed Consent Special Order Culpeper Wood Preservers

The State Water Control Board (board) proposes to issue a Consent Special Order (order) to Jefferson Homebuilders, Inc. (permittee) regarding the Culpeper Wood Preservers plant (plant) located in Culpeper County, Virginia.

The plant is subject to VPDES Permit No. VA0059145. The order provides, among other things, that the permittee submit a Work Plan to Achieve Compliance with Effluent Limitation for Dissolved Hexavalent Chromium and a Storm Water Pollution Prevention Plan, and operate the plant in a workmanlike manner. The permittee has agreed to the issuance of the order.

On behalf of the board, the Department of Environmental Quality's Northern Virginia Regional Office will accept written comments relating to the order through August 5, 1998. Please address comments to Vanessa Dao, Northern Virginia Regional Office, Department of Environmental Quality, 13901 Crown Court, Woodbridge, Virginia 22193.

Please write or visit the Woodbridge address, or call (703) 583-3863, to examine or obtain a copy of the order.

Proposed Consent Special Order Cyprus Foote Mineral Company Stevens Oil Company

The State Water Control Board proposes to take an enforcement action against the above listed facilities. Under the terms of the proposed special orders, the owners of these facilities have agreed to be bound by the terms and conditions of a schedule of compliance contained in the appendix of the orders. The requirements contained in the orders bring the facilities into compliance with state law and protect water quality.

On behalf of the State Water Control Board, the Department of Environmental Quality will receive comments relating to the special orders until August 6, 1998. Comments should be addressed to Dallas Sizemore, Department of Environmental Quality, Southwest Regional Office, P.O. Box 1688, Abingdon, Virginia 24212, and should refer to the consent special orders.

The proposed orders may be examined at the Department of Environmental Quality, 355 Deadmore Street, Abingdon, Virginia, at the same address.

A copy of the orders may be obtained in person or by mail from the above office.

Proposed Consent Special Order Exposaic Industries, Inc. of Virginia

The State Water Control Board (board) proposes to issue a Consent Special Order (order) to Exposaic Industries, Inc. of Virginia (permittee), located in Spotsylvania County, Virginia.

The permittee's plant is subject to VPDES Permit No. VA0074390. The order provides, among other things, that the permittee submit a complete VPDES permit application. The permittee has agreed to the issuance of the order.

On behalf of the board, the Department of Environmental Quality's Northern Virginia Regional Office will accept written comments relating to the order through August 5, 1998. Please address comments to Vanessa Dao, Northern Virginia Regional Office, Department of Environmental Quality, 13901 Crown Court, Woodbridge, Virginia, 22193. Please write or visit the Woodbridge address, or call (703) 583-3863, to examine or obtain a copy of the order.

Proposed Consent Special Order H & G Enterprises Wyldwood Enterprises Wyldwood Enterprises # 2

The State Water Control Board proposes to take an enforcement action against the above listed owners of coal loading facilities. Under the terms of the proposed special orders, the owners of these facilities have agreed to be

General Notices/Errata

bound by the terms and conditions of a schedule of compliance contained in the appendix of the orders. The requirements contained in the orders bring the facilities into compliance with state law and protect water quality.

On behalf of the State Water Control Board, the Department of Environmental Quality will receive comments relating to the special orders until August 6, 1998. Comments should be addressed to Dallas Sizemore, Department of Environmental Quality, Southwest Regional Office, P.O. Box 1688, Abingdon, Virginia 24212, and should refer to the consent special order.

The proposed orders may be examined at the Department of Environmental Quality, 355 Deadmore Street, Abingdon, Virginia.

A copy of the order may be obtained in person or by mail from the above office.

Proposed Consent Special Order South Wales Utilities, Inc. Wastewater Treatment Plant

The State Water Control Board (board) proposes to issue a Consent Special Order (order) to South Wales Utilities, Inc. (permittee) regarding its wastewater treatment plant (plant) located in Culpeper County, Virginia.

The plant is subject to VPDES Permit No. VA0029238. The order provides, among other things, that the permittee submit a Permit Appendix A monitoring report and a plan to achieve compliance with ammonia effluent limits, and operate the plant in a workmanlike manner. The permittee has agreed to the issuance of the order.

On behalf of the board, the Department of Environmental Quality's Northern Virginia Regional Office will accept written comments relating to the order through August 5, 1998. Please address comments to Vanessa Dao, Northern Virginia Regional Office, Department of Environmental Quality, 13901 Crown Court, Woodbridge, Virginia 22193. Please write or visit the Woodbridge address, or call (703) 583-3863, to examine or obtain a copy of the order.

Proposed Consent Special Order Town Of Tazewell Sewage Treatment Plant

The State Water Control Board proposes to take an enforcement action against the above listed owner of a sewage treatment facility. Under the terms of the proposed special order, the owner of this facility has agreed to be bound by the terms and conditions for monitoring and reporting requirements contained in the appendix of the order. The requirements contained in the order bring the facility into compliance with state law and protect water quality.

On behalf of the State Water Control Board, the Department of Environmental Quality will receive comments relating to the special orders until August 6, 1997. Comments should

be addressed to Dallas Sizemore, Department of Environmental Quality, Southwest Regional Office, P.O. Box 1688, Abingdon, Virginia 24212, and should refer to the consent special order.

The proposed orders may be examined at the Department of Environmental Quality, 355 Deadmore Street, Abingdon, Virginia, at the same address.

A copy of the order may be obtained in person or by mail from the above office.

VIRGINIA CODE COMMISSION

Notice to Subscribers

Beginning with Volume 14, Issue 18 of the *Virginia Register* (14:18 VA.R. May 25, 1998), a new section was added to the Register. The new section entitled, "Cumulative Table of Virginia Administrative Code Sections Adopted, Amended, or Repealed" lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Spring 1998 VAC Supplement includes final regulations published through *Virginia Register* Volume 14, Issue 10 dated February 2, 1998). Emergency regulations, if any, are listed, followed by the designation "emer," and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

Notice to State Agencies

Mailing Address: 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: (804) 692-0625.

Forms for Filing Material for Publication in *The Virginia Register of Regulations*

All agencies are required to use the appropriate forms when furnishing material for publication in *The Virginia Register of Regulations*. The forms may be obtained from: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

Internet: Forms and other *Virginia Register* resources may be printed or downloaded from the *Virginia Register* web page:
<http://legis.state.va.us/codecomm/register/regindex.htm>

FORMS:

NOTICE of INTENDED REGULATORY ACTION - RR01

NOTICE of COMMENT PERIOD - RR02
PROPOSED (Transmittal Sheet) - RR03
FINAL (Transmittal Sheet) - RR04
EMERGENCY (Transmittal Sheet) - RR05
NOTICE of MEETING - RR06
AGENCY RESPONSE TO LEGISLATIVE OBJECTIONS
- RR08

CALENDAR OF EVENTS

Symbol Key

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

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 Teletype (TTY)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the *Virginia Register* deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the standing committees of the legislature during the interim, please call Legislative Information at (804) 698-1500 or Senate Information and Constituent Services at (804) 698-7410 or (804) 698-7419/TTY , or visit the General Assembly web site's Legislative Information System (<http://leg1.state.va.us/lis.htm>) and select "Meetings."

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD FOR ACCOUNTANCY

July 20, 1998 - 10 a.m. -- Open Meeting

July 21, 1998 - 8 a.m. -- Open Meeting

Department of Professional and Occupational Regulation,
3600 West Broad Street, 5th Floor, Richmond, Virginia.

An open meeting to discuss regulatory review, committee reports, disciplinary cases and other matters requiring board action. Call the board office to confirm date and time of meeting. A public comment period will be held at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Nancy Taylor Feldman, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or (804) 367-9753/TTY 

BOARD OF AGRICULTURE AND CONSUMER SERVICES

July 21, 1998 - 9 a.m. -- Open Meeting

Eastern Shore Virginia Chamber of Commerce, U. S. Route 13, Melfa, Virginia.

A regular meeting to discuss Virginia agriculture and consumer protection. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Roy E. Seward at least five days before the meeting date so that suitable arrangements can be made.

Contact: Roy E. Seward, Secretary to the Board, Department of Agriculture and Consumer Services, P.O. Box 1163, Room 211, Richmond, VA 23218, telephone (804) 786-3538 or FAX (804) 371-7679.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Virginia State Apple Board

† **July 13, 1998 - 10 a.m.** -- Open Meeting

Department of Forestry, 900 Natural Resources Drive, Training Room, Charlottesville, Virginia. 

A meeting to review and approve past meeting minutes, review modifications to the Code of Virginia apple law, and hear a presentation on the board's financial statement. 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 special accommodation in order to participate at the meeting should contact Nancy L. Israel at least five days before the meeting date so that suitable arrangements can be made.

Contact: Nancy L. Israel, Program Director, Virginia State Apple Board, Washington Bldg., 1100 Bank St., Suite 1008, Richmond, VA 23219, telephone (804) 371-6104 or FAX (804) 371-7786.

Virginia Aquaculture Advisory Board

† **August 11, 1998 - 10:30 a.m.** -- Open Meeting

Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, 2nd Floor Board Room, Richmond, Virginia. 

A regular meeting to discuss issues related to Virginia aquaculture. 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 in the meeting should contact the secretary to the board at least five days before the meeting date so that suitable arrangements can be made for appropriate accommodation.

Contact: T. Robins Buck, Secretary, Virginia Aquaculture Advisory Board, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Suite 211, Richmond, VA 23219, telephone (804) 371-6094 or FAX (804) 371-7679.

Virginia Horse Industry Board

July 9, 1998 - 11 a.m. -- Open Meeting

VPI & SU, Donaldson Brown Continuing Education Center and Alumni Hall, Conference Room C, Blacksburg, Virginia. 

A meeting to review reports on grants previously awarded and discuss updates on recent marketing projects. Budget items will also be reviewed as well as future marketing projects. The board will entertain public comments at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodations in order to participate at the meeting should contact Andrea S. Heid at least five days before the meeting date so that suitable arrangements can be made.

Contact: Andrea S. Heid, Equine Marketing Specialist/Program Manager, Virginia Horse Industry Board, Washington Bldg., 1100 Bank St., Suite 1004, Richmond, VA 23219, telephone (804) 786-5842 or FAX (804) 371-7786.

Virginia Peanut Board

† July 14, 1998 - 11 a.m. -- Open Meeting

Virginia Peanut Growers Association, 23020 Main Street, Capron, Virginia. 

A meeting to (i) hear the chairman's report, (ii) elect officers for 1998-99, and (iii) review and approve the 1998-99 budget. 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 accommodations in order to participate at the meeting should contact Russell C. Schools at least five days before the meeting date so that suitable arrangements can be made.

Contact: Russell C. Schools, Program Director, Virginia Peanut Board, P.O. Box 356, Capron, VA 23829, telephone (804) 658-4573 or FAX (804) 658-4531.

Pesticide Control Board

† July 16, 1998 - 9 a.m. -- Open Meeting

Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, Board Room, Room 204, Richmond, Virginia. 

Committee meetings and a general business meeting will be held. Portions of the meeting may be held in closed session pursuant to § 2.1-344 of the Code of Virginia. The public will have an opportunity to comment on any matter not on the board's agenda beginning at 9 a.m. Any person who needs any accommodations in order to participate at the meeting should contact Dr. Marvin A. Lawson at least 10 days before the meeting date so that suitable arrangements can be made.

Contact: Dr. Marvin A. Lawson, Program Manager, Office of Pesticide Services, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 401, P.O. Box 1163, Richmond, VA 23219, telephone (804) 371-6558 or toll-free 1-800-552-9963.

Virginia Sheep Industry Board

July 10, 1998 - 3:30 p.m. -- Open Meeting

Ryan's Steak House, 2580 North Franklin Street, Christiansburg, Virginia. 

The board will (i) hear reports on previously funded projects, (ii) make plans for serving lamb at the Virginia Food Festival, (iii) continue plans for a Virginia Sheep Industry Directory, and (iv) consider a policy for accepting funding requests. The board will entertain public comments 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 Mike Carpenter at least five days before the meeting date so that suitable arrangements can be made.

Contact: Mike Carpenter, Program Director, Livestock Marketing Services, Department of Agriculture and Consumer Services, 116 Reservoir St., Harrisonburg, VA 22801, telephone (540) 434-0779 or FAX (540) 434-5607.

Virginia Small Grains Board

July 28, 1998 - 8 a.m. -- Open Meeting

Richmond Airport Hilton, 5501 Eubank Road, Sandston, Virginia. 

A meeting to (i) hear FY 1997-98 project reports, (ii) receive FY 1998-99 project proposals, and (iii) allocate funding for FY 1998-99 projects. Additionally, action will be taken on any other new business that comes before the board. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Philip T. Hickman at least five days

Calendar of Events

before the meeting date so that suitable arrangements can be made.

Contact: Philip T. Hickman, Program Director, Virginia Small Grains Board, Washington Bldg., 1100 Bank St., Room 1005, Richmond, VA 23219, telephone (804) 371-6157 or FAX (804) 371-7786.

Virginia Soybean Board

August 6, 1998 - 2:30 p.m. -- Open Meeting
Colonial Acres Farm, 7031 South Laburnum Avenue, Richmond, Virginia. 

A meeting to discuss checkoff revenues and the financial status of the board following the end of the fiscal year ending June 30, 1998. The Virginia 1998 Corn and Soybean Conference financial report will be discussed along with the Ag-Expo plans for the upcoming event, as well as reports from the Chairman of the United Soybean Board representatives, and from other committees. 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 Phil Hickman at least five days before the meeting date so that suitable arrangements can be made.

Contact: Philip T. Hickman, Program Director, Virginia Soybean Board, Washington Bldg., 1100 Bank St., Suite 1005, Richmond, VA 23219, telephone (804) 371-6157 or FAX (804) 371-7786.

Virginia Winegrowers Advisory Board

July 21, 1998 - 10 a.m. -- Open Meeting
State Capitol, Capitol Square, House Room 1, Richmond, Virginia. 

A regular meeting to elect officers for the upcoming year, including a new chairman, and to conduct regular business including discussion of committee reports. 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 accommodations in order to participate at the meeting should contact Mary E. Davis-Barton at least five days before the meeting date so that suitable arrangements can be made.

Contact: Mary E. Davis-Barton, Secretary, Virginia Winegrowers Advisory Board, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 1010, Richmond, VA 23219, telephone (804) 371-7685 or FAX (804) 786-3122.

STATE AIR POLLUTION CONTROL BOARD

† August 10, 1998 - 9 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Training Room, Richmond, Virginia.

A meeting to discuss the proposed establishment of requirements to govern the use of mediation and alternative dispute resolution in regulation development and permit issuance.

Contact: Dr. Kathleen Sands, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413.

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS AND LANDSCAPE ARCHITECTS

Land Surveyor Section

† July 22, 1998 - 3 p.m. -- Open Meeting
ESI, 8401 Arlington Boulevard, Fairfax, Virginia. 

A meeting to conduct a training seminar to include updates to the board's rules and regulations and enforcement actions. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, or (804) 367-9753/TTY 

VIRGINIA BOARD FOR ASBESTOS AND LEAD

August 25, 1998 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 5 West, Richmond, Virginia. 

A meeting to conduct routine business. A public comment period will be held at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so that suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY , or e-mail asbestos@dpor.state.va.us.

COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND THEIR FAMILIES

State Management Team

† **July 10, 1998 - 10 a.m.** -- Open Meeting
St. Joseph's Villa, 8000 Brook Road, Richmond, Virginia. 
(Interpreter for the deaf provided upon request)

A meeting to discuss recommendations for policy and procedure to the State Executive Council on the Comprehensive Services Act.

Contact: Elisabeth Hutton, Secretary, Department of Health, P. O. Box 2448, Richmond, VA 23218, telephone (804) 371-4099.

AUCTIONEERS BOARD

NOTE: CHANGE IN MEETING DATE

† **July 23, 1998 - 10 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia. 

A meeting to conduct general board business. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514 or (804) 367-9753/TTY 

BOARD FOR BRANCH PILOTS

July 27, 1998 - 9:30 a.m. -- Open Meeting
July 30, 1998 - 9:30 a.m. -- Open Meeting
Virginia Port Authority, 600 World Trade Center, Norfolk, Virginia. 

A meeting to conduct board business. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so that suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514 or (804) 367-9753/TTY 

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

Northern Area Review Committee

† **July 14, 1998 - 10 a.m.** -- Open Meeting
Chesapeake Bay Local Assistance Department, 805 East Broad Street, Suite 701, Richmond, Virginia. 
(Interpreter for the deaf provided upon request)

A meeting to 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. No comments from the public will be entertained at the meeting; however, written comments are welcome.

Contact: Carolyn J. Elliott, Executive Secretary, Chesapeake Bay Local Assistance Department, 805 E. Broad St., Suite 701, Richmond, VA 23219, telephone (804) 225-3440, FAX (804) 225-3447 or toll-free 1-800-243-7229/TTY 

Southern Area Review Committee

† **July 14, 1998 - 2 p.m.** -- Open Meeting
Chesapeake Bay Local Assistance Department, 805 East Broad Street, Suite 701, Richmond, Virginia. 
(Interpreter for the deaf provided upon request)

A meeting to 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. No comments from the public will be entertained at the meeting; however, written comments are welcome.

Contact: Carolyn J. Elliott, Executive Secretary, Chesapeake Bay Local Assistance Department, 805 E. Broad St., Suite 701, Richmond, VA 23219, telephone (804) 225-3440, FAX (804) 225-3447 or toll-free 1-800-243-7229/TTY 

VIRGINIA STATE CHILD FATALITY REVIEW TEAM

† **July 22, 1998 - 10 a.m.** -- Open Meeting
State Corporation Commission, Tyler Building, 7th Floor Conference Room, Richmond, Virginia. 

A meeting hosted by the Office of the Chief Medical Examiner to review confidential cases of child death. Announcements and business will be discussed from 10 to 10:45 a.m. This portion of the meeting is open to the public.

Contact: Suzanne J. Keller, Coordinator, Virginia State Child Fatality Review Team, 9 N. 14th St., Richmond, VA 23219, telephone (804) 786-1047 or FAX (804) 371-8595.

Calendar of Events

STATE BOARD FOR COMMUNITY COLLEGES

July 8, 1998 - Time to be announced -- Open Meeting
Virginia Community College System, James Monroe Building, 101 North 14th Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

Meetings of board committees will be held throughout the day with times and meeting rooms to be announced.

Contact: Dr. Joy S. Graham, Assistant Chancellor, Public Affairs, Virginia Community College System, James Monroe Bldg., 101 N. 14th St., 15th Floor, Richmond, VA 23219, telephone (804) 225-2126, FAX (804) 371-0085, or (804) 371-8504/TTY 

July 9, 1998 - 8:30 a.m. -- Open Meeting
Virginia Community College System, James Monroe Building, 101 North 14th Street, Godwin-Hamel Board Room, 15th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular board meeting.

Contact: Dr. Joy S. Graham, Assistant Chancellor, Public Affairs, Virginia Community College System, James Monroe Bldg., 101 N. 14th St., 15th Floor, Richmond, VA 23219, telephone (804) 225-2126, FAX (804) 371-0085, or (804) 371-8504/TTY 

COMPENSATION BOARD

† **July 30, 1998 - 11 a.m.** -- Open Meeting
Ninth Street Office Building, 202 North Ninth Street, 10th Floor Conference Room, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A monthly board meeting.

Contact: Cindy Waddell, Administrative Assistant, Compensation Board, 202 N. 9th St., 10th Floor, Richmond, VA 23219, telephone (804) 786-0786 or FAX (804) 371-0235.

COMMONWEALTH COMPETITION COUNCIL

† **July 29, 1998 - 2 p.m.** -- Open Meeting
General Assembly Building, 910 Capitol Square, Senate Room B, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

An organizational meeting to elect the chairman and vice chairman.

Contact: Peggy Robertson, Executive Assistant, Commonwealth Competition Council, James Madison Bldg., 109 Governor St., P.O. Box 1475, Richmond, VA 23218-1475, telephone (804) 786-0240 or FAX (804) 786-1594.

DEPARTMENT OF CONSERVATION AND RECREATION

July 7, 1998 - Noon -- Open Meeting
First Landing/Seashore State Park, Visitor's Center, 2500 Shore Drive, Virginia Beach, Virginia.  (Interpreter for the deaf provided upon request)

A meeting of the State Park Master Plan Team to revise the park master plan.

Contact: Derral Jones, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-9042 or FAX (804) 371-7899.

July 15, 1998 - 9:30 a.m. -- Open Meeting
August 20, 1998 - 9:30 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, Conference Room B, Richmond, Virginia.

A meeting for development of model ordinance and educational materials regarding wetlands, riparian buffers and environment erosion control structures. Public comments will be received at the end of the meeting.

Contact: Leon E. App, Agency Regulatory Coordinator, 203 Governor Street, Suite 302, Richmond, VA 23219, telephone (804) 786-4570 or FAX (804) 786-6141.

Falls of the James Scenic River Advisory Board

July 9, 1998 - Noon -- Open Meeting
City Hall, 900 East Broad Street, Planning Commission Conference Room, 5th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting to review river issues. A public comment period will follow the business meeting.

Contact: Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-4132 or FAX (804) 371-7899.

BOARD FOR CONTRACTORS

† **July 8, 1998 - 9 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A regularly scheduled quarterly meeting to address policy and procedural issues, review and render decisions on applications for contractor licenses, review and render case decisions on matured complaints against licensees, and other matters which may require board action. The meeting is open to the public; however, a portion of the board's business may be discussed in Executive Session. The department fully complies with the Americans with Disabilities Act.

Persons desiring to participate in the meeting and requiring special accommodation or interpreter services should contact Geralde W. Morgan.

Contact: Geralde W. Morgan, Assistant Director, Board for Contractors, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-2785 or (804) 367-9753/TTY ☎

BOARD OF CORRECTIONS

July 14, 1998 - 9:30 a.m. -- Open Meeting

August 11, 1998 - 9:30 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia. ♿

A meeting of the Correctional Services Committee to discuss correctional services matters which may be presented to the board.

Contact: Barbara Fellows, Secretary to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

July 15, 1998 - 8:30 a.m. -- Open Meeting

August 12, 1998 - 8:30 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Richmond, Virginia. ♿

A meeting of the Administration Committee to discuss administrative matters which may be presented to the full board.

Contact: Barbara Fellows, Secretary to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

July 15, 1998 - 10 a.m. -- Open Meeting

August 12, 1998 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Richmond, Virginia. ♿

A meeting of the full board to discuss matters which may be presented.

Contact: Barbara Fellows, Secretary to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

BOARD FOR COSMETOLOGY

July 13, 1998 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 5 West, Richmond, Virginia. ♿

The board and invited subject matter experts will meet to conduct an exam workshop. A public comment period will be held at the beginning of the workshop. After the public comment period, the workshop will be conducted in closed executive session under the authority of § 2.1-344 A 11 of the Code of Virginia due to the confidential

nature of the examination. The public will not be admitted to the closed executive session.

Contact: Sharon M. Sweet, Examination Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8572 or (804) 367-9753/TTY ☎

DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

† August 5, 1998 - 10 a.m. -- Open Meeting

Department for the Deaf and Hard-of-Hearing, Koger Center, 1602 Rolling Hills Drive, Suite 203, Richmond, Virginia. ♿

A quarterly meeting of the Advisory Board for the Department for the Deaf and Hard-of-Hearing. Public comment will be received with advance notice.

Contact: Beverly Chamberlain, Executive Secretary, Department for the Deaf and Hard-of-Hearing, Ratcliffe Bldg., 1602 Rolling Hills Dr., Suite 203, Richmond, VA 23229, telephone (804) 662-9705/Voice/TTY ☎, FAX 1-800-552-7917 or toll-free 1-800-552-7917/Voice/TTY ☎

BOARD OF DENTISTRY

July 10, 1998 - 9 a.m. -- Open Meeting

July 17, 1998 - 9 a.m. -- Open Meeting

July 24, 1998 - 9 a.m. -- Open Meeting

Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

The Special Conference Committee will meet to hear disciplinary cases. This is a public meeting; however, no public comment will be taken.

Contact: Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906 or (804) 662-7197/TTY ☎

July 10, 1998 - 9 a.m. -- Open Meeting

Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

The Legislative/Regulatory Committee will meet to discuss proposing emergency regulations pursuant to § 54.1-2712.1, restricted volunteer license for certain dentists, and § 54.1-2726.1, restricted volunteer license for certain dental hygienists. Public comment will be received at the beginning of the meeting.

Contact: Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906 or (804) 662-7197/TTY ☎

Calendar of Events

July 10, 1998 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

A panel of the board will conduct formal hearings to hear disciplinary cases. This is a public meeting; however, no public comment will be taken.

Contact: Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906 or (804) 662-7197/TTY 

DISABILITY SERVICES COUNCIL

July 29, 1998 - 11 a.m. -- Open Meeting
Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia. (Interpreter for the deaf will be provided)

A meeting to review the FY 1999 Rehabilitative Services Incentive Fund (RSIF) Competitive Proposals for approval.

Contact: LaDonna Rogers, Administrative Staff Assistant, Disability Services Council, 8004 Franklin Farms Dr., Richmond, VA 23288, telephone (804) 662-7154/Voice/TTY, toll-free 1-800-552-5019 or 1-800-464-9950/TTY 

LOCAL EMERGENCY PLANNING COMMITTEE - CHESTERFIELD COUNTY

† **September 3, 1998 - 5:30 p.m.** -- Open Meeting
6610 Public Safety Way, Chesterfield, Virginia.

A regular meeting.

Contact: Lynda G. Furr, Emergency Services Coordinator, Chesterfield Fire Department, P.O. Box 40, Chesterfield, VA 23832, telephone (804) 748-1236.

DEPARTMENT OF ENVIRONMENTAL QUALITY

† **July 20, 1998 - 7 p.m.** -- Public Hearing
King George County Administration Building, King George, Virginia.

A public hearing to receive comment on the issuance of a proposed modified permit for the storage of hazardous waste at the Naval Surface Warfare Center in Dahlgren, Virginia.

Contact: Doug Brown, Department of Environmental Quality, Office of Waste Permitting, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4182.

† **August 11, 1998 - 10 a.m.** -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Training Room, Richmond, Virginia.

A meeting to discuss and exchange ideas and information concerning the proposed regulation, 9 VAC 20-170-10 et seq., Transportation of Solid and Medical Wastes on State Waters, including the costs and benefits of the proposed action.

Contact: Lily Choi, Environmental Engineer Senior, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4054 or FAX (804) 698-4032.

Virginia Ground Water Protection Steering Committee

July 21, 1998 - 9 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, First Floor, Training Room, Richmond, Virginia. 

A regularly scheduled meeting. Anyone interested in ground water protection issues is encouraged to attend. To obtain a meeting agenda contact Mary Ann Massie at (804) 698-4042.

Contact: Mary Ann Massie, Environmental Program Planner, Department of Environmental Quality, P. O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4042 or FAX (804) 698-4032.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

August 12, 1998 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, Virginia. 

A meeting of the Regulatory and Bylaws Committee to discuss crematory regulations. Public comments will be received for 15 minutes at the beginning of the meeting.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or FAX (804) 662-9523.

BOARD OF GAME AND INLAND FISHERIES

† **July 16, 1998 - 9 a.m.** -- Open Meeting
† **July 17, 1998 - 9 a.m.** -- Open Meeting
Department of Game and Inland Fisheries, 4000 West Broad Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

The board will meet to: (i) address the department's 1998-1999 operating and capital budgets; (ii) address possible proposals for legislation for the 1999 Session of the General Assembly; (iii) adopt webless migratory game bird and September Canada goose seasons and bag limits based on frameworks provided by the U.S. Fish and Wildlife Service; and (iv) address amendments to the waterfowl and waterfowl blinds regulation (4 VAC

15-260-10 et seq.) proposed at its April 2, 1998, meeting.

The proposed waterfowl regulation amendments would: (i) allow any nontoxic shot approved by the U.S. Fish and Wildlife Service for use in waterfowl hunting to be approved for such use in Virginia by the Director of the Department of Game and Inland Fisheries, (ii) allow hunting within the Dutch Gap Conservation Area by permit only, and (iii) prohibit the construction of permanent blinds on the shores of and adjacent to the Dutch Gap Conservation Area. The board will determine whether the proposed regulation amendments will be adopted as final regulations. The board will solicit comments from the public during the public hearing portion of the meeting, at which time any interested citizen present shall be heard. The board reserves the right to adopt final amendments which may be more liberal than, or more stringent than, the regulations currently in effect, or the regulation amendments proposed at the April 2, 1998, board meeting, as necessary for the proper management of wildlife resources.

The board may also discuss general and administrative issues and may hold an executive session before the public session begins on July 16. If the board completes its entire agenda on July 16, it may not convene on July 17.

Contact: Phil Smith, Policy Analyst, Department of Game and Inland Fisheries, 4010 W. Broad St., Richmond, VA 23230, telephone (804) 367-8341 or FAX (804) 367-2311.

DEPARTMENT OF GENERAL SERVICES

Design-Build/Construction Management Review Board

July 20, 1998 - 11 a.m. -- Open Meeting

August 17, 1998 - 11 a.m. -- Open Meeting

The Library of Virginia, 800 East Broad Street, Richmond, VA Virginia. (Interpreter for the deaf provided upon request)

A meeting to review requests submitted by localities for the use of the design-build or construction management type of contract. Public comments will be taken. The chairman may cancel the meeting if there is not business for the board's consideration. Please contact the Division of Engineering and Buildings to confirm meeting date and time.

Contact: Sandra H. Williams, Board Clerk, Division of Engineering and Buildings, Department of General Services, 805 E. Broad St., Room 101, Richmond, VA 23219, telephone (804) 786-3263 or (804) 786-6152/TTY

DEPARTMENT OF HEALTH

Biosolids Use Information Committee

July 9, 1998 - 1 p.m. -- Open Meeting

UVA Richmond Center, 7740 Shrader Road, Suite E, Richmond, Virginia.

A meeting immediately following the 10 a.m. Regulations Advisory Committee meeting to evaluate specific concerns relating to the land application and agricultural use of biosolids, including the final Biosolids Use Regulations and the land application, marketing or distribution of biosolids.

Contact: C. M. Sawyer, Director, Division of Wastewater Engineering, Department of Health, Office of Water Programs, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-1755 or FAX (804) 371-2891.

Biosolids Use Regulations Advisory Committee

July 9, 1998 - 10 a.m. -- Open Meeting

UVA Richmond Center, 7740 Shrader Road, Suite E, Richmond, Virginia.

A meeting to discuss issues concerning the implementation of the Biosolids Use Regulations involving land application, distribution or marketing of biosolids.

Contact: C. M. Sawyer, Director, Division of Wastewater Engineering, Department of Health, Office of Water Programs, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-1755 or FAX (804) 371-2891.

DEPARTMENT OF HEALTH PROFESSIONS

† August 14, 1998 - 9 a.m. -- Open Meeting

Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Health Practitioners' Intervention Program Committee to meet with the committee's contractor and representatives to review reports, policies and procedures for the Health Practitioners' Intervention Program. The committee will meet in open session for general discussion of the program. The committee may meet in executive session for the purpose of consideration of specific requests from applicants or participants in the program.

Contact: John W. Hasty, Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9424, FAX (804) 662-9114 or (804) 662-7197/TTY

Calendar of Events

HOPEWELL INDUSTRIAL SAFETY COUNCIL

July 7, 1998 - 9 a.m. -- Open Meeting

† **August 4, 1998 - 9 a.m.** -- Open Meeting

† **September 1, 1998 - 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 Services Coordinator, 300 N. Main St., Hopewell, VA 23860, telephone (804) 541-2298.

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

† **July 21, 1998 - 11 a.m.** -- Open Meeting

Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia. 

The annual meeting of the Board of Commissioners to (i) review and, if appropriate, approve the minutes from the prior monthly meeting; (ii) elect a chairman and vice chairman; (iii) consider for approval and ratification mortgage loan commitments under its various programs; (iv) review the authority's operations for the prior month; and (v) consider such other matters and take such other actions as it may deem appropriate. Various committees of the board 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. The annual meetings of the shareholders and Board of Directors of Housing for Virginia, Inc., a corporation wholly owned by the authority, will be held following the meeting of the authority's Board of Commissioners.

Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere Street, Richmond, VA 23220, telephone (804) 343-5540.

STATEWIDE INDEPENDENT LIVING COUNCIL

† **July 22, 1998 - 1 p.m.** -- Open Meeting

Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting of the Executive Committee.

Contact: Jim Rothrock, Statewide Independent Living Council Staff, 1802 Marriott Rd., Richmond, VA 23229, telephone (804) 673-0119, FAX (804) 282-7112, toll-free 1-800-552-5019/Voice/TTY , or e-mail jarothrock@aol.com.

† **July 23, 1998 - 10 a.m.** -- Open Meeting

Department for the Visually Handicapped, 395 Azalea Avenue, Library and Resource Center, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting to conduct regular business.

Contact: Jim Rothrock, Statewide Independent Living Council Staff, 1802 Marriott Rd., Richmond, VA 23229, telephone (804) 673-0119, FAX (804) 282-7112, toll-free 1-800-552-5019/Voice/TTY , or e-mail jarothrock@aol.com.

VIRGINIA INNOVATIVE TECHNOLOGY AUTHORITY

† **July 15, 1998 - 10 a.m.** -- Open Meeting

2214 Rock Hill Road, Briefing Room, P1 Level, Herndon, Virginia. 

A meeting to elect officers.

Contact: Linda E. Gentry, Secretary/Treasurer, Innovative Technology Authority, 2214 Rock Hill Rd., Suite 600, Herndon, VA 20170, telephone (703) 689-3035 or FAX (703) 689-3001.

VIRGINIA ADVISORY COMMISSION ON INTERGOVERNMENTAL RELATIONS

† **July 30, 1998 - 9:30 a.m.** -- Open Meeting

General Assembly Building, 910 Capitol Square, 6th Floor, Speaker's Conference Room, Richmond, Virginia. 

A meeting to conduct regular business.

Contact: Adele MacLean, Secretary, Virginia Advisory Commission on Intergovernmental Relations, 805 E. Broad St., Room 702, Richmond, VA 23219, telephone (804) 786-6508, FAX (804) 371-7999 or (804) 786-1860/TTY 

GOVERNOR'S JOB TRAINING COORDINATING COUNCIL

† **July 16, 1998 - 10 a.m.** -- Open Meeting

Theater Row Building, 730 East Broad Street, Training Rooms 1 and 2, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular quarterly business meeting. Topics related to workforce development and pending changes in federal workforce investment legislation will be discussed.

Contact: Gail P. Robinson, Policy Analyst, Governor's Employment and Training Department, 730 E. Broad St., 9th Floor, Richmond, VA 23219, telephone (804) 786-2511, FAX (804) 786-2310 or (804) 786-2315/TTY 

STATE BOARD OF JUVENILE JUSTICE

† **July 15, 1998 - 8 a.m.** -- Open Meeting

Fort Magruder Inn, Williamsburg, Virginia. 

The Secure Services Committee and the Nonsecure Services Committee will meet at 8 a.m. to consider certification issues. A meeting of the full board will follow to consider and approve local plans submitted pursuant to the Virginia Juvenile Community Crime

Control Act and to discuss development of a long-range youth services policy for the Commonwealth's juvenile justice system.

Contact: Donald R. Carignan, Policy Coordinator, Department of Juvenile Justice, 700 E. Franklin St., P.O. Box 1110, Richmond, VA 23218-1110, telephone (804) 371-0743 or FAX (804) 371-0773.

DEPARTMENT OF LABOR AND INDUSTRY

Apprenticeship Council

August 5, 1998 - 9:30 a.m. -- Open Meeting
Department of Labor and Industry, Powers-Taylor Building, 13th South 13th Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting of the subcommittee of the council.

Contact: Bev Donati, Assistant Program Director, Apprenticeship Program, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418, or (804) 786-2376/TTY 

STATE LAND EVALUATION ADVISORY COUNCIL

August 11, 1998 - 10 a.m. -- Open Meeting
† September 22, 1998 - 10 a.m. -- Open Meeting
Virginia Department of Taxation, 2220 West Broad Street, Richmond, Virginia. 

A meeting to adopt suggested ranges of values for agricultural, horticultural, forest and open-space land use and the use-value assessment program.

Contact: H. Keith Mawyer, Property Tax Manager, Department of Taxation, Office of Customer Services, Property Tax Unit, 2220 W. Broad St., Richmond, VA 23220, telephone (804) 367-8020.

COMMISSION ON LOCAL GOVERNMENT

July 20, 1998 - 10 a.m. -- Open Meeting
Commission on Local Government, Eighth Street Office Building, 805 East Broad Street, Room 702, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting to consider such matters as may be presented. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the commission.

Contact: Barbara Bingham, Administrative Assistant, Commission on Local Government, Eighth Street Office Bldg., 805 E. Broad St., Room 702, Richmond, VA 23219-1924, telephone (804) 786-6508, FAX (804) 371-7999 or (804) 786-1860/TTY 

† August 28, 1998 - 10:30 a.m. -- Open Meeting
Franklin area; site to be determined.

A regular meeting to receive oral presentations regarding the City of Franklin-Southampton County Voluntary Settlement Agreement. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the commission.

Contact: Barbara Bingham, Administrative Assistant, Commission on Local Government, Eighth Street Office Bldg., 805 E. Broad St., Room 702, Richmond, VA 23219-1924, telephone (804) 786-6508, FAX (804) 371-7999 or (804) 786-1860/TTY 

† August 28, 1998 - 7 p.m. -- Public Hearing
Franklin area; site to be determined.

A public hearing regarding the City of Franklin-Southampton County Voluntary Settlement Agreement. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the commission.

Contact: Barbara Bingham, Administrative Assistant, Commission on Local Government, Eighth Street Office Bldg., 805 E. Broad St., Room 702, Richmond, VA 23219-1924, telephone (804) 786-6508, FAX (804) 371-7999 or (804) 786-1860/TTY 

LONGWOOD COLLEGE

Board of Visitors

† July 23, 1998 - 1 p.m. -- Open Meeting
Longwood College, Lancaster Building, Room 215, Farmville, Virginia.

A meeting of the Academic Affairs and Student Affairs Committees to conduct routine business.

Contact: Patricia P. Cormier, President, Longwood College, 201 High St., Farmville, VA 23909, telephone (804) 395-2004 or FAX (804) 395-2821.

† July 23, 1998 - 3 p.m. -- Open Meeting
Longwood College, Lancaster Building, Room 215, Farmville, Virginia.

A meeting of the Finance Committee to conduct routine business.

Contact: Patricia P. Cormier, President, Longwood College, 201 High St., Farmville, VA 23909, telephone (804) 395-2004 or FAX (804) 395-2821.

† July 24, 1998 - 9 a.m. -- Open Meeting
Longwood College, Lancaster Building, Room 215, Farmville, Virginia.

A meeting of the board to conduct routine business.

Calendar of Events

Contact: Patricia P. Cormier, President, Longwood College, 201 High St., Farmville, VA 23909, telephone (804) 395-2004 or FAX (804) 395-2821.

VIRGINIA MANUFACTURED HOUSING BOARD

July 28, 1998 - 1 p.m. -- Open Meeting
Ramada Plaza Resort Hotel, Oceanfront at 57th Street, Virginia Beach, Virginia.  (Interpreter for the deaf provided upon request)

A regular monthly meeting held in conjunction with the Virginia Manufactured Housing Association's Annual Conference.

Contact: Curtis L. Mclver, Associate Director, Department of Housing and Community Development, Manufactured Housing Office, The Jackson Center, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7160 or (804) 371-7089/TTY 

MARINE RESOURCES COMMISSION

July 28, 1998 - 9 a.m. -- Open Meeting
August 25, 1998 - 9 a.m. -- Open Meeting
September 22, 1998 - 9 a.m. -- Open Meeting
Marine Resources Commission, 2600 Washington Avenue, Room 403, Newport News, Virginia.  (Interpreter for the deaf provided upon request)

The commission will hear and decide the following marine environmental matters at 9 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 the following fishery management items at approximately noon: regulatory proposals, fishery management plans; fishery conservation issues; licensing; shellfish leasing. Meetings are open to the public. Testimony will be taken under oath from parties addressing agenda items on permits and licensing. Public comments will be 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: LaVerne Lewis, Secretary to the Commission, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607-0756, telephone (757) 247-2261, toll-free 1-800-541-4646 or (757) 247-2292/TTY 

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

September 4, 1998 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: **12 VAC 30-50-10 et seq. Amount, Duration, and Scope of Medical and Remedial Care and Services; 12 VAC 30-60-10 et seq. Standards Established and Methods Used to Assure High Quality Care; and 12 VAC 30-80-10 et seq. Methods and Standards for Establishing Payment Rates-- Other Types of Care.** The purpose of the proposed amendments is to allow clinical nurse specialists-psychiatric to be directly enrolled and reimbursed for Medicaid services rendered.

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

Public comments may be submitted until September 4, 1998, to Sally Rice, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons or Roberta J. Jonas, Regulatory Coordinators, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8854 or FAX (804) 371-4981.

Pharmacy Liaison Committee

† **August 3, 1998 - 1 p.m.** -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor, Board Room, Richmond, Virginia.

A regular meeting.

Contact: Marianne Rollings, Pharmacy Services, Client Services, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4268.

BOARD OF MEDICINE

† **August 7, 1998 - 8 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

The Executive Committee will meet in open and closed session to (i) review disciplinary files requiring administrative action, (ii) adopt amendments for approval of promulgation of regulations as presented, (iii) interview applicants, and (iv) act on other issues that come before the board. The chairman will entertain public comments on agenda items for 15 minutes following adoption of the agenda.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

† **August 8, 1998 - 8 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Rooms 3 and 4, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

The Credentials Committee will meet in open and closed session to (i) conduct general business, (ii) interview and review medical credentials of applicants applying for licensure in Virginia, and (iii) act on other issues that come before the committee. The committee will receive public comments of those persons appearing on behalf of candidates.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

Informal Conference Committee

July 24, 1998 - 9 a.m. -- Open Meeting
Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia.

August 6, 1998 - 10:30 a.m. -- Open Meeting
Patrick Henry Hotel, 617 South Jefferson Street, Roanoke, Virginia.

September 3, 1998 - 10:30 a.m. -- Open Meeting
Roanoke Airport Marriott, 2801 Hershberger Road, Roanoke, 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 A 7 and A 15 of the Code of Virginia. Public comment will not be received.

Contact: Karen W. Perrine, Deputy Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-7332, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

† **August 25, 1998 - 10 a.m.** -- Public Hearing
James Madison Building, 109 Governor Street, 5th Floor Conference Room, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on the Virginia Substance Abuse Prevention and Treatment and

Community Mental Health Services Block Grant Applications for Federal Fiscal Year 1999. Copies of these applications are available for review at the Office of Mental Health and Substance Abuse Services, on the 12th Floor of the James Madison Building, and at each community services board office. Comments may be made at the hearing or in writing no later than August 25, 1998, to the Office of the Commissioner, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218. Any person wishing to make a presentation at the hearing may call Sterling Deal. Copies of oral presentations should be filed at the time of the hearing.

Contact: Sterling G. Deal, Ph.D., Resource Analyst, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218, telephone (804) 371-2148, FAX (804) 371-0091 or (804) 371-8977/TTY ☎

State Human Rights Committee

† **July 17, 1998 - 9 a.m.** -- Open Meeting
Doubletree Hotel, 2350 Seminole Trail, Charlottesville, Virginia. ♿ (Interpreter for the deaf provided upon request)

A regular meeting of the committee to discuss business and conduct hearings relating to human rights issues. Agenda items are listed for the meeting.

Contact: Theresa Evans, State Human Rights Director, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-3988, FAX (804) 371-2308 or (804) 371-8977/TTY ☎

VIRGINIA MILITARY INSTITUTE

Board of Visitors

August 29, 1998 - 8:30 a.m. -- Open Meeting
Virginia Military Institute, Preston Library, Turman Room, Lexington, Virginia. ♿

A meeting to elect a president, vice presidents and secretary, and to hear committee reports. The Board of Visitors will provide an opportunity for public comment immediately after the superintendent's comments, beginning at approximately 9 a.m.

Contact: Colonel Edwin L. Dooley, Jr., Secretary to the Board, Virginia Military Institute, Superintendent's Office, Lexington, VA 24450, telephone (540) 464-7206 or (540) 464-7660/TTY ☎

Calendar of Events

MOTOR VEHICLE DEALER BOARD

† **July 20, 1998 - 9 a.m.** -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street,
Room 702, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

Committees of the board will meet as follows:
Transaction Recovery Fund Committee - 9 a.m.
Licensing Committee - 10 a.m.
Dealer Practices Committee - 1:30 p.m.
Advertising Committee - 3 p.m.

Contact: Alice R. Weedon, Administrative Assistant, Motor
Vehicle Dealer Board, 2201 W. Broad St., Suite 104,
Richmond, VA 23220, telephone (804) 367-1100 or FAX
(804) 367-1053.

† **July 21, 1998 - 9:30 a.m.** -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street,
Room 702, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

A meeting of the board to conduct general board
business. Persons desiring to participate in the meeting
and requiring special accommodations or interpreter
services should contact the board at least 10 days prior
to the meeting so that suitable arrangements can be
made. The board fully complies with the Americans with
Disabilities Act. A tentative agenda will be provided
upon request by contacting the board. A public
comment period will be provided at the beginning of the
meeting. Public comments will be subject to the board's
guidelines for public comment.

Committees of the board will meet as follows:
Finance Committee - 8:45 a.m.
Franchise Review and Advisory Committee - 9 a.m.

Contact: Alice R. Weedon, Administrative Assistant, Motor
Vehicle Dealer Board, 2201 W. Broad St., Suite 104,
Richmond, VA 23220, telephone (804) 367-1100 or FAX
(804) 367-1053.

DEPARTMENT OF MOTOR VEHICLES

July 8, 1998 - 1 p.m. -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street,
Richmond, Virginia. 

A regular business meeting of the Medical Advisory
Board.

Contact: Phyllis A. Dardenne, Management Analyst,
Department of Motor Vehicles, 2300 W. Broad St.,
Richmond, VA 23220, telephone (804) 367-2581.

COMMONWEALTH NEUROTRAUMA INITIATIVE ADVISORY BOARD

July 23, 1998 - 9:30 a.m. -- Open Meeting
Department of Rehabilitative Services, 8004 Franklin Farms
Drive, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

A quarterly board meeting.

Contact: Charlotte Neal, Board Administrator, Department
of Rehabilitative Services, 8004 Franklin Farms Dr.,
Richmond, VA 23288-0300, telephone (804) 662-7082, toll-
free 1-800-552-5019 or 1-800-464-9950/TTY 

BOARD OF NURSING

† **July 20, 1998 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

A Special Conference Committee, comprised of two or
three members of the Board of Nursing, will conduct
informal conferences with licensees and certificate
holders. Public comment will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board
of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA
23230-1717, telephone (804) 662-9909, FAX (804) 662-9943
or (804) 662-7197/TTY 

† **July 20, 1998 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

The Education Special Conference Committee will meet
to review proposals and reports from nursing and nurse
aide education programs and prepare recommendations
for the board. Public comments will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board
of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA
23230-1717, telephone (804) 662-9909, FAX (804) 662-9943
or (804) 662-7197/TTY 

† **July 20, 1998 - 1 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

A panel of the board will conduct formal hearings.
Public comments will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board
of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA
23230-1717, telephone (804) 662-9909, FAX (804) 662-9943
or (804) 662-7197/TTY 

† **July 21, 1998 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia.  (Interpreter for the deaf
provided upon request)

A regular meeting of the board to consider matters relating to education programs, discipline of licensees, licensure by examination and other matters under the jurisdiction of the board. Public comments will be received during an open forum beginning at 11 a.m. until noon. Beginning at 1 p.m., a panel of the board will conduct formal hearings with licensees and certificate holders.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

† **July 21, 1998 - 1:30 p.m.** -- Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ♿
(Interpreter for the deaf provided upon request)

A public hearing on the draft of proposed regulations which allows registered nurses to delegate selected tasks and procedures to appropriately trained unlicensed persons. Comments may also be submitted in writing to the address below or by e-mail to nursebd@dhp.state.va.us until July 24, 1998.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

† **July 22, 1998 - 8:30 a.m.** -- Open Meeting
† **July 23, 1998 - 8:30 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting to conduct formal hearings with licensees and certificate holders. Public comments will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

BOARD OF NURSING HOME ADMINISTRATORS

July 8, 1998 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A regular meeting. Public comments will be received for 15 minutes prior to the meeting. A formal hearing will be held following the meeting. No public comments will be heard at that time.

Contact: Senita Booker, Administrative Staff Assistant, Board of Nursing Home Administrators, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111, FAX (804) 662-9523 or (804) 662-7197/TTY ☎

BOARD OF OPTOMETRY

† **July 9, 1998 - 2 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia. ♿
(Interpreter for the deaf provided upon request)

A special conference meeting. This is a public meeting; however, public comment will not be received.

Contact: Carol Stamey, Administrative Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910, FAX (804) 662-7098 or (804) 662-7197/TTY ☎

BOARD OF PHARMACY

July 14, 1998 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia. ♿

A special conference committee to hear informal conferences. Public comments will not be received.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9911 or FAX (804) 662-9313.

DEPARTMENT OF STATE POLICE

August 21, 1998 -- Public 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 State Police intends to amend regulations entitled: **19 VAC 30-70-1 et seq. Motor Vehicle Safety Inspection Rules and Regulations.** The purpose of the proposed action is to amend existing administrative regulations governing vehicle inspections to comply with mandates of the amended sections of the Code of Federal Regulations and the Code of Virginia.

Statutory Authority: § 46.2-1165 of the Code of Virginia.

Contact: Captain W. Steven Flaherty, Safety Officer, Department of State Police, P.O. Box 27472, Richmond, VA 23261, telephone (804) 378-3479, FAX (804) 378-3487 or toll-free 1-800-553-3144.

BOARD FOR PROFESSIONAL AND OCCUPATIONAL REGULATION

† **September 14, 1998 - 10 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A general business meeting.

Contact: Debra S. Vought, Agency Analyst, Department of Professional and Occupational Regulation, 3600 W. Broad

Calendar of Events

St., Richmond, VA 23230, telephone (804) 367-8519 or (804) 367-9753/TTY ☎

BOARD OF LICENSED PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND SUBSTANCE ABUSE TREATMENT PROFESSIONALS

† **July 7, 1998 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, Conference Room 4, Richmond, Virginia. ♿

Informal administrative hearings to be held pursuant to § 9-6.14:11 of the Code of Virginia. Public comment will not be received.

Contact: Evelyn Brown, Executive Director, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9967 or FAX (804) 662-9943.

VIRGINIA PUBLIC SCHOOL AUTHORITY

† **July 13, 1998 - 9:30 a.m.** -- Open Meeting
James Monroe Building, 101 North 14th Street, 3rd Floor, Richmond, Virginia. ♿

A meeting to consider certain board administrative matters including election of officers, contract review, and other business as necessary.

Contact: Richard A. Davis, Debt Manager, Department of the Treasury, James Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-4928 or e-mail richard.davis@trs.state.va.us

VIRGINIA RACING COMMISSION

July 15, 1998 - 9:30 a.m. -- Open Meeting
Colonial Downs, Administrative Building, 12007 Courthouse Circle, New Kent, Virginia. ♿

A regular monthly meeting including a report from Colonial Downs regarding preparations for the full thoroughbred race meeting and a public participation segment.

Contact: William H. Anderson, Policy Analyst, Virginia Racing Commission, 10700 Horsemen's Rd., New Kent, VA 23124, telephone (804) 966-4200 or FAX (804) 966-8906.

REAL ESTATE APPRAISER BOARD

July 21, 1998 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A general business meeting. Persons desiring to participate in the meeting and requiring special

accommodations or interpreter services should contact the board at least 10 days prior to the meeting. The department fully complies with the Americans with Disabilities Act.

Contact: Karen W. O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0500, FAX (804) 367-2475, or (804) 367-9753/TTY ☎

VIRGINIA RESOURCES AUTHORITY

July 14, 1998 - 9:30 a.m. -- Open Meeting
Virginia Resources Authority, Mutual Building, 909 East Main Street, Suite 700, Richmond, Virginia.

† **August 11, 1998 - 9 a.m.** -- Open Meeting
The Martha Washington Inn, 150 West Main Street, Abingdon, Virginia.

A meeting to approve minutes of the prior meeting, to review the authority's operations for the prior month, and to consider other matters and take other actions as the authority 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.

Contact: Shockley D. Gardner, Jr., Executive Director, Virginia Resources Authority, P.O. Box 1300, Richmond, VA 23218, telephone (804) 644-3100 or FAX (804) 644-3109.

VIRGINIA RETIREMENT SYSTEM

August 20, 1998 - 9 a.m. -- Open Meeting
Virginia Retirement System, 1200 East Main Street, Richmond, Virginia. ♿

A regular meeting. No public comment will be received.

Contact: Darla Kestner, Administrative Staff Assistant, Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218-2500, telephone (804) 649-8059, FAX (804) 371-0613, toll-free 1-888-827-3847, or (804) 649-5089/TTY ☎

September 10, 1998 - Noon -- Open Meeting
Virginia Retirement System, 1200 East Main Street, Richmond, Virginia. ♿

A regular meeting of the Investment Advisory Committee. There may be in attendance at any time during the meeting three or more members of the Board of Trustees, or any of their subcommittees. No public comment will be received.

Contact: Darla Kestner, Administrative Staff Assistant, Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218-2500, telephone (804) 649-8059, FAX (804) 371-0613, toll-free 1-888-827-3847, or (804) 649-5089/TTY ☎

STATE BOARD OF SOCIAL SERVICES

August 7, 1998 - Public 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 intends to amend regulations entitled: **22 VAC 40-35-5 et seq. Virginia Independence Program**. The purpose of the proposed amendment is to amend the Virginia Independence Program by adding the Targeted Jobs Grant Program. This program provides employers with grants of up to \$1,000 per employee when they hire and retain individuals who have been receiving Temporary Assistance to Needy Families.

Statutory Authority: §§ 63.1-25 and 63.1-25.3 of the Code of Virginia

Contact: David E. Olds, Employment Services Program Manager, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-2251 or FAX (804) 692-1709.

DEPARTMENT OF SOCIAL SERVICES

July 8, 1998 - 10 a.m. -- Public Hearing
Department of Social Services, 730 East Broad Street, 7th Floor, Conference Room, Richmond, Virginia. 

A public hearing to receive comments on the proposed plan for implementation of the 1998-99 Energy Assistance Program.

Contact: Richard Martin, Regulatory Coordinator, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1825.

VIRGINIA COMMERCIAL SPACE FLIGHT AUTHORITY

† **July 14, 1998 - 10 a.m.** -- Open Meeting
Old Dominion University, Webb Center, Norfolk, Virginia. 
(Interpreter for the deaf provided upon request)

A quarterly meeting of the governing board of directors to discuss business of the authority as determined by the chairman of the authority.

Contact: Robert G. Templin, Jr., Chairman, Virginia Commercial Space Flight Authority, Center for Innovative Technology, 2214 Rock Hill Rd., Suite 600, Herndon, VA 20170, telephone (703) 689-3010 or FAX (703) 689-3001.

COMMONWEALTH TRANSPORTATION BOARD

July 15, 1998 - 2 p.m. -- Open Meeting
Ramada Plaza Resort, 57th and Atlantic Avenue, Virginia Beach, Virginia. 
(Interpreter for the deaf provided upon request)

A work session of the board and the Department of Transportation staff.

Contact: Shirley J. Ybarra, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-6675.

July 16, 1998 - 10 a.m. -- Open Meeting
Ramada Plaza Resort, 57th and Atlantic Avenue, Virginia Beach, Virginia. 
(Interpreter for the deaf provided upon request)

A monthly meeting of the board to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval. Public comments will be received at the outset of the meeting on items on the meeting agenda for which the opportunity for public comments 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. Separate committee meetings may be held on call of the chairman. Contact Department of Transportation Public Affairs at (804) 786-2715 for schedule.

Contact: Shirley J. Ybarra, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-6675.

TREASURY BOARD

July 15, 1998 - 9 a.m. -- Open Meeting
August 19, 1998 - 9 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, Treasury Board Room, 3rd Floor, Richmond, Virginia. 

A regular business meeting.

Contact: Gloria J. Hatchel, Administrative Assistant, Department of the Treasury, James Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 371-6011.

BOARD OF VETERINARY MEDICINE

† **July 9, 1998 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia. 
(Interpreter for the deaf provided upon request)

A meeting to conduct informal conferences. Public comment will not be received.

Contact: Terri H. Behr, Administrative Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9915 or (804) 662-7197/TTY 

Calendar of Events

BOARD FOR THE VISUALLY HANDICAPPED

July 21, 1998 - 1 p.m. -- Open Meeting
Department for the Visually Handicapped, Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The board is responsible for advising the Governor, the Secretary of Health and Human Resources, the Commissioner, and the General Assembly on the delivery of public services to the blind and the protection of their rights. The board also reviews and comments on policies, budgets and requests for appropriations for the department. At this regular quarterly meeting, the board members will receive information regarding department activities and operations, review expenditures from the board's institutional fund, and discuss other issues raised by board members.

Contact: Katherine C. Proffitt, Executive Secretary Senior, Department for the Visually Handicapped, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140, FAX (804) 371-3157, toll-free 1-800-622-2155, or (804) 371-3140/TTY

VIRGINIA WASTE MANAGEMENT BOARD

† August 10, 1998 - 9 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

A meeting to discuss the proposed establishment of requirements to govern the use of mediation and alternative dispute resolution in regulation development and permit issuance.

Contact: Dr. Kathleen Sands, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413.

STATE WATER CONTROL BOARD

† July 14, 1998 - 10 a.m. -- Open Meeting
General Assembly Building, 910 Capitol Square, House Room C, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting.

Contact: Cindy M. Berndt, Policy Analyst, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4378, FAX (804) 698-4277 or (804) 698-4021/TTY

† August 5, 1998 - 1 p.m. -- Public Hearing
Town Hall, 510 7th Street, Council Chambers, Altavista, Virginia.

September 4, 1998 - Public 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 Water Control Board intends to amend regulations entitled: **9 VAC 25-430-10 et seq. Roanoke River Basin Water Quality Management Plan.** The purpose of the proposed action is to amend the plan to change the wasteload allocations for selected VPDES permitted discharges.

The Department of Environmental Quality invites comments on this intended amendment to the Roanoke River Basin Water Quality Management Plan, including any alternatives. Copies of the draft proposed regulation may be obtained by contacting the Department of Environmental Quality. To obtain a copy and for further information, please contact Jon van Soestbergen at the address and telephone number below.

The Department of Environmental Quality invites comments on costs and benefits of this intended amendment to the Roanoke River Basin Water Quality Management Plan. Comments may be submitted to Jon van Soestbergen at the address below.

The proposed regulatory amendments will affect the following communities: Town of Clarksville, Town of Boynton, Mecklenburg County.

The Department of Environmental Quality analyzed different alternatives in preparing this proposed regulatory amendment. Additional information regarding these analyses is available from Jon van Soestbergen at the address below.

Statutory Authority: §§ 62.1-44.15 (10) and 62.1-44.15 (13) of the Code of Virginia.

Contact: Jon van Soestbergen, P.E., Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060-6296, telephone (804) 527-5043.

† August 5, 1998 - 1 p.m. -- Public Hearing
Town Hall, 510 7th Street, Council Chambers, Altavista, Virginia.

September 4, 1998 - Public 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 Water Control Board intends to amend regulations entitled: **9 VAC 25-440-10 et seq. Upper Roanoke River Subarea Water Quality Management Plan.** The purpose of the proposed action is to change the wasteload allocation for two segments of the Roanoke River.

The Department of Environmental Quality invites comments on this intended amendment to the Upper Roanoke River Subarea Water Quality Management Plan, including any alternatives. Copies of the draft proposed regulation may be obtained by contacting

Dr. Michael J. Scanlan at the address and telephone number below.

The Department of Environmental Quality invites comments on costs and benefits of this intended amendment to the Upper Roanoke River Subarea Water Quality Management Plan. Comments may be submitted to Dr. Michael J. Scanlan at the address below.

The proposed regulatory amendments will affect the communities of Altavista, in Campbell County and communities served by the Roanoke Regional Water Pollution Control Plan in Roanoke, Virginia (Botetourt County, Roanoke County, Town of Vinton and the cities of Roanoke and Salem).

The Department of Environmental Quality analyzed different alternatives in preparing this proposed regulatory amendment. Additional information regarding these analyses is available from Dr. Michael J. Scanlan at the address below.

Statutory Authority: §§ 62.1-44.15 (10) and 62.1-44.15 (13) of the Code of Virginia.

Contact: Dr. Michael J. Scanlan, Department of Environmental Quality, West Central Regional Office, 3019 Peters Creek Road, Roanoke, VA 24019, telephone (540) 562-6723.

† **August 10, 1998 - 9 a.m.** -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Training Room, Richmond, Virginia.

A meeting to discuss the proposed establishment of requirements to govern the use of mediation and alternative dispute resolution in regulation development and permit issuance.

Contact: Dr. Kathleen Sands, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413.

Advisory Committee on Nonmetallic Mineral Mining General VPDES Permit

† **July 8, 1998 - 10 a.m.** -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

A meeting of the Technical Advisory Committee to discuss the reissuance of the State Water Control Board's General Pollutant Discharge Elimination System Permit for Nonmetallic Mineral Mining (9 VAC 25-190-10 et seq.). This date may change; please call to confirm date, time and location.

Contact: Michael B. Gregory, Environmental Engineer, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4065, FAX (804) 698-4032 or (804) 698-4021/TTY ☎

INDEPENDENT

STATE LOTTERY BOARD

† **July 28, 1998 - 9:30 a.m.** -- Open Meeting
State Lottery Department, 900 East Main Street, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A regular meeting of the board. Public comment will be received at the beginning of the meeting.

Contact: David L. Norton, Esq., Director, Legislative and Regulatory Affairs, State Lottery Department, 900 E. Main St., Richmond, VA 23219, telephone (804) 692-7109 or FAX (804) 692-7775.

LEGISLATIVE

VIRGINIA CODE COMMISSION

July 8, 1998 - 10 a.m. -- Open Meeting
September 16, 1998 - 10 a.m. -- Open Meeting
General Assembly Building, 910 Capitol Street, Speaker's Conference Room, 6th Floor, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting to continue with the recodification of Titles 2.1 and 9 of the Code of Virginia.

Contact: Jane Chaffin, Deputy Registrar, General Assembly Bldg., 910 Capitol Street, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625 or e-mail jchaffin@leg.state.va.us.

COMMISSION ON COORDINATION OF SERVICES TO FACILITATE SELF-SUFFICIENCY AND SUPPORT OF PERSONS WITH PHYSICAL AND SENSORY DISABILITIES (HJR 274)

July 22, 1998 - 9 a.m. -- Open Meeting
September 15, 1998 - 9 a.m. -- Open Meeting
General Assembly Building, 910 Capitol Square, House Room D, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Brian Parsons or Barbara Ettner at the Virginia Board for People with Disabilities, (804) 786-0016. Individuals requiring interpreter services or other special assistance should contact the Committee Operations Office at least 10 working days prior to the meeting.

Contact: Barbara Regen, House Committee Operations, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

Calendar of Events

JOINT SUBCOMMITTEE EXAMINING THE POTENTIAL FOR ELECTRIC UTILITY INDUSTRY RESTRUCTURING WITHIN VIRGINIA (SJR 91, 1998)

July 9, 1998 - 10 a.m. -- Open Meeting

August 18, 1998 - 10 a.m. -- Open Meeting

General Assembly Building, 910 Capitol Square, Senate Room B, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting. Individuals requiring interpreter services or other accommodations should call or write Thomas C. Gilman seven working days before the meeting.

Contact: Thomas C. Gilman, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450 or (804) 698-7419/TTY 

JOINT SUBCOMMITTEE STUDYING THE VIRGINIA FREEDOM OF INFORMATION ACT (HJR 187, 1998)

† **July 15, 1998 - 2 p.m.** -- Open Meeting

General Assembly Building, 910 Capitol Square, House Room C, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Maria J. K. Everett, Senior Attorney, Division of Legislative Services, telephone (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact the Committee Operations Office at least 10 working days prior to the meeting.

Contact: Anne R. Howard, House Committee Operations, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY 

COMMISSION ON ACCESS AND DIVERSITY IN HIGHER EDUCATION IN VIRGINIA (HJR 226, 1998)

† **July 15, 1998 - 10 a.m.** -- Open Meeting

General Assembly Building, 910 Capitol Square, Conference Room, 6th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

† **August 28, 1998 - 10 a.m.** -- Open Meeting

General Assembly Building, 910 Capitol Square, House Room C, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting. Please call Brenda Edwards, Division of Legislative Services, (804) 786-3591, with any questions regarding the agenda. Individuals requiring interpreter services or special assistance should contact Dawn Smith.

Contact: Dawn B. Smith, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY 

SPECIAL AGRICULTURE SUBCOMMITTEE STUDYING THE IMPACT OF INDUSTRIAL SWINE PRODUCTION IN VIRGINIA (HJR 573, 1997)

NOTE: CHANGE IN MEETING TIME AND LOCATION

July 15, 1998 - 2 p.m. -- Open Meeting

General Assembly Building, 910 Capitol Square, House Room D, Richmond, Virginia. 

A regular subcommittee meeting. Any questions concerning the agenda should be addressed to Nicole Beyer, Staff Attorney, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact Committee Operations at least 10 days prior to the meeting.

Contact: Kathleen Myers, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY 

JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

July 13, 1998 - 10 a.m. -- Open Meeting

General Assembly Building, 910 Capitol Square, Senate Room A, Richmond, Virginia. 

Staff briefings on the status of ADAPT and on the Department of Health's monitoring of HMO's VRS oversight.

Contact: Phillip A. Leone, Director, Joint Legislative Audit and Review Commission, General Assembly Building, 910 Capitol St., Suite 1100, Richmond, VA 23219, telephone (804) 786-1258.

JOINT SUBCOMMITTEE STUDYING THE REMEDIAL SUMMER SCHOOL PROGRAM (HJR 62, 1998)

† **July 29, 1998 - 10 a.m.** -- Open Meeting

General Assembly Building, 910 Capitol Square, Conference Room, 6th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting. Please call Brenda Edwards, Division of Legislative Services, (804) 786-3591, with any questions regarding the agenda. Individuals requiring interpreter services or special assistance should contact Dawn Smith.

Contact: Dawn B. Smith, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY 

CHRONOLOGICAL LIST

OPEN MEETINGS

July 7

Conservation and Recreation, Department of
Hopewell Industrial Safety Council
† Professional Counselors, Marriage and Family
Therapists and Substance Abuse Treatment
Professionals, Board of Licensed

July 8

Code Commission, Virginia
Community Colleges, State Board for
† Contractors, Board for
Motor Vehicles, Department of
- Medical Advisory Board
Nursing Home Administrators, Board of
† Water Control Board, State
- Advisory Committee on Nonmetallic Mineral Mining
General VPDES Permit

July 9

Agriculture and Consumer Services, Department of
- Virginia Horse Industry Board
Community Colleges, State Board for
Conservation and Recreation, Department of
- Falls of the James Scenic River Advisory Board
† Electric Utility Restructuring in Virginia, Joint
Subcommittee Examining the Potential
Health, Department of
- Biosolids Use Information Committee
- Biosolids Use Regulations Advisory Committee
† Optometry, Board of
† Veterinary Medicine, Board of

July 10

Agriculture and Consumer Services, Department of
- Virginia Sheep Industry Board
† At-Risk Youth and Their Families, Comprehensive
Services for
- State Management Team
Dentistry, Board of

July 13

† Agriculture and Consumer Services, Department of
- Virginia State Apple Board
Cosmetology, Board for
Legislative Audit and Review Commission, Joint
† Public School Authority, Virginia

July 14

† Agriculture and Consumer Services, Department of
- Virginia Peanut Board
† Chesapeake Bay Local Assistance Board
- Northern Area Review Committee
- Southern Area Review Committee
Corrections, Board of
- Correctional Services Committee
Pharmacy, Board of
Resources Authority, Virginia

† Space Flight Authority, Virginia Commercial
† Water Control Board, State

July 15

Conservation and Recreation, Department of
Corrections, Board of
- Administration Committee
† Freedom of Information Act, Joint Subcommittee
Studying the Virginia
† Higher Education in Virginia, Commission on Access
and Diversity iin
Industrial Swine Production in Virginia, Special
Agriculture Subcommittee Studying the Impact of
† Innovative Technology Authority, Virginia
† Juvenile Justice, State Board of
Racing Commission, Virginia
Transportation Board, Commonwealth
Treasury Board

July 16

† Agriculture and Consumer Services, Department of
- Pesticide Control Board
† Game and Inland Fisheries, Board of
† Job Training Coordinating Council, Governor's
Transportation Board, Commonwealth

July 17

Dentistry, Board of
† Game and Inland Fisheries, Board of
† Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- State Human Rights Committee

July 20

Accountancy, Board for
General Services, Department of
- Design-Build/Construction Management Review
Board
Local Government, Commission on
† Motor Vehicle Dealer Board
- Advertising Committee
- Dealer Practices Committee
- Licensing Committee
- Transaction Recovery Fund Committee
† Nursing, Board of

July 21

Accountancy, Board for
Agriculture and Consumer Services, Board of
Agriculture and Consumer Services, Department of
- Virginia Winegrowers Advisory Board
Environmental Quality, Department of
- Virginia Ground Water Protection Steering
Committee
† Housing Development Authority, Virginia
† Motor Vehicle Dealer Board
- Finance Committee
- Franchise Review and Advisory Committee
† Nursing, Board of
Real Estate Appraiser Board
Visually Handicapped, Board for the

Calendar of Events

July 22

- † Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects, Board of
 - Land Surveyor Section
- † Child Fatality Review Team, Virginia State Disabilities, Commission on Coordination of Services to Facilitate Self-Sufficiency and Support of Persons with Physical and Sensory
- † Independent Living Council, Statewide
- † Nursing, Board of

July 23

- † Auctioneers Board
- † Independent Living Council, Statewide
- † Longwood College
 - Academic Affairs and Student Affairs Committees
 - Finance Committee
- Neurotrauma Initiative Advisory Board, Commonwealth
- † Nursing, Board of

July 24

- Dentistry, Board of
- † Longwood College
 - Board of Visitors
- Medicine, Board of
 - Informal Conference Committee

July 27

- Branch Pilots, Board for

July 28

- Agriculture and Consumer Services, Department of
 - Virginia Small Grains Board
- † Lottery Board, State
- Manufactured Housing Board, Virginia
- Marine Resources Commission

July 29

- † Competition Council, Commonwealth
- Disability Services Council
- † Remedial Summer School Program, Joint Subcommittee Studying the

July 30

- Branch Pilots, Board for
- † Compensation Board
- † Intergovernmental Relations, Virginia Advisory Commission on

August 3

- † Medical Assistance Services, Department of
 - Pharmacy Liaison Committee

August 4

- † Hopewell Industrial Safety Council

August 5

- † Deaf and Hard-of-Hearing, Virginia Department for the Labor and Industry, Department of
 - Apprenticeship Council

August 6

- Agriculture and Consumer Services, Department of
 - Virginia Soybean Board
- Medicine, Board of
 - Informal Conference Committee

August 7

- † Medicine, Board of
 - Executive Committee

August 8

- † Medicine, Board of
 - Credentials Committee

August 10

- † Air Pollution Control Board, State
- † Waste Management Board, Virginia
- † Water Control Board, State

August 11

- † Agriculture and Consumer Services, Department of
 - Virginia Aquaculture Advisory Board
- Corrections, Board of
 - Correctional Services Committee
- † Environmental Quality, Department of Land Evaluation Advisory Council, State
- † Resources Authority, Virginia

August 12

- Corrections, Board of
 - Administration Committee
- Funeral Directors and Embalmers, Board of

August 14

- † Health Professions, Department of
 - Health Practitioners' Intervention Program Committee

August 17

- General Services, Department of
 - Design-Build/Construction Management Review Board

August 18

- † Electric Utility Restructuring in Virginia, Joint Subcommittee Examining the Potential

August 19

- Treasury Board

August 20

- Conservation and Recreation, Department of Retirement System, Virginia

August 25

- Asbestos and Lead, Virginia Board for Marine Resources Commission

August 28

- † Higher Education in Virginia, Commission on Access and Diversity in
- † Local Government, Commission on

August 29

Military Institute, Virginia
- Board of Visitors

September 1

† Hopewell Industrial Safety Council

September 3

† Emergency Planning Committee, Local - Chesterfield
County
Medicine, Board of
- Informal Conference Committee

September 10

Retirement System, Virginia
- Investment Advisory Committee

September 14

† Professional and Occupational Regulation, Board for

September 15

Disabilities, Commission on Coordination of Services to
Facilitate Self-Sufficiency and Support of Persons with
Physical and Sensory

September 16

Code Commission, Virginia

September 22

† Land Evaluation Advisory Council, State
Marine Resources Commission

PUBLIC HEARINGS

July 8

Social Services, Department of

July 20

† Environmental Quality, Department of

July 21

† Nursing, Board of

August 5

† Water Control Board, State

August 25

† Mental Health, Mental Retardation and Substance
Abuse Services, Department of

August 28

† Local Government, Commission on
