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1 Section suspended in 19:18 VA.R. 2680.
2 Effective 30 days after notice in the Virginia Register of EPA approval.
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**Title 11. Gaming**

| 11 VAC 5-10-10 through 11 VAC 5-10-70 | Amended | 19:15 VA.R. 2264 | 5/7/03 |
| 11 VAC 5-10-80       | Added   | 19:15 VA.R. 2264 | 5/7/03 |
| 11 VAC 5-20-10       | Amended | 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-60       | Amended | 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-70       | Amended | 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-80       | Amended | 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-90       | Repealed| 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-100      | Repealed| 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-110      | Repealed| 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-120 through 11 VAC 5-20-180 | Amended | 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-20-420      | Amended | 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-30          | Repealed| 19:15 VA.R. 2265 | 5/7/03 |
| 11 VAC 5-31-10 through 11 VAC 5-31-200 | Added | 19:15 VA.R. 2266 | 5/7/03 |
| 11 VAC 5-40          | Repealed| 19:13 VA.R. 2266 | 5/7/03 |
| 11 VAC 5-41-10 through 11 VAC 5-41-340 | Added | 19:15 VA.R. 2266-2269 | 5/7/03 |

**Title 12. Health**

| 12 VAC 5-31-610     | Added   | 19:3 VA.R. 493      | 3            |
| 12 VAC 5-31-620     | Added   | 19:3 VA.R. 494      | 3            |
| 12 VAC 5-31-730     | Added   | 19:3 VA.R. 516      | 3            |
| 12 VAC 5-31-940     | Added   | 19:3 VA.R. 503      | 3            |
| 12 VAC 5-31-1030    | Added   | 19:3 VA.R. 504      | 5/6/03^3     |
| 12 VAC 5-31-1140    | Added   | 19:3 VA.R. 505      | 5/6/03^3     |
| 12 VAC 5-90-80 emer | Amended | 19:13 VA.R. 1971    | 2/11/03-2/10/04 |
| 12 VAC 5-90-80 emer | Amended | 19:18 VA.R. 2737    | 4/24/03-4/23/04 |
| 12 VAC 5-585-10     | Amended | 19:14 VA.R. 2138    | 4/23/03      |
| 12 VAC 5-585-40     | Amended | 19:14 VA.R. 2140    | 4/23/03      |
| 12 VAC 5-585-50     | Amended | 19:14 VA.R. 2141    | 4/23/03      |
| 12 VAC 5-585-270    | Amended | 19:14 VA.R. 2141    | 4/23/03      |
| 12 VAC 5-585-660 through 12 VAC 5-585-750 | Added | 19:14 VA.R. 2141-2145 | 4/23/03 |
| 12 VAC 5-590-10     | Amended | 19:17 VA.R. 2520    | 6/4/03       |
| 12 VAC 5-590-370    | Amended | 19:17 VA.R. 2526    | 6/4/03       |
| 12 VAC 5-590-420    | Amended | 19:17 VA.R. 2549    | 6/4/03       |
| 12 VAC 5-590-420    | Amended | 19:20 VA.R. 2982    | 7/16/03      |
| 12 VAC 5-590-440    | Amended | 19:17 VA.R. 2565    | 6/4/03       |
| 12 VAC 5-590-530    | Amended | 19:17 VA.R. 2568    | 6/4/03       |
| 12 VAC 5-590-530    | Amended | 19:20 VA.R. 2982    | 7/16/03      |
| 12 VAC 5-590-550    | Amended | 19:20 VA.R. 2982    | 7/16/03      |
| 12 VAC 5-590-990, Appendix F and Appendix G | Amended | 19:20 VA.R. 2983-2984 | 7/16/03 |
| 12 VAC 5-590 Appendix M | Amended | 19:17 VA.R. 2575 | 6/4/03 |
| 12 VAC 30-20-80     | Amended | 19:18 VA.R. 2682    | 7/1/03       |
| 12 VAC 30-20-150    | Amended | 19:18 VA.R. 2682    | 7/1/03       |
| 12 VAC 30-20-160    | Amended | 19:18 VA.R. 2683    | 7/1/03       |
| 12 VAC 30-50-140    | Amended | 19:18 VA.R. 2684    | 7/1/03       |
| 12 VAC 30-50-150    | Amended | 19:18 VA.R. 2685    | 7/1/03       |
| 12 VAC 30-50-160    | Amended | 19:18 VA.R. 2686    | 7/1/03       |
| 12 VAC 30-50-460    | Repealed| 19:18 VA.R. 2686    | 7/1/03       |
| 12 VAC 30-60-70     | Amended | 19:18 VA.R. 2687    | 7/1/03       |

3 Section withdrawn in 19:16 VA.R. 2393.
4 Section readopted in 19:16 VA.R. 2393.

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<td>7/2/03</td>
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<td>19:20 VA.R. 2999</td>
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<td>19:17 VA.R. 2583</td>
<td>4/10/03</td>
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<td>19:20 VA.R. 2999</td>
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<td>19:14 VA.R. 2154</td>
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<td>4/24/03</td>
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<td>6/18/03</td>
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<td>4/24/03</td>
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<td>19:19 VA.R. 2882</td>
<td>7/2/03</td>
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<td>7/1/03-6/30/04</td>
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<td>7/1/03-6/30/04</td>
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<td>19:16 VA.R. 2414</td>
<td>3/24/03</td>
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<td>19:16 VA.R. 2415</td>
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<td>19:16 VA.R. 2416</td>
<td>3/24/03</td>
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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 § 2.2-4007 of the Code of Virginia that the State Air Pollution Control Board intends to consider amending regulations entitled 9 VAC 5-40, Existing Stationary Sources (Rev. G03). The purpose of the proposed action is to develop a regulation concerning consumer products that will contribute to the achievement of the necessary VOC emissions reductions to stay within the budget limit in order to safeguard federal approval of transportation projects in Northern Virginia. Consumer products that may be regulated include, but are not limited to, adhesives, adhesive removers, aerosol products (like cooking and dusting sprays), air freshener, antiperspirants and deodorants, facial toners and astringents, waxes and polishes (for cars, floors, etc.), tile cleaners, tar removers, bug sprays, rug cleaners, charcoal lighter fluid, disinfectants, cosmetics, and soaps. (See 19:19 VA.R. 2787-2789 June 2, 2003, for more detailed information on this regulatory action.)

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

Statutory Authority: § 10.1-1308 of the Code of Virginia, Clean Air Act (§§ 110, 111, 123, 129, 171, 172 and 182), and 40 CFR Parts 51 and 60.

Public comments may be submitted until 5 p.m. on July 3, 2003.

Contact: Kathleen Sands, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413, FAX (804) 698-4510, or e-mail krsands@deq.state.va.us.

VA.R. Doc. No. R03-197; Filed May 7, 2003, 12:39 p.m.

Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Air Pollution Control Board intends to consider amending regulations entitled 9 VAC 5-91, Regulations for the Control of Motor Vehicle Emissions (Rev. MJ). The purpose of the proposed action is to amend the current regulation which conforms to federal requirements for on-road testing by expanding the regulatory provisions to meet the state law. The new regulatory amendments would (i) revise the existing provisions affecting the on-road testing (remote sensing) of emissions from motor vehicles located in or primarily operated in Northern Virginia (including out of area commuters) and the subsequent testing of those motor vehicles; and (ii) establish a program to subsidize repair costs of some vehicles identified by remote sensing. (See 19:19 VA.R. 2785-2787 June 2, 2003, for more detailed information on this regulatory action.)

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

Statutory Authority: §§ 46.2-1176 and 46.2-1187.3 of the Code of Virginia, Clean Air Act (§ 182), and 40 CFR Part 51, Subpart S.

Public comments may be submitted until 5 p.m. on July 3, 2003.

Contact: Mary L. Major, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4423, FAX (804) 698-4510, or e-mail mlmajor@deq.state.va.us.

VA.R. Doc. No. R03-196; Filed May 7, 2003, 12:39 p.m.

STATE WATER CONTROL BOARD

Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to consider amending regulations entitled 9 VAC 25-260, Water Quality Standards. The State Water Control Board (board) proposes to amend the state’s Antidegradation Policy (9 VAC 25-260-30), part of the Water Quality Standards, by designating a section of Ragged Island Creek for special protection as an Exceptional Water (9 VAC 25-260-30 A 3 c). The Exceptional Waters category of the Antidegradation Policy allows the board to designate waters that display exceptional environmental settings and either exceptional aquatic communities or exceptional recreational opportunities for added protection. Once designated, the Antidegradation Policy provides that no water quality degradation would be allowed in the Exceptional Waters. The only exception would be temporary, limited impact activities. By ensuring that no water quality degradation is allowed to occur in waters with exceptional environmental settings and either exceptional recreational opportunities or exceptional aquatic communities, the board is protecting these special waters at their present quality for use and enjoyment by future generations of Virginians. (See 19:19 VA.R. 2787-2789 June 2, 2003, for more detailed information on this regulatory action.)

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


Public comments may be submitted until 5 p.m. on July 25, 2003.

Contact: Jean W. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413, FAX (804) 698-4522, or e-mail jwgregory@deq.state.va.us.

VA.R. Doc. No. R03-199; Filed May 9, 2003, 1:59 p.m.
Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to consider amending regulations entitled 9 VAC 25-260, Water Quality Standards. The State Water Control Board (board) proposes to amend the state’s Antidegradation Policy (9 VAC 25-260-30), part of the Water Quality Standards, by designating a section of Little Stony Creek for special protection as an Exceptional Water (9 VAC 25-260-30 A 3 c). The Exceptional Waters category of the Antidegradation Policy allows the board to designate waters that display exceptional environmental settings and either exceptional aquatic communities or exceptional recreational opportunities for added protection. Once designated, the Antidegradation Policy provides that no water quality degradation would be allowed in the Exceptional Waters. The only exception would be temporary, limited impact activities. By ensuring that no water quality degradation is allowed to occur in waters with exceptional environmental settings and either exceptional aquatic communities or exceptional recreational opportunities, the board is protecting these special waters at their present quality for use and enjoyment by future generations of Virginians. (See 19:19 VA.R. 2789-2790 June 2, 2003, for more detailed information on this regulatory action.)

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


Public comments may be submitted until 5 p.m. on July 25, 2003.

Contact: Jean W. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4113, FAX (804) 698-4522, or e-mail jwggregory@deq.state.va.us.

VA.R. Doc. No. R03-201; Filed May 9, 2003, 1:59 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to consider amending regulations entitled 9 VAC 25-260, Water Quality Standards. The State Water Control Board (board) proposes to amend the state’s Antidegradation Policy (9 VAC 25-260-30), part of the Water Quality Standards, by designating Lake Drummond and portions of Brown Mountain Creek, Laurel Fork, North Fork of the Buffalo River, Pedlar River, Ramseys Draft, and Whitetop Laurel Creek as Exceptional Waters (9 VAC 25-260-30 A 3 c). The Exceptional Waters category of the Antidegradation Policy allows the board to designate waters that display exceptional environmental settings and either exceptional aquatic communities or exceptional recreational opportunities for added protection. Once designated, the Antidegradation Policy provides that no water quality degradation would be allowed in the Exceptional Waters. The only exception would be temporary, limited impact activities. By ensuring that no water quality degradation is allowed to occur in waters with exceptional environmental settings and either exceptional recreational opportunities or exceptional aquatic communities, the board is protecting these special waters at their present quality for use and enjoyment by future generations of Virginians. (See 19:19 VA.R. 2791-2792 June 2, 2003, for more detailed information on this regulatory action.)

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


Public comments may be submitted until 5 p.m. on July 25, 2003.

Contact: Jean W. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4113, FAX (804) 698-4522, or e-mail jwggregory@deq.state.va.us.

VA.R. Doc. No. R03-202; Filed May 9, 2003, 2 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to consider amending regulations entitled 9 VAC 25-260, Water Quality Standards. The State Water Control Board (board) proposes to amend the state’s Antidegradation Policy (9 VAC 25-260-30), part of the Water Quality Standards, by designating a section of Bottom Creek for special protection as an Exceptional Water (9 VAC 25-260-30 A 3 c). The Exceptional Waters category of the Antidegradation Policy allows the board to designate waters which display exceptional environmental settings and either exceptional aquatic communities or exceptional recreational opportunities for added protection. Once designated, the Antidegradation Policy provides that no water quality degradation would be allowed in the Exceptional Waters. The only exception would be temporary, limited impact activities. By ensuring that no water quality degradation is allowed to occur in waters with exceptional environmental settings and either exceptional recreational opportunities or exceptional aquatic communities, the board is protecting these special waters at their present quality for use and enjoyment by future generations of Virginians. (See 19:19 VA.R. 2791-2792 June 2, 2003, for more detailed information on this regulatory action.)

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


Public comments may be submitted until 5 p.m. on July 25, 2003.

Contact: Jean W. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4113, FAX (804) 698-4522, or e-mail jwggregory@deq.state.va.us.

VA.R. Doc. No. R03-203; Filed May 9, 2003, 2 p.m.
consider adopting regulations entitled 9 VAC 25-780, Local and Regional Water Supply Planning. The regulatory action will address the need for improved local and regional water supply planning. The recent drought highlighted the need to require that localities be prepared to plan for and implement contingency plans during unusual climatic events. The goal of the new regulation is to establish a basic set of criteria that each local or regional water supply plan must contain so that they may plan for and provide adequate water to their citizens in a manner that balances the need for environmental protection and future growth. (See 19:20 VA.R. 2926-2927 June 16, 2003, for more detailed information on this regulatory action.)

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


Public comments may be submitted until 5 p.m. on July 21, 2003.

Contact: Scott Kudlas, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4456, FAX (804) 698-4522, or e-mail swkudlas@deq.state.va.us.

VA.R. Doc. No. R03-214; Filed May 28, 2003, 10:29 a.m.

TITLE 12. HEALTH
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled 12 VAC 30-80, Methods and Standards for Establishing Payment Rates; Other Types of Care. The purpose of the proposed action is to amend the reimbursement of hospitals for outpatient services providing that, effective July 1, 2003, allowable costs shall be limited to 80% of costs. State teaching hospitals are excluded from this action. It also proposes to establish a prospective reimbursement methodology for private rehabilitation agencies. Public rehabilitation agencies, those affiliated with community services boards, will continue to be reimbursed retrospectively.

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


Public comments may be submitted until July 30, 2003, to Scott Crawford, Director, Division of Reimbursement, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (8904) 786-7959, FAX (804) 787-1680 or e-mail vsimmons@dmas.state.va.us.

VA.R. Doc. No. R03-220; Filed June 11, 2003, 11:25 a.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING
BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Audiology and Speech-Language Pathology intends to consider amending regulations entitled 18 VAC 30-20, Regulations of the Board of Audiology and Speech-Language Pathology. The purpose of the proposed action is to address the need of the Board of Audiology and Speech-Language Pathology to increase fees to cover expenses for essential functions of approving applicants for licensure, investigation of complaints against licensees, and adjudication of disciplinary cases required for public safety and security in the Commonwealth.
Notices of Intended Regulatory Action

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

Statutory Authority: § 54.1-2400 and Chapter 26 (§ 54.1-2600 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on July 2, 2003.

Contact: Elizabeth Young, Executive Director, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712; telephone (804) 662-9111, FAX (804) 662-9523, or e-mail elizabeth.young@dhp.state.va.us.

VA.R. Doc. No. R03-206; Filed May 14, 2003, 10:01 a.m.

BOARD FOR GEOLOGY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board for Geology intends to consider amending regulations entitled 18 VAC 70-20, Board for Geology Regulations. The purpose of the proposed action is to make general clarifying amendments to existing language, eliminate definitions contained in statute, ensure consistency with state law, review renewal and reinstatement requirements, review fees for compliance with the Callahan Act (§ 54.1-113 of the Code of Virginia) and make other changes that may result from the board’s periodic review of the regulations.

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


Public comments may be submitted until July 18, 2003.

Contact: Joseph Kossan, Assistant Administrator, Board for Geology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-7507, FAX (804) 367-6128, or e-mail geology@dpor.state.va.us.

VA.R. Doc. No. R03-195; Filed May 2, 2003, 12:27 p.m.

TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled 22 VAC 40-493, Locality Groupings. The purpose of the proposed action is to establish new regulations related to locality groupings. Currently, localities are placed in groupings that determine the payment levels for Temporary Assistance for Needy Families. Procedures to change locality groupings have never been regulated. These regulations provide the rules for these changes, including the data to be provided, the requirement that funds be available as determined by the commissioner, and the ability to change data sources upon agreement of the board.

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

Statutory Authority: § 63.2-217 of the Code of Virginia.

Public comments may be submitted until July 2, 2003.

Contact: Mark L. Golden, TANF Manager, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1731, FAX (804) 225-2321, or e-mail mg2@dss.state.va.us.

VA.R. Doc. No. R03-203; Filed May 9, 2003, 2:10 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled 22 VAC 40-745, Assessment in Adult Care Residences. The purpose of the proposed action is to bring the regulation into compliance with changes in the Department of Social Services' regulation on licensure of assisted living facilities and with the Department of Medical Assistance Services’ administrative policy for reimbursement of assisted living services. In addition, the term "adult care residence" will be replaced with "assisted living facility" throughout the regulation's title.

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

Statutory Authority: §§ 63.2-217 and 63.2-1804 of the Code of Virginia.
Public comments may be submitted until July 16, 2003.

**Contact:** Marjorie L. Marker, Adult Services Program Consultant, Department of Social Services, Division of Licensing Programs, 730 E. Broad St., 7th Floor, Richmond, VA 23219, telephone (804) 692-1262, FAX (804) 786-8372 or e-mail maj2@dss.state.va.us.

VA.R. Doc. No. R03-211; Filed May 23, 2003, 2:17
TITLE 13. HOUSING

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

REGISTRAR’S NOTICE: The Virginia Housing Development Authority is exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) pursuant to § 2.2-4002 A 4; however, under the provisions of § 2.2-4031, it is required to publish all proposed and final regulations.


Statutory Authority: § 36-55.30:3 of the Code of Virginia.

Public Hearing Date: July 24, 2003 - 3 p.m.

Agency Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere Street, Richmond, VA 23220, telephone (804) 343-5540, or e-mail hearing@vhda.com.

Summary:
The proposed amendments were originally published in 18:7 VA.R. 977-979 December 17, 2001, and are being republished for the purpose of receiving public comment. The proposed amendments (i) provide that one person or multiple persons are eligible to be a borrower or borrowers of a single family loan if such person or all such persons satisfy the criteria and requirements in such rules and regulations and (ii) delete the requirement that multiple borrowers be related by blood, marriage or adoption or by legal custodial relationship. The proposed amendments make conforming changes to reflect proposed amendments to the authority's Rules and Regulations for Single Family Mortgages to Persons and Families of Low and Moderate Income (13 VAC 10-40).

13 VAC 10-10-10. Definitions.
The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Act" means the Virginia Housing Development Authority Act, being Chapter 1.2 (§ 36-55.24 et seq.) of Title 36 of the Code of Virginia.

"Adjusted family income" means the total annual income of a person or all members of a family residing or intending to reside in a dwelling unit, from whatever source derived and before taxes or withholdings, less the total of the credits applicable to such person or family, computed in accordance with the following: (i) a credit in an amount equal to $1,000 for each dependent family member other than such a family member qualifying under (vi) below; (ii) a credit in an amount equal to the lesser of $1,000 or 10% of such total annual income; (iii) a credit in an amount equal to all income of such person or any such family member of an unusual or temporary nature and not related to such person's or family member's regular employment, to the extent approved by the executive director; (iv) a credit in an amount equal to all earnings of any family member who is a minor under 18 years of age or who is physically or mentally handicapped, as determined on the basis of medical evidence from a licensed physician or other appropriate evidence satisfactory to the executive director; (v) a credit in an amount equal to such person or family's medical expenses, not compensated for or covered by insurance, in excess of 3.0% of such total annual income; and (vi) a credit in an amount equal to 1/2 of the total annual income of all family members over 18 years of age who are secondary wage earners in the family, provided, however, that such credit shall not exceed the amount of $2,500. If federal law or rules and regulations impose limitations on the incomes of the persons or families who may own or occupy a single family dwelling unit or multi-family residential housing development, the authority may provide in its rules and regulations that the adjusted family income shall be computed, for the purpose of determining eligibility for ownership or occupancy of such single family dwelling unit or the dwelling units in such multi-family residential housing development (or, if so provided in the applicable rules and regulations of the authority, only those dwelling units in such development which are subject to such federal income limitations), in the manner specified by such federal law or rules and regulations (subject to such modifications as may be provided in or authorized by the applicable rules and regulations of the authority) rather than in the manner provided in the preceding sentence.

"Applicant" means an individual, corporation, partnership, limited partnership, joint venture, trust, firm, association, public body or other legal entity or any combination thereof, making application to receive an authority mortgage loan or other assistance under the Act.

"Application" means a request for an authority mortgage loan or other assistance under the Act.

"Authority" means the Virginia Housing Development Authority.

"Authority mortgage loan" or "mortgage loan" means a loan which is made or financed or is to be made or financed, in whole or in part, by the authority pursuant to these rules and regulations and is secured or is to be secured by a mortgage.

"Board" means the Board of Commissioners of the authority.

"Dwelling unit" or "unit" means a unit of living accommodations intended for occupancy by one person or more persons or by a family.
Proposed Regulations

"Executive director" means the executive director of the authority or any other officer or employee of the authority who is authorized to act on his behalf or on behalf of the authority pursuant to a resolution of the board.

"Family" means, in the context of the financing of a single family dwelling unit, two or more individuals related by blood, marriage or adoption or by legal custodial relationship, living together on the premises as a single nonprofit-housekeeping unit. In all contexts other than the financing of a single family dwelling unit, "family" means two or more individuals living together in accordance with law.

"FHA" means the Federal Housing Administration and any successor entity.

"For-profit housing sponsor" means a housing sponsor which is organized for profit and may be required by the authority to agree to limit its profit in connection with the sponsorship of authority financed housing in accordance with the terms and conditions of the Act and these rules and regulations and subject to the regulatory powers of the authority.

"Gross family income" or "gross income" means the combined annualized gross income of all persons residing or intending to reside in a dwelling unit, from whatever source derived and before taxes or withholdings. For the purpose of this definition, annualized gross income means gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay plus any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration compensation, net rental income plus other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments).

"Legal custodial relationship" means (i) a parent or other person having, or in the process of securing, legal custody of any individual or individuals with whom such parent or other person is domiciled and who have not attained the age of 18 years, or (ii) the designee of such parent or other person having, or in the process of securing, legal custody with the written permission of such parent or other person. For the purpose of this definition, the phrase "in the process of securing" means having filed an appropriate petition to obtain legal custody in a court of competent jurisdiction.

"Multi-family dwelling unit" means a dwelling unit in multi-family residential housing.

"Nonprofit housing sponsor" means a housing sponsor which is organized not for profit and may be required by the authority to agree not to receive any limited dividend distributions from the ownership and operation of a housing development.

"Person" means:

1. An individual who is 62 or more years of age;
2. An individual who is handicapped or disabled, as determined by the executive director on the basis of medical evidence from a licensed physician or other appropriate evidence satisfactory to the executive director; or
3. An individual who is neither handicapped nor disabled nor 62 or more years of age; provided that the board may from time to time by resolution (i) limit the number of, fix the maximum number of bedrooms contained in, or otherwise impose restrictions and limitations with respect to single family dwelling units that may be financed by the authority for occupancy by such individuals and (ii) limit the percentage of multi-family dwelling units within a multi-family residential housing development that may be made available for occupancy by such individuals or otherwise impose restrictions and limitations with respect to multi-family dwelling units intended for occupancy by such individuals.

"Rent" means the rent or other occupancy charge applicable to a dwelling unit within a housing development operated on a rental basis or owned and operated on a cooperative basis.

"Reservation" means the official action, as evidenced in writing, taken by the authority to designate a specified amount of funds for the financing of a mortgage loan on a single family dwelling unit.

"Single family dwelling unit" means a dwelling unit in single family residential housing.

The foregoing words and terms, when used in any other rules and regulations of the authority, shall have the same meaning as set forth above, unless otherwise defined in such rules and regulations. Terms defined in the Act and used and not otherwise defined herein shall have the same meaning ascribed to them in the Act.

13 VAC 10-10-20. Eligibility for occupancy.

A. The board shall from time to time establish, by resolution or by rules and regulations, income limitations with respect to single family dwelling units financed or to be financed by the authority. Such income limits may vary based upon the area of the state, type of program, the size and circumstances of the household composition and such other information relating to eligibility for occupancy as the executive director may require and to provide the authority with verification thereof.

B. To be considered eligible for occupancy of a multi-family dwelling unit financed by an authority mortgage loan, a person or family shall not have an adjusted family income greater than the applicable income limit established by or pursuant to rules and regulations of the authority.
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C. It shall be the responsibility of the housing sponsor to examine and determine the income and eligibility of applicants for occupancy of multi-family dwelling units, report such determinations to the authority in such form as the executive director may require, reexamine and redetermine the income and eligibility of all occupants of such dwelling units every three years or at more frequent intervals if required by the executive director, and report such redeterminations to the authority in such form as the executive director may require. It shall be the responsibility of each applicant for occupancy of a multi-family dwelling unit, and of each occupant of such dwelling units, to report accurately and completely his adjusted family's income, family composition and such other information relating to eligibility for occupancy as the executive director may require and to provide the housing sponsor and the authority with verification thereof at the times of examination and reexamination of income and eligibility as aforesaid.

D. With respect to a person or family occupying a multi-family dwelling unit, if a periodic reexamination and redetermination of the adjusted family's income and eligibility as provided in subsection C of this section establishes that such person's or family's adjusted family income then exceeds the maximum limit for occupancy of such dwelling unit applicable at the time of such reexamination and redetermination, such person or family shall be permitted to continue to occupy such dwelling unit; provided, however, that during the period that such person's or family's adjusted family income exceeds such maximum limit, such person or family may be required by the executive director to pay such rent, carrying charges or surcharge as determined by the executive director in accordance with a schedule prescribed or approved by him. If such person's or family's adjusted family income shall exceed such maximum limit for a period of six months or more, the executive director may direct or permit the housing sponsor to terminate the tenancy or interest by giving written notice of termination to such person or family specifying the reason for such termination and giving such person or family not less than 90 days (or such longer period of time as the authority shall determine to be necessary to find suitable alternative housing) within which to vacate such dwelling unit. If any person or family residing in a housing development which is a cooperative is so required to be removed from the housing development, such person or family shall be discharged from any liability on any note, bond or other evidence of indebtedness relating thereto and shall be reimbursed for all sums paid by such person or family to the housing sponsor on account of the purchase of stock or debentures as a condition of occupancy in such cooperative and any additional sums payable to such person or family in accordance with a schedule prescribed or approved by the authority, subject however to the terms of any instrument or agreement relating to such cooperative or the occupancy thereof.


Statutory Authority: § 36-55.30:3 of the Code of Virginia.

Public Hearing Date: July 24, 2003 - 3 p.m.

Public comment may be submitted until 5 p.m. on July 24, 2003.

Agency Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere Street, Richmond, VA 23220, telephone (804) 343-5540, FAX (804) 783-6701, or e-mail hearing@vhda.com.

Summary:

The proposed amendments were originally published in 18:7 VA.R. 979-992 December 17, 2001, and are being republished for the purpose of receiving public comment. The proposed amendments (i) provide that one person or multiple persons are eligible to be a borrower or borrowers of a single family loan if such person or all such persons satisfy the criteria and requirements in the rules and regulations; (ii) delete the requirement that multiple borrowers be related by blood, marriage or adoption or by legal custodial relationship; and (iii) make conforming changes throughout the rules and regulations to reflect the preceding revisions to the authority's eligibility guidelines.


The following rules and regulations will be applicable to mortgage loans which are made or financed or are proposed to be made or financed by the authority to persons and families of low and moderate income for the acquisition (and, where applicable, rehabilitation), ownership and occupancy of single family housing units.

In order to be considered eligible for a mortgage loan hereunder, a "person" or "family" (as defined in the authority's rules and regulations) the applicant or applicants must have a "gross income" (as determined in accordance with the authority's rules and regulations) which does not exceed the applicable income limitation set forth in Part II (13 VAC 10-40-30 et seq.) hereof. Furthermore, the sales price of any single family unit to be financed hereunder must not exceed the applicable sales price limit set forth in Part II (13 VAC 10-40-30 et seq.) hereof. The term "sales price," with respect to a mortgage loan for the combined acquisition and rehabilitation of a single family dwelling unit, shall include the cost of acquisition, plus the cost of rehabilitation and debt service for such period of rehabilitation, not to exceed three months, as the executive director shall determine that such dwelling unit will not be available for occupancy. In addition, each mortgage loan must satisfy all requirements of federal law applicable to loans financed with the proceeds of tax-exempt bonds as set forth in Part II (13 VAC 10-40-30 et seq.) hereof.
Mortgage loans may be made or financed pursuant to these rules and regulations only if and to the extent that the authority has made or expects to make funds available therefor. Notwithstanding anything to the contrary herein, the executive director is authorized with respect to any mortgage loan hereunder to waive or modify any provisions of these rules and regulations where deemed appropriate by him for good cause, to the extent not inconsistent with the Act.

All reviews, analyses, evaluations, inspections, determinations and other actions by the authority pursuant to the provisions of these rules and regulations shall be made for the sole and exclusive benefit and protection of the authority and shall not be construed to waive or modify any of the rights, benefits, privileges, duties, liabilities or responsibilities of the authority or the mortgagor under the agreements and documents executed in connection with the mortgage loan.

The rules and regulations set forth herein are intended to provide a general description of the authority's processing requirements and are not intended to include all actions involved or required in the originating and administration of mortgage loans under the authority's single family housing program. These rules and regulations are subject to change at any time by the authority and may be supplemented by policies, rules and regulations adopted by the authority from time to time.

13 VAC 10-40-30. Eligible persons and families and citizenship.

A. A one-person household is eligible.

B. A single family loan can be made to more than one person only if all such persons to whom the loan is to be made are related by blood, marriage or adoption or by legal custodial relationship and are living together in the dwelling as a single nonprofit housekeeping unit. Pursuant to authorization set forth in 13 VAC 10-10-90 and 13 VAC 10-40-10, the executive director may waive the requirement that such persons be related by blood, marriage or adoption or by legal custodial relationship, as set forth above and in 13 VAC 10-10-10, in cases of personal or financial hardship in which one of the persons is elderly (62 years or older) or is physically or mentally disabled, as determined by the executive director on the basis of medical evidence from a licensed physician or other appropriate evidence satisfactory to the executive director. In the case of any such waiver, the eligibility of such persons under 13 VAC 10-40-10 and 13 VAC 10-40-140 shall be determined in the same manner as is determined for a family, notwithstanding any provision therein to the contrary.

A. One person or multiple persons are eligible to be a borrower or borrowers of a single family loan if such person or all such persons satisfy the criteria and requirements in these rules and regulations. All references in these rules and regulations to an applicant or borrower shall, in the case of multiple applicants or borrowers, be deemed to refer to each applicant or borrower individually, unless the provision containing such reference expressly refers to the applicants or borrowers collectively.

C. B. Each applicant for an authority mortgage loan must either be a United States citizen, a lawful permanent resident alien as determined by the U.S. Department of Immigration and Naturalization Service or a nonpermanent resident alien provided the applicant has a social security number and is eligible to work in the United States.

13 VAC 10-40-40. Compliance with certain requirements of the Internal Revenue Code of 1986, as amended ("the tax code").

The tax code imposes certain requirements and restrictions on the eligibility of mortgagors and residences for financing with the proceeds of tax-exempt bonds. In order to comply with these federal requirements and restrictions, the authority has established certain procedures which must be performed by the originating agent in order to determine such eligibility. The eligibility requirements for the borrower or the borrowers and the dwelling are described below as well as the procedures to be performed. The originating agent will perform these procedures and evaluate a borrower's or borrowers' eligibility prior to the authority's approval of each loan. No loan will be approved by the authority unless all of the federal eligibility requirements are met as well as the usual requirements of the authority set forth in other parts of this originating guide.


A. In order to be considered an eligible borrower for an authority mortgage loan, an applicant must, among other things, meet all of the following federal criteria:

The applicant:

1. May Each applicant must not have had a present ownership interest in his principal residence within the three years preceding the date of execution of the mortgage loan documents. (see subsection B of this section);

2. Each applicant must agree to occupy and use the residential property to be purchased as his permanent, principal residence within 60 days (90 days in the case of a rehabilitation loan as described in 13 VAC 10-40-200) after the date of the closing of the mortgage loan. (see subsection C of this section);

3. Each applicant must not use the proceeds of the mortgage loan to acquire or replace an existing mortgage or debt, except in the case of certain types of temporary financing. (see subsection D of this section);

4. Each applicant must have contracted to purchase an eligible dwelling. (see 13 VAC 10-40-60, Eligible dwellings);

5. Each applicant must execute an affidavit of borrower (Exhibit E) at the time of loan application;

6. The applicant or applicants must not receive income in an amount in excess of the applicable federal income limit imposed by the tax code. (see 13 VAC 10-40-100, Maximum gross income);

7. Each applicant must agree not to sell, lease or otherwise transfer an interest in the residence or permit the assumption of his mortgage loan unless certain requirements are met. (see 13 VAC 10-40-140, Loan assumptions); and
8. Each applicant must be over the age of 18 years or have been declared emancipated by order or decree of a court having jurisdiction.

B. An eligible borrower does not include any borrower who, at any time during the three years preceding the date of execution of the mortgage loan documents, had a "present ownership interest" (as hereinafter defined) in his principal residence. Each borrower must certify on the affidavit of borrower that at no time during the three years preceding the execution of the mortgage loan documents has he had a present ownership interest in his principal residence. This requirement does not apply to residences located in "targeted areas" (see 13 VAC 10-40-70, Targeted areas); however, even if the residence is located in a "targeted area," the tax returns for the most recent taxable year (or the letter described in subdivision 3 below) must be obtained for the purpose of determining compliance with other requirements.

1. "Present ownership interest" includes:
   a. A fee simple interest,
   b. A joint tenancy, a tenancy in common, or a tenancy by the entirety,
   c. The interest of a tenant shareholder in a cooperative,
   d. A life estate,
   e. A land contract, under which possession and the benefits and burdens of ownership are transferred although legal title is not transferred until some later time, and
   f. An interest held in trust for the eligible borrower (whether or not created by the eligible borrower) that would constitute a present ownership interest if held directly by the eligible borrower.

Interests which do not constitute a present ownership interest include:
   a. A remainder interest,
   b. An ordinary lease with or without an option to purchase,
   c. A mere expectancy to inherit an interest in a principal residence,
   d. The interest that a purchaser of a residence acquires directly by the eligible borrower.

2. This requirement applies to any person who will execute the mortgage document or note and will have a present ownership interest (as defined above) in the eligible dwelling.

3. To verify that the each eligible borrower meets the three-year requirement, the originating agent must obtain copies of signed federal income tax returns filed by the eligible borrower for the three tax years immediately preceding execution of the mortgage documents (or certified copies of the returns) or a copy of a letter from the Internal Revenue Service stating that its Form 1040A or 1040EZ was filed by the eligible borrower for any of the three most recent tax years for which copies of such returns are not obtained. If the eligible borrower was not required by law to file a federal income tax return for any of these three years and did not so file, and so states on the borrower affidavit, the requirement to obtain a copy of the federal income tax return or letter from the Internal Revenue Service for such year or years is waived.

The originating agent shall examine the tax returns particularly for any evidence that the an eligible borrower may have claimed deductions for property taxes or for interest on indebtedness with respect to real property constituting his principal residence.

4. The originating agent must, with due diligence, verify the representations in the affidavit of borrower (Exhibit E) regarding the applicant's each eligible borrower's prior residency by reviewing any information including the credit report and the tax returns furnished by the each eligible borrower for consistency, and make a determination that on the basis of its review each borrower has not had present ownership interest in a principal residence at any time during the three-year period prior to the anticipated date of the loan closing.

C. An Each eligible borrower must intend at the time of closing to occupy the eligible dwelling as a principal residence within 60 days (90 days in the case of a purchase and rehabilitation loan) after the closing of the mortgage loan. Unless the residence can reasonably be expected to become the principal residence of the each eligible borrower within 60 days (90 days in the case of a purchase and rehabilitation loan) of the mortgage loan closing date, the residence will not be considered an eligible dwelling and may not be financed with a mortgage loan from the authority. An Each eligible borrower must covenant to intend to occupy the eligible dwelling as a principal residence within 60 days (90 days in the case of a purchase and rehabilitation loan) after the closing of the mortgage loan on the affidavit of borrower (to be updated by the verification and update of information form) and as part of the attachment to the deed of trust.

1. A principal residence does not include any residence which can reasonably be expected to be used: (i) primarily in a trade or business, (ii) as an investment property, or (iii) as a recreational or second home. A residence may not be used in a manner which would permit any portion of the costs of the eligible dwelling to be deducted as a trade or business expense for federal income tax purposes or under circumstances where more than 15% of the total living area is to be used primarily in a trade or business.

2. The land financed by the mortgage loan may not provide, other than incidentally, a source of income to the an eligible borrower. The Each eligible borrower must indicate on the affidavit of borrower that, among other things:
   a. No portion of the land financed by the mortgage loan provides a source of income (other than incidental income);
b. He does not intend to farm any portion (other than as a garden for personal use) of the land financed by the mortgage loan; and

c. He does not intend to subdivide the property.

3. Only such land as is reasonably necessary to maintain the basic liveability of the residence may be financed by a mortgage loan. The financed land must not exceed the customary or usual lot in the area. Generally, the financed land will not be permitted to exceed two acres, even in rural areas. However, exceptions may be made to permit lots larger than two acres, but in no event in excess of five acres: (i) if the land is owned free and clear and is not being financed by the loan, the lot may be as large as five acres, (ii) if difficulty is encountered locating a well or septic field, the lot may include the additional acreage needed, (iii) local city and county ordinances which require more acreage will be taken into consideration, or (iv) if the lot size is determined by the authority, based upon objective information provided by the borrower, to be usual and customary in the area for comparably priced homes.

4. The affidavit of borrower (Exhibit E) must be reviewed by the originating agent for consistency with the each eligible borrower’s federal income tax returns and the credit report, and the originating agent must, based on such review, make a determination that the each borrower has not used any previous residence or any portion thereof primarily in any trade or business.

5. The originating agent shall establish procedures to (i) review correspondence, checks and other documents received from the borrower or borrowers during the 120-day period following the loan closing for the purpose of ascertaining that the address of the residence and the address of the borrower or borrowers are the same and (ii) notify the authority if such addresses are not the same. Subject to the authority’s approval, the originating agent may establish different procedures to verify compliance with this requirement.

D. Mortgage loans may be made only to persons an eligible borrower who did not have a mortgage (whether or not paid off) on the eligible dwelling at any time prior to the execution of the mortgage. Mortgage loan proceeds may not be used to acquire or replace an existing mortgage debt for which the an eligible borrower is liable or which was incurred on behalf of the an eligible borrower, except in the case of construction period loans, bridge loans or similar temporary financing which has a term of 24 months or less.

1. For purposes of applying the new mortgage requirement, a mortgage includes deeds of trust, conditional sales contracts (i.e. generally a sales contract pursuant to which regular installments are paid and are applied to the sales price), pledges, agreements to hold title in escrow, a lease with an option to purchase which is treated as an installment sale for federal income tax purposes and any other form of owner-financing. Conditional land sale contracts shall be considered as existing loans or mortgages for purposes of this requirement.

2. In the case of a mortgage loan (having a term of 24 months or less) made to refinance a loan for the construction of an eligible dwelling, the authority shall not make such mortgage loan until it has determined that such construction has been satisfactorily completed.

3. Prior to closing the mortgage loan, the originating agent must examine the affidavit of borrower (Exhibit E), the affidavit of seller (Exhibit F), and related submissions, including (i) the each eligible borrower’s federal income tax returns for the preceding three years, and (ii) credit report, in order to determine whether the eligible borrower will meet the new mortgage requirements. Based upon such review, the originating agent shall make a determination that the proceeds of the mortgage loan will not be used to repay or refinance an existing mortgage debt of the any borrower and that the each borrower did not have a mortgage loan on the eligible dwelling prior to the date hereof, except for permissible temporary financing described above.

E. Any eligible borrower may not have more than one outstanding authority first mortgage loan.

13 VAC 10-40-60. Eligible dwellings.

A. In order to qualify as an eligible dwelling for which an authority loan may be made, the residence must:

1. Be located in the Commonwealth;

2. Be a one-family detached residence, a townhouse or one unit of an authority approved condominium; and

3. Satisfy the acquisition cost requirements set forth below.

B. The acquisition cost of an eligible dwelling may not exceed certain limits established by the U.S. Department of the Treasury in effect at the time of the application. Note: In all cases for new loans such federal limits equal or exceed the authority’s sales price limits shown in 13 VAC 10-40-80. Therefore, for new loans the residence is an eligible dwelling if the acquisition cost is not greater than the authority’s sales price limit. In the event that the acquisition cost exceeds the authority’s sales price limit, the originating agent must contact the authority to determine if the residence is an eligible dwelling.

1. To determine if the acquisition cost is at or below the federal limits for assumptions, the originating agent or, if applicable, the servicing agent must in all cases contact the authority (see 13 VAC 10-40-140 below).

2. Acquisition cost means the cost of acquiring the eligible dwelling from the seller as a completed residence.

a. Acquisition cost includes:

   (1) All amounts paid, either in cash or in kind, by the eligible borrower (or a related party or for the benefit of the an eligible borrower) to the seller (or a related party or for the benefit of the seller) as consideration for the eligible dwelling. Such amounts include amounts paid for items constituting fixtures under state law, but not for items of personal property not constituting fixtures under state law. (See Exhibit R for examples of fixtures and items of personal property.)

   (2) The reasonable costs of completing or rehabilitating the residence (whether or not the cost of completing
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construction or rehabilitation is to be financed with the mortgage loan) if the eligible dwelling is incomplete or is to be rehabilitated. As an example of reasonable completion cost, costs of completing the eligible dwelling so as to permit occupancy under local law would be included in the acquisition cost. A residence which includes unfinished areas (i.e. an area designed or intended to be completed or refurbished and used as living space, such as the lower level of a tri-level residence or the upstairs of a Cape Cod) shall be deemed incomplete, and the costs of finishing such areas must be included in the acquisition cost.

(3) The cost of land on which the eligible dwelling is located and which has been owned by the an eligible borrower for a period no longer than two years prior to the construction of the structure comprising the eligible dwelling.

b. Acquisition cost does not include:

(1) Usual and reasonable settlement or financing costs. Such excluded settlement costs include title and transfer costs, title insurance, survey fees and other similar costs. Such excluded financing costs include credit reference fees, legal fees, appraisal expenses, points which are paid by the an eligible borrower, or other costs of financing the residence. Such amounts must not exceed the usual and reasonable costs which otherwise would be paid. Where the buyer pays more than a pro rata share of property taxes, for example, the excess is to be treated as part of the acquisition cost.

(2) The imputed value of services performed by the an eligible borrower or members of his family (brothers and sisters, spouse, ancestors and lineal descendants) in constructing or completing the residence.

3. The originating agent is required to obtain from each eligible borrower a completed affidavit of borrower which shall include a calculation of the acquisition cost of the eligible dwelling in accordance with this subsection B. The originating agent shall assist the each eligible borrower in the correct calculation of such acquisition cost. The affidavit of seller shall also certify as to the acquisition cost of the eligible dwelling.

4. The originating agent shall for each new loan determine whether the acquisition cost of the eligible dwelling exceeds the authority’s applicable sales price limit shown in 13 VAC 10-40-80. If the acquisition cost exceeds such limit, the originating agent must contact the authority for this determination in all cases, see 13 VAC 10-40-140). Also, as part of its review, the originating agent must review the affidavit of borrower submitted by each mortgage loan applicant and must make a determination that the acquisition cost of the eligible dwelling has been calculated in accordance with this subsection B. In addition, the originating agent must compare the information contained in the affidavit of borrower with the information contained in the affidavit of seller and other sources and documents such as the contract of sale for consistency of representation as to acquisition cost.

5. The authority reserves the right to obtain an independent appraisal in order to establish fair market value and to determine whether a dwelling is eligible for the mortgage loan requested.

13 VAC 10-40-70. Targeted areas.

A. In accordance with the tax code, the authority will make a portion of the proceeds of an issue of its bonds available for financing eligible dwellings located in targeted areas for at least one year following the issuance of a series of bonds. The authority will exercise due diligence in making mortgage loans in targeted areas by advising originating agents and certain localities of the availability of such funds in targeted areas and by advising potential eligible borrowers of the availability of such funds through advertising and/or news releases. The amount, if any, allocated to an originating agent exclusively for targeted areas will be specified in a forward commitment agreement between the originating agent and the authority.

B. Mortgage loans for eligible dwellings located in targeted areas must comply in all respects with the requirements in 13 VAC 10-40-40 and elsewhere in this guide for all mortgage loans, except for the three-year requirement described in 13 VAC 10-40-50 B. Notwithstanding this exception, the each applicant must still submit certain federal income tax records. However, they will be used to verify income and to verify that previously owned residences have not been primarily used in a trade or business (and not to verify nonhomeownership); and only those records for the most recent year preceding execution of the mortgage documents (rather than the three most recent years) are required. See that section for the specific type of records to be submitted.

The following definitions are applicable to targeted areas.

1. A targeted area is an area which is a qualified census tract, as described in b below, or an area of chronic economic distress, as described in c below.

2. A qualified census tract is a census tract in the Commonwealth in which 70% or more of the families have an income of 80% or less of the state-wide median family income based on the most recent “safe harbor” statistics published by the U.S. Treasury.

3. An area of chronic economic distress is an area designated as such by the Commonwealth and approved by the Secretaries of Housing and Urban Development and the Treasury under criteria specified in the tax code. PDS agents will be informed by the authority as to the location of areas so designated.


To be eligible for authority financing, an the applicant or applicants cannot have a net worth exceeding 50% of the sales price of the eligible dwelling. (The value of life insurance policies, retirement plans, furniture and household goods shall not be included in determining net worth.) In addition, the portion of the applicant's or applicants' liquid assets which are used to make the down payment and to pay closing costs, up
to a maximum of 25% of the sale price, will not be included in the net worth calculation.

Any income producing assets needed as a source of income in order to meet the minimum income requirements for an authority loan will not be included in the applicant's or applicants' net worth for the purpose of determining whether this net worth limitation has been violated.

13 VAC 10-40-100. Maximum gross income.

A. As provided in 13 VAC 10-40-50 A 6, the gross income of an applicant or applicants for an authority mortgage loan may not exceed the applicable income limitation imposed by the U.S. Department of the Treasury. Because the income limits of the authority imposed by this section apply to all loans to which such federal limits apply and are in all cases below such federal limits, the requirements of 13 VAC 10-40-50 A 6 are automatically met if an applicant's or applicants' gross income does not exceed the applicable limits set forth in this section.

For the purposes hereof, the term "gross income" means the combined annualized gross income of all persons residing or intending to reside in a dwelling unit, from whatever source derived and before taxes or withholdings. For the purpose of this definition, annualized gross income means gross monthly income multiplied by 12. "Gross monthly income" is, in turn, the sum of monthly gross pay plus any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration compensation, net rental income plus other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments).

B. For all loans, except loans to be guaranteed by the Rural Development, the maximum gross income shall be a percentage (based on the number of persons expected to occupy the dwelling upon financing of the mortgage loan) of the applicable median family income (as defined in § 143(f)(4) of the Internal Revenue Code of 1986, as amended) (the "median family income") as follows:

<table>
<thead>
<tr>
<th>Number of Persons to Occupy Dwelling</th>
<th>Percentage of applicable median family income (regardless of whether residence is new construction, existing or substantially rehabilitated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or fewer persons</td>
<td>85%</td>
</tr>
<tr>
<td>3 or more persons</td>
<td>100%</td>
</tr>
</tbody>
</table>

The executive director may from time to time establish maximum gross incomes equal to the following percentages of applicable median family income (as so defined) with respect to such mortgage loans as he may designate if he determines that such maximum gross family incomes will enable the authority to assist the state in achieving its economic and housing goals and policies:

<table>
<thead>
<tr>
<th>Number of Persons to Occupy Dwelling</th>
<th>Percentage of applicable median family income (regardless of whether residence is new construction, existing or substantially rehabilitated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or fewer persons</td>
<td>65%</td>
</tr>
<tr>
<td>3 or more persons</td>
<td>80%</td>
</tr>
</tbody>
</table>

The authority shall from time to time inform its originating agents and servicing agents by written notification thereto of the foregoing maximum gross income limits under this subsection B expressed in dollar amounts for each area of the state, as established by the executive director, and the number of persons to occupy the dwelling. Any changes to the dollar amounts of such income limits shall be effective as of such date as the executive director shall determine, and authority is reserved to the executive director to implement any such changes on such date or dates as it deems necessary or appropriate to best accomplish the purposes of the program.

C. With respect to a loan to be guaranteed by Rural Development, the maximum income shall be the lesser of the maximum gross income determined in accordance with subsection B of this section or Rural Development income limits in effect at the time of the application.

13 VAC 10-40-120. Mortgage insurance requirements.

Unless the loan is an FHA, VA or Rural Development loan, the borrower is or borrowers are required to purchase at time of loan closing full private mortgage insurance (25% to 100% coverage, as the authority shall determine) on each loan the amount of which exceeds 80% of the lesser of sales price or appraised value of the property to be financed. Such insurance shall be issued by a company acceptable to the authority. The originating agent is required to escrow for annual payment of mortgage insurance, unless an alternative payment plan is approved by the authority. If the authority requires FHA, VA or Rural Development insurance or guarantee, the loan will either, at the election of the authority, (a) be closed in the authority's name in accordance with the procedures and requirements herein or (b) be closed in the originating agent's name and purchased by the authority once the FHA Certificate of Insurance, VA Guaranty or Rural Development, the maximum income shall be the lesser of the maximum gross income determined in accordance with subsection B of this section or Rural Development income limits in effect at the time of the application.
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Developed Guarantee has been obtained or subject to the condition that such FHA Certificate of Insurance, VA Guaranty or Rural Development Guarantee be obtained. In the event that the authority purchases an FHA, VA or Rural Development loan, the originating agent must enter into a purchase and sale agreement on such form as shall be provided by the authority. For assumptions of conventional loans (i.e., loans other than FHA, VA or Rural Development loans), full private mortgage insurance as described above is required unless waived by the authority.

13 VAC 10-40-130. Underwriting.

A. In general, to be eligible for authority financing, an applicant or applicants must satisfy the following underwriting criteria which demonstrate the willingness and ability to repay the mortgage debt and adequately maintain the financed property.

1. An applicant or applicants must document the receipt of a stable current income which indicates that the applicant or applicants will receive future income which is sufficient to enable the timely repayment of the mortgage loan as well as other existing obligations and living expenses.

2. An applicant or, in the case of multiple applicants, the applicants individually and collectively must possess a credit history which reflects the ability to successfully meet financial obligations and a willingness to repay obligations in accordance with established credit repayment terms.

3. An applicant having a foreclosure instituted by the authority on his property financed by an authority mortgage loan will not be eligible for a mortgage loan hereunder. The authority will consider previous foreclosures (other than on authority financed loans) on an exception basis based upon circumstances surrounding the cause of the foreclosure, length of time since the foreclosure, the applicant's subsequent credit history and overall financial stability. Under no circumstances will an applicant be considered for an authority loan within three years from the date of the foreclosure. The authority has complete discretion to decline to finance a loan when a previous foreclosure is involved.

4. An applicant or applicants must document that sufficient funds will be available for required down payment and closing costs.

   a. The terms and sources of any loan to be used as a source for down payment or closing costs must be reviewed and approved in advance of loan approval by the authority.

   b. Sweat equity, the imputed value of services performed by the applicant or members of his family (brothers and sisters, spouse, ancestors and lineal descendants) in constructing or completing the residence, generally is not an acceptable source of funds for down payment and closing costs. Any sweat equity allowance must be approved by the authority prior to loan approval.

5. Proposed monthly housing expenses compared to current monthly housing expenses will be reviewed. If there is a substantial increase in such expenses, the applicant or applicants must demonstrate his ability to pay the additional expenses.

6. All applicants are encouraged to attend a home ownership educational program to be better prepared to deal with the home buying process and the responsibilities related to homeownership. The authority may require all applicants applying for certain authority loan programs to complete an authority approved homeownership education program prior to loan approval.

B. In addition to the requirements set forth in subsection A of this section, the following requirements must be met in order to satisfy the authority's underwriting requirements for conventional loans. However, additional or more stringent requirements may be imposed by private mortgage insurance companies with respect to those loans on which private mortgage insurance is required.

1. The following rules apply to the authority's employment and income requirement.

   a. Employment for the preceding two-year period must be documented. Education or training for employment during this two-year period shall be considered in satisfaction of this requirement if such education or training is related to an applicant's current line of work and adequate future income can be anticipated because such education and training will expand the applicant's job opportunities. The applicant must be employed a minimum of six months with present employer. An exception to the six-month requirement can be granted by the authority if it can be determined that the type of work is similar to previous employment and previous employment was of a stable nature.

   b. Note: Under the tax code, the residence may not be expected to be used in trade or business. (See 13 VAC 10-40-50 C.) Any self-employed applicant must have a minimum of two years of self-employment with the same company and in the same line of work. In addition, the following information is required at the time of application:

      (1) Federal income tax returns for the two most recent tax years.

      (2) Balance sheets and profit and loss statements prepared by an independent public accountant.

   In determining the income for a self-employed applicant, income will be averaged for the two-year period.

   c. The following rules apply to income derived from sources other than primary employment.

      (1) When considering alimony and child support. A copy of the legal document and sufficient proof must be submitted to the authority verifying that alimony and child support are court ordered and are being received. Child support payments for children 15 years or older are not accepted as income in qualifying an applicant or applicants for a loan.

      (2) When considering social security and other retirement benefits. Social Security Form No. SSA 2458 must be submitted to verify that applicant is receiving social security benefits. Retirement benefits must be verified by receipt or retirement schedules. VA disability benefits must be verified by the VA.
Educational benefits and social security benefits for dependents 15 years or older are not accepted as income in qualifying an applicant or applicants for a loan.

3. The authority reserves the right to obtain an independent appraisal in order to establish the fair market value of the property and to determine whether the dwelling is eligible for the mortgage loan requested.

4. An applicant satisfies or applicants satisfy the authority’s minimum income requirement for financing if the monthly principal and interest (at the rate determined by the authority), tax, insurance (“PITI”) and other additional monthly fees such as condominium assessments (60% of the monthly condominium assessment shall be added to the PITI figure), townhouse assessments, etc. do not exceed 32% of monthly gross income and if the monthly PITI plus outstanding monthly debt payments with more than six months duration (and payments on debts lasting less than six months, if making such payments will adversely affect the applicant’s ability to make mortgage loan payments in the months following loan closing) do not exceed 40% of monthly gross income (see Exhibit B). However, with respect to those mortgage loans on which private mortgage insurance is required, the private mortgage insurance company may impose more stringent requirements. If either of the percentages set forth are exceeded, compensating factors may be used by the authority, in its sole discretion, to approve the mortgage loan.

5. Funds necessary to pay the downpayment and closing costs must be deposited at the time of loan application. The authority does not permit the an applicant to borrow funds for this purpose unless approved in advance by the authority. If the funds are being held in an escrow account by the real estate broker, builder or closing attorney, the source of the funds must be verified. A verification of deposit from the parties other than financial institutions authorized to handle deposited funds is not acceptable.

6. A gift letter is required when an applicant proposes to obtain funds as a gift from a third party. The gift letter must confirm that there is no obligation on the part of the borrower an applicant to repay the funds at any time. The party making the gift must submit proof that the funds are available.

C. The following rules are applicable to FHA loans only.

1. The authority will normally accept FHA underwriting requirements and property standards for FHA loans. However, the applicant or applicants must satisfy the underwriting criteria set forth in subsection A of this section and most of the authority’s basic eligibility requirements including those described in 13 VAC 10-40-30 through 13 VAC 10-40-100 hereof remain in effect due to treasury restrictions or authority policy.

2. The applicant’s or applicants’ mortgage insurance premium fee may be included in the FHA acquisition cost and may be financed provided that the final loan amount does not exceed the authority’s maximum allowable sales price. In addition, in the case of a condominium, such fee may not be paid in full in advance but instead is payable in annual installments.

3. The FHA allowable closing fees may be included in the FHA acquisition cost and may be financed provided the final loan amount does not exceed the authority’s maximum allowable sales price.

4. FHA appraisals are acceptable. VA certificates of reasonable value (CRV’s) are acceptable if acceptable to FHA.

D. The following rules are applicable to VA loans only.

1. The authority will normally accept VA underwriting requirements and property guidelines for VA loans. However, the applicant or applicants must satisfy the underwriting criteria set forth in subsection A of this section and most of the authority’s basic eligibility requirements (including those described in 13 VAC 10-40-30 through 13 VAC 10-40-100) remain in effect due to treasury restrictions or authority policy.

2. The funding fee can be included in loan amount provided the final loan amount does not exceed the authority’s maximum allowable sales price.

3. VA certificates of reasonable value (CRV’s) are acceptable in lieu of an appraisal.
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E. The following rules are applicable to Rural Development loans only.

1. The authority will normally accept Rural Development underwriting requirements and property standards for Rural Development loans. However, the applicant or applicants must satisfy the underwriting criteria set forth in subsection A of this section and most of the authority’s basic eligibility requirements including those described in 13 VAC 10-40-30 through 13 VAC 10-40-100 remain in effect due to treasury restrictions or authority policy.

2. The Rural Development guarantee fee can be included in loan amount provided the final loan amount does not exceed the authority’s maximum allowable sales price.

F. With respect to FHA, VA, RD and conventional loans, the authority permits the deposit of a sum of money (the “buydown funds”) by a party (the “provider”) with an escrow agent, a portion of which funds are to be paid to the authority each month in order to reduce the amount of the borrower’s or borrowers’ monthly payment during a certain period of time. Such arrangement is governed by an escrow agreement for buydown mortgage loans (see Exhibit V) executed at closing (see 13 VAC 10-40-180 for additional information). The escrow agent will be required to sign a certification (Exhibit X) in order to satisfy certain insurer or guarantor requirements. For the purposes of underwriting buydown mortgage loans, the reduced monthly payment amount may be taken into account based on insurer or guarantor guidelines then in effect (see also subsection C, D or E of this section, as applicable).

G. Unlike the program described in subsection E of this section which permits a direct buydown of the borrower’s or borrowers’ monthly payment, the authority also from time to time permits the buydown of the interest rate on a conventional, FHA or VA mortgage loan for a specified period of time.

13 VAC 10-40-140. Loan assumptions.

A. VHDA currently permits assumptions of all of its single family mortgage loans provided that certain requirements are met. For all loans closed prior to January 1, 1991, except FHA loans which were closed during calendar year 1990, the maximum gross income for the person or family persons assuming a loan shall be 100% of the applicable median family income. For such FHA loans closed during 1990, if assumed by a household of three or more persons, the maximum gross income shall be 115% of the applicable median family income. For all loans closed after December 17, 1981, the following conditions must be met:

1. The following rules apply to assumptions of conventional loans.

   a. For assumptions of conventional loans financed by the proceeds of bonds issued on or after December 17, 1981, the requirements of the following sections hereof must be met:

      (1) Maximum gross income requirement in 13 VAC 10-40-140 A
      (2) 13 VAC 10-40-50 C (Principal residence requirement)
      (3) 13 VAC 10-40-130 (Authority underwriting requirements)
      (4) 13 VAC 10-40-50 B (Three-year requirement)
      (5) 13 VAC 10-40-60 B (Acquisition cost requirements)
      (6) 13 VAC 10-40-120 (Mortgage insurance requirements).

   b. For assumptions of conventional loans financed by the proceeds of bonds issued prior to December 17, 1981, the requirements of the following sections hereof must be met:

      (1) Maximum gross income requirement in 13 VAC 10-40-140 A
      (2) 13 VAC 10-40-50 C (Principal residence requirements)
      (3) 13 VAC 10-40-130 (Authority underwriting requirements)
      (4) 13 VAC 10-40-120 (Mortgage insurance requirements).

2. The following rules apply to assumptions of FHA, VA or Rural Development loans.

   a. For assumptions of FHA, VA or Rural Development loans financed by the proceeds of bonds issued on or after December 17, 1981, the following conditions must be met:

      (1) Maximum gross income requirement in this 13 VAC 10-40-140 A
      (2) 13 VAC 10-40-50 C (Principal residence requirement)
      (3) 13 VAC 10-40-50 B (Three-year requirement)
      (4) 13 VAC 10-40-60 B (Acquisition cost requirements).

   In addition, all applicable FHA, VA or Rural Development underwriting requirements, if any, must be met.

   b. For assumptions of FHA, VA or Rural Development loans financed by the proceeds of bonds issued prior to December 17, 1981, only the applicable FHA, VA or Rural Development underwriting requirements, if any, must be met.
B. Upon receipt from an originating agent or servicing agent of an application package for an assumption, the authority will determine whether or not the applicable requirements referenced above for assumption of the loan have been met and will advise the originating agent or servicing agent of such determination in writing. The authority will further advise the originating agent or servicing agent of all other requirements necessary to complete the assumption process. Such requirements may include but are not limited to the submission of satisfactory evidence of hazard insurance coverage on the property, approval of the deed of assumption, satisfactory evidence of mortgage insurance or mortgage guaranty including, if applicable, pool insurance, submission of an escrow transfer letter and execution of a Recapture Requirement Notice (VHDA Doc. R-1).

A. The authority currently reserves funds for each mortgage loan on a first come, first serve basis. Reservations are made by specific originating agents or field originators with respect to specific applicants and properties. No substitutions are permitted. Similarly, locked-in interest rates are also nontransferable. Funds will not be reserved longer than 60 days unless the originating agent requests and receives an additional one-time extension prior to the 60-day deadline. Locked-in interest rates on all loans, including those on which there may be a VA Guaranty, cannot be reduced under any circumstances.

B. An The applicant or applicants, including an applicant or applicants for a loan to be guaranteed by VA, may request a second reservation if the first has expired or has been cancelled. If the second reservation is made within 12 months of the date of the original reservation, the interest rate will be the greater of (i) the locked-in rate or (ii) the current rate offered by the authority at the time of the second reservation.

C. The originating agent or field originator shall collect a nonrefundable reservation fee in such amount and according to such procedures as the authority may require from time to time. Under no circumstances is this fee refundable. A second reservation fee must be collected for a second reservation. No substitutions of applicants or properties are permitted.

D. The following other fees shall be collected.
1. In connection with the origination and closing of the loan, the originating agent shall collect at closing or, at the authority’s option, simultaneously with the acceptance of the authority’s commitment, an amount equal to 1.0% of the loan amount (please note that for FHA loans the loan amount for the purpose of this computation is the base loan amount only); provided, however, that the executive director may require the payment of an additional fee not in excess of 1.0% of the loan amount in the case of a step loan (i.e., a loan on which the initial interest rate is to be increased to a new interest rate after a fixed period of time). If the loan does not close, then the origination fee shall be waived.

2. The originating agent shall collect at the time of closing an amount equal to 1.0% of the loan amount.

13 VAC 10-40-170. Commitment (Exhibit J).
A. Upon approval of the applicant or applicants, the authority will send a mortgage loan commitment to the borrower or borrowers in care of the originating agent. The originating agent shall ask the borrower or borrowers to indicate their acceptance of the mortgage loan commitment by signing and returning it to the originating agent within 15 days after the date of the commitment or prior to settlement, whichever occurs first.

A commitment must be issued in writing by an authorized officer of the authority and signed by the applicant or applicants before a loan may be closed. The term of a commitment may be extended in certain cases upon written request by the applicant or applicants and approved by the authority. If an additional commitment is issued to an applicant or applicants, the interest rate may be higher than the rate offered in the original commitment. Such new rate and the availability of funds therefor shall in all cases be determined by the authority in its discretion.

B. If the application fails to meet any of the standards, criteria and requirements herein, a loan rejection letter will be issued by the authority (see Exhibit L). In order to have the application reconsidered, the applicant or applicants must resubmit the application within 30 days after loan rejection. If the application is so resubmitted, the credit documentation cannot be more than 90 days old and the appraisal not more than six months old.

13 VAC 10-40-190. Property guidelines.
A. For each application the authority must make the determination that the property will constitute adequate security for the loan. That determination shall in turn be based solely upon a real estate appraisal’s determination of the value and condition of the property. Such appraisal must be performed by an appraiser licensed in the Commonwealth of Virginia.

All properties must be structurally sound and in adequate condition to preserve the continued marketability of the property and to protect the health and safety of the occupants. Eligible properties must possess features which are acceptable to typical purchasers in the subject market area and provide adequate amenities. Eligible properties must meet FNMA and FHLMC property guidelines unless otherwise approved by the authority.

In addition, manufactured housing (mobile homes), both new construction and certain existing, may be financed only if the loan is insured 100% by FHA (see subsection C of this section).

B. The following rules apply to conventional loans.
1. The following requirements apply to both new construction and existing housing to be financed by a conventional loan: (i) all property must be located on a state maintained road; provided, however, that the authority may, on a case-by-case basis, approve financing of property located on a private road acceptable to the authority if the right to use such private road is granted to the owner of the residence pursuant to a recorded right-of-way agreement providing for the use of such private road and a recorded
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maintenance agreement provides for the maintenance of such private road on terms and conditions acceptable to the authority (any other easements or rights-of-way to state maintained roads are not acceptable as access to properties); (ii) any easements, covenants or restrictions which will adversely affect the marketability of the property, such as high-tension power lines, drainage or other utility easements will be considered on a case-by-case basis to determine whether such easements, covenants or restrictions will be acceptable to the authority; (iii) property with available water and sewer hookups must utilize them; and (iv) property without available water and sewer hookups may have their own well and septic system; provided that joint ownership of a well and septic system will be considered on a case-by-case basis to determine whether such ownership is acceptable to the authority, provided further that cisterns will be considered on a case-by-case basis to determine whether the cistern will be adequate to serve the property.

2. New construction financed by a conventional loan must also meet Uniform Statewide Building Code and local code.

C. The following rules apply to FHA, VA or Rural Development loans.

1. Both new construction and existing housing financed by an FHA, VA or Rural Development loan must meet all applicable requirements imposed by FHA, VA or Rural Development.

2. Manufactured housing (mobile homes) being financed by FHA loans must also meet federal manufactured home construction and safety standards, satisfy all FHA insurance requirements, be on a permanent foundation to be enclosed by a perimeter masonry curtain wall conforming to standards of the Uniform Statewide Building Code, be permanently affixed to the site owned by the borrower or borrowers and be insured 100% by FHA under its section 203B program. In addition, the property must be classified and taxed as real estate and no personal property may be financed.


For the purpose of qualifying as substantially rehabilitated housing under the authority's maximum sales price limitations, the housing unit must meet the following definitions:

1. Substantially rehabilitated means improved to a condition which meets the authority's underwriting/property standard requirements from a condition requiring more than routine or minor repairs or improvements to meet such requirements. The term includes repairs or improvements varying in degree from gutting and extensive reconstruction to cosmetic improvements which are coupled with the cure of a substantial accumulation of deferred maintenance, but does not mean cosmetic improvements alone.

2. For these purposes a substantially rehabilitated housing unit means a dwelling unit which has been substantially rehabilitated and which is being offered for sale and occupancy for the first time since such rehabilitation. The value of the rehabilitation must equal at least 25% of the total value of the rehabilitated housing unit.

3. The authority's staff will inspect each house submitted as substantially rehabilitated to ensure compliance with our underwriting-property standards. An appraisal is to be submitted after the authority's inspection and is to list the improvements and estimate their value.

4. The authority will only approve rehabilitation loans to an eligible borrower or borrowers who will be the first resident of the residence after the completion of the rehabilitation. As a result of the tax code, the proceeds of the mortgage loan cannot be used to refinance an existing mortgage, as explained in 13 VAC 10-40-50 D. The authority will approve loans to cover the purchase of a residence, including the rehabilitation:

   a. Where the eligible borrower is or borrowers are acquiring a residence from a builder or other seller who has performed a substantial rehabilitation of the residence; and

   b. Where the eligible borrower is or borrowers are acquiring an unrebuilt residence from the seller and the eligible borrower contracts or borrowers contract with others to perform a substantial rehabilitation or performs the rehabilitation work himself prior to occupancy.


A. For conventional loans, the originating agent must provide evidence that the condominium is approved by any two of the following: FNMA, FHLMC or VA. The originating agent must submit evidence at the time the borrower's or borrowers' application is submitted to the authority for approval.

B. For FHA, VA or Rural Development loans, the authority will accept a loan to finance a condominium if the condominium is approved by FHA, in the case of an FHA loan, by VA, in the case of a VA loan or be Rural Development, in the case of a Rural Development loan.

C. The executive director may waive any requirements in subsections A and B of this section if he determines that any additional risk as a result of such waiver is adequately compensated or otherwise covered by the terms of the mortgage loan or the financial strength or credit of the applicant or applicants.

13 VAC 10-40-220. FHA plus program.

A. Notwithstanding anything to the contrary herein, the authority may make loans secured by second deed of trust liens ("second loans") to provide downpayment and closing cost assistance to an eligible borrower or borrowers who are obtaining FHA loans secured by first deed of trust liens. Second loans shall not be available to a borrower or borrowers if the FHA loan is being made under the FHA buydown program or is subject to a step adjustment in the interest rate thereon or is subject to a reduced interest rate due to the financial support of the authority.

B. The second loans shall not be insured by mortgage insurance; accordingly, the requirements of 13 VAC 10-40-120 regarding mortgage insurance shall not be applicable to the second loan.
C. The requirements of 13 VAC 10-40-110 regarding calculation of maximum loan amount shall not be applicable to the second loan. In order to be eligible for a second loan, the borrower or borrowers must obtain an FHA loan for the maximum loan amount permitted by FHA. The principal amount of the second loan shall not exceed 5.0% of the lesser of the sales price or appraised value.

In no event shall the combined FHA loan and the second loan amount exceed (i) the sum of the lesser of the sales price or appraised value plus closing costs and fees to be paid by borrower or (ii) the authority's maximum allowable sales price.

Verified liquid funds (funds other than gifts, loans or retirement accounts) in an amount not less than 1.0% of the sales price must be: (i) contributed by the borrower or borrowers towards closing costs or prepaid items; (ii) retained by the borrower or borrowers as cash reserves after closing; or (iii) contributed and retained by the borrower or borrowers for the purposes of clauses (i) and (ii), respectively. At the closing, the borrower or borrowers may not receive any loan proceeds in excess of the amount of funds paid by the borrower or borrowers prior to closing.

D. With respect to underwriting, no additional requirements or criteria other than those applicable to the FHA loan shall be imposed on the second loan.

E. The second mortgage loan shall be assumable on the same terms and conditions as the FHA loan.

F. No origination fee or discount point shall be collected on the second loan.

G. Upon approval of the applicant or applicants, the authority will issue a mortgage loan commitment pursuant to 13 VAC 10-40-170. The mortgage loan commitment will include the terms and conditions of the FHA loan and the second loan and an addendum setting forth additional terms and conditions applicable to the second loan. Also enclosed in the commitment package will be other documents necessary to close the second loan.


The executive director may establish flexible alternative mortgage loan programs. 13 VAC 10-40-10 through 13 VAC 10-40-220 shall apply to such flexible alternative mortgage loan programs, with the following modifications:

1. The following requirements shall not apply: (i) the new mortgage requirement; (ii) the requirements as to the use of the property in a trade or business; (iii) the requirements as to acquisition cost and sales price of the property to be financed; (iv) the requirement that the each applicant shall not have had a present ownership interest in his principal residence within the preceding three years; (v) the net worth requirement; (vi) the requirements for the payment by the seller of an amount equal to 1.0% of the loan in 13 VAC 10-40-160 D 2; and (vii) the lot size restriction in 13 VAC 10-40-50 C 3.

2. The gross income of the applicant or applicants shall not exceed 120% of the applicable median family income without regard to household size, provided, however, that the authority may increase such percentage of applicable median family income, not to exceed 150%, if the executive director determines that it is necessary to provide financing in underserved areas identified by the executive director to persons with disabilities (i.e., physically or mentally disabled, as determined by the executive director on the basis of medical evidence from a licensed physician or other appropriate evidence satisfactory to the executive director), to applicants with a household size of two or more persons, or other similarly underserved individuals identified by the executive director.

3. At the time of closing, the each applicant must occupy or intend to occupy within 60 days (90 days in the case of new construction) the property to be financed as his principal residence.

4. The property to be financed must be one of the following types: (i) a single family residence (attached or detached); (ii) a unit in a condominium or PUD which is approved for financing by FNMA or FHLMC or satisfies the requirements for such financing, except that the executive director may waive any of such requirements if he determines that any additional risk as a result of such waiver is adequately compensated or otherwise covered by the terms of the mortgage loan or the financial strength or credit of the applicant or applicants; or (iii) a doublewide manufactured home permanently affixed to the land.

5. The land, residence and all other improvements on the property to be financed must be expected to be used by the borrower or borrowers primarily for residential purposes.

6. Personal property which is related to the use and occupancy of the property as the principal residence of the borrower or borrowers and is customarily transferred with single family residences may be included in the real estate contract, transferred with the residence and financed by the loan; however, the value of such personal property shall not be considered in the appraised value.

7. The principal amount of the mortgage loan shall not exceed the limits established by FNMA or FHLMC for single family residences.

8. Loan proceeds may be used to refinance the an applicant's or the applicants' existing mortgage loan or loans on the property only if (i) the applicant receives or applicants receive no proceeds of the authority's loan; (ii) such loan proceeds are not used to refinance any authority mortgage loan or to refinance any bridge loan which refinanced any authority mortgage loan; and (iii) the existing mortgage loan was closed more than one year prior to submission of the application for the authority mortgage loan, and no advances on such existing mortgage loan have been made within the 12 months preceding the submission of such application. Clause (iii) shall not apply to existing mortgage loans which financed the an applicant's or the applicants' acquisition of the property if the authority loan will not exceed the lesser of the sales price for such acquisition or the current appraised value.

9. Mortgage insurance shall not be required, except that in the case of manufactured homes mortgage insurance shall be required in accordance with this chapter.
10. The maximum combined loan amount (including any other loans, such as existing mortgage loans to be subordinated to the authority loan, to be secured by the property at the time of closing) shall be 100% of the lesser of appraised value or sales price. The executive director may approve the disbursement of additional amounts to finance closing costs and fees and costs of rehabilitation and improvements to be completed subsequent to the closing. Except for loans financed under the program described in subdivision 24 of this section, these additional amounts may not exceed 5.0% of the lesser of sales price or appraised value; provided however, that in addition to such 5.0%, amounts not to exceed 5.0% of the lesser of sales price or appraised value may be funded for the costs of rehabilitation and improvements to retrofit the residence or add accessibility features to accommodate the needs of a disabled occupant.

11. The applicant or applicants must have a history of receiving stable income from employment or other sources with a reasonable expectation that the income will continue in the foreseeable future; typically, verification of two years’ stable income will be required; and education or training in a field related to the employment of the applicant or applicants may be considered to meet no more than one year of this requirement.

12. The applicant or applicants must possess a credit history as of the date of loan application satisfactory to the authority and, in particular, must satisfy the following: (i) for each applicant, no bankruptcy or foreclosure within the preceding three years; for each applicant, no housing payment past due for 30 days in the preceding 24 months; for a single applicant individually and all multiple applicants collectively, no more than one payment past due for 30 days or more on any other debt or obligation within the preceding 12 months; for each applicant, no outstanding collection, judgment, charge off, repossession or 30-day past due account; and a minimum credit score of 620 if the loan-to-value ratio is 95% or less or 660 if the loan-to-value ratio exceeds 95% (credit scores as referenced in these regulations shall be determined by obtaining credit scores for each applicant from a minimum of three repositories and using the middle score in the case of a single applicant and the lowest middle score in the case of multiple applicants); or (ii) for each applicant, no previous bankruptcy or foreclosure; for a single applicant individually and all multiple applicants collectively, no outstanding collection, judgment, charge off or repossession during the past 12 months or more than one 30-day past due account within the past 12 months and no more than four 30-day past due accounts within the past 24 months; for each applicant, no previous housing payment past due for 30 days; for a single applicant individually and all multiple applicants collectively, minimum of three sources of credit with satisfactory payment histories for the most recent 24-month period; for a single applicant individually and all multiple applicants collectively, no more than nine accounts currently open; and for a single applicant individually and all multiple applicants collectively, no more than three new accounts opened in the past 12 months (in establishing guidelines to implement the flexible alternative mortgage loan programs, the authority may refer to the credit requirements in clause (i) of this subdivision as the "alternative" credit requirements and the requirements in clause (ii) of this subdivision as the "standard" credit requirements).

If the executive director determines it is necessary to protect the financial integrity of the flexible alternative program, the executive director may require that applicant or applicants for loans having loan-to-value ratios in excess of 97% meet the alternative credit requirements in clause (i) of this subdivision.

13. Homeownership education approved by the authority shall be required for any borrower who is a first time homeowner if the loan-to-value ratio exceeds 95%. This requirement shall be waived if the applicant has or applicants have a credit score of 660 or greater (see subdivision 12 of this section for the manner of determining credit scores).

14. Seller contributions for closing costs payable by the borrower or borrowers in connection with the purchase of the property shall not exceed 4.0% of the contract price.

15. Sources of funds for the down payment and closing costs payable by the borrower shall be limited to the borrower’s or borrowers’ funds, gifts or unsecured loans from relatives, grants from employers or nonprofit entities not involved in the transfer or financing of the property, and unsecured loans on terms acceptable to the authority (payments on any unsecured loans permitted under this subdivision shall be included in the calculation of the debt/income ratios described below), and documentation of such sources of funds shall be in form and substance acceptable to the authority.

16. The maximum debt ratios shall be 35% and 43% in lieu of the ratios of 32% and 40%, respectively, set forth in 13 VAC 10-40-130 B 4.

17. Cash reserves at least equal to two months’ loan payments must be held by the applicant or applicants if the loan-to-value ratio exceeds 95%; cash reserves at least equal to one month’s loan payment must be held by the applicant or applicants if the loan-to-value ratio is greater than 90% and is less than or equal to 95%; and no cash reserves shall be required if the loan-to-value ratio is 90% or less.

18. The payment of points (a point being equal to 1.0% of the loan amount) in addition to the origination fee shall be charged as follows: if the loan-to-value ratio is 90% or less, one-half of one point shall be charged; if the loan-to-value ratio is greater than 90% and is less than or equal to 95%, one point shall be charged; and if the loan-to-value ratio exceeds 95%, one and one-half point shall be charged. If the executive director determines that the financial integrity of the flexible alternative program is protected, by an adjustment to the rate of interest charged to the applicant or applicants or otherwise, the authority may provide the applicant or applicants with the option of an alternative point requirement not in excess of the preceding sentence.

In addition to the above, a reduction of one-half of one point will be made to the applicant or applicants meeting the
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credit requirements in clause 12 (i) above with a credit score of 700 or greater (see subdivision 12 of this section for the manner of determining credit scores).

19. The interest rate which would otherwise be applicable to the loan shall be reduced by .25% if the loan-to-value ratio is 80% or less.

20. The documents relating to requirements of the federal tax code governing tax-exempt bonds shall not be required.

21. For assumptions of loans, the above requirements for occupancy of the property as the borrower’s or borrowers’ principal residence, the above income limit, and the underwriting criteria in the regulations as modified by this section must be satisfied.

22. The authority may require that any or all loans financed under such alternative mortgage programs be serviced by the authority.

23. The authority may accept an approval of an automated underwriting system in lieu of satisfaction of the foregoing requirements for the flexible alternative program if the executive director determines that such delegated underwriting system is designed so as to adequately protect the financial integrity of the flexible alternative program.

24. The executive director may establish a flexible alternative rehabilitation mortgage loan program. The regulations set forth in subdivisions 1 through 23 of this section shall apply to such flexible alternative rehabilitation mortgage loan program, with the following modifications:

a. At the time of closing, the each applicant must occupy or intend to occupy within 180 days the property to be financed as his principal residence;

b. The provision of clause (iii) of subdivision 4 of this section permitting the financing of a doublewide manufactured home permanently affixed to the land shall not apply.

c. The maximum loan amount for a purchase shall be 100% of the lesser of (i) the sum of purchase price plus rehabilitation costs; or (ii) the as completed appraised value. The maximum loan amount for a refinance shall be 100% of the lesser of (i) the outstanding principal balance plus rehabilitation costs; or (ii) the as completed appraised value.

d. The rehabilitation costs to be financed may not exceed an amount equal to 50% of the as completed appraised value.

e. Loan proceeds may be used to finance the purchase and installation of eligible improvements. Improvements that are eligible for financing are structural alterations, repairs, additions to the residence itself, or other improvements (including appliances) upon or in connection with the residence. In order to be eligible, such improvements must substantially protect or improve the basic livability or utility of the residence. Improvements that are physically removed from the residence but that are located on the property occupied by the residence may be eligible for financing if these improvements substantially protect or improve the basic livability or utility of the residence (i.e., installation of a septic tank or the drilling of a well). Luxury items (such as swimming pools and spas) shall not be eligible for financing hereunder.

f. Loan proceeds may not be used to finance any improvements that have been completed at the time the application is submitted to the authority.

g. All work financed with the loan proceeds shall be performed by a contractor duly licensed in Virginia to perform such work and be performed pursuant to a validly issued building permit, if required, and shall comply with all applicable state and local health, housing, building, fire prevention and housing maintenance codes and other applicable standards and requirements. Compliance with the foregoing shall be evidenced by such documents and certifications as shall be prescribed by the executive director.

h. The executive director may require the applicant or applicants to establish a contingency fund for the mortgage loan in an amount adequate to ensure sufficient reserve funds for the proper completion of the proposed improvements in the event of cost over runs. The executive director may also require a holdback from each disbursement of loan proceeds until completion of the residence.

i. The executive director may approve originating agents to originate the acquisition/rehabilitation loans. To be so approved, the originating agent must have a staff with demonstrated ability and experience in acquisition/rehabilitation mortgage loan origination, processing and administration.

j. In addition to the payment of points set forth in subdivision 18 of this section, the originating agent may collect an escrow administration fee and an inspection fee in an amount determined by the executive director to compensate the originating agent for administering the disbursement of the mortgage loan during the rehabilitation of the residence.

Except as modified hereby, all of the requirements, terms and conditions set forth in 13 VAC 10-40-10 through 13 VAC 10-40-220 shall apply to the flexible alternative mortgage loan programs.

VA.R. Doc. No. R02-91; Filed June 10, 2003, 10:36 a.m.


Effective Date: August 1, 2003.

Agency Contact: Linda Nablo, Director, Child Health Programs, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680 or e-mail lnablo@dmas.state.va.us.

Summary:
The regulations permanently establish the Family Access to Medical Insurance Security (FAMIS) Plan, which is currently in place under emergency regulations. The regulations establish maximum income eligibility levels, application procedures, cost sharing requirements, a health benefits package, outreach activities, reimbursement methodology, and a review process for adverse actions.

Clarifications and revisions were made to the proposed regulation in response to public comment and to incorporate programmatic changes mandated by the 2003 Acts of Assembly. Changes resulting from public comment include modifications of the definitions of family and gross family income, an additional strategy to enroll uninsured children of former TANF recipients, advance notice of a reduction or termination of a previously authorized service, and the elimination of the 12-month period of ineligibility when a parent or other authorized representative willfully misrepresents information on the application. Changes resulting from legislative action include a reduction in the waiting period when the child had previous insurance before being eligible for FAMIS, the establishment of a 12-month period of coverage unless the enrolled child is no longer a resident of Virginia or has family income over 200% of the federal poverty level, the addition of specific community-based mental health services as covered benefits, and modifications to the level of required employer contribution in the employer-sponsored health insurance (ESHI) program.

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.
termination of participation in the employer-sponsored health insurance coverage (ESHI) program shall not constitute an adverse action.

"Agency" means a local department of social services, the central processing unit, or other entity designated by DMAS to make eligibility determinations for FAMIS.

"Agency error" means a person or persons received benefits to which they were not entitled as a result of an error on the part of an eligibility worker at a local department of social services or the central processing unit.

"Agent" means an individual designated in writing to act on behalf of a FAMIS Plan applicant or enrollee during the administrative review process.

"Applicant" means a child who has filed an application (or who has an application filed on his behalf) for child health insurance [ or who has been screened or determined to be ineligible for Medicaid ] and is awaiting a [ FAMIS eligibility ] determination [ of eligibility ]. A child is an applicant until [ a child's ] eligibility has been determined [ for FAMIS ].

"Authorized representative" means a person who is authorized to conduct the personal or financial affairs for an individual who is 18 years of age or older.

"Board" or "BMAS" means that policy board created by § 32.1-324 of the Code of Virginia to administer the plans established by the Social Security Act.

"CMSIP" means that original child health insurance program that preceded FAMIS.

"Central processing unit" or "CPU" means the private contractor that will determine eligibility for and administer part of the Family Access to Medical Insurance Security Plan or FAMIS.

"Child" means an individual under the age of 19 years.

"Child health insurance application" means the form or forms developed and approved by the Department of Medical Assistance Services that is used by local departments of social services and the FAMIS CPU for determining eligibility for Medicaid for poverty level children and for the Family Access to Medical Insurance Security Plan (FAMIS).

"Competent individual" means a person who has not been judged by a court to be legally incapacitated.

"Comprehensive health insurance coverage" means health benefits coverage, which includes the following categories of services at a minimum: inpatient and outpatient hospital services; physician’s surgical and medical services; and laboratory and radiological services.

"Conservator" means a person appointed by a court of competent jurisdiction to manage the estate and financial affairs of an incapacitated individual.

"Continuation of enrollment" means ensuring an enrollee’s benefits are continued until completion of the review process, with the condition that should the enrollee not prevail in the review process, the enrollee shall be liable for the repayment of all benefits received during the review process.

"Creditable health coverage" means that health coverage as defined in 42 USC § 1397t(c)(2).

"Director" means the individual, or his designee, specified in § 32.1-324 of the Code of Virginia with all of the attendant duties and responsibilities to administer the State Plan for Medical Assistance and the State Plan for FAMIS.

"DMAS" or "department" means the Department of Medical Assistance Services.

"Employer-sponsored health insurance coverage" or "ESHI" means comprehensive employer-sponsored health insurance offered by [ the ] employer [ when the employer contributes at least 40% towards the cost of dependent or family coverage, or as otherwise approved by the Centers for Medicare and Medicaid Services (CMS) ]. This component of FAMIS refers to the ability of DMAS to provide coverage to FAMIS children by providing premium assistance to families who enroll the FAMIS children in their employer’s health plan.

"Enrollee" means a child who has been determined eligible to participate in FAMIS and is enrolled in the FAMIS program.

"External Quality Review Organization" means the independent contractor assigned by DMAS to handle quality reviews and to conduct final review of MCHIP adverse actions for FAMIS.

"Family" [ when determining financial eligibility ] means parents, including adoptive and stepparents, and their children under the age of 19, who are living in the same household. Family shall not mean grandparents [ , other relatives, ] or legal guardians. [ A child who is temporarily living outside the home while attending an educational or training program shall be considered to be living in the same household with his parents. ]

"Family" (when used in the context of the ESHI component) means a unit or group that has access to an employer’s group health plan. Thus, it includes the employee and any dependents who can be covered under the employer’s plan.

"Family income" means the total income of all family members in a household. Income includes, but is not necessarily limited to, before-tax earnings from a job, including cash, wages, salary, commissions, tips, self-employment net profits, Social Security, Retirement Survivor Disability Insurance (RSDI), veterans benefits, Railroad Retirement, disability workers’ compensation, unemployment benefits, child support, alimony, spousal support, pensions, retirement benefits, settlement benefits, rental income, and lottery/bingo winnings. Income excludes public assistance program benefits such as SSI and TANF payments, foster care payments, general relief, loans, grants, or scholarships for educational expenses or earned income of a child who is a student.)


"Federal poverty level" or "FPL" means that income standard as published annually by the U.S. Department of Health and Human Services in the Federal Register.

"Fee-for-service" means the traditional Medicaid health care delivery and payment system in which physicians and other
providers receive a payment for each unit of service they provide. “Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

[“Gross family income” means the total income of all family members in a household. Income includes, but is not necessarily limited to, before-tax earnings from a job, including cash, wages, salary, commissions, and tips; self-employment net profit; Social Security, Retirement Survivor Disability Insurance (RSDI); veterans benefits, Railroad Retirement, disability workers’ compensation, unemployment benefits, child support, alimony, spousal support, pensions, and retirement benefits, settlement benefits, rental income, and lottery/bingo winnings. Income excludes public assistance program benefits such as SSI and TANF payments, foster care payments, general relief, loans, grants, or scholarships for educational expenses or earned income of a child who is a student.

“Group health plan” or “health insurance coverage” means that health care coverage as defined in 42 USC § 1397f(i)(3) § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1)).

“Guardian” means a person appointed by a court of competent jurisdiction to be responsible for the affairs of an incapacitated individual, including responsibility for making decisions regarding the person’s support, care, health, safety, habilitation, education, and therapeutic treatment, and if not inconsistent with an order of commitment, residence.

“Incapacitated individual” means [ a ] person who, pursuant to an order of a court of competent jurisdiction, has been found to be incapable of receiving and evaluating information effectively or responding to people, events, or environments to such an extent that the individual lacks the capacity to (i) meet the essential requirements of his health, care, safety, or therapeutic needs without the assistance or protection of a guardian, or (ii) manage property or financial affairs or provide for his support or for the support of his legal dependents without the assistance or protection of a conservator.

“Legally emancipated” means that the parents and child have gone through the court and a judge has declared that the parents have surrendered the right to care, custody, and earnings of the child and have renounced parental duties. A married minor is not emancipated unless a court has declared the married minor emancipated from his parents.

“LDSS” or “local department” means the local department of social services.

“Managed care health insurance plan” or “MCHIP” as defined in § 32.1-137.1 of the Code of Virginia means an arrangement for the delivery of health care in which a health carrier means under contract with DMAS for Title XXI delivery systems, undertakes to provide, arrange and pay for, or reimburse any of the costs of health care services for a covered person on a prepaid or insured basis, which contains one or more incentive arrangements, including any credential requirements intended to influence the cost of the health care services between the health carrier and one or more providers [ with respect to the delivery of health care services, ] and requires or creates benefit payment differential incentives for covered persons to use providers that are directly or indirectly managed, owned, under contract with or employed by the health carrier.

“Member of a family,” for purposes of determining whether the child is eligible for coverage under a state employee health insurance plan, means a parent or parents, including stepparents with whom the child is living if the stepparent claims the child as a dependent on the employee’s federal tax return.

“Premium assistance” means the portion of the family’s cost of participating in the employer’s plan that DMAS will pay to the family to cover the FAMIS children under the employer plan if DMAS determines it is cost effective to do so.

“Primary care case management (PCCM)” means a system under which a physician acting as a primary care case manager furnishes case management services to FAMIS enrollees pursuant to a contract with DMAS.

“Primary care provider” or “PCP” means a physician enrolled in the PCCM program as a primary case manager.

“Provider” means the individual, facility or other entity registered, licensed, or certified, as appropriate, and enrolled by an MCHIP, a PCCM, or in fee-for-service to render services to FAMIS enrollees eligible for services.

“Supplemental coverage” means additional coverage provided to FAMIS children covered under the ESHI component so that they can receive all of the FAMIS benefits and they are not required to pay any more cost sharing than they would have under FAMIS.

“Title XXI” means the federal State Children’s Health Insurance Program as established by Subtitle J of the Balanced Budget Act of 1997.

“Virginia State Employee Health Insurance Plan” means a health insurance plan offered by the Commonwealth of Virginia to its employees and includes the Local Choice Program whereby local governmental entities elect to provide local employees’ enrollment in the State Employee Health Insurance Plan.

12 VAC 30-141-20. Administration and general background.

A. The state shall use funds provided under Title XXI for obtaining coverage that meets the requirements for a State Child Health Insurance Plan (also known as Title XXI).

B. The DMAS director will have the authority to contract with entities for the purpose of establishing a centralized processing site, determining eligibility, enrolling eligible children into health plans, performing outreach, data collection, reporting, and other services necessary for the administration of the Family Access to Medical Insurance Security Plan and for employing state staff to perform Medicaid eligibility determinations on children referred by FAMIS staff.
C. Health care services under FAMIS shall be provided through MCHIPs, PCCMs, and through fee-for-service or through any other health care delivery system deemed appropriate by the [Commonwealth] Department of Medical Assistance Services.

12 VAC 30-141-30. Outreach and public participation.

A. DMAS will work cooperatively with other state agencies and contractors to ensure that federal law and any applicable federal regulations are met.

B. Pursuant to § 32.1-351.2 of the Code of Virginia, DMAS shall establish an Outreach Oversight Committee (committee) to discuss strategies to improve outreach activities. The committee members shall be selected by DMAS and shall be composed of representatives from community-based organizations engaged in outreach activities, [advocates,] health plans, [other state agencies,] social services eligibility workers, the provider community, consumers, and [other public relations firm, coordination with other state agencies,] community advocates, in either the [FAMIS or Medicaid programs] former Temporary Assistance to Needy Families (TANF) recipients.

D. DMAS shall develop a comprehensive marketing and outreach effort. The marketing and outreach efforts will be aimed at promoting the FAMIS and Medicaid programs and increasing enrollment, and may include contracting with a public relations firm, coordination with other state agencies, coordination with the business community, and coordination with health care associations and providers.

C. The board, in consultation with the committee, shall develop a comprehensive, statewide community-based outreach plan to enroll children in the FAMIS program and, if so eligible, in Medicaid. The outreach plan shall include specific strategies for: (i) improving outreach and enrollment in those localities where enrollment is less than the statewide average and (ii) enrolling uninsured children [in either the FAMIS or Medicaid programs of former Temporary Assistance to Needy Families (TANF) recipients].


A. Upon written request, all FAMIS Plan applicants and enrollees shall have the right to a review of an adverse action made by the MCHIP, local department of social services, CPU or DMAS.

B. During review of a suspension or termination of enrollment or a reduction, suspension, or termination of services, the enrollee shall have the right to continuation of coverage if the enrollee requests review prior to the effective date of the suspension or termination of enrollment or suspension, reduction, or termination of services.

C. Review of an adverse action made by the local department of social services, CPU or DMAS shall be heard and decided by an agent of DMAS who has not been directly involved in the adverse action under review.

D. Review of an adverse action made by the MCHIP must be conducted by a person or agent of the MCHIP who has not been directly involved in the adverse action under review.

E. After final review by the MCHIP, there shall also be opportunity for final independent external review by the external quality review organization.

F. There will be no opportunity for review of an adverse action to the extent that such adverse action is based on a determination by the director that funding for FAMIS has been terminated or exhausted. There will be no opportunity for review based on which type of delivery system (i.e., fee-for-service, MCHIP) is assigned. There will be no opportunity for review if the sole basis for the adverse action is a state or federal provision requiring an automatic change that affects all applicants or enrollees or a group of applicants or enrollees without regard to their individual circumstances.

G. The burden of proof shall be upon the applicant or enrollee to show that an adverse action is incorrect.

H. At no time shall the MCHIP’s, local department’s of social services, the CPU’s, or DMAS’ failure to meet the time frames set forth in this chapter or set in the MCHIP’s or DMAS’ written review procedures constitute a basis for granting the applicant or enrollee the relief sought.

I. Adverse actions related to health benefits covered under an employer sponsored health insurance (ESHI) plan shall be resolved between the employer’s plan and the ESHI enrollee, and are not subject to further review by DMAS or its contractors. Adverse actions made by an MCHIP, the local department of social services, the CPU, or DMAS shall be subject to the review process set forth in Part II (12 VAC 30-141-40 et seq.) of this chapter.


A. The local department of social services, the CPU, or DMAS shall send written notification to enrollees at least 10 calendar days prior to suspension or termination of enrollment.

B. DMAS or the MCHIP shall send written notification to enrollees at least 10 calendar days prior to reduction, suspension or termination of a previously authorized health service.

C. The local department of social services, the CPU, DMAS or the MCHIP shall send written notification to applicants and enrollees of all other adverse actions within 10 calendar days of the adverse action.

D. Notice shall include the reasons for determination, an explanation of applicable rights to review of that determination, the standard and expedited time frames for review, the manner in which a review can be requested, and the circumstances under which enrollment may continue pending review.
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**12 VAC 30-141-60. Request for review.**

A. Requests for review of MCHIP adverse actions shall be submitted in writing to the MCHIP.

B. Requests for review of adverse actions made by the local department of social services, the CPU, or DMAS shall be submitted in writing to DMAS.

C. Any written communication clearly expressing a desire to have an adverse action reviewed shall be treated as a request for review.

D. To be timely, requests for review of a MCHIP determination shall be received by the MCHIP no later than 30 calendar days from the date of the MCHIP’s notice of adverse action.

E. To be timely, requests for review of a local department of social services, DMAS, or CPU determination shall be received by DMAS no later than 30 calendar days from the date of the CPU’s, LDSS’s or DMAS’s notice of adverse action.

Requests for review of a local department of social services, DMAS, or CPU determination shall be considered received by DMAS when the request is date stamped by the DMAS Appeals Division in Richmond, Virginia.

**12 VAC 30-141-70. Review procedures.**

A. At a minimum, the MCHIP review shall be conducted pursuant to written procedures as defined in § 32.1-137.6 of the Code of Virginia and as may be further defined by DMAS. Such procedures shall be subject to review and approval by DMAS.

B. The DMAS review shall be conducted pursuant to written procedures developed by DMAS.

C. The procedures in effect on the date a particular request for review is received by the MCHIP or DMAS shall apply throughout the review.

D. Copies of the procedures shall be promptly mailed by the MCHIP or DMAS to applicants and enrollees upon receipt of timely requests for review. Such written procedures shall include but not be limited to the following:

1. The right to representation by an attorney or other agent of the applicant’s or enrollee’s choice, but at no time shall the MCHIP, local department of social services, DSS, or DMAS be required to obtain or compensate attorneys or other agents acting on behalf of applicants or enrollees;

2. The right to timely review [of ] their files and other applicable information relevant to the review of the decision;

3. The right to fully participate in the review process, whether the review is conducted in person or in writing, including the presentation of supplemental information during the review process;

4. The right to have personal and medical information and records maintained as confidential; and

5. The right to a written final decision within 90 calendar days of receipt of the request for review, unless the applicant or enrollee requests or causes a delay.

6. For eligibility and enrollment matters, if the applicant’s or enrollee’s physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the applicant’s or enrollee’s life or health or ability to attain, maintain, or regain maximum function, an applicant or enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written final decision within three business days after DMAS receives, from the physician or health plan, the case record and information indicating that taking the time for a standard resolution of the review request could seriously jeopardize the applicant’s or enrollee’s life or health or ability to attain, maintain or regain maximum function, unless the applicant or enrollee or his authorized representative causes a delay.

7. For health services matters for FAMIS enrollees receiving services through MCHIPs, if the enrollee’s physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the enrollee’s life or health or ability to attain, maintain, or regain maximum function, an enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written decision by the external quality review organization within 72 hours from the time an enrollee requests expedited review, unless the applicant, enrollee, or authorized representative requests or causes a delay. If a delay is requested or caused by the applicant, enrollee, or authorized representative, then expedited review may be extended up to 14 calendar days.

8. For health services matters for FAMIS enrollees receiving services through fee-for-service and PCCM, if the enrollee’s physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the enrollee’s life, health or ability to attain, maintain, or regain maximum function, an enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written decision within 72 hours from the time an enrollee requests expedited review, unless the applicant, enrollee, or authorized representative requests or causes a delay. If a delay is requested or caused by the applicant, enrollee, or authorized representative, then expedited review may be extended up to 14 calendar days.

**12 VAC 30-141-80 and 12 VAC 30-141-90. Reserved.**

**PART III. ELIGIBILITY DETERMINATION AND APPLICATION REQUIREMENTS.**

**12 VAC 30-141-100. Eligibility requirements.**

A. This section shall be used to determine eligibility of children for FAMIS.

B. FAMIS shall be in effect statewide.

C. Eligible children must:

1. Be determined ineligible for Medicaid by a local department of social services or be screened by the FAMIS central processing unit and determined not Medicaid likely;

2. Be under 19 years of age;

3. Be residents of the Commonwealth;
4. Be either U.S. citizens, U.S. nationals or qualified noncitizens;
5. Be uninsured, that is, not have comprehensive health insurance coverage;
6. Not be a member of a family eligible for subsidized dependent coverage [, as defined in 42 CFR 457.310 (c)(1)(ii)] under any Virginia state employee health insurance plan on the basis of the family member's employment with a state agency;
7. Not be a member of a family eligible for [ health benefits subsidized dependent ] coverage [, as defined in 42 CFR 457.310 (c)(1)(ii)] on the basis of a family member's employment with an agency that participates in the local choice program [ where the employer contributes to the cost of dependent health insurance ];
8. Not be an inpatient in an institution for mental diseases (IMD), or an inmate in a public institution that is not a medical facility.

D. Income.

1. Screening. All child health insurance applications received at the FAMIS central processing unit must be screened to identify applicants who are potentially eligible for Medicaid. Children screened and found potentially eligible for Medicaid cannot be enrolled in FAMIS until there has been a finding of eligibility for Medicaid. Children who do not appear to be eligible for Medicaid shall have their eligibility for FAMIS determined. Children determined to be eligible for FAMIS will be enrolled in the FAMIS program. Child health insurance applications received at a local department of social services shall have a full Medicaid eligibility determination completed. Children determined to be ineligible for Medicaid due to excess income will have their eligibility for FAMIS determined. If a child is found to be eligible for FAMIS, the local department of social services will enroll the child in the FAMIS program.

2. Standards. Income standards for FAMIS are based on a comparison of [ gross family ] income to 200% of the federal poverty level for the family size [, as defined in the State Plan for Title XXI as approved by the Centers for Medicare & Medicaid ]. Children who have [ gross family ] income at or below 200% of the federal poverty level, but are ineligible for Medicaid due to excess income, will be income eligible to participate in FAMIS.

3. Grandfathered CMSIP children. Children who were enrolled in the Children's Medical Security Insurance Plan at the time of conversion from CMSIP to FAMIS and whose eligibility determination was based on the requirements of CMSIP shall continue to have their income eligibility determined using the FAMIS income methodology. If their [ gross family ] income exceeds the FAMIS standard, income eligibility will be based on countable income using the same income methodologies applied under the Virginia State Plan for Medical Assistance for children as set forth in 12 VAC 30-40-90. Income that would be excluded when determining Medicaid eligibility will be excluded when determining countable income for the former CMSIP children. Use of the Medicaid income methodologies shall only be applied in determining the financial eligibility of former CMSIP children for FAMIS and for only as long as the children meet the income eligibility requirements for CMSIP. When a former CMSIP child is determined to be ineligible for FAMIS, these former CMSIP income methodologies shall no longer apply and income eligibility will be based on the FAMIS income standards.

4. Spenddown. Deduction of incurred medical expenses from countable income (spenddown) shall not apply in FAMIS. If the family income exceeds the income limits described in this section, the individual shall be ineligible for FAMIS regardless of the amount of any incurred medical expenses.

E. Residency. The requirements for residency, as set forth in 42 CFR 435.403, will be used when determining whether a child is a resident of Virginia for purposes of eligibility for FAMIS. [ A child who is not emancipated and is temporarily living away from home is considered living with his parents, adult relative caretaker, legal guardian, or person having legal custody if the absence is temporary and the child intends to return to the home when the purpose of the absence (such as education, medical care, rehabilitation, vacation, visit) is completed. ]

F. Qualified noncitizen. The requirements for qualified aliens set out in Public Law 104-193, as amended, and the requirements for noncitizens set out in subdivisions 3 and c of 12 VAC 30-40-10 will be used when determining whether a child is a qualified noncitizen for purposes of FAMIS eligibility.

G. Coverage under other health plans.

1. Any child covered under a group health plan or under health insurance coverage, as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1)), shall not be eligible for FAMIS.

2. No substitution for private insurance.

a. Only uninsured children shall be eligible for FAMIS. [ A child is not considered to be insured if the health insurance plan covering the child does not have a network of providers in the area where the child resides. ] Each application for child health insurance shall include an inquiry about health insurance the child currently has or had within the past six months. If the child had health insurance [ coverage ] that [ ended was terminated ] in the past six months, inquiry as to why the health insurance [ ended was terminated ] is made. Each redetermination of eligibility shall also document inquiry about current health insurance or health insurance the child had within the past six months. If the child has been covered under a health insurance plan other than through the ESHI component of FAMIS within six months of application for or receipt of FAMIS services, the child will be ineligible, unless the child, if age 18 or if under the age of 18, the child's parent, caretaker relative, guardian, legal custodian or authorized representative demonstrates good cause for discontinuing the coverage.

b. Health insurance does not include Medicaid nor insurance for which DMAS paid premiums under Title XIX...
c. Good cause. A child shall not be ineligible for FAMIS if health insurance was discontinued within the six-month period prior to the month of application if one of the following good cause exceptions is met.

(1) The family member who carried insurance, changed jobs, or stopped employment, and no other family member’s employer contributes to the cost of family health insurance coverage.

(2) The employer stopped contributing to the cost of family coverage and no other family member’s employer contributes to the cost of family health insurance coverage.

(3) The child’s coverage was discontinued by an insurance company for reasons of uninsurability, e.g., the child has used up lifetime benefits or the child’s coverage was discontinued for reasons unrelated to payment of premiums.

(4) Insurance was discontinued by a family member who was paying the full cost of the insurance premium under a COBRA policy and no other family member’s employer contributes to the cost of family health insurance coverage.

(5) Insurance on the child was discontinued by someone other than the child (if 18 years of age) or if under age 18, the child’s parent, stepparent living in the home, e.g., the insurance was discontinued by the child’s absent parent, grandparent, aunt, uncle, godmother, etc.

(6) Insurance on the child was discontinued because the cost of the premium exceeded 10% of the family’s gross monthly income or exceeded 10% of the family’s gross monthly income at the time the insurance was discontinued.

(7) Other good cause reasons may be established by the DMAS director.

12 VAC 30-141-110. Duration of eligibility.

A. The effective date of FAMIS eligibility shall be the first day of the month in which a signed application was received by either the FAMIS central processing unit or a local department of social services if the applicant met all eligibility requirements in that month. In no case shall a child’s eligibility be effective earlier than the date of the child’s birth.

B. Eligibility for FAMIS will continue for 12 months so long as the child meets all eligibility requirements. The parent, adult relative caretaker, legal guardian, or authorized representative of the child must report all changes affecting eligibility when such changes occur. If the family member who carried insurance, changed jobs, or stopped employment, and no other family member’s employer contributes to the cost of family health insurance coverage, or the child remains a resident of Virginia and the child’s countable income does not exceed 200% of the federal poverty level. A change in eligibility will be effective the first of the month following expiration of a 10-day advance notice. Eligibility based on all eligibility criteria listed in 12 VAC 30-141-100 C will be redetermined no less often than annually.

C. Exception. If the child becomes an inpatient in an institution for mental disease or an inmate of a public institution, ineligibility will be effective the date that the child is admitted to the institution.

12 VAC 30-141-120. Children ineligible for FAMIS.

A. If a child is:

1. Eligible for Medicaid, or would be eligible if he applied for Medicaid, he shall be ineligible for coverage under FAMIS.

B. If a child’s parent or other authorized representative does not meet the requirements of assignment of rights to benefits or requirements of cooperation with the agency in identifying and providing information to assist the Commonwealth in pursuing any liable third party, the child shall be ineligible for FAMIS.

C. If a child, if age 18, or if under age 18, a parent, adult relative caretaker, guardian, or legal custodian obtained benefits for a child or children who would otherwise be ineligible by willfully misrepresenting material facts on the application or failing to report changes, the child or children for whom the application is made shall be ineligible for FAMIS.

An administrative hearing shall be held to present the facts and, upon a finding of intentional misrepresentation, the child or children shall be excluded from participation for 12 months from the date of the finding. The child, if age 18, or if under age 18, the parent, adult relative caretaker, guardian, or legal custodian who signed the application shall be liable for repayment of the cost of all benefits issued as the result of the misrepresentation.

12 VAC 30-141-130. Nondiscriminatory provisions.

FAMIS shall be conducted in compliance with all civil rights requirements. FAMIS shall not:

1. Discriminate during the eligibility determination process on the basis of diagnosis;

2. Cover children of higher income without first covering children with a lower family income within a defined group of covered targeted low-income children; and

3. Deny eligibility based on a child having a preexisting medical condition.
12 VAC 30-141-120. No entitlement.

In accordance with § 2102(b)(4) of the Social Security Act and § 321.1-353 of the Code of Virginia, FAMIS shall not create any [individual] entitlement for, right to, or interest in payment of medical services on the part of any medically indigent child or any right or entitlement to participation.

12 VAC 30-141-150. Application requirements.

A. Availability of program information. DMAS or its designee shall furnish the following information in written form and orally as appropriate to all applicants and to other individuals who request it:

1. The eligibility requirements;
2. Summary of covered benefits;
3. Copayment amounts required; and
4. The rights and responsibilities of applicants and enrollees.

B. Opportunity to apply. DMAS or its designee must afford an individual, wishing to do so, the opportunity to apply for child health insurance. Child Health Insurance applications will be accepted at a central site designated by DMAS and at local departments of social services throughout the Commonwealth. Applicants may file an application for child health insurance by mail, by fax, or in person at local departments of social services. Applications filed at the FAMIS CPU can be submitted by mail, by fax or by phone. Face-to-face interviews for the program are not required. Eligibility determinations for FAMIS shall occur at either local departments of social services or at the DMAS designated central site.

C. Right to apply. An individual who is 18 years of age shall not be refused the right to complete a child health insurance application for himself and shall not be discouraged from asking for assistance for himself under any circumstances.

D. Applicant’s signature. The applicant must sign state-approved application forms submitted, even if another person fills out the form, unless the application is filed and signed by the applicant’s parent, adult relative caretaker, legal guardian or conservator, attorney-in-fact or authorized representative [or adult relative caretaker].

E. Authorized representative for individuals 18 years of age or older.

1. The authorized representative of an incapacitated individual shall be the individual’s legally appointed conservator or guardian.
2. A competent individual may sign an application on his own behalf where appropriate, or he may designate anyone to be his authorized representative to file a child health insurance application on his behalf. If a competent individual wants another person to file a child health insurance application for him, he must designate the authorized representative in a written statement that is signed by the individual applicant. The authorized representative statement is valid for the life of the child health insurance application or until the applicant changes his authorized representative. If the child health insurance application is approved, the authorized representative statement is valid for any subsequent review and redetermination until the applicant’s eligibility is cancelled. If the applicant reapplies for child health insurance, he must sign the application or a new authorized representative statement.
3. When an individual has given power of attorney to another person that includes the power to conduct the applicant’s business affairs, the attorney-in-fact is considered the applicant’s authorized representative.
4. For an individual who has not been determined by a court to be legally incapacitated, but who is reported to be mentally unable to sign his name or to make a mark, an application may be signed under the following circumstances: when it is reported that an individual cannot sign the application and the individual does not have an attorney-in-fact or authorized representative, the individual’s inability to sign the application must be verified by a written statement from the individual’s doctor that the individual is mentally unable to sign and file a child health insurance application because of the individual’s diagnosis or condition.

F. Authorized representative for children under 18 years of age.

1. A minor child under 18 years of age who is a parent may apply for child health insurance for his own child.
2. An authorized employee of the public or private child placing agency that has custody of the child must sign the child health insurance application for a child under 18 years of age that is in foster care.
3. A child applicant who is under 18 years of age is not legally able to sign a child health insurance application for himself unless he is legally emancipated from his parents. If the child applicant is not legally emancipated, his parents shall sign the application on the child applicant’s behalf. If the child applicant is married and the child applicant’s spouse is 18 years of age or older, the spouse may sign the application on the child applicant’s behalf. If the child applicant does not live with a parent or spouse who is 18 years of age or older, the adult relative caretaker with whom the child lives or the adult who has legal custody or who is the legal guardian of the child applicant must sign the application. A child applicant’s parent, adult relative caretaker, guardian or legal custodian may designate an authorized representative to complete a child health insurance application on behalf of the child applicant. The authorization must be in writing in accordance with this section.

G. If no adult is the child applicant’s guardian or adult relative caretaker, or no adult has legal custody of the child applicant, whoever is caring for the child applicant shall be responsible for seeking custody or guardianship of the child applicant:

1. If a motion has been filed in court to appoint a guardian or seek legal custody of the child, the child health insurance application shall be held in a pending status. If verification is received within 10 working days that court action has been
1. Unusual circumstances include: administrative or other emergency beyond the agency’s control. In such case, DMAS, or its designee, or the LDSS must document, in the applicant’s case record, the reasons for delay. DMAS or its designee or the local department of social services must not use the time standards as a waiting period before determining eligibility or as a reason for denying eligibility because it has not determined eligibility within the time standards.

2. Incomplete applications shall be held open for a period of 30 calendar days to enable applicants to provide outstanding information needed for an eligibility determination. Any applicant who fails to provide, within 30 calendar days of the receipt of the initial application, information or verifications necessary to determine eligibility, shall have his application for FAMIS eligibility denied.

[ L. K ] Notice of DMAS’, its designee’s or the local department of social services’ decision concerning eligibility. DMAS, its designee or the local department of social services must send each applicant a written notice of the agency’s/designee’s decision on his application, and, if approved, his obligations under the program. If eligibility for FAMIS is denied, notice must be given concerning the reasons for the action and an explanation of the applicant’s right to request a review of the adverse actions [ , as described in 12 VAC 30-141-50 ].

[ L. L. ] Case documentation. DMAS, its designee [ ] or the local department of social services must include in each applicant’s record all necessary facts to support the decision on his application, and must dispose of each application by a finding of eligibility or ineligibility, unless (i) there is an entry in the case record that the applicant voluntarily withdrew the application and that the agency or its designee sent a notice confirming his decision; [ or ] (ii) there is a supporting entry in the case record that the applicant [ has died; or (iii) there is a supporting entry in the case record that the applicant ] cannot be located.

[ L. M. ] Case maintenance. All cases approved for FAMIS shall be maintained at the FAMIS CPU. Children determined by local departments of social services to be eligible for FAMIS shall have their cases transferred to the FAMIS CPU for ongoing case maintenance. The FAMIS CPU will be responsible for providing newly enrolled recipients with program information, benefits available, how to secure services under the program, a FAMIS handbook, and for processing changes in eligibility and annual renewals within established time frames.
12 VAC 30-141-160. Copayments for families not participating in employer-sponsored health insurance (ESHI).

A. Copayments shall apply to all enrollees in an MCHIP (above and below 150% of the Federal Poverty Level (FPL)).

B. The Commonwealth DMAS or its designee shall ensure that the annual aggregate cost sharing for all FAMIS enrollees in a family does not exceed the aforementioned caps.

C. Exceptions to the above cost-sharing provisions:

1. Copayments shall not be required for well-child, well-baby services, and for families participating in ESHI. This shall include:
   a. All healthy newborn inpatient physician visits, including routine screening (inpatient or outpatient);
   b. Routine physical examinations, laboratory tests, immunizations, and related office visits;
   c. Routine preventive and diagnostic dental services (i.e., oral examinations, prophylaxis and topical fluoride applications, sealants, and x-rays); and
   d. Other preventive services as defined by the department.

2. Enrollees are not held liable for any additional costs, beyond the standard copayment amount, for emergency services furnished outside of the individual’s managed care network. Only one copayment charge will be imposed for a single office visit.

3. No cost sharing will be charged to American Indians and Alaska Natives.

12VAC 30-141-170. Employer-sponsored health insurance (ESHI).

A. Enrollees in FAMIS who have access to employer-sponsored health insurance coverage may, but shall not be required to, enroll in an employer’s health plan if DMAS or its designee determines that such enrollment is cost effective, as defined in this section.

B. Eligibility determination. FAMIS children who have access to health insurance coverage under an employer-sponsored plan may elect to receive coverage under the employer plan and DMAS may elect to provide coverage by paying a portion of the premium if all of the following conditions are met:

1. The children are enrolled in FAMIS;
2. The employer’s plan provides comprehensive health insurance coverage;
3. The employer contributes at least 40% of the cost of family or dependent coverage to the cost of dependent or family coverage as defined in the Virginia Plan for Title XXI of the Social Security Act, or as otherwise approved by the Centers for Medicare & Medicaid Services in the U.S. Department of Health and Human Services;
4. The cost of coverage for the child or children under ESHI is equal to or less than the Commonwealth’s cost of obtaining coverage under FAMIS only for the eligible targeted low-income children involved. The cost-effectiveness determination methodology is described in subsection F of this section;
5. The family receives the full premium contribution from the employer; and
6. The applicant agrees to assign rights to benefits under the employer’s plan to DMAS to assist the Commonwealth in pursuing these third party payments. When a child is provided coverage under an employer’s plan, that plan becomes the primary payer for the services covered under that plan.

C. When more than one employer plan is available to the family, the family shall enroll in the plan that DMAS has determined to be the most cost effective for the Commonwealth.
D. DMAS will continually verify the child’s or children’s coverage under the employer’s plan and will redetermine the eligibility of the child or children for the ESHI component when it receives information concerning an applicant’s or enrollee’s circumstances that may affect eligibility.

E. Application requirements.

1. DMAS shall furnish the following information in written form and orally, as appropriate, to the families of FAMIS children who have access to ESHI:
   a. The eligibility requirements;
   b. Summary of covered benefits and supplementation of employer benefits;
   c. Cost-sharing requirements; and
   d. The rights and responsibilities of applicants and enrollees.

2. DMAS may elect to provide health insurance coverage to FAMIS children by having FAMIS children and their families enroll in ESHI. Families with access to employer-sponsored coverage for family members will be identified through the child health insurance application. DMAS will provide [these interested] families with applications for ESHI.

3. A written application for the ESHI component shall be required from interested families.

4. DMAS shall determine eligibility for the ESHI component promptly, within 45 calendar days from the date of receiving an application which contains all information and verifications necessary to determine eligibility, except in unusual circumstances beyond the agency’s control. Actual enrollment into the ESHI component may not occur for extended periods of time, depending on the ability of the family to enroll in the employer’s plan.

5. Incomplete ESHI applications shall be held for a period of 30 calendar days to enable applicants to provide outstanding information needed for an ESHI eligibility determination. Any applicant who, within 30 calendar days of the receipt of the initial application, fails to provide information or verifications necessary to determine, ESHI eligibility shall have his application denied.

6. DMAS must send each applicant a written notice of the agency’s decision on his application [for ESHI], and, if approved, his obligations under the program. If eligibility is denied, notice will be given concerning the reasons for the [action denial].

F. Cost effectiveness. DMAS may elect to provide coverage to FAMIS children by paying a portion of the family’s employer-sponsored health insurance premium if the cost of family coverage under ESHI is equal to or less than the Commonwealth’s cost of obtaining coverage under FAMIS only for the eligible, targeted, low-income child or children involved. To the extent readily determinable by DMAS from the employer’s plan documents, the portion of the premium associated with covering the FAMIS child only under the employer’s plan will be used in determining the cost effectiveness. If DMAS is not able to fully isolate the cost of covering only the FAMIS child, premium assistance may result in the coverage of an adult or other relative/dependant; however, this coverage shall be solely incidental to covering the FAMIS child. The cost-effectiveness determination will be conducted for individual families on a case-by-case basis.

1. To determine whether it is cost effective to cover the family, DMAS will compare the following two amounts:
   a. The sum of the premium assistance amount, plus the cost of supplemental coverage, plus the administrative cost; and
   b. The cost of covering the FAMIS child or children under FAMIS. The cost will be determined by using the capitated payment rate paid to MCHIPs, or an average cost amount developed by DMAS.

2. If (a) is less than or equal to (b), covering the child or children under the ESHI component is cost effective.

G. Enrollment and disenrollment.

1. FAMIS children with access to employer-sponsored health insurance will receive coverage under FAMIS until their eligibility for coverage under the ESHI component is established and until they are able to enroll in the employer-sponsored health plan.

2. The timing and procedures employed to transfer FAMIS children’s coverage to the ESHI component will be coordinated between DMAS and the CPU to ensure continuation of health plan coverage.

3. Participation by families in the ESHI component shall be voluntary. Families may disenroll their child or children from the ESHI component as long as the proper timing and procedures established by DMAS are followed to ensure continued health coverage.

H. Premium assistance. When a child is determined eligible for coverage under the ESHI component, premium assistance payments shall become effective the month in which the FAMIS child or children are enrolled in the employer’s plan. Payment of premium assistance shall end:

1. On the last day of the month in which FAMIS eligibility ends;

2. The last day of the month in which the child or children lose eligibility for coverage under the employer’s plan;

3. The last day of the month in which the family notifies DMAS that they wish to dis-enroll their child or children from the ESHI component; or

4. The last day of the month in which adequate notice period expires (consistent with federal requirements) when DMAS has determined that the employer’s plan is no longer cost effective.

I. Supplemental health benefits coverage will be provided to ensure that FAMIS children enrolled in the ESHI component receive all of the FAMIS benefits. FAMIS children can obtain these supplemental benefits through DMAS providers.

J. Cost sharing. ESHI families will not be responsible for copayments for FAMIS Title XXI benefits. DMAS will instruct
providers to submit billings to DMAS or its designee for payment of applicable copayments. In situations where the provider under the ESHI component refuses to bill DMAS for the copayment amount, DMAS will reimburse the enrollee directly.

1. FAMIS children will have to pay copayments for any services covered under the employer’s plan that are not FAMIS benefits. The cost sharing paid by families for these benefits do not count towards the cost-sharing cap.

2. ESHI families will pay deductibles, coinsurance, and enrollment fee amounts under their employers’ plans up to the cost-sharing caps allowed for nonESHI FAMIS families ($180 annually for those equal to or less than 150% FPL and $350 annually for those over 150% FPL). After the family has reached its cost-sharing cap, DMAS will reimburse the family for any additional deductibles or coinsurance incurred for the FAMIS-enrolled children in the family for FAMIS Title XXI benefits received. Families will need to track their deductibles and coinsurance. Once the cost-sharing cap is reached for a family, that family will submit explanation of benefits forms, or other forms approved by DMAS, for reimbursement each time the family incurs a deductible or coinsurance amount for a FAMIS child for a FAMIS Title XXI benefit.

12 VAC 30-141-180. Liability for excess benefits; liability for excess benefits or payments obtained without intent; recovery of FAMIS payments.

A. Any person who, without the intent to violate this section, obtains benefits or payments under FAMIS to which he is not entitled shall be liable for any excess benefits or payments received. If the enrollee knew or reasonably should have known that he was not entitled to the excess benefits, he may also be liable for interest on the amount of the excess benefits or payments at the judgment rate as defined in § 6.1-330.49 of the Code of Virginia from the date upon which excess benefits or payments to the date on which repayment is made to the Commonwealth. No person shall be liable for payment of interest, however, when excess benefits or payments were obtained as a result of errors made solely by DMAS [ or its designee ].

B. Any payment erroneously made on behalf of a FAMIS enrollee or former enrollee may be recovered by DMAS from the enrollee or the enrollee’s income, assets, or estate unless state or federal law or regulation otherwise exempts such property.

12 VAC 30-141-190. Reserved.

PART V.

BENEFITS AND REIMBURSEMENT.


A. The Commonwealth’s Title XXI State Plan utilizes two benefit packages within FAMIS as set forth in the FAMIS State Plan, as [ many may ] be amended from time to time. One package is a modified Medicaid look-alike component offered through a fee-for-service program and a primary care case management (PCCM) program; the other package is modeled after the state employee health plan and delivered by contracted MCHIPs.

B. The Medicaid look-alike plan is also used as a benchmark for the ESHI of FAMIS.

12 VAC 30-141-210 through 12 VAC 30-141-490. Reserved.


A. Reimbursement for the services covered under FAMIS fee-for-service and PCCM and MCHIPs shall be as specified in this section.

B. Reimbursement for physician services, surgical services, clinic services, prescription drugs, laboratory and radiological services, outpatient mental health services, early intervention services, emergency services, home health services, immunizations, mammograms, medical transportation, organ transplants, skilled nursing services, well baby and well child care, vision services, durable medical equipment, disposable medical supplies, dental services, case management services, physical therapy/occupational therapy/speech-language therapy services, [ and ] hospice services [ , school-based health services, and certain community-based mental health services ] shall be based on the Title XIX rates [ in effect as of July 1 of each year for the subsequent state fiscal year ].

C. Reimbursement to MCHIPs shall be determined on the basis of the estimated cost of providing the MCHIP benefit package and services to an actuarially equivalent population. MCHIP rates will be determined annually and published 30 days prior to the effective date.

D. Exceptions.

[ 1. Prior authorization is required after five visits in a fiscal year for physical therapy, occupational therapy and speech therapy provided by home health providers and outpatient rehabilitation facilities and for home health skilled nursing visits. Prior authorization is required after five visits for outpatient mental health visits in the first year of service and prior authorization is required for the following nonemergency outpatient procedures: Magnetic Resonance Imaging, Computer Axial Tomography scans, or Positron Emission Tomography scans. ]

[ 2. ] Reimbursement for inpatient hospital services will be based on the Title XIX rates in effect for each hospital [ as of July 1 each year for the subsequent state fiscal year ]. Reimbursement shall not include payments for disproportionate share or graduate medical education payments made to hospitals. Payments made shall be final and there shall be no retrospective cost settlements.

[ 3. ] Reimbursement for outpatient hospital services shall be based on the Title XIX rates in effect for each hospital [ as of July 1 each year for the subsequent state fiscal year ]. Payments made will be final and there will be no retrospective cost settlements.

[ 4. ] Reimbursement for inpatient mental health services other than by free standing psychiatric hospitals will be based on the Title XIX rates in effect for each hospital [ as of July 1 each year for the subsequent state fiscal year ]. Reimbursement will not include payments for disproportionate share or graduate medical education payments made to hospitals. Payments made will be final and there will be no retrospective cost settlements.
Final Regulations

12 VAC 30-141-510 through 12 VAC 30-141-550. Reserved.

PART VI.
QUALITY ASSURANCE AND UTILIZATION CONTROL.

12 VAC 30-141-560. Quality assurance.
A. Each provider entity shall meet requirements for the following either as administered by DMAS or as determined by contract with DMAS: access to well-child health services, immunizations, provider network adequacy, a system to provide enrollees urgent care and emergency services, systems for complaints, grievances and reviews, a data management system and quality improvement programs and activities.
B. Each MCHIP shall meet requirements determined by the contract for the internal and external quality monitoring and reporting of access to services, timeliness of services, and appropriateness of services, as determined by DMAS.

12 VAC 30-141-570. Utilization control.
A. Each MCHIP shall implement a utilization review system as determined by contract with DMAS, or administered by DMAS.
B. For both the fee-for-service and PCCM programs, DMAS shall use the utilization controls already established and operational in the State Plan for Medical Assistance.
C. DMAS may collect and review comprehensive data to monitor utilization after receipt of services.

12 VAC 30-141-580 and 12 VAC 30-141-590. Reserved.

12 VAC 30-141-600. Recipient audit unit.
A. Pursuant to Chapter 9 (§ 32.1-310 et seq.) of Title 32.1 of the Code of Virginia, the recipient audit unit shall investigate allegations of acts of fraud or abuse, committed by persons enrolled in the FAMIS program or the parent, adult caretaker relative, guardian, legal custodian or authorized representative on behalf of a person or persons enrolled in the FAMIS program, which result in misspent funds.
B. Any FAMIS enrollee, parent, adult caretaker relative, guardian, legal custodian or authorized representative of a FAMIS enrollee who, on the behalf of others, attempts to obtain benefits to which the enrollee is not entitled by means of a willful false statement or by willful misrepresentation, or by willful concealment of any material facts, shall be liable for repayment of any excess benefits received and the appropriate interest charges.

C. Upon the determination that fraud or abuse has been committed, criminal or civil action may be initiated.
D. When determining the amount of misspent funds to be recovered, capitation fees shall be included for FAMIS enrollees who received benefits through managed care.
E. Access to FAMIS enrollees’ records by authorized DMAS representatives shall be permitted upon request.

12 VAC 30-141-610 through 12 VAC 30-141-640. Reserved.

12 VAC 30-141-650. Provider review.
A. The provider review unit shall be responsible for reviewing enrolled FAMIS providers to identify potential inappropriate utilization of services and potential billing errors.
B. Providers agree to keep such records as DMAS determines necessary. The providers shall furnish DMAS, upon request, information regarding payments claimed for providing services under the State Plan for Title XXI.
C. Access to records and facilities by authorized DMAS representatives shall be permitted upon request.
D. Providers shall be required to refund payments made by DMAS if they are found to have billed DMAS contrary to policy, failed to maintain records or adequate documentation to support their claims, or billed for medically unnecessary services.
E. A review of adverse actions concerning provider reimbursement shall be heard in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) and the Virginia Administrative Code, 12 VAC 30-10-1000 and 12 VAC 30-50-500 through 12 VAC 30-50-560.
F. MCHIPs shall be responsible for keeping provider profile and utilization mechanisms to monitor provider activities. MCHIPs shall be reviewed by DMAS.

12 VAC 30-141-660. Assignment to managed care.
A. All eligible enrollees shall be assigned in managed care through the department or the central processing unit (CPU) under contract to DMAS. FAMIS recipients, during the pre-assignment period to a PCP or MCHIP, shall receive Title XXI benefits via fee-for-service utilizing a FAMIS card issued by DMAS. After assignment to a PCP or MCHIP, benefits and the delivery of benefits shall be administrated specific to the type of managed care program in which the recipient is enrolled:
1. MCHIPs shall be offered to enrollees in certain areas.
2. In areas with one contracted MCHIP, all enrollees shall be assigned to that contracted MCHIP.
3. In areas with multiple contracted MCHIPs or in PCCM areas without contracted MCHIPs, enrollees shall be assigned through a random system algorithm; provided however, all children within the same family shall be assigned to the same MCHIP or primary care provider (PCP), as is applicable.
4. In areas without contracted MCHIPs, enrollees shall be assigned to the primary care case management program (PCCM) or into the fee-for-service component.

5. Enrolled individuals residing in PCCM areas without contracted MCHIPs or in areas with multiple MCHIPs, will receive a letter indicating that they may select one of the contracted MCHIPs or primary care provider (PCP) in the PCCM program, in each case, which serve such area. Enrollees who do not select an MCHIP/PCP as described above, shall be assigned to an MCHIP/PCP as described in subdivision 3 of this section.

6. Individuals assigned to an MCHIP or a PCCM who lose and then regain eligibility for FAMIS within 60 days will be re-assigned to their previous MCHIP or PCP.

B. Following their initial assignment to a MCHIP/PCP, those enrollees shall be restricted to that MCHIP/PCP until their next annual eligibility redetermination, unless appropriately disenrolled by the department.

1. During the first 90 calendar days of managed care assignment, an enrollee may request re-assignment for any reason from that MCHIP/PCP to another MCHIP/PCP serving that geographic area. Such re-assignment shall be effective no later than the first day of the second month after the month in which the enrollee requests re-assignment.

2. Re-assignment is available only in areas with the PCCM program or where multiple MCHIPs exist. If multiple MCHIPs exist, enrollees may only request re-assignment to another MCHIP/PCP serving that geographic area. In PCCM areas, an enrollee may only request re-assignment to another PCP serving that geographic area.

3. After the first 90 calendar days of the assignment period, the enrollee may only be re-assigned from one MCHIP/PCP to another MCHIP/PCP upon determination by DMAS that good cause exists pursuant to subsection C of this section.

C. Disenrollment for good cause may be requested at any time.

1. After the first 90 days of assignment in managed care, enrollees may request disenrollment from DMAS based on good cause. The request must be made in writing to DMAS and cite the reasons why the enrollee wishes to be re-assigned. The department shall establish procedures for good cause re-assignment through written policy directives.

2. DMAS shall determine whether good cause exists for re-assignment.
Final Regulations

AT RICHMOND, MAY 29, 2003
COMMONWEALTH OF VIRGINIA
At the relation of the
STATE CORPORATION COMMISSION
CASE NO. INS-2003-00037

Ex Parte: In the matter of
Adopting Revisions to the Rules
Governing Annual Audited
Financial Reports

ORDER ADOPTING REVISIONS TO RULES
By order entered herein February 28, 2003, all interested persons were ordered to take notice that the Commission would consider the entry of an order subsequent to May 23, 2003, adopting revisions proposed by the Bureau of Insurance to the Commission’s Rules Governing Annual Audited Financial Reports, set forth in Chapter 270 of Title 14 of the Virginia Administrative Code, which amend the rules concerning the qualification of accountants, prohibit indemnification but allow certain mediation and arbitration, effective July 1, 2003, unless on or before May 23, 2003, any person objecting to the adoption of the proposed rules filed a request for a hearing with the Clerk of the Commission.

The February 28, 2003, Order also required all interested persons to file their comments in support of or in opposition to the proposed revisions on or before May 23, 2003.

As of the date of this Order, no request for a hearing has been filed with the Clerk of the Commission, and, as of the date of this Order, no comments have been filed with the Clerk of the Commission.

The Bureau has recommended that the proposed revisions be adopted; and

THE COMMISSION, having considered the proposed revisions and the Bureau's recommendation, is of the opinion that the proposed revisions should be adopted.

THEREFORE, IT IS ORDERED THAT:

(1) The proposed revisions to Chapter 270 of Title 14 of the Virginia Administrative Code entitled “Rules Governing Annual Audited Financial Reports,” which amend the rules at 14 VAC 5-270-40 and 14 VAC 5-270-80, and which are attached hereto and made a part hereof, should be, and they are hereby, ADOPTED to be effective July 1, 2003.

(2) AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Douglas C. Stolte, who forthwith shall give further notice of the adoption of the revisions to the rules by mailing a copy of this Order, including a copy of the attached revised rules, to all insurers, burial societies, fraternal benefit societies, health services plans, health maintenance organizations, legal services plans, and dental or optometric services plans licensed by the Commission.

(3) The Commission’s Division of Information Resources forthwith shall cause a copy of this Order, including a copy of the attached rules, to be forwarded to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations.

(4) On or before June 3, 2003, the Commission’s Division of Information Resources shall make available this Order and the attached rules on the Commission's website, http://www.state.va.us/scc/caseinfo.htm.

(5) The Bureau of Insurance shall file with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (2) above.

REGISTRAR’S NOTICE: The proposed regulation was adopted as published in 19:14 VA.R. 2082-2085 March 24, 2003, without change. Therefore, pursuant to § 2.2-4031 A of the Code of Virginia, the text of the final regulation is not set out.

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TITLE 16. LABOR AND EMPLOYMENT

DEPARTMENT OF LABOR AND INDUSTRY

REGISTRAR’S NOTICE: The following regulatory action is exempt from the Administrative Process Act in accordance with § 2.2-4006 A 4 a of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law where no agency discretion is involved. The Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.


Statutory Authority: § 40.1-80.1 of the Code of Virginia.

Effective Date: August 1, 2003.

Summary:

The amendments change the minimum age for referees of sporting events from 13 to 12 years of age and correct a reference to the United States Code.

Agency Contact: Bonnie R. Hopkins, Regulatory Coordinator, Department of Labor and Industry, Powers-Taylor Building, 13 South 13th Street, Richmond, VA 23219, telephone (804) 371-2631, FAX (804) 371-6524, e-mail brh@doli.state.va.us.


This chapter does not apply whenever the Code of Virginia exempts a minor from hours-of-work limitations or provides different hours of work. These exemptions are as follows:

1. Minors employed in the following situations are exempt from hours-of-work limitations contained in 16 VAC 15-40-30 and 16 VAC 15-40-40:

   a. A minor under 16 years of age may be employed by his parent, or a person standing in place of his parent, in a
business owned by such parent or person, except in manufacturing.

b. A page or clerk for either the House of Delegates or the Senate of Virginia.

c. Domestic duties in and around a minor's own home when duties are performed directly for the minor's parent or other person standing in place of the parent.

d. Work performed for the state or any of its agencies, institutions, or political subdivisions, or any public body.

e. Theatrical performers, provided a theatrical permit is obtained from the Department of Labor and Industry.

f. Activities performed for a volunteer rescue squad.

g. A minor 14 or 15 years old employed to perform sport-attending services at professional sporting events (baseball, basketball, football, soccer, tennis, etc.) as defined in 16 VAC 15-40-10.

h. A child 13-12 years of age or older employed by an eleemosynary organization or unit of state or local government as a referee for sports programs sponsored by that eleemosynary state, or local organization or by an organization of referees sponsored by an organization recognized by the United States Olympic Committee under 36 USC § 394 220522.

2. Minors engaged in occasional work performed around the home of the employer (not in connection with the employer's trade, business, or profession) may not work during school hours, but are otherwise exempt from the hours-of-work limitations contained in 16 VAC 15-40-30.

3. Minors 14 years and 15 years of age enrolled in a regular school work-training program in accordance with §§ 40.1-88 and 40.1-89 of the Code of Virginia may work during school hours as part of this program, but are otherwise subject to the hours-of-work limitations contained in 16 VAC 15-40-30 and 16 VAC 15-40-40.

4. Minors at least 12 years of age may deliver newspapers as early as 4 a.m., but are otherwise subject to the hours-of-work limitations contained in 16 VAC 15-40-30.

VA.R. Doc. No. R03-217; Filed June 3, 2003, 11:19 a.m.

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**TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING**

**BOARD OF MEDICINE**

**REGISTRAR’S NOTICE:** The following regulatory action is exempt from the Administrative Process Act in accordance with § 2.2-4006 A 4 a of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law 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:** Regulations Governing the Practice of Medicine, Osteopathy, Podiatry and Chiropractic (amending 18 VAC 85-20-122, 18 VAC 85-20-210 and 18 VAC 85-20-280).

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

**Effective Date:** July 30, 2003.

**Agency Contact:** Elaine J. Yeatts, Regulatory Coordinator, Board of Medicine, 6603 West Broad Street, Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail elaine.yeatts@dhp.state.va.us.

**Summary:**

The amendments change the required years of training from three years to two years for graduates and former students of institutions not approved by an accrediting agency recognized by the board. The term “employment” is replaced with the term "service" in conformance with the Code of Virginia, and a reference to the Code of Virginia is changed. These amendments conform the regulations with Chapters 493, 762 and 996 of the 2003 Acts of Assembly.

18 VAC 85-20-122. Educational requirements: Graduates and former students of institutions not approved by an accrediting agency recognized by the board.

A. A graduate of an institution not approved by an accrediting agency recognized by the board shall present documentary evidence that he:

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. 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 (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.

5. Has completed three two 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 two-year requirement when such training or study has occurred in the United States or Canada and is:

(1) An approved fellowship program; or
(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.

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 the two years of postgraduate training.

6. Has received a degree from the institution.

B. 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 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.

18 VAC 85-20-210. Limited licenses to foreign medical graduates.

A. A physician who graduated from 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 recommending the applicant.

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 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 85-20-122.


A. In compliance with requirements of § 54.1-2910.1 of the Code of Virginia, a doctor of medicine, osteopathic medicine, or podiatry licensed by the board shall provide, upon initial request or whenever there is a change in the information that has been entered on the profile, the following information within 30 days:

1. The address and telephone number of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
2. Names of medical, osteopathic or podiatry schools and graduate medical or podiatric education programs attended with dates of graduation or completion of training;
3. Names and dates of specialty board certification, if any, as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association or the Council on Podiatric Medical Education of the American Podiatric Medical Association;
4. Number of years in active, clinical practice in the United States or Canada following completion of medical or podiatric training and the number of years, if any, in active, clinical practice outside the United States or Canada;
5. The specialty, if any, in which the physician or podiatrist practices;
6. Names of hospitals with which the physician or podiatrist is affiliated;
7. Appointments within the past 10 years to medical or podiatry school faculties with the years of service and academic rank;
8. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;
9. Whether there is access to translating services for non-English speaking patients at the primary and secondary practice settings and which, if any, foreign languages are spoken in the practice;
10. Whether the physician or podiatrist participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;
11. A report on felony convictions including the date of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed, if any; and
12. Final orders of any regulatory board of another jurisdiction that result in the denial, probation, revocation, suspension, or restriction of any license or that results in the reprimand or censure of any license or the voluntary surrender of a license while under investigation in a state jurisdiction.
other than Virginia while under investigation, as well as any
disciplinary action taken by a federal health institution or
federal agency.

B. Adjudicated notices and final orders or decision documents,
subject to § 54.1-2400.2 D F of the Code of Virginia, shall be
made available on the profile. Information shall be posted
indicating the availability of unadjudicated notices and of
orders that have not yet become final.

C. For the sole purpose of expediting dissemination of
information about a public health emergency, an email
address or facsimile number shall be provided, if available.
Such addresses or numbers shall not be published on the
profile and shall not be released or made available for any
other purpose.

VA.R. Doc. No. R03-221; Filed June 11, 2003, 9:44 a.m.
EMERGENCY REGULATIONS

TITLE 12. HEALTH
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: 12 VAC 30-40. Eligibility Conditions and Requirements (adding 12 VAC 30-40-235).

Title of Regulation: 12 VAC 30-130. Amount, Duration, and Scope of Selected Services (amending 12 VAC 30-130-620).


Agency Contact: James P. Cohen, Director, Division of Medical Support, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-8098, FAX (804) 786-1680, or e-mail jcohen@dmas.state.va.us.

Preamble:

This regulatory action qualifies as an emergency pursuant to the authority of § 2.2-4011 of the Code of Virginia because it is responding to a mandate in the Virginia Appropriation Act (the 2003 Acts of Assembly, Item 325 BBB of Chapter 1042 of the 2003 Acts of Assembly).


Agency Contact: James P. Cohen, Director, Division of Medical Support, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-8098, FAX (804) 786-1680, or e-mail jcohen@dmas.state.va.us.


There should not be a significant consequence for enrolled Medicaid providers, since their provider agreements stipulate that they must accept the Medicaid reimbursement levels as payment in full. However, non-Medicaid providers are under no contractual obligation to accept Medicaid reimbursement levels as payment in full.

Such non-Medicaid providers may bill the nursing home residents the difference between their customary charges and what Medicaid pays for a given item or service. In order to prevent this, both the nursing home, which may arrange for the item or service, and the nursing home resident will be advised that they should, whenever possible, select a participating Medicaid provider. In the event a non-Medicaid provider provides an item or service, the resident runs the risk of being billed for the difference between the amounts allowed by Medicaid and the provider’s charges.

This regulation is needed in order to establish consistent and cost-effective reimbursement levels for noncovered medically necessary items and services provided to Medicaid recipients residing in a nursing home.

12 VAC 30-40-235. Reasonable limits on amounts for necessary medical or remedial care not covered under Medicaid.

The Medicaid Agency meets the requirements of 42 CFR 435.725 and 42 CFR 435.832, and § 1924 of the Social Security Act, in that the agency will deduct amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including medically necessary or remedial care recognized under state law but not covered under the state’s Medicaid plan, subject to reasonable limits as follows:

Any amounts spent by the resident for such medically indicated goods and services are deducted from the patient pay amount paid to their nursing facility; additional Medicaid funds paid to the nursing facility to cover amounts are deducted for the resident’s medical expenses. To date, there is no cap on the nursing facility resident’s medical expenditures. This has resulted in Medicaid funds being expended to pay for medically indicated, but noncovered, patient expenditures.

Under 12 VAC 30-130-620, the current patient pay adjustment scheme permits essentially unlimited payment for noncovered, medically necessary, resident-specific, customized items or services prescribed for a Medicaid nursing facility resident. Whatever the resulting shortfall in the amount due the nursing facility from the patient pay, the amount is covered by DMAS.

This regulation amends 12 VAC 30-130-620 by establishing upper payment limits for noncovered, medically necessary items and services allowed as adjustments to Medicaid-enrolled nursing facility residents. Medicaid will permit expenditures up to the maximum amount reimbursed by Medicare or Medicaid for the same items or services. This regulation limits reimbursement to providers of these noncovered, medically necessary items and services to no more than the Medicare or Medicaid rate.

In conformity to 42 CFR Part 435, the department’s payment to nursing facilities is reduced by the amount of the patient’s income, less certain deductions. The Medicaid resident pays this income-based amount, called “patient pay,” to the nursing facility. Nursing facility residents are permitted to deduct from their patient pay obligation any amount necessary to cover the cost of medical or remedial goods and services not subject to payment by a third party and not covered under the State Plan for Medical Assistance (the Plan).

Any amounts spent by the resident for such medically indicated goods and services are deducted from the patient pay amount paid to their nursing facility; additional Medicaid funds paid to the nursing facility to cover amounts are deducted for the resident’s medical expenses. To date, there is no cap on the nursing facility resident’s medical expenditures. This has resulted in Medicaid funds being expended to pay for medically indicated, but noncovered, patient expenditures.
12 VAC 30-130-620. Limitations.

A. A DMAS-122 adjustment request shall always be used as the last source of payment. If a recipient has other sources of possible payment (i.e., Medicare, major medical insurance, prescription insurance, dental insurance, etc.), payment must be sought first from those other sources.

B. The maximum amount for noncovered medically necessary items or services that can be allowed as adjustments to the patient-pay portion for nursing facility residents shall be the maximum amount reimbursed by the higher of either Medicare or Medicaid for the same noncovered items or services.

B-C. Only the cost of medically necessary, resident-specific, customized, noncovered items or services may be deducted from patient pay. This shall include, but not necessarily be limited to, electric, motorized, or customized wheelchairs and other equipment not regularly supplied to residents by the facility as part of the cost of care. Supplies, equipment, or services used in the direct care and treatment of residents are covered services and must be provided by the facility. Covered items and services include, but are not necessarily limited to, standard wheelchairs, recliners, geriatric chairs, special mattresses, humidifiers, cots, and routine podiatry care (e.g., trimming nails for onychauxis, cleaning and soaking the feet, and other services performed in the absence of localized illness, injury, or symptoms involving the foot). Expenses incurred by the facility for covered items and services are considered "allowable expenses" and are covered by Medicaid as part of reimbursement to the facility for the resident's care; these costs cannot be deducted from patient pay.

C. Extenuating circumstances shall be considered for the provision of podiatry care when corrective trimming is performed to prevent further complications in a patient who has a systemic condition that has resulted in severe circulation deficits or areas of desensitization in the legs or feet. Trimming of nails for a systemic condition is limited to once every 60 days and must be medically necessary. In such cases, the facility is not responsible for routine podiatry care.

D. DMAS-122 adjustments shall be allowed for the cost of medically or remedially necessary services provided prior to Medicaid eligibility or prior to admission. Any decision made by DMAS or DSS to deny a service may be appealed to DMAS. Appeals must be made in writing by the resident or his legally appointed representative, as provided for in DMAS Client Appeals Regulations (12 VAC 30-110-10 et seq.).

E. The facility shall monitor the proper care of the resident's medical supplies and equipment. Requests for adjustment made because an item is lost or broken by facility staff must include documentation on the resident's interdisciplinary plan of care regarding proper care and treatment of the item. When loss or breakage is incurred as a result of facility staff following improper practices, the facility must replace the item.

E-G. All requests for DMAS-122 adjustments submitted by providers to either DMAS or DSS shall include:

1. The recipient's correct Medicaid identification number;
2. The current physician's orders for the noncovered service (not required for replacement of hearing aid batteries or eyeglass frames or for repair to hearing aids or eyeglasses);
3. Medical justification for the service being requested (see subsection G-H of this section);
4. The service description;
5. Actual cost information;
6. Documentation that the recipient continues to need the equipment for which a repair, replacement, or battery is requested;
7. A statement of proof of denial or noncoverage by other insurance; and
8. A copy of the most current, fully completed Minimum Data Set (MDS) and quarterly review.

G-H. Medical justification documentation as specified in subdivision EG 3 of this section shall include the following:
1. Physician prescription;
2. Identification of the diagnosis related to the reason for the request;
3. Identification of the resident's functional limitation;
4. Identification of the quantity needed, frequency of use, estimated length of use; and
5. Identification of how the item or service will be used in the resident's environment.

I. Adjustments of a recipient's patient pay amount may only be authorized by DMAS or DSS.

/is/ Mark R. Warner
Governor
Date: June 6, 2003
VA.R. Doc. No. R03-225; Filed June 11, 2003, 11:27 a.m.

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Title of Regulation: 12 VAC 30-50. Amount, Duration, and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-10, 12 VAC 30-50-20, 12 VAC 30-50-50, 12 VAC 30-50-60, 12 VAC 30-50-120, and 12 VAC 30-50-140).


Agency Contact: Catherine Harrison, Policy Analyst, Division of Long Term Care, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4239, FAX (804) 786-1680, or e-mail charrison@mas.state.va.us.

Volume 19, Issue 21 Monday, June 30, 2003

3077
Emergency Regulations

Preamble:

This regulatory action qualifies as an emergency pursuant to the authority of § 2.2-4011 of the Code of Virginia because it is responding to a mandate in the 2003 Virginia Appropriation Act (Chapter 1042 of the 2003 Acts of Assembly) that must be effective within 280 days from the date of its enactment and this regulatory action is not otherwise exempt under the provisions of § 2.2-4006 of the Code of Virginia.

The sections of the State Plan for Medical Assistance affected by this action are: Services provided to Categorically Needy and to Medically Needy [Attachments 3.1-A and 3.1-B (12 VAC 30-50-10, 12 VAC 30-50-20, 12 VAC 30-50-50 and 12 VAC 30-50-60)] and Services Provided to the Categorically Needy [Supplement 1 to Attachment 3.1 A&B (12 VAC 30-50-120 and 12 VAC 30-50-140)].

Currently there are no prior authorization requirements for nonemergency, outpatient Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, or Positron Emission Tomography (PET) scans. Item 325 WW of the 2003 Appropriation Act directs DMAS to promulgate emergency regulations to require prior authorization of MRI, CAT, and PET scans. This budget reduction initiative is being implemented because past experience with these high cost tests indicates that the ready access to these scans, coupled with a decreased patient risk, may have contributed to indiscriminate overuse of these costly tests.

12 VAC 30-50-10. Services provided to the categorically needy with limitations.

The following services are provided with limitations as described in 12 VAC 30-50-100 et seq.: 

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2. Outpatient hospital services.
3. Other laboratory and x-ray services; nonemergency outpatient Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, and Positron Emission Tomography (PET) scans require prior authorization.
4. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
5. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with § 4231 of the State Medicaid Manual (HCFA Pub. 45-4).
6. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
7. Family planning services and supplies for individuals of child-bearing age.
8. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.
9. Medical and surgical services furnished by a dentist (in accordance with § 1905(a)(5)(B) of the Act).
10. Medical care or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: podiatrists, optometrists and other practitioners.
11. Home health services: 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; home health aide services provided by a home health agency; and medical supplies, equipment, and appliances suitable for use in the home; physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
12. Dental services.
13. Physical therapy and related services, including occupational therapy and services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist).
14. Prescribed drugs, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
15. Other rehabilitative services, screening services, preventive services.
16. Reserved.
17. Nurse-midwife services.
18. Case management services as defined in, and to the extent provided in, 12 VAC 30-50-95 et seq. (in accordance with § 1905(a)(19) or § 1915(g) of the Act).
19. Extended services to pregnant women: pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls (see 12 VAC 30-50-510). (Note: Additional coverage beyond limitations.)
20. Pediatric or family nurse practitioners' service.
21. Any other medical care and any other type of remedial care recognized by state law, specified by the Secretary: transportation.
22. Program of All-Inclusive Care for the Elderly (PACE) services as described and limited in Supplement 6 to Attachment 3.1-A (12 VAC 30-50-320).

12 VAC 30-50-20. Services provided to the categorically needy without limitation.

The following services are provided to the categorically needy without limitation:

1. Other laboratory and x-ray services.
2.1. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

2.2. Services for individuals age 65 or over in institutions for mental diseases: inpatient hospital services; skilled nursing facility services; and services in an intermediate care facility.

4.3. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with § 1902(a)(31)(A) of the Act, to be in need of such care, including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

5.4. Hospice care (in accordance with § 1905(o) of the Act).

6-5. Any other medical care and any type of remedial care recognized under state law, specified by the Secretary: care and services provided in religious nonmedical health care institutions; nursing facility services for patients under 21 years of age; emergency hospital services.

7.6. Private health insurance premiums, coinsurance and deductibles when cost effective (pursuant to P.L. 101-508 § 4402).

12 VAC 30-50-50. Services provided to the medically needy with limitations.

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

2. Outpatient hospital services.

3. Other laboratory and x-ray services; nonemergency outpatient Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, and Positron Emission Tomography (PET) scans require prior authorization.

4. 4. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

4-5. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with § 4231 of the State Medicaid Manual (HCFA, Pub. 45-4).

5.6. Family planning services and supplies for individuals of childbearing age.

6-7. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

7.8. Medical and surgical services furnished by a dentist (in accordance with § 1905(a)(5)(B) of the Act).

8.9. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law, including:
   a. Podiatrists' services;
   b. Optometrists' services; and
   c. Other practitioners' services.

9-10. Home health services' medical supplies, equipment, and appliances suitable for use in the home; 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; home health aide services provided by a home health agency; physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

10.11. Clinic services.

10.12. Dental services.

12.13. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.


14.15. Rehabilitative services.

15.16. Nurse-midwife services.

16.17. Case management services as defined in, and to the group specified in, 12 VAC 30-50-410 (in accordance with § 1905(a)(19) or § 1915(g) of the Act).

17.18. Extended services for pregnant women including pregnancy-related and post-partum services for 60 days after the pregnancy ends.

18.19. Certified pediatric or family nurse practitioners' services.

19.20. Any other medical care and any other type of remedial care recognized under state law, specified by the secretary, specifically transportation.

12 VAC 30-50-60. Services provided to all medically needy groups without limitations.

1. Other laboratory and x-ray services.

2.1. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

3-2. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

4.3. Reserved.

5-4. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with § 1905(a)(4)(A) of the Act to be in need of such care.

6.5. Hospice care (in accordance with § 1905(o) of the Act).

7-6. Any other medical care or any other type of remedial care recognized under state law, specified by the secretary, including: care and services provided in religious nonmedical health care institutions; skilled nursing facility...
services for patients under 21 years of age; and emergency hospital services.

§ 47. Private health insurance premiums, coinsurance and deductibles when cost effective (pursuant to P.L. 101-508 § 4402).

12 VAC 30-50-120. Other laboratory and x-ray services.

Service A. Services must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

B. Prior authorization is required for the following nonemergency outpatient procedures: Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, and Positron Emission Tomography (PET) scans. The referring physician ordering the scan must obtain the prior authorization in order for the servicing provider to be reimbursed for the scan. Nonemergency outpatient MRI, CAT and PET scans that are not authorized will not be covered or reimbursed by the Department of Medical Assistance Services (DMAS).

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 5 sessions, without prior authorization during the first treatment year. An additional extension of 26 sessions during the first treatment year must be prior authorized by DMAS. 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, 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, licensed professional counselor, or licensed clinical nurse specialist-psychiatric under the direct supervision of a psychiatrist.*

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 was 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, corneas, hearts, lungs, and livers shall be covered
L. Breast reconstruction/prostheses following mastectomy and breast reduction.

1. If prior authorized, breast reconstruction surgery and prostheses may be covered following the medically necessary complete or partial removal of a breast for any medical reason. Breast reductions shall be covered, if prior authorized, for all medically necessary indications. Such procedures shall be considered noncosmetic.

2. Breast reconstruction or enhancements for cosmetic reasons shall not be covered. Cosmetic reasons shall be defined as those which are not medically indicated or are intended solely to preserve, restore, confer, or enhance the aesthetic appearance of the breast.

M. Admitting physicians shall comply with the requirements for coverage of out-of-state inpatient hospital services. Inpatient hospital services provided out of state to a Medicaid recipient who is a resident of the Commonwealth of Virginia shall only be reimbursed at least under one of the following conditions. It shall be the responsibility of the hospital, when requesting prior authorization for the admission, to demonstrate that one of the following conditions exists in order to obtain authorization. Services provided out of state for circumstances other than these specified reasons shall not be covered.

1. The medical services must be needed because of a medical emergency;
2. Medical services must be needed and the recipient's health would be endangered if he were required to travel to his state of residence;
3. The state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state;
4. It is general practice for recipients in a particular locality to use medical resources in another state.

L-N. In compliance with § 2.2-4011 of the Code of Virginia because it is responding to a mandate in the 2003 Virginia Appropriations Act (Item 322 I of Chapter 1042 of the 2003 Acts of Assembly) that must be effective within 280 days from the date of its enactment and this regulatory action is an emergency pursuant to the authority of § 2.2-4006 of the Code of Virginia. The section of the State Plan for Medical Assistance affected by this action is Methods of Providing Transportation, [Attachment 3.1-D (12 VAC 30-50-530)].

The Virginia Medicaid transportation broker currently provides nonemergency trips by ambulance, wheelchair van, or taxi, based on the recipient's medical and physical condition. The use of an ambulance for nonemergency transportation is restricted to those clients who must be transported by stretcher because they are nonambulatory and cannot use a wheelchair. The DMAS Transportation
Emergency Regulations

Manual states, “These are recipients who are confined to a bed before and after transportation. These recipients are severely ill or injured and would be unable to travel by any other means.” (Chapter IV, page 2) Wheelchair vans are used when the client is nonambulatory but can be transported while seated in a wheelchair.

Stretcher van service is not intended to provide medical monitoring, aid, care, or treatment during transport. The vehicle is ordinarily staffed by only a driver and an escort. A stretcher van is typically used when a recipient:

1. Needs routine transportation to or from a nonemergency medical appointment or service;
2. Is convalescent or otherwise nonambulatory and not able to use a wheelchair; and
3. Does not require medical monitoring, medical aid, medical care, or medical treatment during transport.

The General Assembly mandated that DMAS add stretcher van service as an allowable mode of nonemergency transportation and authorized DMAS to promulgate the regulations necessary to provide this coverage. In discussions with the contract transportation broker and members of the Virginia Ambulance Association, estimates have been made that 75% of nonemergency ambulance trips could be made in stretcher vans. In FY 01, transportation brokers reported 64,463 ambulance trips authorized statewide at a cost of $6,172,530. The estimated savings, depending on stretcher van rates, ranges from $2 million to $5 million per year.

12 VAC 30-50-530. Methods of providing transportation.

DMAS will ensure necessary transportation for recipients to and from providers of covered medical services. DMAS shall cover transportation to covered medical services under the following circumstances:

1. Emergency air and ground ambulance transportation shall be covered as a medical service under applicable federal Medicaid regulations.
2. All other modes of transportation shall be covered as administrative expenses under 42 CFR 431.53 and any other applicable federal Medicaid regulations. These modes include, but shall not limited to, nonemergency air travel, nonemergency ground ambulance, stretcher vans, wheelchair vans, common user bus (intra-city and inter-city), volunteer/registered drivers, and taxicabs. DMAS may contract directly with providers of transportation or with brokers of transportation services, or both. DMAS may require that brokers not have a financial interest in transportation providers with whom they contract.
3. Medicaid provided transportation shall only be available when recipients have no other means of transportation available.
4. Recipients shall be furnished transportation services that are the most economical to adequately meet the recipients’ medical needs.
5. Ambulances, wheelchair vans, taxicabs, and other modes of transportation must be licensed to provide services in the

Commonwealth by the appropriate state or local licensing agency, or both. Volunteer/registered drivers must be licensed to operate a motor vehicle in the Commonwealth and must maintain automobile insurance.

/s/ Mark R. Warner
Governor
Date: June 6, 2003

VA.R. Doc. No. R03-223; Filed June 11, 2003, 11:28 a.m.

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Title of Regulation: 12 VAC 30-70. Methods and Standards for Establishing Payment Rates; Inpatient Hospital Services (amending 12 VAC 30-70-351).


Agency Contact: Scott Crawford, Director, Division of Reimbursement, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-3639, FAX (804) 786-1680, or e-mail scrcrawford@dmass.state.va.us.

Preamble:

This regulatory action qualifies as an emergency pursuant to the authority of § 2.2-4011 of the Code of Virginia because it is responding to a change in the Virginia Appropriations Act that must be effective within 280 days from the date of enactment of the Appropriations Act (Item 325 CCC of Chapter 1042 of the 2003 Acts of Assembly) and this regulatory action is not otherwise exempt under the provisions of § 2.2-4006 of the Code of Virginia.

This action is intended to be applicable to payments for services in State Fiscal Year 2004 only. Since this is the time period in which this emergency regulation will be effective, there is no need for DMAS to continue regulating the issue contained in this emergency regulation past the effective period permitted by this emergency action. Therefore DMAS is not seeking approval of a Notice of Intended Regulatory Action in conformance to § 2.2-4007 of the Code of Virginia.

The regulatory action proposes to amend the reimbursement of hospitals, providing that inpatient rates shall be increased effective July 1, 2003, by an inflation adjustment that is calculated in a manner to ensure that the increase in payments does not exceed the appropriation provided, or $10,863,375.

The section of the State Plan for Medical Assistance affected by this action is Methods and Standards for Establishing Payment Rates; Inpatient Hospital Services (12 VAC 30-70-351).

Provisions for adjusting hospital inpatient rates for inflation are contained in 12 VAC 30-70-351. The proposed amendment would add language providing that the adjustment for inflation applicable to the time period of
SFY2004 would not be based on the normal methodology, but would be calculated to expend no more than the amount prescribed by the Appropriation Act ($10,863,375). Because the Appropriation Act also provides for re-basing of hospital rates for SFY2005, and because all new inflation factors are calculated for each new state fiscal year, this provision will affect rates only in SFY2004, as intended.

The proposed methodology will make an estimate of the inflation factor that will expend no more than $10.9 million. This inflation factor will be used to set rates for SFY2004. The actual increase in expenditures will be slightly more or less than the amount appropriated, based on the difference between forecasted and actual patient volume in SFY2004.

12 VAC 30-70-351. Updating rates for inflation.

Each July, the DRI-Virginia moving average values as compiled and published by DRIVEFA, Inc., under contract with the department shall be used to update the base year standardized operating costs per case, as determined in 12 VAC 30-70-361, and the base year standardized operating costs per day, as determined in 12 VAC 30-70-371, to the midpoint of the upcoming state fiscal year. The most current table available prior to the effective date of the new rates shall be used to inflate base year amounts to the upcoming rate year. Thus, corrections made by DRI-VIRGINIA, Inc., in the moving averages that were used to update rates for previous state fiscal years shall be automatically incorporated into the moving averages that are being used to update rates for the upcoming state fiscal year. In setting rates effective from July 1, 2003, through June 30, 2004, for Type II hospitals, the moving average value that would normally be used to represent inflation occurring from the midpoint of SFY2003 to the midpoint of SFY2004 shall be replaced by a percentage calculated by DMAS to ensure that the resulting estimated increase in payments to hospitals, by Medicaid, does not exceed $10,863,375 in SFY2004.

/s/ Mark R. Warner
Governor
Date: June 18, 2003

VA.R. Doc. No. R03-224; Filed June 11, 2003, 11:27 a.m.

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Title of Regulation: 12 VAC 30-80. Methods and Standards for Establishing Payment Rates; Other Types of Care (amending 12 VAC 30-80-20; adding 12 VAC 30-80-200).


Agency Contact: Scott Crawford, Director, Division of Reimbursement, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-3639, FAX (804) 786-1680, or e-mail sc Crawford@dmas.state.va.us.

Preamble:

This regulatory action qualifies as an emergency pursuant to the authority of § 2.2-4011 of the Code of Virginia because it is responding to a change in the Virginia Appropriation Act that must be effective within 280 days from the date of enactment of the Appropriation Act (the 2003 Appropriation Act, Item 325 KKK and Item 325 NNN) and this regulatory action is not otherwise exempt under the provisions of § 2.2-4006 of the Code of Virginia.

This regulatory action proposes to amend the reimbursement of hospitals for outpatient services providing that, effective July 1, 2003, allowable costs shall be limited to 80% of costs. State teaching hospitals are excluded from this action. It also proposes to establish a prospective reimbursement methodology for private rehabilitation agencies. Public rehabilitation agencies, those affiliated with community services boards, will continue to be reimbursed retrospectively.

The section of the State Plan for Medical Assistance that is affected by this action is Methods and Standards for Establishing Payment Rates, Other Types of Care (12 VAC 30-80-20 and 12 VAC 30-80-200 (new)).

Outpatient Hospital Allowable Cost Limit

Regulations at 12 VAC 30-80-20 identify services that are reimbursed on the basis of allowable cost and describe any special provisions related to specific services or provider categories. Outpatient hospital services are currently listed in this section, and are subject only to the limits related to Medicare principles of reimbursement. These limits provide that outpatient operating costs are reimbursed at 94.2% of cost, and capital costs at 90% of cost. The proposed amendment would provide for reimbursement of all outpatient costs at 80% of allowable cost.

Prospective Reimbursement for Rehabilitation Agencies

Regulations at 12 VAC 30-80-20 also currently list rehabilitation agency services that are reimbursed their actual allowable costs, subject only to the limits related to Medicare principles of reimbursement. The proposed amendment would provide that rehabilitation agencies operated by community services boards (CSBs) would continue to be paid based on allowable costs, and this amendment also includes a new section (12 VAC 30-80-200) describing a prospective reimbursement methodology applicable to other rehabilitation agencies. Each provider's prospective rate would be the lesser of its own historical cost per visit, or 112% of the median cost per visit of all providers.

12 VAC 30-80-20. Services which are reimbursed on a cost basis.

A. Payments for services listed below shall be on the basis of reasonable cost following the standards and principles applicable to the Title XVIII Program with the exception provided for in subdivision D 2 c of this section. The upper limit for reimbursement shall be no higher than payments for Medicare patients on a facility by facility basis in accordance with 42 CFR 447.321 and 42 CFR 447.325. In no instance, however, shall charges for beneficiaries of the program be in
Emergency Regulations

excess of charges for private patients receiving services from the provider. The professional component for emergency room physicians shall continue to be uncovered as a component of the payment to the facility.

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

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

C. Item 398 D of the 1987 Appropriation Act (as amended), effective April 8, 1987, eliminated reimbursement of return on equity capital to proprietary providers.

D. The services that are cost reimbursed are:

1. Inpatient hospital services to persons over 65 years of age in tuberculosis and mental disease hospitals.
2. Outpatient hospital services excluding laboratory.
   a. Definitions. The following words and terms, when used in this regulation, shall have the following meanings when applied to emergency services unless the context clearly indicates otherwise:
   "All-inclusive" means all emergency department and ancillary service charges claimed in association with the emergency room 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 hospital 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.
   "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 for nonemergency care rendered in emergency departments at a reduced rate.

   (1) With the exception of laboratory services, DMAS shall reimburse at a reduced and all-inclusive reimbursement rate for all services, including those obstetric and pediatric procedures contained in 12 VAC 30-80-160, rendered in emergency departments which DMAS determines were 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 performed 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 for subdivision 2b (2) of this subsection. Services not meeting certain criteria shall be paid under the methodology of subdivision 2b (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, the accuracy and effectiveness of the ICD-9-CM code designations, and the impact on recipients and providers.
c. Limitation to 80% of allowable cost. Effective for services on and after July 1, 2003, reimbursement of Type Two hospitals for outpatient services shall be at 80% of allowable cost, with cost to be determined as provided in subsections A, B, and C of this section. For hospitals with fiscal years that do not begin on July 1, 2003, outpatient costs, both operating and capital, for the fiscal year in progress on that date, shall be apportioned between the time period before and the time period after that date, based on the number of calendar months in the cost reporting period, falling before and after that date. Operating costs apportioned before that date shall be settled according to the principles in effect before that date, and those after at 80% of allowable cost. Capital costs apportioned before that date shall be settled according to the principles in effect before that date, and those after at 80% of allowable cost. Operating and capital costs of Type One hospitals shall continue to be reimbursed at 94.2% and 90% of cost respectively.

d. Outpatient reimbursement methodology prior to July 1, 2003. DMAS shall continue to reimburse for outpatient hospital services, with the exception of direct graduate medical education for interns and residents, at 100% of reasonable costs less a 10% reduction for capital costs and a 5.8% reduction for operating costs. This methodology shall continue to be in effect after July 1, 2003, for Type One hospitals.

e. Payment for direct medical education costs of nursing schools, paramedical programs and graduate medical education for interns and residents.

(1) Direct medical education costs of nursing schools and paramedical programs shall continue to be paid on an allowable cost basis.

(2) Effective with cost reporting periods beginning on or after July 1, 2002, direct graduate medical education (GME) costs for interns and residents shall be reimbursed on a per-resident prospective basis. See 12 VAC 30-70-281 for prospective payment methodology for graduate medical education for interns and residents.

3. Rehabilitation agencies operated by community services boards. For the reimbursement methodology applicable to other rehabilitation agencies, see 12 VAC 30-80-200. 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 NF or any other available source, and provided further, that this amendment shall in no way diminish any obligation of the NF to DMAS to provide its residents such services, as set forth in any applicable provider agreement.


5. Rehabilitation hospital outpatient services.

12 VAC 30-80-200. Prospective reimbursement for rehabilitation agencies.

A. Effective for dates of service on and after July 1, 2003, rehabilitation agencies, excluding those operated by community services boards, shall be reimbursed a prospective rate equal to the lesser of the agency’s cost per visit for each type of rehabilitation service (physical therapy, occupational therapy, and speech therapy) or a statewide ceiling established for each type of service. The prospective ceiling for each type of service shall be equal to 112% of the median cost per visit, for such services, of rehabilitation agencies. The median shall be calculated using a base year to be determined by the department. The median calculated and effective July 1, 2003, and the resulting ceiling, shall be applicable to all services beginning on and after July 1, 2003, and all services in provider fiscal years beginning in SFY2004.

B. In each provider fiscal year, each provider’s prospective rate shall be determined based on the cost report from the previous year and the ceiling, calculated by DMAS, that is applicable to the state fiscal year in which the provider fiscal year begins.

C. For providers with fiscal years that do not begin on July 1, 2003, services for the fiscal year in progress on that date shall be apportioned between the time period before and the time period after that date based on the number of calendar months before and after that date. Costs apportioned before that date shall be settled based on allowable costs, and those after shall be settled based on the prospective methodology.

D. Beginning with state fiscal years beginning on and after July 1, 2004, the ceiling and the provider specific cost per visit shall be adjusted for inflation, from the previous year to the prospective year, using the nursing facility inflation factor published for Virginia by DRI, applicable to the calendar year in progress at the start of the state fiscal year.
EXECUTIVE ORDER NUMBER 48 (2003)

DECLARATION OF A STATE OF EMERGENCY DUE TO TORNADO AND SEVERE STORM DAMAGE ACROSS THE COMMONWEALTH

Between May 8 and May 10, 2003, a major weather system moved through the Commonwealth of Virginia bringing tornadoes, hail storms, heavy wind and rain, and flash flooding to many communities. Aerial surveys found that the high winds left a nearly continuous path of damage for more than 100 miles from central to southeast Virginia. The National Weather Service has confirmed that tornadoes were the cause of severe damage in at least two counties in central Virginia. Flash flooding occurred in Southwest Virginia with severe impacts in Scott County. The storms caused destruction of property and infrastructure, and created a crisis for thousands of citizens sheltered in their homes, schools, and places of employment. The areas of direct impact from these tornadoes, severe storms, and flooding include the counties of Albemarle, Amelia, Buckingham, Cumberland, Dinwiddie, Scott, Southampton, and Sussex.

The health and general welfare of the citizens of the localities that are affected required that state action be taken to help alleviate the conditions resulting from this situation. I feel that the effects of these significant storm systems and subsequent damage constitute a natural disaster wherein human life and public and private property are imperiled, as described in § 44-146.16 of the Code of Virginia.

Therefore, by virtue of the authority vested in me by § 44-146.17 of the Code of Virginia, as Governor and as Director of Emergency Management, and by virtue of the authority vested in me by Article V, Section 7 of the Constitution of Virginia and by § 44-75.1 of the Code of Virginia, as Governor and Commander-in-Chief of the armed forces of the Commonwealth, and subject always to my continuing and ultimate authority and responsibility to act in such matters, I hereby proclaim that a state of emergency exists and direct that appropriate assistance be rendered by agencies of both state and local governments to alleviate any conditions resulting from storm impact, damage and flooding, and to implement recovery and mitigation operations and activities so as to return impacted areas to pre-event conditions insofar as possible.

In order to marshal all public resources and appropriate preparedness, response and recovery measures to meet this potential threat and recover from its effects, and in accordance with my authority contained in § 44-146.17 of the Emergency Services and Disaster Laws, I hereby order the following protective and restoration measures:

A. The implementation by agencies of the state and local governments of Volumes 1 (Basic Plan), Volume 2 (Disaster Recovery Plan) and Volume 4 (Hazardous Materials) of the Commonwealth of Virginia Emergency Operations Plan (COVEOP), as amended, along with other appropriate state agency plans.

B. Activation of the Virginia Emergency Operations Center (VEOC) and State Emergency Response Team (SERT). Furthermore, I am directing that the VEOC and SERT coordinate state operations in support of affected localities and the Commonwealth, to include issuing mission assignments to agencies designated in the COVEOP and others that may be identified by the State Coordinator of Emergency Management, in consultation with the Secretary of Public Safety, which are needed to provide for the preservation of life, protection of property, and implementation of recovery activities.

C. The authorization to assume control over the Commonwealth’s state-operated telecommunications systems, as required by the State Coordinator of Emergency Management, in coordination with the Department of Information Technology and the Secretary of Public Safety, making all systems assets available for use in providing adequate communications, intelligence and warning capabilities for the event, pursuant to § 44-146.18 of the Code of Virginia.

D. The activation, implementation and coordination of appropriate mutual aid agreements and compacts, including the Emergency Management Assistance Compact, and the authorization of the State Coordinator of Emergency Management to enter into any other supplemental agreements, pursuant to §§ 44-146.17(5) and 44-146.28:1 of the Code of Virginia, to provide for the evacuation and reception of injured and other persons and the exchange of medical, fire, police, public utility, reconnaissance, welfare, transportation and communications personnel, and equipment and supplies. The State Coordinator of Emergency Management is hereby designated as Virginia’s authorized representative within the meaning of the Emergency Management Assistance Compact, § 44-146.28:1 of the Code of Virginia.

E. The authorization of the Departments of State Police, Transportation, and Motor Vehicles to grant temporary overweight, overwidth, registration, or license exemptions to carriers transporting essential emergency relief supplies into and through the Commonwealth in order to support the disaster response and recovery.

The axle and gross weights shown below are the maximum allowed, unless otherwise posted.

| Any One Axle | 24,000 Pounds |
| Tandem Axles (more than 40 inches but not more than 96 inches spacing between axle centers) | 44,000 Pounds |
| Single Unit (2 Axles) | 44,000 Pounds |
| Single Unit (3 Axles) | 54,500 Pounds |
| Tractor-Semitrailer (4 Axles) | 64,500 Pounds |
| Tractor-Semitrailer (5 or more Axles) | 90,000 Pounds |
| Tractor-Twin Trailers (5 or more Axles) | 90,000 Pounds |
| Other Combinations (5 or more Axles) | 90,000 Pounds |
| Per Inch of Tire Width in Contact with Road Surface | 850 Pounds |
All overweight loads, up to a maximum of 16 feet, must follow Virginia Department of Transportation (VDOT) hauling permit and safety guidelines.

In addition to described overweight/overwidth transportation privileges, carriers are also exempt from registration with the Department of Motor Vehicles. This includes the vehicles en route and returning to their home base. The above-cited agencies shall communicate this information to all staff responsible for permit issuance and truck legalization enforcement.

This authorization shall apply to hours worked by any carrier when transporting passengers, property, equipment, food, fuel, construction materials, and other critical supplies to or from any portion of the Commonwealth for purpose of providing relief or assistance as a result of this disaster, pursuant to § 52-8.4 of the Code of Virginia.

The foregoing overweight/overwidth transportation privileges as well as the regulatory exemption provided by § 52-8.4.A of the Code of Virginia, and implemented in 19 VAC 30-20-40 B of the "Motor Carrier Safety Regulations," shall remain in effect for 30 days from the onset of the disaster, or until emergency relief is no longer necessary, as determined by the State Coordinator of Emergency Management in consultation with the Virginia Department of Transportation, whichever is earlier.

F. The discontinuance of provisions authorized in paragraph E above may be implemented and disseminated by administrative notice to affected and interested parties by the authority I hereby delegate to the State Coordinator of Emergency Management after consultation with other affected state agencies.

G. The authorization of appropriate oversight boards, commissions and agencies to ease building code restrictions, and to permit emergency demolition, hazardous waste disposal, debris removal, emergency landfill siting and operations and other activities necessary to address immediate health and safety needs without regard to time-consuming procedures or formalities and without regard to application or permit fees or royalties. This state of emergency constitutes a major medical emergency under the Rules and Regulations of the Board of Health Governing Emergency Medical Services, pursuant to Article 3.01 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1, of the Code of Virginia, Statewide Emergency Medical Services System and Services, and exemptions specified in the Rules and Regulations regarding patient transport and provider certification in disasters apply.

H. The implementation by public agencies under my supervision and control of their emergency assignments as directed in the COVEOP without regard to normal procedures pertaining to performance of public work, entering into contracts, incurring of obligations, or other logistical and support measures of the Emergency Services and Disaster Laws, as provided in § 44-146.28 (b) of the Code of Virginia. Section 44-146.24 of the Code of Virginia also applies to the disaster activities of state agencies.

I. Designation of members and personnel of volunteer, auxiliary and reserve groups including search and rescue (SAR), Virginia Associations of Volunteer Rescue Squads (VAVRS), Civil Air Patrol (CAP), member organizations of the Voluntary Organizations Active in Disaster (VOAD), Radio Amateur Civil Emergency Services (RACES), volunteer fire fighters, and others identified and tasked by the State Coordinator of Emergency Management for specific disaster-related mission assignments as representatives of the Commonwealth engaged in emergency services activities within the meaning of the immunity provisions of § 44-146.23 (a) of the Code of Virginia, in the performance of their specific disaster-related mission assignments.

Upon my approval, the costs incurred by state agencies and other agents in performing mission assignments through the VEOC of the Commonwealth as defined herein and in § 44-146.28 of the Code of Virginia in performing these missions shall be paid out of the sum sufficient appropriation for Disaster Planning and Operations contained in Item 47 of Chapter 899, 2002 Virginia Acts of Assembly.

This Executive Order shall be effective retroactive to May 8, 2003, and shall remain in full force and effect until June 30, 2003, unless sooner amended or rescinded by further executive order. Termination of the Executive Order is not intended to terminate any Federal-type benefits granted or to be granted due to injury or death as a result of service under this Executive Order.

Given under my hand and under the Seal of the Commonwealth of Virginia, this 28th day of May 2003.

/s/ Mark R. Warner
Governor

VA.R. Doc No. R03-218; Filed June 9, 2003, 1:09 p.m.
DEPARTMENT OF ENVIRONMENTAL QUALITY

Total Maximum Daily Load

Cedar Run Watershed

The Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation (DCR) seek written and oral comments from interested persons on the development of Total Maximum Daily Loads (TMDLs) to address two bacteria impairments in the Cedar Run Watershed. The subject stream segments are identified in Virginia’s 1998 § 303(d) TMDL Priority List and Report as impaired due to violations of the state’s water quality standard for fecal coliform bacteria.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia’s § 303(d) TMDL Priority List and Report.

The impaired stream segments are located in Fauquier and Prince William Counties. The subject stream segments include an approximately 6.6 mile segment of Licking Run extending from the mouth of Germantown Lake northwest of Route 28 to the confluence with Cedar Run southwest of Route 806, and an approximately 28.2 mile segment of Cedar Run extending from the confluence with Mill Run west of Vowles Mill Road to the confluence with the Occoquan River northeast of Route 619.

The first of three public meetings on the development of the Cedar and Licking Run bacteria TMDLs will be held on Tuesday, July 10 at 7 p.m. at the Catlett Volunteer Fire Department Hall, located at 3447 Catlett Road (Route 28) in Catlett, Virginia.

The public comment period on this first phase of TMDL development will begin on July 10, 2003, and end on August 11, 2003. A fact sheet on the development of the TMDLs for the bacteria impairments in the Cedar Run Watershed is available upon request. Questions or information requests should be addressed to Katherine Bennett. Written comments should include the name, address, and telephone number of the person submitting the comments and should be sent to Ms. Katherine E. Bennett, Department of Environmental Quality, 13901 Crown Court, Woodbridge, VA, 22193, telephone (703) 583-3896, FAX (703) 583-3841, or e-mail kebennett@deq.state.va.us.

Total Maximum Daily Load

Coan River and Little Wicomico River

The Department of Environmental Quality (DEQ) seeks written and oral comments from interested persons on the development of a Total Maximum Daily Load (TMDL) for fecal coliform bacteria on an approximate six segments of the Coan River and three segments of the Little Wicomico River in Northumberland County.

The Coan River and Little Wicomico River impaired segments are located wholly within Northumberland County. These areas are identified in the Virginia Department of Health, Notice and Description of Shellfish Area Condemnation Number 145, Coan River and the Glebe as Area D: Long Cove; Area E: Killneck Creek; Area F: Stevens Point; and Areas G, H, and I of the Coan River. The Little Wicomico River impaired segments are identified in the Virginia Department of Health, Notice and Description of Shellfish Area Condemnation Number 105, Little Wicomico River, as Areas A and B and in Virginia Department of Health, Notice and Description of Shellfish Area Condemnation Number 180. Both the Coan River Segments and the Little Wicomico River segments are identified in Virginia’s 1998 § 303(d) TMDL Priority List and Report as impaired due to violations of the state’s water quality standard for fecal coliform bacteria.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia’s § 303(d) TMDL Priority List and Report.

The first public meeting on the development of the Coan River and Little Wicomico River fecal coliform TMDL’s will be held on Tuesday, July 22, 2003, at 7 p.m. at the "new" Northumberland County Courts Building, 39 Judicial Place, Heathsville, Virginia. The physical location of the new facility is behind the "old" Courthouse. Final water quality modeling results, fecal coliform bacteria source identification, and load allocations will be presented.

The public comment period will begin on July 22, 2003, and end on August 20, 2003. Draft reports for the Coan River Watershed and the Little Wicomico River Watershed are available upon request from the Department of Environmental Quality website. Questions or information requests should be addressed to Chester Bigelow, and should include the name, address, and telephone number of the person submitting the comments. Requests should be sent to Chester Bigelow, Department of Environmental Quality, 629 East Main Street, Richmond, VA, 23240, telephone (804) 698-4554, FAX (804) 698-4116, or e-mail ccbigelow@deq.state.va.us.

Total Maximum Daily Load

Guest River

The Department of Environmental Quality (DEQ) seeks written and oral comments from interested persons on the draft Total Maximum Daily Load (TMDL) Report for the impairment of the aquatic life (benthic) use on the Guest River. The Guest River impaired segment is in the Clinch River subbasin, Tennessee River Basin and located in Wise, Dickenson and Russell Counties.

The impaired benthic segment extends from the Guest River headwaters to Bad Branch, from south of Indian Mountain through Norton and Coeburn. It is 27.65 miles in length. Guest River was identified in Virginia’s 1998 § 303(d) TMDL Priority List and Report due to violations of the general standard for aquatic life use.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia’s § 303(d) TMDL Priority List and Report. The draft TMDL report for the Guest River describes sediment sources...
and recommends sediment source reductions so that the Guest River can meet the general water quality standard for aquatic life use.

The public comment period will end on August 1, 2003. A copy of the draft TMDL report is available on the Virginia Department of Environmental Quality website at http://www.deq.state.va.us/tmdl/tmdlrpts.html. A copy of the report may be requested by contacting Nancy T. Norton, P. E., at the Department of Environmental Quality, 355 Deadmore Street, P.O. Box 1688, Abingdon, VA 24212, telephone (276) 676-4807, FAX (276) 676-4899, or e-mail ntnorton@deq.state.va.us. Written comments should include the name, address, and telephone number of the person submitting the comments and be addressed to Nancy T. Norton, P. E., Department of Environmental Quality, 355 Deadmore Street, P.O. Box 1688, Abingdon, VA 24212, telephone (276) 676-4807, FAX (276) 676-4899, or e-mail ntnorton@deq.state.va.us.

STATE CORPORATION COMMISSION

AT RICHMOND, JUNE 2, 2003

EDITOR'S NOTE: Appendices A through E referenced in the following order are not being published. However, these appendices are available for public inspection at the State Corporation Commission, Document Control Center, Tyler Building, 1st Floor, 1300 East Main Street, Richmond, VA from 8:15 a.m. to 5 p.m., Monday through Friday.

COMMONWEALTH OF VIRGINIA, ex rel.

STATE CORPORATION COMMISSION

Ex Parte: In the Matter CASE NO. PUE-2003-00224
Adopting a Revised Rule
Governing Utility
Customer Deposits

ORDER ESTABLISHING INVESTIGATION
AND INVITING COMMENTS

On February 22, 1983, the State Corporation Commission ("Commission") issued its Final Order in Case No. PUE-1982-00073, revising the rate of interest that utilities must pay on customer security deposits held longer than 90 days.¹ Pursuant to that Order, the interest rate for investor-owned utilities is set annually in January at a rate equal to the average of the one-year Treasury bill rates for October, November, and December of the preceding year. Non-profit utilities that are owned by their customers pay an interest rate that is two percent (2%) less than the rate paid by the investor-owned utilities.

The interest rate for calendar year 2003 was calculated to be 1.5% for investor-owned utilities. The cooperatives paid no interest on customer deposits as a consequence of the two percent (2%) discount.

Because the Rule has not been revisited since 1983 and because the Commission is concerned that some customers are receiving no interest on their deposits, we are of the opinion that this matter should be docketed, and that the public should be afforded the opportunity to comment on the issues presented herein.

Following a thorough review of any responses and comments received herein, including a review of any suggested Rules, we will direct our Staff to propose revisions to the Rules regarding the interest rate paid on utility customer deposits, where appropriate. We will seek further public comment on Staff's proposals and conduct further proceedings as may be necessary herein.

Therefore, we find that this matter should be docketed; that notice should be published in major newspapers of general circulation throughout the Commonwealth; that this Order should be forwarded to the Virginia Register of Regulations; that interested persons should be afforded an opportunity to file written comments concerning the issues identified in this Order; and that the Staff should file a Report responding to the comments filed herein and proposing further revisions to the Rules, where appropriate.

Accordingly, IT IS ORDERED THAT:


(2) Interested persons may obtain a copy of this Order by directing a request in writing for the same on or before July 30, 2003, to Farris Maddox, Division of Economics and Finance, P.O. Box 1197, Richmond, Virginia 23218.

(3) A copy of this Order shall be made available for public review at the Commission's Document Control Center, located on the first floor of the Tyler Building, 1300 East Main Street, Richmond, Virginia 23219, during the Commission's regular hours of operation, Monday through Friday, from 8:15 a.m. to 5:00 p.m. Interested persons may also review a copy of this Order on the Commission's website, http://www.state.va.us/scc/caseinfo.htm.

(4) On or before June 30, 2003, the Commission's Division of Information Resources shall cause the following notice to be published as classified advertising on one occasion in newspapers of general circulation throughout the Commonwealth of Virginia:

NOTICE OF INVESTIGATION AND INVITING COMMENTS
BY THE STATE CORPORATION COMMISSION TO
CONSIDER
REVISIONS TO THE RULES GOVERNING THE RATE OF INTEREST FOR UTILITY CUSTOMER DEPOSITS
CASE NO. PUE-2003-00224

On February 22, 1983, the State Corporation Commission ("Commission") issued its Final Order in Case No. PUE-1982-00073, revising the rate of interest that utilities must pay on customer security deposits held longer than 90 days.

¹ The rules adopted in the Commission's Final Order are codified in 20 VAC 5-10.20.
days. Pursuant to that Order, the interest rate for investor-owned utilities is set annually in January at a rate equal to the average of the one-year Treasury bill rates for October, November, and December of the preceding year (the rules adopted in the Commission's Final Order are codified at 20 VAC 5-10-20). Non-profit utilities that are owned by their customers pay an interest rate that is two percent less than the rate paid by the investor-owned utilities.

The interest rate for calendar year 2003 was calculated to be 1.5 percent for investor-owned utilities. The cooperatives paid no interest on customer deposits as a consequence of the two percent discount.

Because this Rule has not been revised since 1983 and because the Commission is concerned that some customers are receiving no interest on their deposits, we are now soliciting comments on whether, and if so, how, the Rule should be revised.

Interested persons may obtain a copy of the Commission's Order by directing a written request for a copy of the same on or before July 30, 2003, to Farris Maddox, Division of Economics and Finance, State Corporation Commission, P.O. Box 1197, Richmond, Virginia 23218, and referencing Case No. PUE-2003-00224. Interested persons may also obtain a copy of the Order from the Commission's website, http://www.state.va.us/scc/caseinfo.htm.

On or before July 30, 2003, any person desiring to comment on this matter may do so by directing such comments in writing to the Clerk of the Commission at the address set forth below. Interested persons desiring to submit comments electronically may do so by following the instructions found on the Commission's website: http://www.state.va.us/scc/caseinfo/notice.htm.

All written communications to the Commission concerning this matter shall be directed to Joel H. Peck, Clerk of the State Corporation Commission, C/O Document Control Center, P.O. Box 2118, Richmond, Virginia 23218, and shall refer to Case No. PUE-2003-00224.

(5) On or before July 30, 2003, any person desiring to comment on this matter may do so by directing an original and fifteen (15) copies of such comments in writing to Joel H. Peck, Clerk of the State Corporation Commission, C/O Document Control Center, P.O. Box 2118, Richmond, Virginia 23218, and shall refer to Case No. PUE-2003-00224. Interested persons desiring to submit comments electronically may do so by following the instructions found on the Commission's website: http://www.state.va.us/scc/caseinfo/notice.htm.

(6) On or before September 5, 2003, the Division of Economics and Finance shall file a report, summarizing and responding to the comments received herein, and proposing revisions to the Rule, where appropriate. The Division of Economics and Finance shall mail a copy of its report to all parties of record.

(7) On or before October 1, 2003, interested persons may file with the Clerk of the Commission an original and fifteen (15) copies of any response to the Staff Report. Interested persons desiring to submit responses electronically may do so by following the instructions found on the Commission's website: http://www.state.va.us/scc/caseinfo/notice.htm.

(8) The Commission's Division of Information Resources shall forthwith cause this Order to be forwarded for publication in the Virginia Register of Regulations.

(9) On or before July 16, 2003, the Division of Information Resources shall file with the Clerk of the Commission proof of publication of the notice required in Ordering Paragraph (3) herein.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to: all the certificated water and sewer utilities subject to the Commission's regulation as set out in Appendix A hereto; all of the telephone companies regulated by the Commission as set out in Appendix B hereto; all of Virginia's certificated interexchange carriers as set out in Appendix C attached hereto; all of the certificated gas companies as set out in Appendix D hereto; all of the certificated electric cooperatives and electric companies as set out in Appendix E hereto; C. Meade Browder, Jr., Senior Assistant Attorney General, Division of Consumer Counsel, Office of Attorney General, 500 East Main Street, Second Floor, Richmond, Virginia 23219; and the Commission's Office of General Counsel and Divisions of Energy Regulation, Economics and Finance, and Communications.

Agency Contact: Farris Maddox, Division of Economics and Finance, State Corporation Commission, P.O. Box 1197, Richmond, VA 23218, telephone (804) 371-9296, or e-mail rmaddox@scc.state.va.us.

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AT RICHMOND, JUNE 4, 2003

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

Ex Parte: In the matter of adoption of adjusted prima facie rates for credit life and credit accident and sickness insurance pursuant to Code of Virginia §§ 38.2-3725, 38.2-3726, 38.2-3727 and 38.2-3730

CASE NO. INS-2003-00022

ORDER TO TAKE NOTICE

TAKE NOTICE, pursuant to Code of Virginia § 38.2-3730.B., that the State Corporation Commission (“Commission”) shall conduct a hearing on July 16, 2003 at 10:00 a.m. in its courtroom, Tyler Building, Second Floor, 1300 East Main Street, Richmond, Virginia 23219, for the purpose of receiving comments from interested parties with respect to proposed adjusted prima facie rates for credit life insurance and credit
accident and sickness insurance to be effective for the triennium commencing January 1, 2004. The adjusted prima facie rates have been calculated and proposed on behalf of and by the Bureau of Insurance in accordance with the provisions of Chapter 37.1 of Title 38.2 of the Code of Virginia (§§ 38.2-3717 et seq.) and are attached hereto, designated as "Attachment 1" and made a part hereof.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to: Gerald A. Milsky, Deputy Commissioner, Bureau of Insurance, State Corporation Commission who shall cause a copy hereof to be sent to every insurance company licensed by the Bureau of Insurance to transact the business of credit life and credit accident and sickness insurance in the Commonwealth of Virginia and who shall file in the record of this proceeding an affidavit evidencing notice compliance with this Order.

On or before June 10, 2003, the Commission’s Division of Information Resources shall make available this Order and the attached adjusted rates on the Commission’s website, http://www.state.va.us/scc/caseinfo.htm.

### 2004 Prima Facie Credit Accident and Sickness Rates

**Single Premium Rates per $100 of Initial Insured Indebtedness Repayable in Equal Monthly Installments**

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### General Notices/Errata

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**General Notices/Errata**

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Agency Contact: Althelia Battle, Bureau of Insurance, State Corporation Commission, P.O. Box 1157, Richmond, VA 23218, telephone (804) 371-9154, or e-mail abattle@scc.state.va.us.

* * *

June 2, 2003

**ADMINISTRATIVE LETTER 2003-7**

**TO:** All Automobile Clubs Licensed to do Business in the Commonwealth of Virginia Pursuant to § 13.1-400.1 et seq. of the Code of Virginia

**RE:** Guaranteed Arrest Bond Certificates § 38.2-2407 of the Code of Virginia

It has recently come to the attention of the State Corporation Commission Bureau of Insurance that several automobile clubs licensed pursuant to § 13.1-400.1 et seq. of the Code of Virginia may be issuing guaranteed arrest bond certificates that do not meet the criteria specified in § 38.2-2407 of the Code of Virginia. Section 38.2-2407 requires that a guaranteed arrest bond certificate issued by an automobile club must be backed by a fidelity and surety insurer licensed in Virginia. Section 38.2-2407 further requires that a guaranteed arrest bond certificate must include a printed statement that the automobile club and the fidelity and surety insurer guarantee the appearance of the person whose signature appears on the card or certificate and that they will pay any fine or forfeiture imposed on that person in the event that person fails to appear in court at the time of trial.

Effective immediately, all licensed automobile clubs that issue or may issue guaranteed arrest bond certificates must comply with § 38.2-2407. Licensed automobile clubs currently issuing guaranteed arrest bond certificates have until December 1, 2003, to provide a certification signed by an officer of the automobile club stating that the automobile club is in compliance with the provisions of § 38.2-2407.

Please address the certification and any questions regarding this administrative letter to: Stephen Thomas, Insurance Senior Financial Analyst, Financial Regulation Division, Bureau of Insurance, State Corporation Commission, 1300 East Main Street, Richmond, VA 23219, telephone (804) 371-9161, or e-mail sthomas@scc.state.va.us.
The following Director's Orders of the State Lottery Department were filed with the Virginia Registrar of Regulations on June 11, 2003. The orders may be viewed at the State Lottery Department, 900 E. Main Street, Richmond, Virginia or at the office of the Registrar of Regulations, 910 Capitol Street, 2nd Floor, Richmond, Virginia.

**Director's Order Number Thirteen (03)**
Virginia's Instant Game Lottery 552; “Double Down Doubler” (effective 03/28/03)

**Director's Order Number Fourteen (03)**
Virginia's Instant Game Lottery 553; “Red Hot 5’s” (effective 03/28/03)

**Director's Order Number Fifteen (03)**
Virginia's Instant Game Lottery 549; “In the Money” (effective 03/28/03)

**Director's Order Number Seventeen (03)**
Virginia's Instant Game Lottery 559; “Double Blackjack” (effective 04/11/03)

**Director's Order Number Eighteen (03)**
Virginia's Instant Game Lottery 555; “Deal Me In” (effective 04/17/03)

**Director's Order Number Nineteen (03)**
Virginia's Instant Game Lottery 567; “In the Money” (effective 04/11/03)

**Director's Order Number Twenty (03)**
Virginia's Instant Game Lottery 558; “Money Tree$” (effective 05/29/03)

**Director's Order Number Twenty-One (03)**
Virginia's Instant Game Lottery 566; “Super Cash” (effective 05/29/03)

**Director's Order Number Twenty-Seven (03)**
Virginia's Instant Game Lottery 248; “Reel Cash” (effective 06/09/03)

**Director's Order Number Twenty-Eight (03)**
“Thanks 2 You” Virginia Lottery Retailer Incentive Program Rules (effective 05/29/03)

**Director's Order Number Twenty-Nine (03)**
Virginia's Instant Game Lottery 249; “Quick 7’s” (effective 06/09/03)

**Director's Order Number Thirty (03)**
Virginia's Instant Game Lottery 250; “Win For Life;” Revised (effective 05/05/03)

**Director's Order Number Thirty-One (03)**
Virginia’s Instant Game Lottery 247; “Hot $100’s” (effective 05/29/03)

**Director's Order Number Thirty-Two (03)**
Virginia's Instant Game Lottery 554; “Bank Roll” (effective 05/29/03)

**DIRECTOR'S ORDER NUMBER SIXTEEN (03)**
CERTAIN VIRGINIA INSTANT GAME LOTTERIES; END OF GAMES.

In accordance with the authority granted by §§ 2.2-4002 B(15) and 58.1-4006 A of the Code of Virginia, I hereby give notice that the following Virginia Lottery instant games will officially end at midnight on April 25, 2003:

<table>
<thead>
<tr>
<th>Game 222 – Pure Platinum</th>
<th>Game 515 – Cash Blast</th>
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<tbody>
<tr>
<td>Game 239 – Happy Holidays</td>
<td>Game 516 – Las Vegas Boulevard</td>
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<td>Game 480 – Lucky 7’s Blackjack</td>
<td>Game 526 – Triple Roll</td>
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<td>Game 484 – $1,000,000 Blackjack</td>
<td>Game 535 – Seasons Greetings</td>
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<td>Game 496 – High Roller</td>
<td>Game 536 – Winter Action</td>
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<td>Game 502 – Hot Dice</td>
<td>Game 539 – $25,000 Jackpot</td>
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<tr>
<td>Game 509 – Tons of Cash</td>
<td>Game 550 – Bouquet of Bucks</td>
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The last day for lottery retailers to return for credit unsold tickets from any of these games will be May 30, 2003. The last day to redeem winning tickets for any of these games will be October 22, 2003, 180 days from the declared official end of the game. Claims for winning tickets from any of these games will not be accepted after that date. Claims that are mailed and received in an envelope bearing a postmark of the United States Postal Service or another sovereign nation of October 22, 2003, will be deemed to have been received on time. This
notice amplifies and conforms to the duly adopted State Lottery Board regulations for the conduct of lottery games.

This order is available for inspection and copying during normal business hours at the State Lottery Department headquarters, 900 East Main Street, Richmond, Virginia; and at any State Lottery Department regional office. A copy may be requested by mail by writing to: Public Affairs Office, State Lottery Department, 900 East Main Street, Richmond, Virginia 23219.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/is/ Richard G. Wilkinson
Director, Lottery Operations
Date: April 9, 2003

STATE WATER CONTROL BOARD

Proposed Consent Special Order
Southern Sun, Inc.
The Ramada Inn - Monticello

The State Water Control Board proposes to enter into a consent special order with Southern Sun, Inc. (SSI). The parties have agreed to the terms of a consent special order for settlement of violations of State Water Control Law at the sewage treatment plant (STP) owned by SSI.

SSI owns a private STP that serves the Ramada Inn-Monticello located near the Shadwell exit of I-64 in Albemarle County. The STP is regulated under a VPDES permit authorizing discharge of treated sewage into Shadwell Creek. Based on SSI's failure to apply for reissuance of its VPDES permit in a timely manner, the permit was expired for a period of 21 days in early 2003. In addition to the expired permit, DEQ staff also cited SSI for maintenance deficiencies at the STP and violations of certain effluent limits of the VPDES permit. SSI has addressed the operational deficiencies and the VPDES permit was reissued on February 13, 2003. The proposed order would assess a civil charge of $1,400 for the violations.

The board will receive written comments relating to the proposed order for 30 days from the date of publication of this notice. Comments should be addressed to Edward A. Liggett, Department of Environmental Quality, P.O. Box 3000, Harrisonburg, VA 22801, and should refer to the order. The proposed order may be examined at the Department of Environmental Quality, Valley Regional Office, 4411 Early Road, Harrisonburg, Virginia. A copy of the order may be obtained in person or by mail from the DEQ office.

Comments may also be submitted via electronic mail to ealiggett@deq.state.va.us. In order to be considered, electronic comments must be received prior to the close of the comment period and must include the name, address and telephone number of the person making the comment.

Proposed Consent Special Order
Virginia Electric and Power Company

The State Water Control Board proposes to issue a consent special order to Virginia Electric and Power Company to ensure compliance with the State Water Control Law and regulations at their facility in Chesterfield, Virginia. The proposed order requires Virginia Electric and Power Company to comply with the interim effluent limits from outfall 004 until the Virginia Pollutant Discharge Elimination System (VPDES) permit is reissued.

On behalf of the State Water Control Board, the Department of Environmental Quality will receive for 30 days from the date of publication of this notice written comments relating to the proposed consent special order. Comments should be addressed to Vernon Williams, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060-6295. A copy of the order may be obtained in person or by mail from the above office.

VIRGINIA CODE COMMISSION
Notice to State Agencies

Mailing Address: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, FAX (804) 692-0625.

Forms for Filing Material for Publication in The Virginia Register of Regulations

All agencies are required to use the appropriate forms when furnishing material for publication in the Virginia Register of Regulations. The forms may be obtained from: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

Internet: Forms and other Virginia Register resources may be printed or downloaded from the Virginia Register web page: http://register.state.va.us.

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
PETITION FOR RULEMAKING - RR13
**EXECUTIVE**

**BOARD OF ACCOUNTANCY**

† July 10, 2003 - 9 a.m. -- Open Meeting
Hilton Garden Inn Fairfax, 3950 Fair Ridge Drive, Fairfax, Virginia.

A meeting to conduct formal hearings. There will be no public comment period.

**Contact:** JeAnne Marshall, Administrative Assistant, Board of Accountancy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY, e-mail JeAnne.Marshall@dhp.state.va.us.

**NOTE: EXTENSION OF PUBLIC COMMENT PERIOD**
August 1, 2003 - Public comments may be submitted until 5 p.m. on this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Agriculture and Consumer Services intends to amend regulations entitled: 2 VAC 5-360. Regulations for the Enforcement of the Virginia Commercial Feed Act. The purpose of the proposed action is to amend the current regulation to incorporate the changes made to the commercial feed industry standards by the Association of American Feed Control Officials in the last decade and statutory changes made to Virginia's Commercial Feed Law in 1994.

Statutory Authority: § 3.1-828.4 of the Code of Virginia.

**Contact:** J. Alan Rogers, Program Manager, Department of Agriculture and Consumer Services, 1100 Bank St., Room 402, Richmond, VA 23219, telephone (804) 786-2476, FAX (804) 371-1571 or e-mail jrogers@vdacs.state.va.us.

**NOTE: EXTENSION OF PUBLIC COMMENT PERIOD**
August 5, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Agriculture and Consumer Services intends to amend regulations entitled: 2 VAC 5-440. Rules and Regulations for Enforcement of the Virginia Pest Law - Cotton Boll Weevil Quarantine. The purpose of the proposed regulatory action is to amend the regulation to (i) establish the fixed date of July 1 as the official reporting and payment date for acreage assessment, (ii) reduce penalties assessed on farm operators for the late payment or nonpayment of fees from $10 to $5.00 per acre, and (iii) eliminate the mandate for destruction of the cotton crop for nonpayment of fees and assessments by farm operators.

Statutory Authority: § 3.1-188.23 of the Code of Virginia.

**Contact:** Frank M. Fulgham, Program Manager, Department of Agriculture and Consumer Services, 1100 Bank St., Room 703, Richmond, VA 23219, telephone (804) 786-3515, FAX (804) 371-7793 or e-mail ffulgham@vdacs.state.va.us.

**NOTE: EXTENSION OF PUBLIC COMMENT PERIOD**
August 5, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Agriculture and Consumer Services intends to amend regulations entitled: 2  VAC 5-320. Rules and Regulations for the Enforcement of the Endangered Plant and Insect Species Act. The purpose of the proposed action is to review the regulation for effectiveness and continued need, including the following: amending the regulation to (i) remove the currently named plants that are no longer considered globally rare and (ii) add those threatened or endangered plant and insect species that are considered rare both globally and in Virginia.
Calendar of Events

Statutory Authority: § 3.1-1025 of the Code of Virginia.

Contact: Frank M. Fulgham, Program Manager, Department of Agriculture and Consumer Services, 1100 Bank St., Room 703, Richmond, VA 23219, telephone (804) 786-3515, FAX (804) 371-7793 or e-mail ffulgham@vdacs.state.va.us.

† July 10, 2003 - Noon

Virginia Cattle Industry Board

The board will approve minutes from the May 2003 meeting, in addition to reviewing the financial statement for the period October 1 through July 1. Staff will give program updates for the state and national level. The board will review projects submitted from both staff and outside industry parties. Additional time is set aside for committee meetings, if needed. 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 Reginald B. Reynolds at least five days before the meeting date so that suitable arrangements can be made.

Virginia Horse Industry Board

The board will review the minutes of the last meeting, its current financial status, and on-going projects. The board will also discuss promotional plans and activities for FY 2003-2004. 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 Andrea S. Heid at least five days before the meeting date so that suitable arrangements can be made.

Virginia Pork Industry Board

The board will approve promotion, research, and education projects/grants. It will elect officers and select a National Pork Producers delegate. Body (Pork Act) candidates will also be elected and the general business of the board will be conducted. 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: Reginald B. Reynolds, Executive Director, Virginia Cattle Industry Board, P.O. Box 9, Daleville, VA 24083, telephone (540) 992-1992, FAX (540) 992-4632.

Virginia Register of Regulations

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contact John H. Parker at least five days before the meeting date so that suitable arrangements can be made.

Contact: John H. Parker, Program Director, Department of Agriculture and Consumer Services, 1100 Bank St., 9th Floor, Richmond, VA 23219, telephone (804) 786-7092, FAX (804) 371-7786.

Virginia Small Grains Board

July 24, 2003 - 8 a.m. -- Open Meeting
Richmond Airport Hilton, 4700 South Laburnum Avenue, Richmond, Virginia.

The board will review FY 2002-03 project reports and will receive 2003-04 project proposals. Minutes from the last board meeting and a current financial statement will be heard and approved, if appropriate. Additionally, action will be taken on any other new business that comes before the group. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact the person identified in this notice at least five days before the meeting date so that suitable arrangements can be made.

Contact: Philip T. Hickman, Program Director, Department of Agriculture and Consumer Services, 1100 Bank St., Room 1005, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786.

STATE AIR POLLUTION CONTROL BOARD

July 2, 2003 - 9:30 a.m. -- Public Hearing
Department of Environmental Quality, Northern Regional Office, 13901 Crown Court, Woodbridge, Virginia.

A public hearing to receive comments on the State Air Pollution Control Board’s notice of intent to amend 9 VAC 5-91, Regulations for the Control of Motor Vehicle Emissions (Rev. MJ) for the control of motor vehicle emissions in Northern Virginia concerning high emitting vehicles identified by remote sensing. The NOI-R appears in this issue of the Virginia Register of Regulations. The comment period will close on July 3, 2003.

Contact: Mary E. Major, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4423, FAX (804) 698-4510, e-mail mlmajor@deq.state.va.us.

July 3, 2003 - 9:30 a.m. -- Public Hearing
Department of Environmental Quality, Northern Regional Office, 13901 Crown Court, Woodbridge, Virginia.

A public hearing to receive comments on the State Air Pollution Control Board’s notice of intent to amend 9 VAC 5-40, Existing Stationary Sources (Rev. G03), by adding a new rule concerning consumer products. The NOI-R appears in this issue of the Virginia Register of Regulations. The public comment period will close on July 3, 2003.

Contact: Kathleen R. Sands, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413, FAX (804) 698-4510, e-mail krsands@deq.state.va.us.

ALCOHOLIC BEVERAGE CONTROL BOARD

July 14, 2003 - 9 a.m. -- Open Meeting
July 28, 2003 - 9 a.m. -- Open Meeting
August 11, 2003 - 9 a.m. -- Open Meeting
August 25, 2003 - 9 a.m. -- Open Meeting
September 8, 2003 - 9 a.m. -- Open Meeting
† September 22, 2003 - 9 a.m. -- Open Meeting

Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, Virginia.

A meeting to receive and discuss reports and activities from staff members. Other matters are not yet determined.

Contact: W. Curtis Coleburn, III, Secretary to the Board, Alcoholic Beverage Control Board, P.O. Box 27491, Richmond, VA 23261, telephone (804) 213-4409, FAX (804) 213-4442, e-mail wcollen@abc.state.va.us.

ART AND ARCHITECTURAL REVIEW BOARD

July 11, 2003 - 10 a.m. -- Open Meeting
August 1, 2003 - 10 a.m. -- Open Meeting
September 5, 2003 - 10 a.m. -- Open Meeting

Science Museum of Virginia, 2500 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A monthly meeting to review projects submitted by state agencies. AARB submittal forms and submittal instructions can be downloaded by visiting the DGS forms center at www.dgs.state.va.us. Request Submittal Form # DGS-30-905 or Submittal Instructions form # DGS-30-906.

Contact: Richard L. Ford, AIA, Chairman, Art and Architectural Review Board, 1011 E. Main Street, #221, Richmond, VA 23219, telephone (804) 643-1977, FAX (804) 643-1981, (804) 786-6152/TTY, e-mail rlfaiia@aol.com.

VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS

† July 23, 2003 - 11 a.m. -- Open Meeting

A meeting to conduct an informal fact-finding conference.

Contact: David Dick, Assistant Director, Virginia Board for Asbestos, Lead, and Home Inspectors, 3600 W. Broad Street, Richmond, Virginia.

A meeting to conduct board business.
Calendar of Events

Contact: David Dick, Assistant Director, Virginia Board for Asbestos, Lead, and Home inspectors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-6128, (804) 367-9753/TTY, e-mail asbestos@dpor.state.va.us.

COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND FAMILIES

State Executive Council

July 30, 2003 - 9 a.m. -- Open Meeting
August 27, 2003 - 9 a.m. -- Open Meeting
† September 24, 2003 - 9 a.m. -- Open Meeting
Department of Social Services, 730 East Broad Street, Lower Level Room 3, Richmond, Virginia.

A monthly council meeting. For traveling directions, please call (804) 692-1100.

Contact: Alan G. Saunders, Director, Office of Comprehensive Services, 1604 Santa Rosa Rd., Richmond, VA 23229, telephone (804) 662-9815, FAX (804) 662-9831, e-mail ags992@central.dss.state.va.us.

CEMETERY BOARD

† August 13, 2003 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail oneal@dpor.state.va.us.

STATE CHILD FATALITY REVIEW TEAM

July 8, 2003 - 10 a.m. -- Open Meeting
September 12, 2003 - 10 a.m. -- Open Meeting
Office of the Chief Medical Examiner, 400 East Jackson Street, Richmond, Virginia.

The business portion of the State Child Fatality Review Team meeting, from 10 a.m. to 10:30 a.m., is open to the public. At the conclusion of the open meeting, the team will go into closed session for confidential case review.

Contact: Virginia Powell, Coordinator, State Child Fatality Review Team, 400 East Jackson St., Richmond, VA 23219, telephone (804) 786-6047, FAX (804) 371-8595, toll-free (800) 447-1708, e-mail vpowell@vdh.state.va.us.

STATE BOARD FOR COMMUNITY COLLEGES

† July 16, 2003 - 1:30 p.m. -- Open Meeting
Virginia Community College System, James Monroe Building, 101 North 14th Street, 15th Floor, Richmond, Virginia (Interpreter for the deaf provided upon request)

Meetings of the Academic and Student Affairs Committee, the Audit Committee, and the Budget and Finance Committee. Meetings of the Facilities and the Personnel Committees will be held at 3 p.m. on July 16 and at 4:30 p.m. a meeting of the Executive Committee will take place.

Contact: D. Susan Hayden, Director of Public Relations, State Board for Community Colleges, VCCS, 101 N. 14th St., 15th Floor, Richmond, VA 23219, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY.

† July 17, 2003 - 9 a.m. -- Open Meeting
James Monroe Building, Godwin-Hamel Board Room, 101 North 14th Street, 15th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Public comment may be received at the beginning of the meeting upon notification at least five working days prior to the meeting.

Contact: D. Susan Hayden, Director of Public Relations, State Board for Community Colleges, VCCS, 101 N. 14th St., 15th Floor, Richmond, VA, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY.

COMPENSATION BOARD

† July 23, 2003 - 11 a.m. -- Open Meeting
Compensation Board, 202 North 9th Street, 10th Floor, Richmond, Virginia.

A monthly board meeting.

Contact: Cindy P. Waddell, Administrative Staff Assistant, Compensation Board, P.O. Box 710, Richmond, VA 23218, telephone (804) 786-0786, FAX (804) 371-0235, e-mail cwaddell@scb.state.va.us.

DEPARTMENT OF CONSERVATION AND RECREATION

† July 14, 2003 - 6:30 p.m. -- Open Meeting
Jackson Elementary School Cafeteria, 4424 Fort Chiswell Road (U.S. Route 52), Austinville, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the New River Trail State Park Advisory Committee to discuss the master plan for the New River Trail State Park.

Contact: Robert Munson, Environmental Program Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 786-6141, e-mail rmunson@dcr.state.va.us.

† July 15, 2003 - 3:30 p.m. -- Open Meeting
Fairy Stone State Park, 967 Fairystone Lake Drive, Fayerdale Hall, Stuart, Virginia. (Interpreter for the deaf provided upon request)

The Fairy Stone State Park Master Plan Advisory Committee will continue work on the master plan.

Contact: Robert Munson, Environmental Program Planner, Department of Conservation and Recreation, 203 Governor

Virginia Register of Regulations 3100
Calendar of Events

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St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 786-6141, e-mail munson@dcr.state.va.us.

† July 15, 2003 - 6:30 p.m. -- Open Meeting Rugby Rescue Squad Building, 53 Rugby Road, Mouth of Wilson, Virginia (Interpreter for the deaf provided upon request)

The Grayson Highlands State Park master planning process will be explained, and public input will be received on the draft park mission statement and draft goals and objectives.

Contact: Derral Jones, Planning Bureau Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-9042, FAX (804) 371-7899, e-mail djones@dcr.state.va.us.

† July 21, 2003 - 6:30 p.m. -- Open Meeting Wytheville Community College, Grayson Hall Commons, 1000 East Main Street, Wytheville, Virginia (Interpreter for the deaf provided upon request)

The New River Trail State Park Master Plan Advisory Committee will receive comment from the public.

Contact: Robert Munson, Environmental Program Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 786-6141, e-mail munson@dcr.state.va.us.

† July 22, 2003 - 6:30 p.m. -- Open Meeting Fairy Stone State Park, 967 Fairystone Lake Drive, Fayerdale Hall, Stuart, Virginia (Interpreter for the deaf provided upon request)

The Fairy Stone State Park Advisory Committee will hear comment from the public regarding the Fairy Stone Park master plan.

Contact: Robert Munson, Environmental Program Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 786-6141, e-mail munson@dcr.state.va.us, homepage http://www.state.va.us/dcr.

Chippokes Plantation Farm Foundation

† July 2, 2003 - 10 a.m. -- Open Meeting Chippokes Plantation State Park, 695 Chippokes Park Road, Mansion Conference Room, Surry, Virginia

A meeting of the subcommittee that will study the proposed merger of Chippokes Plantation Farm Foundation into the Department of Conservation and Recreation.

Contact: Leon E. App, Acting Deputy Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-6124, FAX (804) 786-6141, e-mail leonapp@dcr.state.va.us.

Virginia Soil and Water Conservation Board

† July 17, 2003 - 9:30 a.m. -- Open Meeting Natural Resources Conservation Service, 1606 Santa Rosa Road, Suite 209, Richmond, Virginia (Interpreter for the deaf provided upon request)

A regular business meeting.

Contact: Leon E. App, Acting Deputy Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-6124, FAX (804) 786-6141, e-mail leonapp@dcr.state.va.us.

BOARD FOR CONTRACTORS

July 1, 2003 - 9 a.m. -- Open Meeting
July 15, 2003 - 9 a.m. -- Canceled
July 22, 2003 - 9 a.m. -- Open Meeting
July 29, 2003 - 9 a.m. -- Open Meeting
August 6, 2003 - 1:30 p.m. -- Open Meeting
August 12, 2003 - 9 a.m. -- Open Meeting
August 26, 2003 - 9 a.m. -- Open Meeting
September 9, 2003 - 9 a.m. -- Open Meeting
† September 30, 2003 - 9 a.m. -- Open Meeting Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia (Interpreter for the deaf provided upon request)

Informal fact-finding conferences. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at 804-367-0946 at least 10 days prior to the meeting so that suitable arrangements can be made for appropriate accommodations. The department fully complies with the Americans with Disabilities Act.

Contact: Earlyne Perkins, Legal Assistant, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0946, FAX (804) 367-0946, (804) 367-9753/TTY, e-mail perkins@dpor.state.va.us.

July 1, 2003 - 9 a.m. -- Open Meeting
August 5, 2003 - 9 a.m. -- Open Meeting
August 6, 2003 - 1:30 p.m. -- Open Meeting
September 16, 2003 - 9 a.m. -- Open Meeting
September 16, 2003 - 9 a.m. -- Canceled

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia (Interpreter for the deaf provided upon request)

Informal fact-finding conferences for the Contractor Recovery Fund. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at 804-367-0946 at least 10 days prior to this meeting so that suitable arrangements can be made for appropriate accommodations. The department fully complies with the Americans with Disabilities Act.

Contact: Victoria S. Traylor, Legal Assistant, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8561, FAX (804) 367-0946, (804) 367-9753/TTY, e-mail perkins@dpor.state.va.us.

July 9, 2003 - 9 a.m. -- Open Meeting
August 20, 2003 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.
Calendar of Events

A regular meeting to address policy and procedural issues, review and render decisions on applications for contractors' licenses, and review and render case decisions on matured complaints against licensees. The meeting is open to the public; however, a portion of the board's business may be conducted in closed session.

Contact: Eric L. Olson, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY, e-mail contractors@dpor.state.va.us.

August 6, 2003 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A regular meeting of the Tradesman/Education Committee to consider items of interest relating to the Tradesmen, Backflow Workers, Education and other appropriate matters relating to Tradesmen and the Board for Contractors.

Contact: Eric L. Olson, Assistant Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY, e-mail contractors@dpor.state.va.us.

BOARD OF CORRECTIONS

July 15, 2003 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the Liaison Committee to discuss correctional matters that may be presented to the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebl@vadoc.state.va.us.

July 15, 2003 - 1 p.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the Correctional Services/Policy Regulations Committee to discuss correctional services and policy/regulation matters that may be presented to the full board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebl@vadoc.state.va.us.

July 16, 2003 - 9:30 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the Administration Committee to discuss correctional matters that may be presented to the full board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebl@vadoc.state.va.us.

July 16, 2003 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the full board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebl@vadoc.state.va.us.

CRIMINAL JUSTICE SERVICES BOARD

Private Security Services Advisory Board

June 30, 2003 - 11 a.m. -- Open Meeting
ADI, 2235 Dabney Road, Richmond, Virginia.

An organizational meeting of the advisory board and Legislative Committee.

Contact: Judith Kirkendall, Regulatory Coordinator, Department of Criminal Justice Services, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 786-8003, FAX (804) 786-0410, e-mail jkirkendall@dcjs.state.va.us.

† June 30, 2003 - 2 p.m. -- Open Meeting
ADI, 2235 Dabney Road, Richmond, Virginia.

The Private Security Services Advisory Board formed a subcommittee to address private investigator legislative issues. The board is seeking seven experienced and dedicated industry members (whose primary business is private investigations) to serve on this subcommittee.

Contact: Judith Kirkendall, Regulatory Coordinator, Department of Criminal Justice Services, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 786-8003, FAX (804) 786-0410, e-mail jkirkendall@dcjs.state.va.us.

† July 17, 2003 - 10 a.m. -- Open Meeting
Harrisonburg Four Points Sheraton, 1400 East Market Street, Harrisonburg, Virginia.

A general business meeting.

Contact: Judith Kirkendall, Regulatory Coordinator, Department of Criminal Justice Services, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor Richmond, VA 23219, telephone (804) 786-8003, FAX (804) 786-0410, e-mail jkirkendall@dcjs.state.va.us.

BOARD OF DENTISTRY

† July 11, 2003 - 9 a.m. -- Open Meeting
Hilton Garden Inn, 3950 Fair Ridge Drive, Fairfax, Virginia.

A meeting to conduct board business.

Contact: Sandra Reen, Executive Director, Board of Dentistry, Alcoa Bldg., 6603 W. Broad St., 5th Floor Richmond, VA 23230-1712, telephone (804) 662-9906, FAX
Calendar of Events

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(804) 662-9943, (804) 662-7197/TTY ☎, e-mail sandra_reen@dhp.state.va.us.

† July 18, 2003 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Room 1, Richmond, Virginia.

An informal hearing of a Special Conference Committee. Public comment will not be received.

Contact: JeAnne Marshall, Administrative Assistant, Board of Dentistry, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY ☎, e-mail JeAnne.Marshall@dhp.state.va.us.

‡ July 18, 2003 - 9:30 a.m. -- Open Meeting

DEPARTMENT OF ENVIRONMENTAL QUALITY

July 23, 2003 - 9 a.m. -- Open Meeting
Richmond area; location to be determined.

A regular business meeting of the board. Persons who wish to speak or who require the services of an interpreter for the deaf should contact the agency 72 hours in advance. Public comment will be received.

Contact: Dr. Margaret N. Roberts, Office of Policy and Public Affairs, Department of Education, P.O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail mroberts@mail.vak12ed.edu.

LOCAL EMERGENCY PLANNING COMMITTEE - CITY OF ROANOKE

† July 23, 2003 - 9 a.m. -- Open Meeting
American Red Cross, 352 Church Avenue, S.W., Roanoke, Virginia.

A meeting to provide information on training and development, present educational programs, and to discuss other business matters. The committee encourages the interaction between local government and industry.

Contact: Michael Lewis, Roanoke County Fire/EMS, 3568 Peters Creek Rd., Roanoke, VA 24019, telephone (540) 772-2043, FAX (540) 561-8108.

DEPARTMENT OF ENVIRONMENTAL QUALITY

July 1, 2003 - 7 p.m. -- Open Meeting
Shenandoah University, Henkel Building, Hester Auditorium, 1460 University Drive, Winchester, Virginia.

The final public meeting on the development of the benthic TMDLs for Abrams Creek and Lower Opequon Creek located in Winchester and Frederick County. The public comment period starts on June 30, 2003, and closes on July 30, 2003.

Contact: Gary Flory, Department of Environmental Quality, P.O. Box 3000, Harrisonburg, VA 22801, telephone (540) 574-7840, FAX (540) 574-7878, e-mail gaflory@deq.state.va.us.

‡ July 7, 2003 - 7 a.m. -- Public Hearing

Culpeper County Library, 271 Southgate Shopping Center, Route 29 S (Madison Road), Culpeper, Virginia.


Contact: Julia King-Collins, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4237, e-mail jmking-coi@deq.state.va.us.

† July 8, 2003 - 11 a.m. -- Public Hearing

Department of Environmental Quality, Northern Regional Office, 13901 Crown Court, Woodbridge, Virginia.
A public hearing to accept testimony concerning the proposed revision to the Commonwealth of Virginia State Implementation Plan. The proposed revision affects the Northern Virginia area and consists of two rate of progress demonstrations for the period 1999-2002 and 2002-2005, a revised baseline emissions inventory for 1990, and an attainment demonstration for 2005. In addition, the plan includes commitments by the state to meet Clean Air Act (CAA) requirements for severe nonattainment areas and to meet additional EPA requirements for the Washington region including a contingency plan for 1999 rate of progress, contingency plans for the 2002 and 2005 rates of progress, an analysis of reasonably available control measures, and transportation control measures.

Contact: James E. Sydnor, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4424, FAX (804) 698-4510, e-mail jesydnor@deq.state.va.us.

July 8, 2003 - 7 p.m. -- Open Meeting Shenandoah University, Henkel Building, Hester Auditorium, 1460 University Drive, Winchester, Virginia.

The final public meeting on the development of bacteria TMDLs for Abrams Creek, Upper Opequon Creek and Lower Opequon Creek located in Winchester and Frederick County. The public comment period runs from July 7, 2003, until August 6, 2003.

Contact: Gary Flory, Department of Environmental Quality, P.O. Box 3000, Harrisonburg, VA 22801, telephone (540) 574-7840, FAX (540) 574-7878, e-mail gallery@deq.state.va.us.

† July 10, 2003 - 7 p.m. -- Open Meeting Catlett Volunteer Fire Department Hall, 3447 Catlett Road, Catlett, Virginia.

The first public meeting on the development of bacteria TMDLs for segments of Licking Run and Cedar Run in Fauquier and Prince William Counties. The comment period runs from July 10 through August 11, 2003.

Contact: Katherine Bennett, Department of Environmental Quality, 13901 Crown Court, Woodbridge, VA 22193, telephone (703) 583-3896, FAX (703) 583-3841, e-mail kebennett@deq.state.va.us.

† August 18, 2003 - 9 a.m. -- Open Meeting
† September 11, 2003 - 9 a.m. -- Open Meeting
† September 29, 2003 - 9 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

A meeting of the Water Policy Technical Advisory Committee (WP-TAC) working on a preliminary water resources plan and local and regional water supply regulations. Prior work of the WP-TAC resulted in SB 1221 (2003), which was passed by the General Assembly and signed by the Governor on March 24, 2003. This legislation will provide part of the structure for the work of the WP-TAC through the rest of the year. In addition, the work of the WP-TAC will be informed by work that was conducted during the fall of 2002.

Contact: Scott W. Kudlais, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4456, FAX (804) 698-4346, e-mail swkudlais@deq.state.va.us.

July 15, 2003 - 9 a.m. -- Open Meeting Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

A regular meeting of the Ground Water Protection Steering Committee.

Contact: Mary Ann Massie, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4042, e-mail mamassie@deq.state.va.us.

† July 22, 2003 - 7 p.m. -- Open Meeting Northumberland County Courts Building, 39 Judicial Place, Heathsville, Virginia.

The first public meeting on the development of the fecal coliform TMDL for the Coan River and 3 segments of the Little Wicomico River in Northumberland County. The public comment period will begin on July 22, 2003 and end on August 20, 2003.

Contact: Chester Bigelow, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4554, FAX (804) 698-4116, e-mail ccbigelow@deq.state.va.us.

† August 11, 2003 - 4:30 p.m. -- Open Meeting Department of Environmental Quality, 629 East Main Street, First Floor Conference Room, Richmond, Virginia.

Pursuant to the federal Coastal Zone Management Act, a public meeting will be conducted as part of the National Oceanic and Atmospheric Administration’s evaluation of the Virginia Coastal Resources Management Program. Virginia’s coastal resources are managed by a network of state agencies coordinated by the Virginia Department of Environmental Quality. The purpose of this meeting is to receive public comments regarding the operation of the Virginia Coastal Resources Management Program from November 1999 to the present. For more information about the program and this federal evaluation, visit http://www.deq.state.va.us/coastal/. Written comments are also encouraged and will be accepted until August 25. Please direct written comments to Ralph Cantral, Chief, National Policy and Evaluation Division, Office of Ocean and Coastal Resource Management, NOAA, 1305 East West Highway, 10th Floor, Silver Spring, Maryland 20910.

Contact: Laura McKay, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4323, e-mail lbmckay@deq.state.va.us.

Litter Control and Recycling Fund Advisory Board

August 13, 2003 - 10:30 a.m. -- Open Meeting Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

A regular meeting.
Calendar of Events

Recycling Markets Development Council
August 20, 2003 - 10 a.m. -- Open Meeting
Henrico Training Center, 7701 East Parham Road, Richmond, Virginia.

A regular meeting.

Contact: G. Steven Coe, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4029, FAX (804) 698-4424, e-mail gscoe@deq.state.va.us.

STATE BOARD OF HEALTH
July 25, 2003 - 9 a.m. -- Open Meeting
Department of Health, Main Street Station, 1500 East Main Street, 3rd Floor Conference Room, Richmond, Virginia.

A meeting to hear possible violations of the laws and regulations governing the practice of funeral service.

Contact: Rene Cabral-Daniels, Director, Office of Health Policy, Department of Health, 1500 E. Main St., Richmond, VA 23219, telephone (804) 786-3561.

DEPARTMENT OF HEALTH
Emergency Medical Services Advisory Board
August 8, 2003 - 1 p.m. -- Open Meeting
The Place at Innsbrook, 4036-C Cox Road, Glen Allen, Virginia.

A regular quarterly meeting.

Contact: Gary R. Brown, Director, Department of Health, 1538 E. Parham Rd., Richmond, VA 23228, telephone (804) 371-3500, FAX (804) 371-3543, toll-free (800) 523-6019, e-mail gbrown@vdh.state.va.us.

Sewage Handling and Disposal Advisory Committee
August 21, 2003 - 10 a.m. -- Open Meeting
Department of Health, 1500 East Main Street, Room 115, Richmond, Virginia.

A meeting to discuss regulations, new technologies and new products to recommend for approval to the State Health Commissioner for use in Virginia.

Contact: Donald J. Alexander, Division Director, Department of Health, 1500 E. Main St., Room 115, Richmond, VA 23219,
DEPARTMENT OF HEALTH PROFESSIONS

August 15, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A bimonthly meeting of the Intervention Program Committee for the Health Practitioners' Intervention Program.

Contact: Donna P. Whitney, Intervention Program Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9424, FAX (804) 662-7358, e-mail donna.whitney@dhp.state.va.us.

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

† July 15, 2003 - 9 a.m. -- Open Meeting
Linden Row Inn, First and Franklin Streets, Richmond, Virginia.

This is a work session only; no formal actions will be taken at this meeting.

Contact: Lee Ann Rung, State Council of Higher Education for Virginia, 101 N. 14th St., Richmond, VA 23219, telephone (804) 783-6701, toll-free (800) 968-7837, (804) 783-6705/TTY, e-mail lrung@schev.edu.

† July 16, 2003 - 8:30 a.m. -- Open Meeting
State Council of Higher Education for Virginia, James Monroe Building, 101 North 14th Street, 9th Floor, Main Conference Room, Richmond, Virginia.

Agenda materials will be available on the website approximately one week prior to the meeting at www.schev.edu. A public comment period will be allocated on the meeting agenda. To be scheduled, those interested in making public comment should contact the person listed below no later than 5 p.m. three business days prior to the meeting date. At the time of the request, the speaker's name, address and topic must be provided. Each speaker will be given up to three minutes to address SCHEV. Speakers are asked to submit a written copy of their remarks at the time of comment. All meeting times are approximate and may vary slightly. Some committee meetings may be held in a different conference room than listed above.

Contact: Lee Ann Rung, State Council of Higher Education for Virginia, 101 N. 14th St., Richmond, VA 23219, telephone (804) 783-6701, toll-free (800) 968-7837, (804) 783-6705/TTY, e-mail lrung@schev.edu.

† July 16, 2003 - 7 p.m. -- Open Meeting
Linden Row Inn, First and Franklin Streets, Richmond, Virginia.

Agenda materials may be found on the website approximately one week prior to the meeting at www.schev.edu.

Contact: Lee Ann Rung, State Council of Higher Education for Virginia, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2602, FAX (804) 371-7911, e-mail lrung@schev.edu.

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

† July 24, 2003 - 3 p.m. -- Public Hearing
Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia.

A public hearing on proposed amendments to the authority's Rules and Regulations-General Provisions for Programs of the Authority and Rules and Regulations for Single Family Mortgage Loans to Persons and Families of Low and Moderate Income that will (i) provide that one person or multiple persons are eligible to be a borrower or borrowers of a single family loan if such person or all such persons satisfy the criteria and requirements in the rules and regulations, (ii) delete the requirement that multiple borrowers be related by blood, marriage or adoption or by legal custodial relationship and (iii) make conforming changes throughout the rules and regulations to reflect the preceding revisions to the authority's eligibility guidelines.

Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 343-5540, FAX (804) 783-6701, toll-free (800) 968-7837, (804) 783-6705/TTY, e-mail judson.mckellar@vhda.com.

INNOVATIVE TECHNOLOGY AUTHORITY

† July 9, 2003 - 10 a.m. -- Open Meeting
Virginia Center for Innovative Technology.

A yearly meeting of the Board of Directors.

Contact: June Portch, Operations Manager, Innovative Technology Authority, 2214 Rock Hill Rd., Herndon, VA 20170, telephone (703) 689-3049, FAX (703) 464-1708, e-mail jportch@cit.org.

JAMESTOWN-YORKTOWN FOUNDATION

August 6, 2003 - 2 p.m. -- Open Meeting
September 10, 2003 - Noon -- Open Meeting
Location to be determined (Interpreter for the deaf provided upon request)

A meeting of the Jamestown 2007 Steering Committee's Executive Committee. Public comment will not be heard.

Contact: Stacey Ruckman, Jamestown 2007 Executive Assistant, Jamestown-Yorktown Foundation, P.O. Box 1607, Williamsburg, VA 23187, telephone (757) 253-4659, FAX (757) 253-5299, toll-free (888) 593-4682, (757) 253-7236/TTY, e-mail sruckman@jyf.state.va.us.
STATE BOARD OF JUVENILE JUSTICE

NOTE: CHANGE IN MEETING DATE AND LOCATION
July 16, 2003 - 9 a.m. -- Open Meeting
Cedar Lodge Training Facility, 1701 Old Bon Air Road, Bon Air, Virginia.

The meeting of the committees of the Board for Secure Services and Nonsecure Services will meet at 9 a.m. to receive certification audit reports. The full board will meet at 10 a.m. to take certification action on the audited programs.

Contact: Donald Carignan, Regulatory Coordinator, State Board of Juvenile Justice, 700 Centre, 700 E. Franklin St., 4th Floor, Richmond, VA 23219, telephone (804) 371-0743, FAX (804) 371-0773, e-mail carignndr@djj.va.state.us.

MARINE RESOURCES COMMISSION

July 22, 2003 - 9:30 a.m. -- Open Meeting
August 26, 2003 - 9:30 a.m. -- Open Meeting
Marine Resources Commission, 2600 Washington Avenue, 4th Floor, Newport News, Virginia.

A monthly commission meeting.

Contact: Kathy Leonard, Executive Secretary, Marine Resources Commission, 2600 Washington Ave., 3rd Floor, Newport News, VA 23607, telephone (757) 247-2120, FAX (757) 247-8101, toll-free (800) 541-4646, (757) 247-2292/TTY, e-mail kleonard@mrc.state.va.us.

BOARD OF MEDICAL ASSISTANCE SERVICES

September 9, 2003 - 10 a.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia.

A regular meeting.

Contact: Nancy Malczewski, Board Liaison, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-8096, FAX (804) 371-4981, (800) 343-0634/TTY, e-mail nmalczew@dmas.state.va.us.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

July 5, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: 12 VAC 30-80. Methods and Standards for Establishing Payment Rates; Other Types of Care. The purpose of the proposed action is to conform the Medicaid state plan's definition of unit dose pharmacy services to the same definition used by the Board of Pharmacy.


Public comments may be submitted until July 5, 2003, to Maryanne McNeil, Pharmacy Manager, Division of Program Operations, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7959, FAX (804) 786-1680, or e-mail vsimmons@dmas.state.va.us.

August 1, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: 12 VAC 30-120. Waiver Services. The purpose of the proposed action is to modify existing waiver services to permit children who attain their sixth birthday to be automatically transitioned over to this waiver program from the mental retardation waiver program.


Public comments may be submitted until August 1, 2003, to Sherry Confer, Policy Analyst, Division of LTC, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7959, FAX (804) 786-1680, or e-mail vsimmons@dmas.state.va.us.

August 15, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: 12 VAC 30-40. Eligibility Requirements. The purpose of the proposed action is to simplify Medicaid eligibility requirements for counting income.


Public comments may be submitted until August 15, 2003, to Patricia Sykes, Manager, Division of Policy, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7959, FAX (804) 786-1680, or e-mail vsimmons@dmas.state.va.us.
Calendar of Events

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: 12 VAC 30-50, Amount, Duration, and Scope of Medical and Remedial Services; 12 VAC 30-60, Standards Established and Methods Used to Assure High Quality of Care; and 12 VAC 30-130, Amount Duration, and Scope of Selected Services. The purpose of the proposed action is to improve the delivery of community mental health and regulatory requirements.


Public comments may be submitted until August 15, 2003, to Katherine Hancock, Analyst, Division of Policy, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7959, FAX (804) 786-1680, or e-mail vsimmons@dmas.state.va.us.

Medicaid Physician Advisory Committee

July 15, 2003 - 4 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia.

Discussion of physician issues within Medicaid.

Contact: Chris Schroeder, Meeting Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-0552, FAX (804) 371-4981, (800) 343-0634/TTY, e-mail cschroed@dmas.state.va.us.

BOARD OF MEDICINE

Informal Conference Committee

July 9, 2003 - 9:15 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, Richmond, Virginia.

July 16, 2003 - 9 a.m. -- Open Meeting
Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia.

July 31, 2003 - 9 a.m. -- Open Meeting
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia.

A meeting to inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to the Code of Virginia. Public comment will not be received.

Contact: Peggy Sadler or Renee Dixson, Staff, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230, telephone (804) 662-7332, FAX (804) 662-9517, (804) 662-7197/TTY, e-mail Peggy.Sadler@dhp.state.va.us.

STATE BOARD FOR MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

July 17, 2003 - 6:30 p.m. -- Public Hearing
Dumbarton Area Library, 6800 Staples Mill Road, Richmond, Virginia. (Interpreter for the deaf provided upon request)

August 15, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Mental Health, Mental Retardation and Substance Abuse Services intends to amend regulations entitled 12 VAC 35-180, Regulations to Assure the Protection of Participants in Human Research. The purpose of the proposed action is to comply with changes to the Code of Virginia and to be consistent with applicable federal requirements, including privacy requirements pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).


Contact: Mary Nash Shawver, Planning Coordinator, Office of Substance Abuse Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218, telephone (804) 786-0825, FAX (804) 786-4320, e-mail mshawver@dmhmrsas.state.va.us.

† July 31, 2003 - 1 p.m. -- Open Meeting
† August 1, 2003 - 9 a.m. -- Open Meeting
Hanover Community Services Board, 12300 Washington Highway, Ashland, Virginia. (Interpreter for the deaf provided upon request)

A quarterly meeting of the board.

Contact: Marlene Butler, State Board Secretary, State Mental Health, Mental Retardation and Substance Abuse Services Board, Jefferson Bldg., 1220 Bank St., 13th Floor, Richmond, VA 23219, telephone (804) 786-7945, FAX (804) 372-2308, e-mail mbutler@dmhmrsas.state.va.us.

STATE MILK COMMISSION

August 13, 2003 - 10:30 a.m. -- Open Meeting
Motley's Dairy Inc., 4740 Payneton Road, Chatham, Virginia.

A regular meeting of the commission to consider industry issues, distributor licensing, base transfers, and reports from staff. The commission offers anyone in attendance an opportunity to speak at the conclusion of the agenda. Those persons requiring special accommodations should notify the agency contact at least five working days prior to the meeting date so that suitable arrangements can be made.

Contact: Edward C. Wilson, Jr., Deputy Administrator, State Milk Commission, Ninth St. Office Bldg., 202 N. Ninth St., Room 915, Richmond, VA 23219, telephone (804) 786-2013, FAX (804) 786-3779, e-mail ewilson@smc.state.va.us.

Virginia Register of Regulations

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MOTOR VEHICLE DEALER BOARD
† July 14, 2003 - 8:30 a.m. -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Room 702, Richmond, Virginia (Interpreter for the deaf provided upon request)

Committees will meet as follows:
Dealer Practices Committee - 8:30 a.m.
Licensing Committee - Immediately following Dealer Practices Committee.
Advertising Committee - 9:30 a.m. or immediately after Licensing Committee.
Transaction Recovery Fund Committee - Immediately following Advertising Committee.
Franchise Law Committee - To be scheduled as needed.

The full board will meet at 1 p.m. Meetings may begin later, but not earlier than scheduled. Meeting end times are approximate. Any person who needs any accommodation in order to participate in the meeting should contact the board at least 10 days before the meeting so that suitable arrangements can be made.

Contact: Alice R. Weedon, Administrative Assistant, Motor Vehicle Dealer Board, 2201 W. Broad St., Suite 104, Richmond, VA 23220, telephone (804) 367-1100, FAX (804) 367-1053, toll-free (877) 270-0203, e-mail dboard@mvb.state.va.us.

VIRGINIA MUSEUM OF FINE ARTS
† July 30, 2003 - 10 a.m. -- Open Meeting
Virginia Museum of Fine Arts, CEO Parlor, 2800 Grove Avenue, Richmond, Virginia (Interpreter for the deaf provided upon request)

A meeting for staff to update the Museum Expansion Committee. Public comment will not be received.

Contact: Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 2800 Grove Ave., Richmond, Virginia 23221, telephone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY, e-mail sbroyles@vmfa.state.va.us.

DEPARTMENT OF MOTOR VEHICLES
Medical Advisory Board
July 9, 2003 - 8 a.m. -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia (Interpreter for the deaf provided upon request)

A regular business meeting

Contact: J. C. Branche, R. N., Assistant Division Manager, Department of Motor Vehicles, 2300 W. Broad St., Richmond VA 23220, telephone (804) 497-7188, FAX (804) 367-1604, toll-free (804) 272-9268/TTY, e-mail dmvj3b@dmv.state.va.us.

BOARD OF NURSING
July 14, 2003 - 9 a.m. -- Open Meeting
July 16, 2003 - 9 a.m. -- Open Meeting
July 17, 2003 - 9 a.m. -- Open Meeting
† September 22, 2003 - 9 a.m. -- Open Meeting
† September 24, 2003 - 9 a.m. -- Open Meeting
† September 25, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia

A panel of the board will conduct formal hearings with licensees or certificate holders. Public comment will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY, e-mail nursebd@dhp.state.va.us.

July 15, 2003 - 9 a.m. -- Open Meeting
† September 23, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, Board Room 2, 5th Floor, Richmond, Virginia

A general business meeting including committee reports, consideration of regulatory action, and disciplinary case decisions as presented on the agenda. Public comment will be received at 11 a.m.

Contact: Jay P. Douglas, R.N., Executive Director, Board of Nursing, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY, e-mail jay.douglas@dhp.state.va.us.

July 29, 2003 - 9 a.m. -- Open Meeting
August 11, 2003 - 9 a.m. -- Open Meeting
August 12, 2003 - 9 a.m. -- Open Meeting
August 14, 2003 - 9 a.m. -- Open Meeting
August 19, 2003 - 9 a.m. -- Open Meeting
August 26, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia

A Special Conference Committee, comprised of two or three members of the Virginia Board of Nursing, will conduct informal conferences with licensees and/or certificate holders. Public comment will not be received.

Contact: Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 6603 West Broad Street, 5th Floor,
BOARD OF NURSING HOME ADMINISTRATORS

July 23, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

The board will meet to discuss regular board business. There will be a public comment period at the beginning of the meeting.

Contact: JeAnne Marshall, Administrative Assistant, Board of Nursing Home Administrators, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7457, FAX (804) 662-7246, (804) 662-7197/TTY, e-mail JeAnne.Marshall@dhp.state.va.us.

July 23, 2003 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A Special Conference Committee to conduct an informal hearing. No public comment will be received.

Contact: JeAnne M. Marshall, Administrative Assistant, Board of Nursing Home Administrators, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7457, FAX (804) 662-7246, (804) 662-7197/TTY, e-mail JeAnne.Marshall@dhp.state.va.us.

BOARD OF OPTOMETRY

† July 18, 2003 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.

Special conference hearings. This is a public meeting; however, public comment will not be received.

Contact: Elizabeth Carter, Ph.D., Executive Director, Board of Optometry, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9910, FAX (804) 662-7098, e-mail elizabeth.carter@dhp.state.va.us.

† July 18, 2003 - Noon -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting to review legislative proposals, review and establish protocol for issuance of Confidential Consent Agreements (CCA), update on federal legislation to regulate noncorrective contact lenses, and elect officers. Public comment will be received at the beginning of the meeting.

Contact: Elizabeth Young, Executive Director, Board of Physical Therapy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9924, FAX (804) 662-9523, (804) 662-7197/TTY, e-mail elizabeth.young@dhp.state.va.us.

July 28, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A quarterly business meeting to include regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: Elizabeth Young, Executive Director, Board of Physical Therapy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9924, FAX (804) 662-9523, (804) 662-7197/TTY, e-mail elizabeth.young@dhp.state.va.us.

BOARD OF PHYSICAL THERAPY

June 30, 2003 - 10 a.m. -- Open Meeting
July 11, 2003 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Rooms 1 and 3, Richmond, Virginia.

A meeting to hear possible violations of the laws and regulations governing the practice of physical therapy.

Contact: Elizabeth Young, Executive Director, Board of Physical Therapy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9924, FAX (804) 662-9523, (804) 662-7197/TTY, e-mail elizabeth.young@dhp.state.va.us.

July 28, 2003 - 10:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A formal hearing.

Contact: Elizabeth Young, Executive Director, Board of Physical Therapy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9924, FAX (804) 662-9523, (804) 662-7197/TTY, e-mail elizabeth.young@dhp.state.va.us.

POLYGRAPH EXAMINERS ADVISORY BOARD

July 31, 2003 - 10 a.m. -- Open Meeting
† September 18, 2003 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business. The department fully complies with the Americans with Disabilities Act.

Contact: Eric Olson, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 387-9753/TTY, e-mail olson@dpor.state.va.us.

BOARD OF PSYCHOLOGY

July 28, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, Alcoa Building, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A regular board meeting.

Contact: Diana Pollick, Administrative Assistant, Department of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 387-9753/TTY, e-mail diana.pollick@dhp.state.va.us.

July 28, 2003 - 10:30 a.m. -- Open Meeting
Department of Health Professions, Alcoa Building, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A formal hearing.

Contact: Diana Pollick, Administrative Assistant, Department of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-7250, (804) 662-7197/TTY, e-mail diana.pollick@dhp.state.va.us.
Calendar of Events

VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD

† September 25, 2003 - 10 a.m. -- Open Meeting
1600 Forest Avenue, Suite 102, Richmond, Virginia.

A regular quarterly meeting.

Contact: Diana Pollick, Administrative Assistant, Department of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-7250, (804) 662-7197/TTY, e-mail Diana.Pollick@dhp.state.va.us.

REAL ESTATE APPRAISER BOARD

† August 26, 2003 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail oneal@dpor.state.va.us.

VIRGINIA RESOURCES AUTHORITY

† August 5, 2003 - 9 a.m. -- Open Meeting
Virginia Resources Authority, Eighth and Main Building, 707 East Main Street, 2nd Floor, Richmond, Virginia.

A regular meeting of the Board of Directors to (i) review and, if appropriate, approve the minutes from the most recent monthly meeting; (ii) review the authority's operations for the prior month; (iii) review applications for loans submitted to the authority for approval; (iv) consider loan commitments for approval and ratification under its various programs; (v) approve the issuance of any bonds; (vi) review the results of any bond sales; and (vii) consider such other matters and take such other actions as it may deem appropriate. Various committees of the Board of Directors may also meet immediately before or after the regular meeting and consider matters within their purview.

Persons desiring to participate in the meeting and requiring any accommodation in order to participate in the meeting should contact the Virginia Resources Authority at least 10 days prior to the meeting so that suitable arrangements can be made. The Virginia Resources Authority fully complies with the Americans with Disabilities Act.

Contact: Bonnie R. C. McRae, Executive Assistant, Virginia Resources Authority, 707 E. Main St., Richmond, VA 23219, telephone (804) 644-3100, FAX (804) 644-3109, e-mail bmcrace@vra.state.va.us.
STATE BOARD OF SOCIAL SERVICES

August 1, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled 22 VAC 40-250, Agency Placement Adoptions -- AREVA. The purpose of the proposed action is to amend the regulation to make it consistent with a related adoption regulation, 22 VAC 40-260, Subsidy. Amendments also extend the time for local agencies to register children in AREVA and delete references to obsolete terms.

Statutory Authority: §§ 63.2-217 and 63.2-900 of the Code of Virginia.

Contact: Karen Clark, Adoption Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1251, FAX (804) 692-1284 or e-mail kac900@dss.state.va.us.

August 1, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled 22 VAC 40-260, Agency Placement Adoptions -- Subsidy. The purpose of the proposed action is to amend the regulation to more accurately reflect the current population of children waiting for adoptive placement, delete obsolete terms, and improve overall clarity. An appeals provision will be added to replace 22 VAC 40-270, which is being repealed.

Statutory Authority: §§ 63.2-217 and 63.2-900 of the Code of Virginia.

Contact: Karen Clark, Adoption Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1251, FAX (804) 692-1284 or e-mail kac900@dss.state.va.us.

August 1, 2003 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled 22 VAC 40-270, Agency Placement Adoptions -- Appeals. The purpose of the proposed action is to repeal the regulation. Appeal provisions will be added to another regulation, 22 VAC 40-260, Agency Placement Adoptions - Subsidy.

Statutory Authority: §§ 63.2-217 and 63.2-900 of the Code of Virginia.

Contact: Karen Clark, Adoption Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1251, FAX (804) 692-1284 or e-mail kac900@dss.state.va.us.
A regular board meeting.

**Contact:** Bill Shinar, VGIN Coordinator, Department of Technology Planning, 110 S. 7th Street, Suite 135, Richmond, VA 23219, telephone (804) 786-8175, FAX (804) 371-2795, e-mail bshinar@vgin.state.va.us.

**Wireless E-911 Services Board**

*July 9, 2003 - 10 a.m. -- Open Meeting*
*September 10, 2003 - 10 a.m. -- Open Meeting*
Richmond Plaza Building, 110 South 7th Street, 3rd Floor Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular monthly meeting of the full board.

**Contact:** Steven Marzolf, Public Safety Communications Coordinator, Department of Technology Planning, 110 South 7th Street, Richmond, VA 23219, telephone (804) 371-0015, e-mail smarzolf@dtp.state.va.us.

*July 9, 2003 - 9 a.m. -- Open Meeting*
*September 10, 2003 - 9 a.m. -- Open Meeting*
Richmond Plaza Building, 110 South 7th Street, 3rd Floor Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the CMRS subcommittee in closed session.

**Contact:** Steven Marzolf, Public Safety Communications Coordinator, Department of Technology Planning, 110 South 7th Street, Richmond, VA 23219, telephone (804) 371-0015, e-mail smarzolf@dtp.state.va.us.

**COUNCIL ON TECHNOLOGY SERVICES**

*July 9, 2003 - 9:30 a.m. -- Open Meeting*
*AUGUST 13, 2003 - 9:30 a.m. -- Open Meeting*
*September 10, 2003 - 9:30 a.m. -- Open Meeting*
Department of Motor Vehicles, 2300 West Broad Street, 7th Floor, Executive Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular monthly meeting of the Change Management Workgroup. Agenda and details available at www.cots.state.va.us.

**Contact:** Jenny Hunter, COTS Executive Director, Council on Technology Services, 110 S. 7th St., Suite 135, Richmond, VA 23219, telephone (804) 786-9579, FAX (804) 786-9584, e-mail jhunter@gov.state.va.us.

*July 17, 2003 - 9:30 a.m. -- Open Meeting*
*August 21, 2003 - 9:30 a.m. -- Open Meeting*
† September 18, 2003 - 9:30 a.m. -- Open Meeting
Department of Rehabilitative Services, 8004 Franklin Farms Drive, Lee Building, Rooms 101, 103, and 105, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular monthly meeting of the Security Workgroup. Agenda and more details can be found at www.cots.state.va.us.

**Contact:** Jenny Hunter, COTS Executive Director, Council on Technology Services, 110 S. 7th St., Suite 135, Richmond, VA 23219, telephone (804) 786-9579, FAX (804) 786-9584, e-mail jhunter@gov.state.va.us.

**August 7, 2003 - 2 p.m. -- Open Meeting**
**September 4, 2003 - 2 p.m. -- Open Meeting**
Department of Information Technology, 110 South 7th Street, 3rd Floor, Executive Conference Room, Richmond, Virginia.

A regular monthly meeting of the Executive Committee. Agenda and meeting information available at www.cots.state.va.us.

**VIRGINIA TOURISM AUTHORITY**

**Governor's Outdoor Resources Advisory Panel**

*July 11, 2003 - 11 a.m. -- Open Meeting*
Hotel Roanoke, Roanoke, Virginia.

Four committees will present their reports to panel members. Another agenda item concerns discussions with the writer who will prepare the report to the Governor.

**Contact:** Polly Bozorth, Administrative Assistant, Virginia Tourism Authority, 901 E. Byrd St., Richmond, VA 23219, telephone (804) 371-8144, FAX (804) 371-0327/TTY, e-mail pbozorth@virginia.org.

**COMMONWEALTH TRANSPORTATION BOARD**

*July 16, 2003 - 2 p.m. -- Open Meeting*
† August 20, 2003 - 2 p.m. -- Open Meeting
Department of Transportation, 1221 East Broad Street, Auditorium, Richmond, Virginia.

A work session of the Commonwealth Transportation Board and the Department of Transportation staff.

**Contact:** Sandra M. Mills, Assistant Legislative Coordinator, Commonwealth Transportation Board, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 225-4701, FAX (804) 225-4700, e-mail Sandee.Mills@VirginiaDOT.org.

*July 17, 2003 - 9 a.m. -- Open Meeting*
† August 21, 2003 - 9 a.m. -- Open Meeting
Department of Transportation, 1221 East Broad Street, Auditorium, Richmond, Virginia.

A monthly meeting to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval. Public comment will be received at the outset of the meeting on items on the meeting agenda for which the opportunity for public comment has not been afforded the public in another forum. Remarks will be limited to five minutes. Large groups are asked to select one individual to speak for the group. The board reserves the right to amend these conditions. Separate committee meetings may be
Calendar of Events

held on call of the chairman. Contact VDOT Public Affairs at (804) 786-2715 for schedule.

**Contact:** Sandra M. Mills, Agency Regulatory Coordinator, Commonwealth Transportation Board, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 225-4701, FAX (804) 225-4700, e-mail Sandee.Mills@VirginiaDOT.org.

**TREASURY BOARD**

July 16, 2003 - 9 a.m. -- Open Meeting
August 20, 2003 - 9 a.m. -- Open Meeting
† September 17, 2003 - 9 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, 3rd Floor, Treasury Board Room, Richmond, Virginia.

- A regular meeting.

**Contact:** Melissa Mayes, Treasury Board Secretary, Department of the Treasury, 101 N. 14th St., 3rd Floor, Treasury Board Room, Richmond, VA 23219, telephone (804) 371-6011, FAX (804) 225-3187, e-mail melissa.mayes@trs.state.va.us.

**BOARD OF VETERINARY MEDICINE**

† July 2, 2003 - 9 a.m. -- Open Meeting
† August 14, 2003 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.

- A Special Conference Committee will conduct informal hearings (disciplinary hearings). These are public meetings, but public comment will not be received.

**Contact:** Terri H. Behr, Administrative Assistant, Board of Veterinary Medicine, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9915, FAX (804) 662-7098, (804) 662-7197/TTY, e-mail terri.behr@dhp.state.va.us.

**VIRGINIA WASTE MANAGEMENT BOARD**

† July 25, 2003 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

- A regular meeting.

**Contact:** Cindy Berndt, Regulatory Coordinator, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4378, FAX (804) 698-4346, e-mail cmberndt@deq.state.va.us.

**BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS**

July 22, 2003 - 10 a.m. -- Open Meeting
Virginia Department of Professional and Occupational Regulation, 3600 West Broad Street, Fifth Floor, Richmond, Virginia.

- A meeting to conduct board business and to consider proposing amendments to the Virginia Board for Waste Management Facility Operators Regulations (18 VAC 155-20).

**Contact:** David E. Dick, Executive Director, Board for Waste Management Facility Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail wastemgt@dpor.state.va.us.

**STATE WATER CONTROL BOARD**

July 2, 2003 - 1 p.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

- A meeting of the technical advisory committee assisting the department in the reissuance of the general VPDES permit for storm water discharges associated with construction activities.

**Contact:** Burton R. Tuxford, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4086, FAX (804) 698-4032, e-mail brtuxford@deq.state.va.us.

July 9, 2003 - 1 p.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

- A meeting of the technical advisory committee assisting the department in the reissuance of the general VPDES permit for storm water discharges associated with industrial activities.

**Contact:** Burton R. Tuxford, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4086, FAX (804) 698-4032, e-mail brtuxford@deq.state.va.us.

July 11, 2003 - 5:30 p.m. -- Open Meeting
Suffolk City Council Chambers, Municipal Building, 441 Market Street, Suffolk, Virginia.

- One of two public meetings to receive comments on four notices of intent to amend the water quality standards by designating various waters as exceptional resource waters (Tier III). The notices of intent appear in this issue of the Virginia Register of Regulations. The public comment period will close on July 25, 2003.

**Contact:** Jean W. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4113, FAX (804) 698-4522, e-mail jwgregory@deq.state.va.us.

July 15, 2003 - 6 p.m. -- Open Meeting
Department of Environmental Quality, West Central Regional Office, 3019 Peters Creek Road, Roanoke, Virginia.

- One of two public meetings to receive comment on four notices of intent to amend the water quality standards by designating various waters as outstanding state resource waters. The notices of intent appear in this issue of the Virginia Register of Regulations. The public comment period will close on July 25, 2003.
Calendar of Events

**Contact:** Jean W. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4113, FAX (804) 698-4522, e-mail jwgregory@deq.state.va.us.

**July 17, 2003 - 2 p.m. -- Open Meeting**
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

A public meeting to receive comments on the State Water Control Board's notice of intent to adopt a regulation concerning water supply planning. The NOIRA will be published in the Virginia Register and the comment period will begin on June 16, 2003. The comment period will end on July 21, 2003. In addition to the meeting contact below, interested persons can also contact Terry Wagner at 804-698-4043.

**Contact:** Scott Kudlas, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4456, FAX (804) 698-4346, e-mail swkudlas@deq.state.va.us.

**BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS**

† September 9, 2003 - 8:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business.

**Contact:** David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-6128, (804) 367-9753/TTY, e-mail waterwasteoper@dpor.state.va.us.

**INDEPENDENT**

**VIRGINIA RETIREMENT SYSTEM**

July 22, 2003 - Noon -- Open Meeting
VRS Headquarters Building, 1200 East Main Street, Richmond, Virginia.

The meeting of the Optional Retirement Plan Advisory Committee. No public comment will be received at the meeting.

**Contact:** LaShaunda B. King, Administrative Secretary, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23218, telephone (804) 344-3124, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail lking@vrs.state.va.us.

**August 20, 2003 - 11 a.m. -- Open Meeting**
Bank of America Building, 1111 East Main Street, 4th Floor, Conference Room, Richmond, Virginia.

A regular meeting of the Investment Advisory Committee. No public comment will be received.

**Contact:** Darla K. Glazier, Office Manager, Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail dkester@dpor.state.va.us.

**August 22, 2003 - 3 p.m. -- Open Meeting**
VRS Headquarters, 1200 East Main Street, Richmond, Virginia.

The following committees will meet:
3 p.m. - Administration and Personnel Committee
3 p.m. - Benefits and Actuarial Committee
4 p.m. - Audit and Compliance Committee

**Contact:** Darla K. Glazier, Office Manager, Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail dkester@dpor.state.va.us.

NOTE: CHANGE IN MEETING TIME

August 21, 2003 - 9 a.m. -- Open Meeting
VRS Headquarters, 1200 East Main Street, Richmond, Virginia.

A regular meeting of the Board of Trustees. No public comment will be received.

**Contact:** Darla K. Glazier, Office Manager, Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail dkester@dpor.state.va.us.

**LEGISLATIVE**

**VIRGINIA CODE COMMISSION**

August 20, 2003 - 10 a.m. -- Open Meeting
† September 17, 2003 - 10 a.m. -- Open Meeting
General Assembly Bldg., 9th and Broad Streets, 6th Floor, Speaker’s Conference Room, Richmond, Virginia.
(Interpreter for the deaf provided upon request)

A meeting to discuss the recodifications of Titles 1, 3.1 and 37.1. A brief public comment period will be provided at the end of the meeting.

**Contact:** Jane Chaffin, Registrar of Regulations, Virginia Code Commission, General Assembly Bldg., 2nd Floor, 910 Capitol St., Richmond, VA 23219, telephone (804) 692-0625, toll-free (804) 692-0625, e-mail jchaffin@leg.state.va.us.

**DR. MARTIN LUTHER KING JR. MEMORIAL COMMISSION**

July 8, 2002 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia.

A regular meeting. Questions about the agenda should be addressed to Brenda Edwards or Norma Szakal, Division of Legislative Services, (804) 786-3591.
JOINT COMMISSION ON TECHNOLOGY AND SCIENCE

July 8, 2003 - 9:30 a.m. -- Open Meeting
† September 2, 2003 - 9:30 a.m.-- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A meeting of the JCOTS Cyberlaw Advisory Committee. The meeting will also be teleconferenced at 510 Cumberland Street, Suite 308, Bristol, Virginia.

Contact: Mitchell Goldstein, Director, Joint Commission on Technology and Science, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591, e-mail jcots@leg.state.va.us.

August 6, 2003 - 1:30 p.m. -- Open Meeting
September 17, 2003 - 1:30 p.m.-- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A meeting of the JCOTS Advisory Committee on the Hard Sciences.

Contact: Eric Link, Staff Attorney, Joint Commission on Technology and Science, General Assembly Bldg., 2nd Floor, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-0169, e-mail elink@leg.state.va.us.

August 19, 2003 - 10 a.m. -- Open Meeting
Video conference; location to be determined.

A meeting to discuss homeland security.

Contact: Mitchell Goldstein, Director, Joint Commission on Technology and Science, General Assembly Bldg., 2nd Floor, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

† July 22, 2003 - 9:30 a.m.-- Open Meeting
September 3, 2003 - 1:30 p.m.-- Open Meeting
Location to be determined.

A meeting of the JCOTS Advisory Committee on Integrated Government.

Contact: Eric Link, Staff Attorney, Joint Commission on Technology and Science, General Assembly Bldg., 2nd Floor, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-0169, e-mail elink@leg.state.va.us.

† August 5, 2003 - 9:30 a.m.-- Open Meeting
September 16, 2003 - 9:30 a.m.-- Open Meeting
Location to be determined.

A meeting of the JCOTS Advisory Committee on Consumer Protection.

Contact: Mitchell Goldstein, Director, Joint Commission on Technology and Science, General Assembly Bldg., 2nd Floor, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.
Calendar of Events

July 15
† Conservation and Recreation, Department of Corrections, Board of
  - Correctional Services/Policy and Regulations Committee
  - Liaison Committee
Environmental Quality, Department of
  - Ground Water Protection Steering Committee
† Higher Education for Virginia, State Council of
Medical Assistance Services, Department of
  - Medicaid Physician Advisory Committee
Nursing, Board of
Water Control Board, State

July 16
† Community Colleges, State Board for
  - Academic and Student Affairs Committee
  - Audit Committee
  - Budget and Finance Committee
  - Facilities Committee
  - Personnel Committee
Corrections, Board of
  - Administration Committee
† Higher Education for Virginia, State Council of
  - Executive Committee
Juvenile Justice, State Board of
  - Informal Conference Committee
Nursing, Board of
Real Estate Board
  - Education Committee
Transportation Board, Commonwealth
Treasury Board

July 17
Agriculture and Consumer Services, Department of
  - Pesticide Control Board
† Community Colleges, State Board for
† Conservation and Recreation, Department of
  - Virginia Soil and Water Conservation Board
† Criminal Justice Services Board
  - Private Security Services Advisory Board
Design-Build/Construction Management Review Board
Nursing, Board of
Real Estate Board
Technology Services, Council on
  - Security Workgroup
Transportation Board, Commonwealth
Water Control Board, State

July 18
† Dentistry, Board of
  - Special Conference Committee
Education, Board of
  - State Special Education Advisory Committee
† Governor, Office of the
  - Urban Policy Task Force
† Optometry, Board of
  - Special Conference Committee

July 21
† Conservation and Recreation, Department of

July 22
† Conservation and Recreation, Department of
  Contractors, Board for
† Environmental Quality, Department of
  Marine Resources Commission

Retirement System, Virginia
  - Optional Retirement Plan Advisory Committee
Waste Management Facility Operators, Board for

July 23
† Asbestos, Lead, and Home Inspectors, Virginia Board for
† Compensation Board
Education, Board of
† Emergency Planning Committee, Local
  - City of Roanoke
Nursing Home Administrators, Board of
  - Special Conference Committee

July 24
Agriculture and Consumer Services, Department of
  - Virginia Small Grains Board
† Housing Development Authority, Virginia
  - Board of Commissioners

July 25
† Agriculture and Consumer Services, Department of
  - Virginia Pork Industry Board
Health, State Board of
Social Services, Department of
† Social Work, Board of
† Waste Management Board, Virginia

July 26
Social Services, Department of

July 28
Alcoholic Beverage Control Board
† Governor, Office of the
  - Urban Policy Task Force
Psychology, Board of

July 29
Contractors, Board for
Geology, Board for
Nursing, Board of
  - Special Conference Committee

July 30
At-Risk Youth and Families, Comprehensive Services for
† Museum of Fine Arts, Virginia
  - Expansion Committee

July 31
Medicine, Board of
  - Informal Conference Committee
† Mental Health, Mental Retardation and Substance Abuse Services Board, State
Polygraph Examiners Advisory Board
Real Estate Board

August 1
Art and Architectural Review Board
† Mental Health, Mental Retardation and Substance Abuse Services Board, State

August 5
Contractors, Board for
† Resources Authority, Virginia
  - Board of Directors
Technology and Science, Joint Commission on
  - Advisory Committee on Consumer Protection

August 6
Contractors, Board for
  - Tradesman and Education Committee
Jamestown-Yorktown Foundation
  - Steering Committee
Technology and Science, Joint Commission on
Calendar of Events

August 7
Technology Services, Council on
- Executive Committee

August 8
Health, Department of
- Emergency Medical Services Advisory Board

August 11
Alcoholic Beverage Control Board
† Environmental Quality, Department of
Nursing, Board of
- Special Conference Committee

August 12
Contractors, Board for
Nursing, Board of
- Special Conference Committee

August 13
† Cemetery Board
Environmental Quality, Department of
- Litter Control and Recycling Fund Advisory Board
Milk Commission, State
Technology Services, Council on
- Change Management Workgroup

August 14
Nursing, Board of
- Special Conference Committee
† Veterinary Medicine, Board of
- Special Conference Committee

August 15
† Governor, Office of the
- Urban Policy Task Force
Health Professions, Department of
- Intervention Program Committee

August 18
† Environmental Quality, Department of
- Water Policy Technical Advisory Committee

August 19
Nursing, Board of
- Special Conference Committee
Technology and Science, Joint Commission on

August 20
Code Commission, Virginia
Contractors, Board for
Environmental Quality, Department of
- Recycling Markets Development Council
Retirement System, Virginia
- Administration and Personnel Committee
- Audit and Compliance Committee
- Benefits and Actuarial Committee
- Investment Advisory Committee
† Transportation Board, Commonwealth
Treasury Board

August 21
Design-Build/Construction Management Review Board
Health, Department of
- Sewage Handling and Disposal Advisory Committee
Technology Services, Council on
- Security Workgroup
Retirement System, Virginia
- Board of Trustees
† Transportation Board, Commonwealth

August 25
† Agriculture and Consumer Services, Department of
- Virginia Horse Industry Board
Alcoholic Beverage Control Board

August 26
Contractors, Board for
Marine Resources Commission
Nursing, Board of
- Special Conference Committee
† Real Estate Appraiser Board

August 27
† Asbestos, Lead, and Home Inspectors, Virginia Board for
At-Risk Youth and Families, Comprehensive Services for
- State Executive Council

September 2
† Technology and Science, Joint Commission on
- Advisory Committee on Cyberlaw

September 3
† Real Estate Board
- Education Committee
Technology and Science, Joint Commission on
- Advisory Committee on Integrated Government

September 4
Museum of Fine Arts, Virginia
- Executive Committee
† Real Estate Board
Technology Planning, Department of
- VGIN Advisory Board
Technology Services, Council on
- Executive Committee

September 5
Art and Architectural Review Board

September 8
Alcoholic Beverage Control Board

September 9
Contractors, Board for
† Funeral Directors and Embalmers, Board of
† Governor, Office of the
- Urban Policy Task Force
Medical Assistance Services, Board of
† Waterworks and Wastewater Works Operators, Board for

September 10
Jamestown-Yorktown Foundation
- Steering Committee
Technology Planning, Department of
- Wireless E-911 Services Board
Technology Services, Council
- Change Management Workgroup

September 11
† Environmental Quality, Department of
- Water Policy Technical Advisory Committee

September 12
Child Fatality Review Team, State

September 16
Contractors, Board for
Technology and Science, Joint Commission on
- Consumer on Consumer Protection

September 17
† Commission, Virginia
† Education, Board of
† Real Estate Board
Calendar of Events

Technology and Science, Joint Commission on
  - Advisory Committee on the Hard Sciences
† Treasury Board
September 18
  † Design-Build/Construction Management Review Board
  † Polygraph Examiners Advisory Board
  † Real Estate Board
  † Technology Services, Council on
September 19
  † General Services, Department of
    - Board of Trustees
  † Social Work, Board of
September 22
  † Alcoholic Beverage Control Board
  † Nursing, Board of
September 23
  † Governor, Office of the
    - Urban Policy Task Force
  † Nursing, Board of
September 24
  † At-Risk Youth and Families, Comprehensive Services for
    - State Executive Council
  † George Mason University
    - Board of Visitors
  † Nursing, Board of
September 25
  † Nursing, Board of
  † Public Guardian and Conservator Advisory Board
September 29
  † Environmental Quality, Department of
    - Water Policy Technical Advisory Committee
September 30
  † Contractors, Board for

PUBLIC HEARINGS

July 2
  Air Pollution Control Board, State
July 3
  Air Pollution Control Board, State
July 7
  † Environmental Quality, Department of
July 8
  † Environmental Quality, Department of
July 17
  Mental Health, Mental Retardation and Substance Services,
    State Board of