TABLE OF CONTENTS

CUMULATIVE TABLE OF VIRGINIA ADMINISTRATIVE CODE SECTIONS ADOPTED, AMENDED, OR REPEALED

Cumulative Table.................................................................................................................. 2053

NOTICES OF INTENDED REGULATORY ACTION

TITLE 8. EDUCATION
State Board of Education..................................................................................................... 2056

TITLE 12. HEALTH
Department of Medical Assistance Services ................................................................. 2056

TITLE 18. PROFESSIONAL AND OCCUPATIONAL REGULATION
Department of Health Professions..................................................................................... 2056
Board of Pharmacy.............................................................................................................. 2057

TITLE 22. SOCIAL SERVICES
State Board of Social Services........................................................................................... 2057

FINAL REGULATIONS

TITLE 4. CONSERVATION AND NATURAL RESOURCES

MARINE RESOURCES COMMISSION
Pertaining to CrABBing (amending 4 VAC 20-270-20 and 4 VAC 20-270-30). ......................... 2058
Pertaining to Crab Dredge License Sales (amending 4 VAC 20-750-10, 4 VAC 20-750-30, and 4 VAC 20-750-40; repealing 4 VAC 20-750-20). .................................................. 2058
Pertaining to CrABBing Licenses (amending 4 VAC 20-1040-20). ..................................... 2059

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Eligibility Conditions and Requirements (adding 12 VAC 30-40-235). .................................. 2060
Amount, Duration and Scope of Selected Services (amending 12 VAC 30-130-620). ................. 2060
Amount, Duration, and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-140, 12 VAC 30-50-150 and 12 VAC 30-50-180). ................................................................. 2061
Methods and Standards for Establishing Payment Rates--Other Types of Care (amending 12 VAC 30-80-30). ........................................ 2061

Standards Established and Methods Used to Assure High Quality of Care (amending 12 VAC 30-60-40 and 12 VAC 30-60-320). ................................................................. 2067
Methods and Standards for Establishing Payment Rates for Long-Term Care (amending 12 VAC 30-90-264 and 12 VAC 30-90-271). ................................................................. 2067
Methods and Standards for Establishing Payment Rates; Inpatient Hospital Services (amending 12 VAC 30-70-271). ................................................................. 2068
Methods and Standards for Establishing Payment Rates; Other Types of Care (amending 12 VAC 30-80-20; adding 12 VAC 30-80-200). ................................................................. 2068

TITLE 16. LABOR AND EMPLOYMENT

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD FOR BARBERS AND COSMETOLOGY
Wax Technician Regulations (adding 18 VAC 41-40-10 through 18 VAC 41-40-260). ......................... 2073

EMERGENCY REGULATIONS

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Amount, Duration and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-210). ................................................................. 2075
Amount, Duration and Scope of Selected Services (amending 12 VAC 30-130-1000). .......... 2075

FORMS

TITLE 4. CONSERVATION AND NATURAL RESOURCES

DEPARTMENT OF MINES, MINERALS AND ENERGY
Coal Surface Mining Reclamation Regulations (4 VAC 25-130). ................................................................. 2081
Table of Contents

GENERAL NOTICES/ERRATA

DEPARTMENTS OF ENVIRONMENTAL QUALITY AND
CONSERVATION AND RECREATION
Total Maximum Daily Load (TMDL) for the Holmans Creek
.................................................................2084

DEPARTMENT OF HEALTH
Request for Public Input - Virginia’s Title V/Maternal and Child
Health Block Grant Application..................................................2084

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Adding Marriage and Family Therapists as Directly Enrolled
Medicaid Providers to the Virginia State Plan for Medical
Assistance .................................................................2085

VIRGINIA CODE COMMISSION
Notice to State Agencies ........................................................2085
Forms for Filing Material for Publication in The Virginia
Register of Regulations...........................................................2085

CALENDAR OF EVENTS

EXECUTIVE
Open Meetings and Public Hearings ........................................2086

INDEPENDENT
Open Meetings and Public Hearings ......................................2102

LEGISLATIVE
Open Meetings and Public Hearings ......................................2103

CHRONOLOGICAL LIST
Open Meetings ......................................................................2103
Public Hearings .....................................................................2105
The table printed below lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Spring 2004 VAC Supplement includes final regulations published through *Virginia Register* Volume 20, Issue 11, dated February 9, 2004). Emergency regulations, if any, are listed, followed by the designation “emer,” and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

<table>
<thead>
<tr>
<th>SECTION NUMBER</th>
<th>ACTION</th>
<th>CITE</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title 2. Agriculture</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 VAC 5-440-10 through 2 VAC 5-440-60</td>
<td>Amended</td>
<td>20:12 VA.R. 1471-1474</td>
<td>3/25/04</td>
</tr>
<tr>
<td>2 VAC 5-440-80</td>
<td>Repealed</td>
<td>20:12 VA.R. 1474</td>
<td>3/25/04</td>
</tr>
<tr>
<td>2 VAC 5-440-90</td>
<td>Repealed</td>
<td>20:12 VA.R. 1474</td>
<td>3/25/04</td>
</tr>
<tr>
<td><strong>Title 4. Conservation and Natural Resources</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 VAC 5-36-20</td>
<td>Amended</td>
<td>20:13 VA.R. 1604</td>
<td>4/7/04</td>
</tr>
<tr>
<td>4 VAC 5-36-50 through 4 VAC 5-36-150</td>
<td>Amended</td>
<td>20:13 VA.R. 1604-1621</td>
<td>4/7/04</td>
</tr>
<tr>
<td>4 VAC 5-36-170 through 4 VAC 5-36-210</td>
<td>Amended</td>
<td>20:13 VA.R. 1621-1632</td>
<td>4/7/04</td>
</tr>
<tr>
<td>4 VAC 5-36-220</td>
<td>Added</td>
<td>20:13 VA.R. 1632</td>
<td>4/7/04</td>
</tr>
<tr>
<td>4 VAC 20-20-50</td>
<td>Amended</td>
<td>20:14 VA.R. 1709</td>
<td>3/1/04</td>
</tr>
<tr>
<td>4 VAC 20-490-10 emer</td>
<td>Amended</td>
<td>20:18 VA.R. 2024</td>
<td>5/1/04-5/30/04</td>
</tr>
<tr>
<td>4 VAC 20-490-20 emer</td>
<td>Amended</td>
<td>20:18 VA.R. 2024</td>
<td>5/1/04-5/30/04</td>
</tr>
<tr>
<td>4 VAC 20-490-40 emer</td>
<td>Amended</td>
<td>20:18 VA.R. 2024</td>
<td>5/1/04-5/30/04</td>
</tr>
<tr>
<td>4 VAC 20-490-45 emer</td>
<td>Repealed</td>
<td>20:18 VA.R. 2025</td>
<td>5/1/04-5/30/04</td>
</tr>
<tr>
<td>4 VAC 20-620-50</td>
<td>Amended</td>
<td>20:16 VA.R. 1863</td>
<td>3/26/04</td>
</tr>
<tr>
<td>4 VAC 20-620-60</td>
<td>Amended</td>
<td>20:16 VA.R. 1863</td>
<td>3/26/04</td>
</tr>
<tr>
<td>4 VAC 20-720-20</td>
<td>Amended</td>
<td>20:14 VA.R. 1710</td>
<td>3/1/04</td>
</tr>
<tr>
<td>4 VAC 20-720-40</td>
<td>Amended</td>
<td>20:14 VA.R. 1710</td>
<td>3/1/04</td>
</tr>
<tr>
<td>4 VAC 20-720-50</td>
<td>Amended</td>
<td>20:14 VA.R. 1711</td>
<td>3/1/04</td>
</tr>
<tr>
<td>4 VAC 20-720-60</td>
<td>Amended</td>
<td>20:14 VA.R. 1711</td>
<td>3/1/04</td>
</tr>
<tr>
<td>4 VAC 20-720-80</td>
<td>Amended</td>
<td>20:14 VA.R. 1712</td>
<td>3/1/04</td>
</tr>
<tr>
<td>4 VAC 20-910-45</td>
<td>Amended</td>
<td>20:16 VA.R. 1864</td>
<td>4/1/04</td>
</tr>
<tr>
<td>4 VAC 20-920-20</td>
<td>Amended</td>
<td>20:15 VA.R. 1778</td>
<td>3/5/04</td>
</tr>
<tr>
<td>4 VAC 20-920-40</td>
<td>Amended</td>
<td>20:15 VA.R. 1778</td>
<td>3/5/04</td>
</tr>
<tr>
<td>4 VAC 20-950-45</td>
<td>Amended</td>
<td>20:16 VA.R. 1864</td>
<td>4/1/04</td>
</tr>
<tr>
<td>4 VAC 25-31 (Forms)</td>
<td>Amended</td>
<td>20:15 VA.R. 1784-1792</td>
<td>--</td>
</tr>
</tbody>
</table>

**Title 9. Environment**

| 9 VAC 5-20-21 | Amended | 20:12 VA.R. 1476 | 3/24/04 |
| 9 VAC 5-20-206 (Rev. G02) | Amended | 20:12 VA.R. 1498 | 3/24/04 |
| 9 VAC 5-20-206 (Rev. C03) | Amended | 20:12 VA.R. 1498 | 3/24/04 |
| 9 VAC 5-40-8640 | Erratum | 20:18 VA.R. 2027 | -- |
| 9 VAC 5-40-240 | Amended | 20:12 VA.R. 1499 | 3/24/04 |
| 9 VAC 5-40-310 | Erratum | 20:15 VA.R. 1809 | -- |
| 9 VAC 5-40-310 | Amended | 20:12 VA.R. 1499 | 3/24/04 |
| 9 VAC 5-40-3260 | Amended | 20:12 VA.R. 1479 | 3/24/04 |
| 9 VAC 5-40-5200 | Amended | 20:12 VA.R. 1500 | 3/24/04 |
| 9 VAC 5-40-5220 | Amended | 20:12 VA.R. 1501 | 3/24/04 |
| 9 VAC 5-40-5700 through 9 VAC 5-40-5770 | Added | 20:12 VA.R. 1480 | 3/24/04 |
| 9 VAC 5-40-6820 through 9 VAC 5-40-7230 | Added | 20:12 VA.R. 1480-1497 | 3/24/04 |
| 9 VAC 5-50-400 | Amended | 20:16 VA.R. 1865 | 6/1/04 |
| 9 VAC 5-50-405 | Added | 20:16 VA.R. 1865 | 6/1/04 |
| 9 VAC 5-50-410 | Amended | 20:16 VA.R. 1865 | 6/1/04 |
### Cumulative Table of VAC Sections Adopted, Amended, or Repealed

<table>
<thead>
<tr>
<th>SECTION NUMBER</th>
<th>ACTION</th>
<th>CITE</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 VAC 5-60-60</td>
<td>Amended</td>
<td>20:16 VA.R. 1871</td>
<td>6/1/04</td>
</tr>
<tr>
<td>9 VAC 5-60-65</td>
<td>Added</td>
<td>20:16 VA.R. 1871</td>
<td>6/1/04</td>
</tr>
<tr>
<td>9 VAC 5-60-90</td>
<td>Amended</td>
<td>20:16 VA.R. 1871</td>
<td>6/1/04</td>
</tr>
<tr>
<td>9 VAC 5-60-95</td>
<td>Added</td>
<td>20:16 VA.R. 1871</td>
<td>6/1/04</td>
</tr>
<tr>
<td>9 VAC 5-60-100</td>
<td>Amended</td>
<td>20:16 VA.R. 1872</td>
<td>6/1/04</td>
</tr>
<tr>
<td>9 VAC 5-60-120 through 9 VAC 5-60-180</td>
<td>Amended</td>
<td>20:16 VA.R. 1877-1889</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 5-91-20 emer</td>
<td>Amended</td>
<td>20:12 VA.R. 1507</td>
<td>1/28/04-1/27/05</td>
</tr>
<tr>
<td>9 VAC 5-91-160 emer</td>
<td>Amended</td>
<td>20:12 VA.R. 1513</td>
<td>1/28/04-1/27/05</td>
</tr>
<tr>
<td>9 VAC 5-91-180 emer</td>
<td>Amended</td>
<td>20:12 VA.R. 1513</td>
<td>1/28/04-1/27/05</td>
</tr>
<tr>
<td>9 VAC 5-91-750 emer</td>
<td>Amended</td>
<td>20:12 VA.R. 1515</td>
<td>1/28/04-1/27/05</td>
</tr>
<tr>
<td>9 VAC 5-91-760 emer</td>
<td>Amended</td>
<td>20:12 VA.R. 1515</td>
<td>1/28/04-1/27/05</td>
</tr>
<tr>
<td>9 VAC 5-140-550</td>
<td>Amended</td>
<td>20:12 VA.R. 1504</td>
<td>3/24/04</td>
</tr>
<tr>
<td>9 VAC 25-151-10</td>
<td>Amended</td>
<td>20:16 VA.R. 1889</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-151-65</td>
<td>Added</td>
<td>20:16 VA.R. 1891</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-10</td>
<td>Amended</td>
<td>20:16 VA.R. 1891</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-20</td>
<td>Amended</td>
<td>20:16 VA.R. 1891</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-40</td>
<td>Amended</td>
<td>20:16 VA.R. 1891</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-50</td>
<td>Amended</td>
<td>20:16 VA.R. 1891</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-55</td>
<td>Amended</td>
<td>20:16 VA.R. 1892</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-60</td>
<td>Amended</td>
<td>20:16 VA.R. 1892</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-65</td>
<td>Added</td>
<td>20:16 VA.R. 1893</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-180-70</td>
<td>Amended</td>
<td>20:16 VA.R. 1894</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-190-10</td>
<td>Amended</td>
<td>20:16 VA.R. 1906</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-190-20</td>
<td>Amended</td>
<td>20:16 VA.R. 1906</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-190-50</td>
<td>Amended</td>
<td>20:16 VA.R. 1906</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-190-60</td>
<td>Amended</td>
<td>20:16 VA.R. 1906</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-190-70</td>
<td>Amended</td>
<td>20:16 VA.R. 1906</td>
<td>7/1/04</td>
</tr>
<tr>
<td>9 VAC 25-580-10</td>
<td>Amended</td>
<td>20:12 VA.R. 1505</td>
<td>3/24/04</td>
</tr>
<tr>
<td>9 VAC 25-580-50</td>
<td>Amended</td>
<td>20:12 VA.R. 1505</td>
<td>3/24/04</td>
</tr>
<tr>
<td>9 VAC 25-580-130</td>
<td>Amended</td>
<td>20:12 VA.R. 1505</td>
<td>3/24/04</td>
</tr>
<tr>
<td>9 VAC 25-580-270</td>
<td>Amended</td>
<td>20:12 VA.R. 1505</td>
<td>3/24/04</td>
</tr>
<tr>
<td>9 VAC 25-580-290</td>
<td>Amended</td>
<td>20:12 VA.R. 1505</td>
<td>3/24/04</td>
</tr>
<tr>
<td>9 VAC 25-580-320</td>
<td>Amended</td>
<td>20:12 VA.R. 1505</td>
<td>3/24/04</td>
</tr>
<tr>
<td>9 VAC 25-590-60</td>
<td>Erratum</td>
<td>20:17 VA.R. 1984</td>
<td>--</td>
</tr>
<tr>
<td>9 VAC 25-790</td>
<td>Erratum</td>
<td>20:12 VA.R. 1526</td>
<td>--</td>
</tr>
<tr>
<td>10 VAC 5-40-40</td>
<td>Added</td>
<td>20:14 VA.R. 1713</td>
<td>3/1/04</td>
</tr>
<tr>
<td>12 VAC 30-141-500 emer</td>
<td>Amended</td>
<td>20:17 VA.R. 1974</td>
<td>6/1/04-5/31/05</td>
</tr>
<tr>
<td>14 VAC 5-90-30</td>
<td>Erratum</td>
<td>20:17 VA.R. 1984</td>
<td>--</td>
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<tr>
<td>14 VAC 5-90-60</td>
<td>Erratum</td>
<td>20:17 VA.R. 1984</td>
<td>--</td>
</tr>
<tr>
<td>14 VAC 5-90-70</td>
<td>Erratum</td>
<td>20:17 VA.R. 1984</td>
<td>--</td>
</tr>
<tr>
<td>14 VAC 5-90-130</td>
<td>Erratum</td>
<td>20:17 VA.R. 1984</td>
<td>--</td>
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<tr>
<td>14 VAC 5-90-170</td>
<td>Erratum</td>
<td>20:17 VA.R. 1984</td>
<td>--</td>
</tr>
<tr>
<td>14 VAC 5-321-10 through 14 VAC 5-321-60</td>
<td>Added</td>
<td>20:16 VA.R. 1906-1909</td>
<td>7/1/04</td>
</tr>
<tr>
<td>18 VAC 62-20-10 through 18 VAC 62-20-180</td>
<td>Added</td>
<td>20:12 VA.R. 1515-1518</td>
<td>2/2/04-2/1/05</td>
</tr>
<tr>
<td>18 VAC 110-20-720</td>
<td>Amended</td>
<td>20:18 VA.R. 2021</td>
<td>7/1/04</td>
</tr>
<tr>
<td>18 VAC 120-10-100</td>
<td>Erratum</td>
<td>20:13 VA.R. 1644</td>
<td>--</td>
</tr>
<tr>
<td>20 VAC 5-309-15</td>
<td>Amended</td>
<td>20:15 VA.R. 1781</td>
<td>3/12/04</td>
</tr>
</tbody>
</table>

**Title 10. Finance and Financial Institutions**

**Title 12. Health**

**Title 14. Insurance**

**Title 16. Labor and Employment**

**Title 18. Professional and Occupational Licensing**

**Title 20. Public Utilities and Telecommunications**
<table>
<thead>
<tr>
<th>SECTION NUMBER</th>
<th>ACTION</th>
<th>CITE</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
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<tr>
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<td>Amended</td>
<td>20:15 VA.R. 1781</td>
<td>3/12/04</td>
</tr>
<tr>
<td>20 VAC 5-309-40</td>
<td>Amended</td>
<td>20:15 VA.R. 1781</td>
<td>3/12/04</td>
</tr>
<tr>
<td>20 VAC 5-309-70</td>
<td>Amended</td>
<td>20:15 VA.R. 1782</td>
<td>3/12/04</td>
</tr>
<tr>
<td>20 VAC 5-309-110</td>
<td>Amended</td>
<td>20:15 VA.R. 1782</td>
<td>3/12/04</td>
</tr>
<tr>
<td>20 VAC 5-309-140</td>
<td>Amended</td>
<td>20:15 VA.R. 1783</td>
<td>3/12/04</td>
</tr>
<tr>
<td><strong>Title 22. Social Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 VAC 30-50-30</td>
<td>Amended</td>
<td>20:18 VA.R. 2022</td>
<td>6/18/04</td>
</tr>
<tr>
<td>22 VAC 40-190</td>
<td>Erratum</td>
<td>20:12 VA.R. 1526</td>
<td>--</td>
</tr>
<tr>
<td>22 VAC 40-191</td>
<td>Erratum</td>
<td>20:12 VA.R. 1526</td>
<td>--</td>
</tr>
<tr>
<td><strong>Title 24. Transportation and Motor Vehicles</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 VAC 30-380-10</td>
<td>Amended</td>
<td>20:13 VA.R. 1633</td>
<td>2/12/04</td>
</tr>
</tbody>
</table>
NOTICES OF INTENDED REGULATORY ACTION

Symbol Key
† Indicates entries since last publication of the Virginia Register

TITLE 8. EDUCATION
STATE BOARD OF EDUCATION

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 Education intends to consider amending regulations entitled 8 VAC 20-30, Regulations Governing Adult High School Programs. The purpose of the proposed action is to provide consistency with the Regulations Establishing the Standards for Accrediting Public Schools in Virginia (9 VAC 20-131). The purpose of the intended regulatory action is two-fold. First, adult high school programs, where adults are able to earn a standard or advanced studies diploma, will be required to maintain the same high standards as regular day school programs. Second, the change provides a high-standard alternative diploma, to be named the Adult High School Diploma, for adults who are unable to complete the current requirements for a standard or advanced diploma.

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

Public comments may be submitted until June 2, 2004.

Contact: Dr. Margaret N. Roberts, Office of Policy and Public Affairs, Department of Education, P.O. Box 2120, 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524 or e-mail mroberts@mail.vak12.edu.

VA.R. Doc. No. R04-141; Filed April 14, 2004, 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 30-141, Family Access to Medical Insurance Security Plan. The purpose of the proposed action is to require prior authorization of drugs for noninstitutionalized FAMIS recipients receiving fee-for-service benefits when they exceed the established thresholds within the specified time frames. This program does not apply to FAMIS recipients enrolled in managed care organizations.

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

Public comments may be submitted until July 1, 2004, to Linda L. Nablo, Director, Child Health Insurance Programs, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Brian McCormick, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8856, FAX (804) 786-1680 or e-mail Brian.McCormick@dmas.virginia.gov.

VA.R. Doc. No. R04-142; Filed April 15, 2004, 2:27 p.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL REGULATION
DEPARTMENT OF HEALTH PROFESSIONS

Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Health Professions intends to consider amending regulations entitled 18 VAC 76-20, Regulations Governing the Prescription Monitoring Program. The purpose of the proposed action is to consider amendments to requirements for the patient to sign a separate and distinct consent form for disclosure of drug information in the Prescription Monitoring Program (PMP) and for the physician to provide a copy of the signed release from the patient to remove an unnecessary barrier to full utilization of the monitoring system.

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

Statutory Authority: Chapter 25.2 (§§ 54.1-2519 through 54.1-2525) of Title 54.1 of the Code of Virginia.
Public comments may be submitted until 5 p.m. on June 16, 2004.

Contact: Robert Nebiker, Director, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1717, telephone (804) 662-9919, fax (804) 662-9114 or e-mail robert.nebiker@dhp.virginia.gov.

VA.R. Doc. No. R04-146; Filed April 27, 2004, 12:22 p.m.
BOARD OF PHARMACY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Pharmacy intends to consider amending regulations entitled 18 VAC 110-20, Regulations Governing the Practice of Pharmacy. The purpose of the proposed action is to change the time limitation for refills of Schedule VI drugs from two years to one year from date of issuance for consistency with most other states and insurance plans and to reduce the number of invalid practitioner/patient relationships after one year.

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

Statutory Authority: § 54.1-2400 and Chapters 33 (§ 54.1-3300 et seq.) and 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until June 2, 2004.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 W. Broad St., Richmond, VA 23230-1717, telephone (804) 662-9911, FAX (804) 662-9943 or e-mail scotti.russell@dhp.virginia.gov.

VA.R. Doc. No. R04-3; Filed April 14, 2004, 11:51 a.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 repealing the following seven regulations entitled:

22 VAC 40-200, Foster Care - Guiding Principles
22 VAC 40-210, Foster Care - Assessing the Client's Service Needs
22 VAC 40-240, Nonagency Placement for Adoption - Consent
22 VAC 40-250, Agency Placement for Adoptions - AREVA
22 VAC 40-260, Agency Placement Adoptions - Subsidy
22 VAC 40-280, Nonagency Placements for Adoption - Adoptive Home Study
22 VAC 40-800, Family Based Social Services

The purpose of the proposed action is to repeal the current regulations listed above and replace them with one comprehensive new Permanency Services Regulation that will encompass the full range of services for providing a child with a safe, secure and stable situation in which to grow up. The subject matter of the current regulation will be included in the permanency services regulation.

The agency does not intend to hold a public hearing on the proposed regulations after publication.

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

Public comments may be submitted until June 16, 2004.

Contact: Therese A. Wolf, Foster Care Policy Specialist, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7522, FAX (804) 726-7499 or e-mail therese.wolf@dss.virginia.gov.


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 40-201, Permanency Services - Prevention, Foster Care, Adoption, and Independent Living. The purpose of the proposed action is to establish a new, comprehensive Permanency Services Regulation encompassing all services directly related to achieving and maintaining permanency for children in one location in the Virginia Administrative Code.

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

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

Public comments may be submitted until June 16, 2004.

Contact: Therese A. Wolf, Foster Care Policy Specialist, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7522, FAX (804) 726-7499 or e-mail therese.wolf@dss.virginia.gov.

The amendment allows any person licensed to harvest peeler crabs by peeler pot to harvest one bushel of male crabs from his peeler pots on Sunday. The male crabs are to be used strictly for the purpose of baiting the fisherman’s peeler pots and cannot be sold.

The amendment also prohibits a fisherman from retrieving, baiting or setting any crab pot or peeler pot except during the lawful daily time periods.

**4 VAC 20-270-20. Sunday prohibition and limited exception for possession of male hard crabs.**

It shall be unlawful to take or catch crabs for commercial purposes on Sunday. This section shall not apply to the harvest of peeler crabs by crab traps or peeler pots or to the working of floats, pens, or onshore facilities for soft crab shedding operations. Any person licensed to harvest peeler crabs by peeler pot may harvest one bushel of male crabs from his peeler pots on Sunday strictly for the purpose of baiting his peeler pots, and such crabs may not be sold.

**4 VAC 20-270-30. Daily time limits.**

A. It shall be unlawful for any person who is licensed to catch and sell crabs taken by crab pot or peeler pot to take and harvest crabs from any crab pot or peeler pot, or to retrieve, bait or set any crab pot or peeler pot, except during the lawful daily time periods described in this subsection. The lawful daily time periods for the commercial harvesting of crabs by crab pot or peeler pot shall be from 6 a.m. to 2 p.m. during the months of April, September, October, and November and from 5 a.m. to 1 p.m. during the months of May, June, July, and August. Crab pots or peeler pots already on board a boat at the end of the lawful daily time period may be set during the period starting immediately following the lawful daily time period and ending one hour after the lawful daily time period.

B. It shall be unlawful to take or harvest crabs by crab dredge between sunset and sunrise.

C. The lawful daily time periods for the commercial harvest of crabs by crab pot or peeler pot may be rescinded by the Commissioner of Marine Resources when he determines that a pending weather event is sufficient cause for the removal of crab pots from the tidal waters of the Commonwealth.

The amendments limit the number of vessels in the crab dredge fishery to 225 and establish procedures for adding fishermen to the crab dredge fishery.

The amendments also (i) eliminate the special crab dredge permit, (ii) remove the requirement that a fisherman purchase a crab dredge license and actively engage in the crab dredge fishery to maintain his eligibility to participate in the fishery in the following season, (iii) allow for the transfer of crab dredge licenses to any registered commercial fisherman, and (iv) eliminate the exception process and review committee.
4 VAC 20-750-20. Crab dredge permit required. (Repealed.)

It shall be unlawful for any person to take or catch crabs using a crab dredge without first having obtained a crab dredge permit from the Marine Resources Commission or its agent, as of December 1, 1994. Permits will only be issued to commercial fishermen meeting the following conditions:

1. Applicants shall hold a valid commercial registration license.
2. Applicants shall have held a crab dredge license during the previous season and shall have been actively engaged in the previous season’s crab dredge fishery.
3. Applicants shall have fully reported their catches in accordance with 4 VAC 20-610-10 et seq.
4. Completed permit applications may be hand delivered or mailed to the Marine Resources Commission, 2600 Washington Avenue, P.O. Box 756, Newport News, VA 23607.

4 VAC 20-750-30. Limit on sale of licenses and license purchase requirements.

A. Except as provided in 4 VAC 20-750-40 of this chapter, the total number of crab dredge licenses issued for the 1993/94 season and each season thereafter shall be limited to the number of crab dredge licenses issued for the 1993/94 season (December 1, 1993 – March 31, 1994).

B. Except as provided in 4 VAC 20-750-40 of this chapter, any person who held a 1993 or 1994 crab dredge license and who did not harvest crabs during the 1993/94 crab dredge season shall not be eligible to participate in the 1994/95 crab dredge season or any season thereafter.

C. Except as provided in 4 VAC 20-750-40 of this chapter, no crab dredge licenses will be issued to any new applicant after March 31, 1994, and no crab dredge licenses will be issued to any new applicant until the number of crab dredge licenses drops to 220 or below as of December 10 of any year.

A. Licenses for the use of a crab dredge shall be limited to 225, and the purchase of these licenses in 2004 and in future years shall be limited to those registered commercial fishermen who were eligible to purchase this license in 2003. Any person receiving a crab dredge license by lawful transfer in 2004 or future years also establishes his eligibility to purchase a crab dredge license in future years; however, any person either failing to register as a commercial fisherman in any year or transferring his crab dredge license to another registered commercial fisherman shall forfeit his eligibility to purchase a crab dredge license in future years.

B. In any year, when it is determined that the number of persons eligible to purchase a crab dredge license is less than 225, the commission, by random drawing of qualified applicants, shall add persons to the list of those eligible to purchase a crab dredge license. Any registered commercial fisherman who completes an application for the crab dredge license lottery and submits that application in a timely manner shall be considered as a qualified applicant.

C. Any person who establishes and maintains his eligibility for a crab dredge license shall not be required to purchase a crab dredge license in order to remain eligible for a crab dredge license in future years.

4 VAC 20-750-40. Exceptions to limit Transfers of crab dredge licenses.

A. A review board, appointed by the commissioner and consisting of at least one associate member of the commission, may grant exceptions to the limitations on the issuance of crab dredge licenses, based on scientific, economic, biological, sociological and hardship factors. Under no circumstances will an exception be granted solely on the basis of economic hardship. The review board will meet once in October and either approve or reject a request for exception. The applicant shall provide a written request for exception to the commissioner, and any request must be received in the commission office by October 1. Any applicant denied an exception may appeal the decision to the commission. The commission will review appeals at its November meeting, and the applicant shall provide the commission with a written request of appeal, at least 10 days in advance of the November meeting. Any decision of the review board may be investigated by the commission.

B. A crab dredge licensee may transfer his license to any registered commercial fisherman, with the approval of the commissioner. A person may transfer his crab dredge license to any registered commercial fisherman, with the approval of the commissioner.

VA.R. Doc. No. R04-157; Filed April 30, 2004

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Statutory Authority: § 28.2-201 of the Code of Virginia.

Effective Date: May 1, 2004.

Agency Contact: Deborah Cawthon, Agency Regulatory Coordinator, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2248, FAX (757) 247-2002 or e-mail dcawthon@mrc.state.va.us.

Summary:

The amendments continue the moratorium on crab license sales through 2007. A fisherman eligible for any crabbing license in 2004 will continue to be eligible for that specific crab license through 2007 unless the fisherman fails to register as a commercial fisherman or transfers that license to another person.
Final Regulations

4 VAC 20-1040-20. License sales moratorium.

A. Except as provided in subsection B of this section, additional commercial licenses for crab pots, peeler pots, crab scrapes, crab traps, ordinary trot lines, patent trot lines, and crab dip nets for the 2000 crabbing season shall not be sold after May 25, 2000. Crabbing licenses sold for the 2001, 2002 and 2003 crabbing seasons shall be issued only to those registered commercial fishermen who held the identical valid crabbing license in 2000. For the lawful crabbing seasons of 2004 through 2007, commercial licenses for crab pot, peeler pot, crab scrape, crab trap, ordinary trot line, patent trot line, and dip net shall be sold only to those registered commercial fishermen who have been determined by the commission to be eligible to purchase any of these licenses in 2004. Any person receiving a crab license by lawful transfer in 2004 through 2007 also establishes his eligibility to purchase that specific license through 2007; however, any person either failing to register as a commercial fisherman in any year or lawfully transferring his crab license to another person shall forfeit his eligibility to purchase that specific crab license through 2007.

B. Commercial licenses for crab pots, peeler pots, crab scrapes, crab traps, ordinary trot lines, patent trot lines, and crab dip nets may be transferred to an immediate family member of the licensee and, in the case of death or incapacitation of the licensee, may be transferred to a registered commercial fisherman. Crabbing licenses also may be transferred to another registered commercial fisherman if the licensee’s boat or vessel and gear used for crabbing are also transferred or sold to the registered commercial fisherman. All such transfers shall be documented on forms provided by the commission and shall be subject to the approval of the commissioner.

C. The moratorium on the sale of additional commercial licenses for crab pots, peeler pots, crab scrapes, crab traps, ordinary trot lines, patent trot lines, and crab dip nets shall end on May 26, 2004.

VA.R. Doc. No. R04-158; Filed April 30, 2004

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulations: 42 VAC 20-1040. License sales moratorium.

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


Effective Date: August 1, 2004.

Agency Contact: Stan Fields, Director, Division of Cost Settlement and Audit, 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 stan.fields@dmas.state.va.us.

Summary:

The amendments set the maximum amount for medically necessary goods and services that are not covered by Medicaid or a third party and can be allowed as adjustments to the patient-pay amount for nursing facility residents. The maximum amount will be the Medicare or Medicaid maximum allowable reimbursement, whichever is higher for the noncovered items or services.

The changes made to the proposed regulation were required by the Centers for Medicare and Medicaid Services during its review of the state plan amendment companion to DMAS’ original emergency regulations. CMS required the addition of the provision providing that should there not be any Medicare or Medicaid pricing information for the particular needed service or device, then DMAS is to permit the deduction of the provider’s full charge from the nursing facility resident’s income.

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.

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

A. The Medicaid agency meets the requirements of 42 CFR 435.725, 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 specified in subsection B of this section.

B. All medical or remedial goods and services not subject to payment by a third party and not covered by Medicaid but recognized under state law must be prescribed by a physician, dentist, podiatrist or other practitioner with prescribing authority pursuant to Virginia law. The maximum amount that may be deducted from the [patient-pay amount patient’s income] for nursing facility residents shall be the maximum amount allowable by reimbursed by the higher of either Medicaid or Medicare [ , whichever is higher] for the same noncovered items or services.

[ C. If neither Medicaid nor Medicare has an allowed amount for the service rendered, then DMAS will protect from the individual’s income:

1. For services, the amount of the provider’s usual and customary charge; or
2. For supplies and durable medical equipment, the actual invoice cost plus the lesser of either:
   a. The labor charges; or
   b. A 30% mark-up from the invoice. ]
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 amount for nursing facility residents shall be the maximum amount allowable by either Medicaid or Medicare, whichever is higher, for the same noncovered items or services specified in 12 VAC 30-40-235.

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.

D. 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.

E. 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.).

F. 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.

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.

H. Medical justification documentation as specified in subsection E G 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.


REGISTRAR’S NOTICE: The following regulatory action is exempt from the Administrative Process Act in accordance with (i) § 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, and (ii) § 2.2-4006 A 3 of the Code of Virginia, which excludes regulations that consist only of changes in style or form or corrections of technical errors. The Department of Medical Assistance Services will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: 12 VAC 30-50. Amount, Duration, and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-140, 12 VAC 30-50-150 and 12 VAC 30-50-180).

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


Effective Date: July 1, 2004.
Final Regulations

Agency Contact: Catherine Hancock, Policy Analyst, Policy Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4272, FAX (804) 786-1680 or e-mail catherine.hancock@dmas.virginia.gov.

Summary:

The amendments add marriage and family therapists as independently enrolled Medicaid providers to an already existing list of providers that includes psychiatrists, psychologists, professional counselors, clinical nurse specialists, and licensed clinical social workers. This action conforms the State Plan for Medical Assistance to the mandate contained in Chapter 125 of the 2004 Acts of Assembly.

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 five sessions, without prior authorization during the first treatment year. An additional extension of up to 47 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 prior authorized 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, or a licensed marriage and family therapist under the direct supervision of a psychiatrist.*

3. Psychological and psychiatric services shall be medically prescribed treatment which that 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, or licensed marriage and family therapist 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 for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma, breast cancer,
leukemia, or myeloma. Transplant services for any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, and bone marrow/stem cell transplants and any other medically necessary transplantation procedures that are determined to not be experimental or investigational require preauthorization by DMAS. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. Standards for coverage of organ transplant services are in 12 VAC 30-50-540 through 12 VAC 30-50-580.

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 under at least one the following conditions. It shall be the responsibility of the hospital, when requesting prior authorization for the admission, to demonstrated 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.

N. In compliance with 42 CFR 441.200, Subparts E and F, claims for hospitalization in which sterilization, hysterectomy or abortion procedures were performed shall be subject to review of the required DMAS forms corresponding to the procedures. The claims shall suspend for manual review by DMAS. If the forms are not properly completed or not attached to the bill, the claim will be denied or reduced according to DMAS policy.

O. Prior authorization is required for the following nonemergency outpatient procedures: Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, or Positron Emission Tomography (PET) scans. The referring physician ordering nonemergency outpatient Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, or Positron Emission Tomography (PET) scans must obtain prior authorization from the Department of Medical Assistance Services (DMAS) for those scans. The servicing provider will not be reimbursed for the scan unless proper prior authorization is obtained from DMAS by the referring physician.

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

12 VAC 30-50-150. Medical care by other licensed practitioners within the scope of their practice as defined by state law.
A. Podiatrists' services.

1. Covered podiatry services are defined as reasonable and necessary diagnostic, medical, or surgical treatment of disease, injury, or defects of the human foot. These services must be within the scope of the podiatrists' profession and defined by state law.

2. The following services are not covered: preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery; cutting or removal of corns, warts, or calluses; experimental procedures; acupuncture.

3. The Program may place appropriate limits on a service based on medical necessity or for utilization control, or both.

B. Optometrists' services. Diagnostic examination and optometric treatment procedures and services by ophthalmologists, optometrists, and opticians, as allowed by the Code of Virginia and by regulations of the Boards of Medicine and Optometry, are covered for all recipients. Routine refractions are limited to once in 24 months except as may be authorized by the agency.

C. Chiropractors' services are not provided.

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

1. These limitations apply to psychotherapy sessions provided, within the scope of their licenses, by licensed clinical psychologists or licensed clinical social workers/licensed professional counselors/licensed clinical nurse specialists-psychiatric/licensed marriage and family therapists who are either independently enrolled or under the direct supervision of a licensed clinical psychologist. Psychiatric services are limited to an initial availability of five sessions without prior authorization. An additional extension of up to 47 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 treatment year when prior authorized by DMAS. Psychiatric services are further restricted to no more than three sessions in any given seven-day period.

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

12 VAC 30-50-180. Clinic services.

A. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus were carried to term.

B. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that:

1. Are provided to outpatients;
2. Are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients; and
3. Except in the case of nurse-midwife services, as specified in 42 CFR 440.165, are furnished by or under the direction of a physician or dentist.

C. Reimbursement to community mental health clinics for medical psychotherapy services is provided only when performed by a qualified therapist. Community mental health clinics which have a valid Medicaid provider agreement on July 5, 2000, and which do not employ qualified therapists shall continue to be eligible for Medicaid reimbursement for medical psychotherapy services no later than July 5, 2002. No payment shall be made after that date unless rendered by a therapist meeting these qualifications. For purposes of this section, a qualified therapist is:

1. A licensed physician who has completed three years of post-graduate residency training in psychiatry;
2. An individual licensed by one of the boards administered by the Department of Health Professions to provide medical psychotherapy services including: licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, or clinical nurse specialists-psychiatric, or licensed marriage and family therapists; or
3. An individual who holds a master’s or doctorate degree, who has completed all coursework necessary for licensure by one of the appropriate boards as specified in subdivision 2 of this subsection, and who has applied for a license but has not yet received such license, and who is currently supervised in furtherance of the application for such license, in accordance with requirements or regulations promulgated by DMAS, by one of the licensed practitioners listed in subdivisions 1 and 2 of this subsection.

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

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

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

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

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

"DMAS" means the Department of Medical Assistance Services consistent with Chapter 10 (§ 32.1-323 et seq.) of Title 32.1 of the Code of Virginia.

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) DMAS shall review on an ongoing basis the effectiveness of this program in achieving its objectives and for its effect on recipients, physicians, and hospitals. Program components may be revised subject to achieving program intent objectives, the accuracy and effectiveness of the ICD-9-CM code designations, and the impact on recipients and providers.

2. Dentists' services.

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

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

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

4. Podiatry.

5. Nurse-midwife services.

6. Durable medical equipment (DME).

a. The rate paid for all items of durable medical equipment except nutritional supplements shall be the lower of the state agency fee schedule or the actual charge.

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

c. Certain durable medical equipment used for intravenous therapy and oxygen therapy shall be bundled under specified procedure codes and reimbursed as determined by the agency. Certain services/durable medical equipment such as service maintenance agreements shall be bundled under specified procedure codes and reimbursed as determined by the agency.

1) Intravenous therapies. The DME for a single therapy, administered in one day, shall be reimbursed at the established service day rate for the bundled durable medical equipment and the standard pharmacy payment, consistent with the ingredient cost as described in 12 VAC 30-80-40, plus the pharmacy service day and dispensing fee. Multiple applications of the same therapy shall be included in one service day rate of reimbursement. Multiple applications of different therapies administered in one day shall be reimbursed for the bundled durable medical equipment service day rate as follows: the most expensive therapy shall be reimbursed at 100% of cost; the second and all subsequent most expensive therapies shall be reimbursed at 50% of cost. Multiple therapies administered in one day shall be reimbursed at the pharmacy service day rate plus 100% of every active therapeutic ingredient in the compound (at the lowest ingredient cost methodology) plus the appropriate pharmacy dispensing fee.

2) Respiratory therapies. The DME for oxygen therapy shall have supplies or components bundled under a service day rate based on oxygen liter flow rate or blood gas levels. Equipment associated with respiratory therapy may have ancillary components bundled with the main component for reimbursement. The reimbursement shall be a service day per diem rate for rental of equipment or a total amount of purchase for the purchase of equipment. Such respiratory equipment shall include, but not be limited to, oxygen tanks and tubing, ventilators, noncontinuous ventilators, and suction machines. Ventilators, noncontinuous ventilators, and suction machines may be purchased based on the individual patient's medical necessity and length of need.

3) Service maintenance agreements. Provision shall be made for a combination of services, routine maintenance, and supplies, to be known as agreements, under a single reimbursement code only for equipment that is recipient owned. Such bundled agreements shall be reimbursed either monthly or in units per year based on the individual agreement between the DME provider and DMAS. Such bundled agreements may apply to, but not necessarily be limited to, either respiratory equipment or apnea monitors.

7. Local health services, including services paid to local school districts.
8. Laboratory services (other than inpatient hospital).

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

10. X-Ray services.

11. Optometry services.

12. Medical supplies and equipment.

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

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

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

16. Supplemental payments to state government-owned or operated clinics.

a. In addition to payments for clinic services specified elsewhere in this state plan, DMAS provides supplemental payments for outpatient services provided to Medicaid patients on or after July 2, 2002. Clinic means a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Outpatient services include those furnished by or under the direction of a physician, dentist or other medical professional acting within the scope of his license to an eligible individual. Supplemental payments will be made to Children's Specialty Services, a state government-owned and operated clinic.

b. The amount of the supplemental payment made to Children's Specialty Services is determined by calculating for all state government-owned or operated clinics the annual difference between the aggregate upper payment limit specified in 42 CFR 447.321 and determined according to the method described in subdivision 16 d and the amount otherwise actually paid for the services by the Medicaid program.

c. Payments for furnished services made under this section may be made in one or more installments at such times, within the fiscal year or thereafter, as is determined by DMAS.

d. To determine the aggregate upper payment limit, Medicaid payments to state government-owned or operated clinics will be divided by the "additional factor" whose calculation is described in Attachment 4.19-B, Supplement 4 (12 VAC 30-80-190 B) in regard to the state agency fee schedule for Resource Based Relative Value Scale (RBRVS). Medicaid payments will be estimated using payments for dates of service from the prior fiscal year adjusted for expected claim payments. Additional adjustments will be made for any program changes in Medicare or Medicaid payments.

17. Supplemental payments for services provided by Type I physicians.

18. Supplemental payments to nonstate government-owned or operated clinics.

a. In addition to payments for clinic services specified elsewhere in the regulations, DMAS provides supplemental payments to qualifying nonstate government-owned or operated clinics for outpatient services provided to Medicaid patients on or after July 2, 2002. Clinic means a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Outpatient services include those furnished by or under the direction of a physician, dentist or other medical professional acting within the scope of his license to an eligible individual. A qualifying clinic is a clinic with estimated Medicaid payments in 2003 (including primary payments and copayments) of more than $100,000 other than under this section and that serve areas covered by managed care prior to January 1, 1998.

b. The amount of the supplemental payment made to each qualifying nonstate government-owned or operated clinic is determined by:

(1) Calculating for each clinic the annual difference between the upper payment limit attributed to each clinic according to subdivision 16 d and the amount otherwise actually paid for the services by the Medicaid program;

(2) Dividing the difference determined in subdivision 18 b (1) for each qualifying clinic by the aggregate difference for all such qualifying clinics; and

(3) Multiplying the proportion determined in subdivision (2) of this subdivision 18 b by the aggregate upper payment limit amount for all such clinics as determined in accordance with 42 CFR 447.321 less all payments made to such clinics other than under this section.

c. Payments for furnished services made under this section may be made in one or more installments at such times, within the fiscal year or thereafter, as is determined by DMAS.

d. To determine the aggregate upper payment limit referred to in subdivision 18 b (3), Medicaid payments to nonstate government-owned or operated clinics will be divided by the "additional factor" whose calculation is described in Attachment 4.19-B, Supplement 4 (12 VAC 30-80-190 B) in regard to the state agency fee schedule for RBRVS. Medicaid payments will be estimated using payments for dates of service from the prior fiscal year adjusted for expected claim payments. Additional adjustments will be made for any program changes in Medicare or Medicaid payments.

B. Hospice services payments must be no lower than the amounts using the same methodology used under Part A of Title XVIII, and take into account the room and board furnished by the facility, equal to at least 95% of the rate that would have been paid by the state under the plan for facility services in that facility for that individual. Hospice services shall be paid according to the location of the service delivery and not the location of the agency's home office.

**Final Regulations**

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**Titles of Regulations:** 12 VAC 30-60. Standards Established and Methods Used to Assure High Quality of Care (amending 12 VAC 30-60-40 and 12 VAC 30-60-320).

12 VAC 30-90. Methods and Standards for Establishing Payment Rates for Long-Term Care (amending 12 VAC 30-90-264 [ and 12 VAC 30-90-271 ]).

**Statutory Authority:** §§ 32.1-324 and 32.1-325 of the Code of Virginia and Item 325 LLL of Chapter 1042 of the 2003 Acts of Assembly.

**Effective Date:** July 1, 2004.

**Agency Contact:** Paula Margolis, Reimbursement Analyst, Division of Provider Reimbursement, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 371-4767, FAX (804) 786-1680, or e-mail paula.margolis@dmas.virginia.gov.

**Summary:**

This action discontinues the additional reimbursement to nursing facilities (NFs) for the complex care and rehabilitation components of specialized care services for adults. Specialized care services are those services provided to NF residents who have special medical needs, such as comprehensive rehabilitation, complex care, ventilator dependence, and persons diagnosed with AIDS. Prior to the adoption of the current Resource Utilization Groups (RUGs) reimbursement methodology, additional reimbursement to NFs was deemed appropriate for the higher levels of care required by specific residents. Once the RUGs methodology was implemented, however, additional reimbursement for comprehensive rehabilitation care and complex health care was no longer necessary as the RUGs system incorporated such additional care costs. The RUGs methodology does not address ventilator dependency and, therefore, it is being retained as a specially reimbursed category of specialized care services.

The regulation was changed by adding an amendment to 12 VAC 30-90-271, which was not originally amended. The amendment adds kinetic therapy devices to the list of covered ancillary services.

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

**REGISTRAR'S NOTICE:** The proposed regulation was adopted as published in 20:8 V.A.R. 712-718 December 29, 2003, with the changes identified below. Pursuant to § 2.2-4031 A of the Code of Virginia, the adopted regulation is not published at length; however, the changes from the proposed are set out below.

12 VAC 30-60-40. [ No change from proposed. ]

12 VAC 30-60-320. [ No change from proposed. ]

12 VAC 30-90-264. [ No change from proposed. ]

[ 12 VAC 30-90-271. Direct patient care operating.]

A. Nursing service expenses.

1. Salary - nursing administration. Gross salary (includes sick pay, holiday pay, vacation pay, staff development pay and overtime pay) of all licensed nurses in supervisory positions defined as follows (Director of Nursing, Assistant Director of Nursing, nursing unit supervisors, patient care coordinators and MDS coordinators).


5. Salaries - Quality assurance nurses. Gross salary of licensed nurses who function as quality assurance coordinators and are responsible for quality assurance activities and programs. Quality assurance activities and programs are concerned with resident care and not with the administrative support that is needed to document the care. If a quality assurance coordinator is employed by the home office and spends a percentage of time at nursing facilities, report directly allocated costs to the nursing facility in this category rather than under the home office operating costs.

6. Nursing employee benefits. Benefits related to registered nurses, licensed practical nurses, certified nurse aides, quality assurance nurses, and nursing administration personnel as defined in subdivision 1 of this subsection. See 12 VAC 30-90-272 B for description of employee benefits.

7. Contract nursing services. Cost of registered nurses, licensed practical nurses, certified nurse aides, and quality assurance nurses on a contract basis.

8. Supplies. Cost of supplies, including nursing and charting forms, medication and treatment records, physician order forms.

9. Professional fees. Medical director and pharmacy consultant fees.

B. Minor medical and surgical supplies.

1. Salaries - medical supply. Gross salary of personnel responsible for procurement, inventory and distribution of minor medical and surgical supplies.


3. Supplies. Cost of items for which a separate identifiable charge is not customarily made, including, but not limited to, colostomy bags; dressings; chux; rubbing alcohol; syringes; patient gowns; basins; bed pans; ice-bags and
canes, crutches, walkers, wheel chairs, traction equipment and other durable medical equipment for multi-patient use.

4. Oxygen.  Cost of oxygen for which a separate charge is not customarily made.


6. Incontinence services.  Cost of disposable and nondisposable incontinence supplies.  The laundry supplies or purchased commercial laundry service for nondisposable incontinent services.

C. Ancillary service cost.  Allowable ancillary service costs represents gross salary and related employee benefits of those employees engaged in covered ancillary services to Medicaid recipients, cost of all supplies used by the respective ancillary service departments, cost of ancillary services performed on a contract basis by other than employees and all other costs allocated to the ancillary service cost centers in accordance with Medicare principles of reimbursement.

Following is a listing of all covered ancillary services:

1. Radiology
2. Laboratory
3. Respiratory therapy
4. Physical therapy
5. Occupational therapy
6. Speech therapy
7. EKG
8. EEG
9. Medical supplies charged to patient

Summary of Public Comments and Agency's Response: No public comments were received by the promulgating agency.

REGISTRAR'S NOTICE: The proposed regulation was adopted as published in 20:10 VA.R. 968-969 January 26, 2004, 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 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).


Effective Date: July 1, 2004.

Agency Contact: Peterson Epps, Reimbursement Analyst, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4591, FAX (804) 786-1680 or e-mail pete.epps@dmas.virginia.gov.

Summary:

The amendments limit reimbursement of nonteaching hospitals to 80% of their allowable costs for outpatient operating and capital costs; however, state teaching hospitals are excluded from this limitation. The amendments also establish a prospective reimbursement methodology for rehabilitation agencies other than those operated by community services boards (CSBs). Rehabilitation agencies operated by CSBs will continue to be reimbursed retroactively.

Summary of Public Comments and Agency's Response: No public comments were received by the promulgating agency.


12 VAC 30-80-20. Services that 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 d. The upper limit for reimbursement shall be no higher than payments for Medicare patients on a facility by facility basis in accordance with 42 CFR 447.321 and 42 CFR 447.325. In no instance, however, shall charges for beneficiaries of the program be in excess of charges for private patients receiving services from the provider. The professional component for emergency
room physicians shall continue to be uncovered as a component of the payment to the facility.

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

   (a) The initial treatment following a recent obvious injury.
   (b) Treatment related to an injury sustained more than 72 hours prior to the visit with the deterioration of the symptoms to the point of requiring medical treatment for stabilization.
   (c) The initial treatment for medical emergencies including indications of severe chest pain, dyspnea, gastrointestinal hemorrhage, spontaneous abortion, loss of consciousness, status epilepticus, or other conditions considered life threatening.
   (d) A visit in which the recipient's condition requires immediate hospital admission or the transfer to another facility for further treatment or a visit in which the recipient dies.
   (e) Services provided for acute vital sign changes as specified in the provider manual.
   (f) Services provided for severe pain when combined with one or more of the other guidelines.

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

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

c. 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 allowable capital costs and a 5.8% reduction for allowable operating costs. This methodology shall continue to be in effect after July 1, 2003, for Type One hospitals.

d. 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 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.

6. Supplemental payments to nonstate government-owned hospitals for outpatient services.

a. The department provides lump sum supplemental payments to participating nonstate government-owned hospitals for furnished outpatient services provided to Medicaid patients on or after December 16, 2001. The supplemental payments are made from a pool of funds, the amount of which is the difference between the Medicaid payments otherwise made to all nonstate government-owned hospitals for outpatient services to Medicaid patients and the maximum amount allowable under applicable federal regulations at 42 CFR 447.321. A participating hospital is one with respect to which a transfer agreement has been made and implemented.

b. A nonstate government-owned hospital is owned or operated by a unit of government other than a state. The payment amount for a participating hospital is the hospital's proportionate share of the established pool of funds determined by dividing the hospital's payments for outpatient services provided to Medicaid patients during the most recent fiscal year by the total payments for outpatient services to Medicaid patients provided by all participating nonstate government-owned hospitals for the same fiscal year.

c. A payment made to a hospital under this provision when combined with other payments made under the State Plan shall not exceed the limit specified in 42 USC §1396r-4(g). Any amount not included in a payment because of the operation of the preceding sentence shall be distributed to other participating hospitals in the same manner and subject to the same limitations as set forth above.

d. For the period from December 16, 2001, through May 13, 2002, aggregate payments to nonstate government-owned hospitals shall not exceed 150% of a reasonable estimate of the amount that would be paid for the services furnished by these hospitals under Medicare payment principles. For the period beginning May 14, 2002, aggregate payments to these hospitals shall not exceed 100% of a reasonable estimate of the amount that would be paid for the services furnished by these hospitals under Medicare payment principles.

e. To determine the reasonable estimate of the amount that would be paid under Medicare payment principles, each hospital's outpatient cost to charge ratio will be calculated and applied to its Medicaid outpatient charges. The reasonable estimate will be the sum of the calculations for all hospitals. The calculation will use data from the last settled cost report for all nonstate government-owned hospitals at the beginning of the state fiscal year for which calculations are made. However, for state fiscal year 2002, only data from the last settled cost report at the beginning of state fiscal year 2003 will be used. Charges and Medicaid payments will be trended forward using the Virginia-specific DRI-hospital inflation factors. Additional adjustments will be made for any statutory changes in Medicare or Medicaid payments. The most recently available data on Medicaid DSH payments will be used.

7. Supplemental payments to state government-owned hospitals for outpatient services.

a. In addition to payments for services set forth elsewhere in this State Plan, DMAS provides supplemental payments to qualifying state government-owned or operated hospitals for outpatient services provided to
Medicaid patients on or after July 2, 2002. To qualify for a supplemental payment, the hospital must be part of a state academic health system or part of an academic health system that operates under a state authority.

b. The amount of the supplemental payment made to each qualifying hospital is determined by:

(1) Calculating for each hospital the annual difference between the upper payment limit attributed to each qualifying hospital calculated according to this subdivision 7b (1) for each qualifying hospital by the aggregate difference for all such qualifying hospitals; and

(2) Dividing the difference determined in subdivision 7b (1) for each qualifying hospital by the aggregate difference for all such qualifying hospitals; and

(3) Multiplying the proportion determined in subdivision 7b (2) by the aggregate upper payment limit amount for all state owned or operated hospitals as determined in accordance with 42 CFR 447.321 less all payments made to such hospitals other than under this section.

(4) A payment made to a hospital under this provision when combined with other payments made under the State Plan shall not exceed the limit specified at 42 USC §1396r-4(g). Any amount not included in a payment because of the operation of the preceding sentence shall be distributed to other qualifying hospitals in the same manner and subject to the same limitations as set forth above.

c. Payments for furnished services under this section may be made in one or more installments at such times, within the fiscal year or thereafter, as is determined by DMAS.

d. To determine the aggregate upper payment limit amount referred to in subdivision 7b (3), the following methodology will be used. A ratio will be calculated for each hospital by dividing its Medicare payments by Medicare charges. This Medicare payment-to-charge ratio will be multiplied by the Medicaid charges for each hospital. The upper payment limit will be the sum of the product of that multiplication for all hospitals. The calculation will use data from the most recently settled cost report for all state government-owned hospitals at the beginning of the state fiscal year for which calculations are made. Charges will be trended forward using hospital-specific data if available. If not available, charges will be trended forward using the Virginia-specific DRI hospital inflation factors. Additional adjustments will be made for any program changes in Medicare or Medicaid payments. The most recently available data on Medicaid DSH payments will be used.

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. Effective July 1, 2003, the median calculated 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.
On December 31, 2003, OSHA withdrew its 1997 tuberculosis proposal and revoked 29 CFR 1910.139, Respiratory Protection for M. Tuberculosis, which was intended to apply only pending the conclusion of the tuberculosis rulemaking. With the withdrawal of the tuberculosis proposal and revocation of 29 CFR 1910.139, OSHA will begin applying the general industry respiratory protection standard for protection, 29 CFR 1910.134, against tuberculosis on July 1, 2004 (68 FR 75767).

The new requirements in the respiratory protection standard, 29 CFR 1910.134, include (i) updating the facility’s respirator program, (ii) complying with amended medical evaluation requirements, (iii) annual fit testing of respirators, and (iv) providing effective training and recordkeeping provisions.

Highlights of § 1910.134

The existing respiratory protection rule provides employers with additional guidance on what constitutes an appropriate and effective program, giving employers a better road map to follow when relying on respiratory protection in the workplace. The standard specifies how a systematic approach to evaluating workplace conditions, selecting the appropriate respirator, ensuring the respirator fits, and maintaining the respirator properly is to be implemented in the workplace. (68 FR 75777)

The repealed standard, Section 1910.139, required medical evaluation, but did not set forth the components of the evaluation, or how it was to be accomplished. The medical evaluation provisions of § 1910.134 set forth the minimum requirements employers must implement to determine if employees are medically qualified to wear respirators in their places of work.

The medical evaluation provisions of § 1910.134 are significantly better than the repealed standard, § 1910.139. They ensure that the healthcare professional, the employee, and the employer are aware of the factors that must be considered in evaluating an employee’s respiratory protection needs, and provide the tools to ensure appropriate decisions are made. (68 FR 75777)

Section 1910.134 requires employers to provide effective training to employees who are required to use respirators. The training must be comprehensive, understandable, and recur at least annually.

OSHA believes that the provisions of § 1910.134 represent its assessment of the best information available at the time that rule was issued to ensure that respiratory protection in the workplace is effective. To expend similar protection to workers exposed to Tuberculosis in the workplace, OSHA will apply all of the provisions of § 1910.134, including annual fit testing to Tuberculosis exposures. (68 FR 75778)

NOTE: On January 14, 2004, federal OSHA issued an announcement that it would delay until July 1, 2004, enforcing several provisions of the respiratory protection standard for establishments required to provide respirators for protection from potential exposure to Tuberculosis. The Safety and Health Codes Board repealed § 1910.139 effective July 1, 2004 and approved delaying enforcement of several provisions until December 31, 2004 to provide the same six month phase in as federal OSHA.

The six-month phase-in period will allow affected employers to come into compliance with the additional requirements of OSHA’s respiratory protection standard, such as conducting annual respirator fit testing and performing medical evaluations for covered employees and annual training for respirator use.

For those establishments required to provide respirators due to potential exposure to Tuberculosis, the Virginia Occupational Safety and Health Program (VOSH) will allow them up to 6 months to come into compliance with these sections. During the six-month phase-in period, VOSH will not cite these new requirements for establishments with workers exposed only to tuberculosis. All elements of the revoked rule continue to be enforced under the corresponding elements of the current respiratory protection standard.

The federal OSHA/VOSH delay does not affect establishments already covered under the respiratory protection rule where there is exposure to hazardous substances other than tuberculosis. All provisions of the rule will continue to be applied to those employers.

Note on Incorporation by Reference

Pursuant to § 2.2-4103 of the Code of Virginia, Respiratory Protection, General Industry, 29 CFR 1910.134, is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the document will not be printed in the Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia 23219, and in the office of the Registrar of Regulations, General Assembly Building, 9th and Broad Streets, Richmond, Virginia 23219.


When the regulations, as set forth in the revised final rule for the application of 16 VAC 25-90-1910.134, Respiratory Protection, General Industry, § 1910.134, to Respiratory Protection against Tuberculosis, are applied to the Commissioner of the Department of Labor and Industry and/or to Virginia employers, the following federal terms shall be considered to read as follows:
Federal Terms | VOSH Equivalent
---|---
29 CFR | VOSH Standard
Assistant Secretary | Commissioner of Labor and Industry
Agency | Department
December 31, 2003 | July 1, 2004
Implementation Schedule of § 1910.134 based on six-month delay of effective date
July 1, 2004 | December 31, 2004

Statutory Authority: § 40.1-22 of the Code of Virginia.
Effective Date: July 1, 2004.
Agency Contact: John Crisanti, VOSH Planning Manager, Department of Labor and Industry, 13 South 13th Street, Richmond, VA 23219, telephone (804) 786-4300, FAX (804) 786-8418, e-mail jjc@doli.state.va.us.
Summary:
Federal OSHA amended its Commercial Diving Operations (CDO) standard to allow employers of recreational diving instructors and diving guides to comply with an alternative set of requirements instead of the decompression-chamber requirements in the current CDO standards.

In § 1910.401, Scope and Application, federal OSHA added a new paragraph, (a)(3), covering alternative requirements for recreational diving instructors and diving guides. In § 1910.402, Definitions, new definitions for "dive-guiding operations" and "recreational diving instruction" were added (69 FR 7351). OSHA also added a new mandatory Appendix C to Subpart T of Part 1910 entitled, "Alternative Conditions Under § 1910.401(a)(3) for Recreational Diving Instructors and Diving Guides." This mandatory appendix specifies the conditions under which employers may use this alternative to decompression chambers as required under § 1910.423(b)(2) or (c)(3) or § 1910.426(b)(1).

The final amendment applies only when diving instructors and diving guides engage in recreational diving instruction and diving guide duties; use an open circuit, a semi-closed-circuit, or a closed-circuit self-contained underwater-breathing apparatus (SCUBA) supplied with a breathing gas that has a high percentage of oxygen mixed with nitrogen; dive to a maximum depth of 130 feet of sea water; and remain within the no-decompression limits specified for the partial pressure of nitrogen in the breathing-gas mixture. These alternate requirements essentially are the same as the terms of a federal variance granted by OSHA to Dixie Divers, Inc. in 1999 (69 FR 7351).
The proposed regulation was amended to enable persons who are currently licensed as an esthetician in another state or jurisdiction to be eligible to apply for a Virginia wax technician license by endorsement.

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.

REGISTRAR'S NOTICE: The proposed regulation was adopted and published in 19:25 VA.R. 3738-3753 August 25, 2003, with the changes identified below. Pursuant to § 2.2-4031 A of the Code of Virginia, the adopted regulation is not published at length; however, the sections that have changed since publication of the proposed are set out.

18 VAC 41-40-10. [No change from proposed.]

18 VAC 41-40-20. General requirements for a wax technician license.

A. In order to receive a license as a wax technician, an applicant must meet the following qualifications:

1. The applicant shall be in good standing as a licensed wax technician in every jurisdiction where licensed. The applicant shall disclose to the board at the time of application for licensure any disciplinary action taken in another jurisdiction in connection with the applicant's practice as a wax technician. The applicant shall disclose to the board at the time of application for licensure whether he has been previously licensed in Virginia as a wax technician.

2. The applicant shall disclose his physical address. A post office box is not acceptable.

3. The applicant shall sign, as part of the application, a statement certifying that the applicant has read and understands the Virginia wax technician license laws and the regulations of the board.

4. In accordance with § 54.1-204 of the Code of Virginia, the applicant shall not have been convicted in any jurisdiction of a misdemeanor or felony that directly relates to the profession of waxing. The board shall have the authority to determine, based upon all the information available, including the applicant's record of prior convictions, whether the applicant is unfit or unsuited to engage in the profession of waxing. The board will decide each case by taking into account the totality of the circumstances. Any plea of nolo contendere shall be considered a conviction for the purposes of this section. The applicant shall provide a certified copy of a final order, decree or case decision, and such copy shall be admissible as prima facie evidence of such conviction. This record shall be forwarded by the applicant to the board within 10 days after all appeal rights have expired.

5. The applicant shall provide evidence satisfactory to the board that the applicant has passed the board-approved examination, administered either by the board or by independent examiners.

B. Eligibility to sit for board-approved examination.

1. Training in the Commonwealth of Virginia. Any person completing an approved wax technician training program in a Virginia-licensed waxing school or a Virginia public school's wax technician program approved by the state Department of Education [., or training that is substantially equivalent to the Virginia program] shall be eligible for examination.

2. Training outside of the Commonwealth of Virginia, but within the United States and its territories. Any person completing a wax technician training program [or training] that is substantially equivalent to the Virginia program but is outside of the Commonwealth of Virginia must submit to the board documentation of the successful completion of 115 hours of training to be eligible for examination. If less than 115 hours of wax technician training was completed, an applicant must submit a certificate, diploma or other documentation acceptable to the board verifying the completion of a substantially equivalent wax technician course and documentation of six months of wax technician work experience in order to be eligible for the wax technician examination.

18 VAC 41-40-30. License by endorsement.

Upon proper application to the board, any person currently licensed to practice as a wax technician [or esthetician, or who is a licensed wax technician instructor in any other state or jurisdiction of the United States and who has completed both a training program and a written and practical examination that is substantially equivalent to that required by these regulations, may be issued a wax technician license or a wax technician instructor certificate, respectively, without an examination. The applicant must also meet the requirements set forth in 18 VAC 41-40-20 A.

18 VAC 41-40-40 through 18 VAC 41-40-260. [No change from proposed.]
EMERGENCY REGULATIONS

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

REGISTRAR'S NOTICE: This emergency regulation addresses Preferred Drug List requirements and prior authorization of pharmacy services, which was the subject matter of an emergency regulation published in 20:8 VA.R. 836-842 December 29, 2003. Pursuant to § 2.2-4011 of the Code of Virginia, the Department of Medical Assistance Services is issuing additional emergency regulations addressing the subject matter of the initial emergency regulation; however, such emergency regulations shall not be effective beyond the initial 12-month period.

Titles of Regulations: 12 VAC 30-50. Amount, Duration and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-210).

12 VAC 30-130. Amount, Duration and Scope of Selected Services (amending 12 VAC 30-130-1000).


Agency Contact: Adrienne Fegans, Program Operations Administrator, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-4112, FAX (804) 786-1680, or e-mail adrienne.fegans@dmas.virginia.gov.

Preamble:

The purpose of this action is twofold: to revise the definition of “emergency supply” and to expand the description of the duties of the Medicaid Pharmacy and Therapeutics Committee (P&T Committee). This regulatory action follows up on a previous emergency regulation concerning the Preferred Drug List regulations (12 VAC 30-50-210 and 12 VAC 30-130-1000), published in the Virginia Register on December 29, 2003 (20:8 VA.R. 836-842 December 29, 2003). That regulatory action contained a definition of the term “emergency supply” that defined this term as the “medication that is dispensed if the physician is not available to consult with the pharmacist.” This definition was superseded by a subsequently published emergency regulation, Utilization Review of High Drug Thresholds, published January 26, 2004 (20:10 VA.R. 1054-1057 January 26, 2004). The High Drug Thresholds emergency regulation also covered 12 VAC 30-50-210; it contained a definition of “emergency supply” that defined that term as the “medication that may be dispensed if the prescriber cannot readily obtain authorization, or if the physician is not available to consult with the pharmacist.” The subsequent definition found in the High Drug Thresholds emergency regulation allows the pharmacist to exercise his professional judgment in dispensing an emergency supply.

In addition, the description of duties of the P&T Committee contained in the initial emergency regulation did not set forth any protocols for reviewing recently approved drugs entering the market or for regular reviews of the PDL. 12 VAC 30-130-1000 is being amended to address these two issues.

12 VAC 30-50-210. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

A. Prescribed drugs.

1. Drugs for which Federal Financial Participation is not available, pursuant to the requirements of § 1927 of the Social Security Act (OBRA 90 § 4401), shall not be covered.

2. Nonlegend drugs shall be covered by Medicaid in the following situations:

   a. Insulin, syringes, and needles for diabetic patients;
   b. Diabetic test strips for Medicaid recipients under 21 years of age;
   c. Family planning supplies;
   d. Designated categories of nonlegend drugs for Medicaid recipients in nursing homes; and
   e. Designated drugs prescribed by a licensed prescriber to be used as less expensive therapeutic alternatives to covered legend drugs.

3. Legend drugs are covered for a maximum of a 34-day supply per prescription per patient with the exception of the drugs or classes of drugs identified in 12 VAC 30-50-520. FDA-approved drug therapies and agents for weight loss, when preauthorized, will be covered for recipients who meet the strict disability standards for obesity established by the Social Security Administration in effect on April 7, 1999, and whose condition is certified as life threatening, consistent with Department of Medical Assistance Services' medical necessity requirements, by the treating physician. For prescription orders for which quantity exceeds a 34-day supply, refills may be dispensed in sufficient quantity to fulfill the prescription order within the limits of federal and state laws and regulations.

4. Prescriptions for Medicaid recipients for multiple source drugs subject to 42 CFR 447.332 shall be filled with generic drug products unless the physician or other practitioners so licensed and certified to prescribe drugs certifies in his own handwriting "brand necessary" for the prescription to be dispensed as written or unless the drug class is subject to the Preferred Drug List.

5. New drugs shall be covered in accordance with the Social Security Act § 1927(d) (OBRA 90 § 4401).

6. The number of refills shall be limited pursuant to § 54.1-3411 of the Drug Control Act.

7. Drug prior authorization.

   a. Definitions. The following words and terms used in these regulations shall have the following meaning unless the context clearly indicates otherwise:
"Clinical data" means drug monographs as well as any pertinent clinical studies, including peer review literature. "Complex drug regimen" means treatment or course of therapy that typically includes multiple medications, co-morbidities and/or caregivers. "Department" or "DMAS" means the Department of Medical Assistance Services. "Drug" shall have the same meaning, unless the context otherwise dictates or the board otherwise provides by regulation, as provided in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). "Emergency supply" means a 72-hour supply of the prescription medication that is may be dispensed if the prescriber cannot readily obtain authorization, or if the physician is not available to consult with the pharmacist, including after hours, weekends, holidays or other criteria defined by the P&T Committee and DMAS. "Nonpreferred drugs" means those drugs that were reviewed by the Pharmacy and Therapeutics Committee and not included on the preferred drug list. Nonpreferred drugs may be prescribed but require prior authorization prior to dispensing to the patient. "Pharmacy and Therapeutics Committee (P&T Committee)" or "committee" means the committee formulated to review therapeutic classes, conduct clinical reviews of specific drugs, recommend additions or deletions to the preferred drug list, and perform other functions as required by the department. "Preferred drug list (PDL)" means the list of drugs that meet the safety, clinical efficacy, and pricing standards employed by the P&T Committee and adopted by the department that may be prescribed and dispensed in the Virginia Medicaid fee-for-service program. "Prior authorization" as it relates to the PDL, means the process of reviewing drugs, which are not on the preferred drug list or other drugs as recommended by the Pharmacy and Therapeutics Committee, to determine if medically justified. "State supplemental rebate" means any cash rebate that offsets Virginia Medicaid expenditure and that supplements the federal rebate. State supplemental rebate amounts shall be calculated in accordance with Virginia Supplemental Rebate Agreement and Addenda. "Therapeutic class" means a grouping of medications sharing the same Specific Therapeutic Class Code (GC3) within the Federal Drug Data File published by First Data Bank, Inc. b. Medicaid Pharmacy and Therapeutics Committee. 1. The department shall utilize a Pharmacy and Therapeutics Committee (the P&T Committee) to assist in the development and ongoing administration of the preferred drug list and other pharmacy program issues. The committee may adopt bylaws that set out its make up and functioning. A quorum for action of the committee shall consist of seven members.

2. Vacancies on the committee shall be filled in the same manner as original appointments. The department shall appoint individuals for the committee that assures a cross-section of the physician and pharmacy community. c. Duties of the committee. The committee shall receive and review clinical and pricing data related to the drug classes. The committee’s medical and pharmacy experts shall make recommendations to DMAS regarding various aspects of the pharmacy program. For the preferred drug list program, the committee shall select those drugs to be deemed preferred that are safe, clinically effective, as supported by available clinical data, and meet pricing standards. Cost effectiveness or any pricing standard shall be considered only after a drug is determined to be safe and clinically effective. d. As the United States Food and Drug Administration (FDA) approves new drug products, the department shall ensure that the Pharmacy and Therapeutics (P&T) Committee will evaluate the drug for clinical effectiveness and safety. Based on clinical information and pricing standards, the P&T Committee will determine if the drug will be included in the PDL or require prior authorization.

(1) If the new drug product falls within a drug class previously reviewed by the P&T Committee, until the review of the new drug is completed, it will be classified as nonpreferred, requiring prior authorization in order to be dispensed. The new drug will be evaluated for inclusion in the PDL no later than at the next review of the drug class.

(2) If the new drug product does not fall within a drug class previously reviewed by the P&T Committee, the new drug shall be treated in the same manner as the other drugs in its class.

e. To the extent feasible, the Pharmacy and Therapeutics (P&T) Committee shall review all drug classes included in the preferred drug list (PDL) at least every 12 months, and may recommend additions to and deletions from the PDL.

d. In formulating its recommendations to the department, the committee shall not be deemed to be formulating regulations for the purposes of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

e. Pursuant to 42 USC § 1396r-8(b)(3)(D), information disclosed to the department or to the committee by a manufacturer or wholesaler which discloses the identity of a specific manufacturer or wholesaler and the pricing information regarding drugs by such manufacturer or wholesaler is confidential and shall not be subject to the disclosure requirements of the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia).

f. Immunity. The members of the committee and the staff of the department and the contractor shall be immune, individually and jointly, from civil liability for any act, decision, or omission done or made in performance
of their duties pursuant to this subsection while serving as a member of such board, committee, or staff provided that such act, decision, or omission is not done or made in bad faith or with malicious intent.

§ j. Pharmacy prior authorization program. Pursuant to § 1927 of the Act and 42 CFR 440.230, the department shall require the prior authorization of certain specified legend drugs. For those therapeutic classes of drugs subject to the preferred drug list program, drugs not included in the DMAS preferred drug list shall be subject to prior authorization. The department also may require prior authorization of other drugs only if recommended by the P&T Committee. Providers who are licensed to prescribe legend drugs shall be required to obtain prior authorization for all nonpreferred drugs or other drugs as recommended by the P&T Committee.

l. Prior authorization shall consist of prescription review by a licensed pharmacist or pharmacy technician to ensure that all predetermined clinically appropriate criteria, as established by the P&T Committee relative to each therapeutic class, have been met before the prescription may be dispensed. Prior authorization shall be obtained through a call center staffed with appropriate clinicians, or through written or electronic communications (e.g., faxes, mail). Responses by telephone or other telecommunications device within 24 hours of a request for prior authorization shall be provided. The dispensing of a 72-hour emergency supply of the prescribed drug shall be permitted and dispensing fees shall be paid to the pharmacy for such emergency supply.

m. The preferred drug list program shall include: (i) provisions for an expedited review process of denials of requested prior authorization by the department; (ii) consumer and provider education, (iii) training and information regarding the preferred drug list both prior to implementation as well as ongoing communications, to include computer and website access to information and multilingual material.

n. Appeals for denials of prior authorization shall be addressed pursuant to 12 VAC 30-110-10, Part I, Client Appeals.

o. Exclusion of protected groups from pharmacy preferred drug list prior authorization requirements. The following groups of Medicaid eligibles shall be excluded from pharmacy prior authorization requirements: individuals enrolled in hospice care, services through PACE or pre-PACE programs; persons having comprehensive third party insurance coverage; minor children who are the responsibility of the juvenile justice system; and refugees who are not otherwise eligible in a Medicaid covered group.

p. State supplemental rebates. The department has the authority to seek supplemental rebates from drug manufacturers. The contract regarding supplemental rebates shall exist between the manufacturer and the Commonwealth. Rebate agreements between the Commonwealth and a pharmaceutical manufacturer shall be separate from the federal rebates and in compliance with federal law, §§ 1927(a)(1) and 1927(a)(4) of the Social Security Act (Act). All rebates collected on behalf of the Commonwealth shall be collected for the sole benefit of the state share of costs. One hundred percent (100%) of the supplemental rebates collected on behalf of the state shall be remitted to the state. Supplemental drug rebates received by the Commonwealth in excess of those required under the national drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the national drug rebate agreement.

8. Coverage of home infusion therapy. This service shall be covered consistent with the limits and requirements set out within home health services (12 VAC 30-50-160). Multiple applications of the same therapy (e.g., two antibiotics on the same day) shall be covered under one service day rate of reimbursement. Multiple applications of different therapies (e.g., chemotherapy, hydration, and pain management on the same day) shall be a full service day rate methodology as provided in pharmacy services reimbursement.

B. Dentures. Dentures are provided only as a result of EPSDT and subject to medical necessity and preauthorization requirements specified under Dental Services.

C. Prosthetic devices.

1. Prosthetic services shall mean the replacement of missing arms, legs, eyes, and breasts and the provision of any internal (implant) body part. Nothing in this regulation shall be construed to refer to orthotic services or devices or organ transplantation services.

2. Artificial arms and legs, and their necessary supportive attachments, implants and breasts are provided when prescribed by a physician or other licensed practitioner of the healing arts within the scope of their professional licenses as defined by state law. This service, when provided by an authorized vendor, must be medically necessary and preauthorized for the minimum applicable component necessary for the activities of daily living.

3. Eye prostheses are provided when eyeballs are missing regardless of the age of the recipient or the cause of the loss of the eyeball. Eye prostheses are provided regardless of the function of the eye.

D. Eyeglasses. Eyeglasses shall be reimbursed for all recipients younger than 21 years of age according to medical necessity when provided by practitioners as licensed under the Code of Virginia.

12 VAC 30-130-1000. Pharmacy services prior authorization.

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

“Clinical data” means drug monographs as well as any pertinent clinical studies, including peer review literature.

“Complex drug regimen” means treatment or course of therapy that typically includes multiple medications, comorbidities and/or caregivers.
Emergency Regulations

"Contractor" means an independent contractor that implements, and administers, pursuant to its contract, the department's pharmacy prior authorization programs as set out in the Title XIX State Plan.

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

"Drug" shall have the same meaning, unless the context otherwise dictates or the board otherwise provides by regulation, as provided in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

"Emergency supply" means a 72-hour supply of the prescribed medication that is may be dispensed if the prescriber cannot readily obtain authorization, or if the physician is not available to consult with the pharmacist, including after hours, weekends, holidays or other criteria defined by the P&T Committee and DMAS.

"Grandfather clause" means procedure by which selected therapeutic classes or drugs as designated by the P&T Committee may be automatically approved if the patient is currently and appropriately receiving the drug.

"Nonpreferred drugs" means those drugs that were reviewed by the Pharmacy and Therapeutics Committee and not included on the preferred drug list. Nonpreferred drugs may be prescribed but require prior authorization prior to dispensing to the patient.

"Pharmacy and Therapeutics Committee (P&T Committee)" or "committee" means the committee formulated to review therapeutic classes, conduct clinical reviews of specific drugs, recommend additions or deletions to the preferred drug list, and perform other functions as required by the department. The Pharmacy and Therapeutics Committee shall be composed of 8 to 12 members, including the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, or his designee. Other members shall be selected or approved by the department. The membership shall include a ratio of physicians to pharmacists of 2:1. Physicians on the committee shall be licensed in Virginia, one of whom shall be a psychiatrist, and one of whom specializes in care for the aging. Pharmacists on the committee shall be licensed in Virginia, one of whom shall have clinical expertise in mental health drugs, and one of whom has clinical expertise in community-based mental health treatment.

"Preferred Drug List (PDL)" means the list of drugs that meet the safety, clinical efficacy, and pricing standards employed by the P&T Committee and adopted by the department that may be prescribed and dispensed in the Virginia Medicaid fee-for-service program.

"Prior authorization" as it relates to the PDL, means the process of reviewing drugs, which are not on the preferred drug list or other drugs as recommended by the Pharmacy and Therapeutics Committee, to determine if medically justified.

"State supplemental rebate" means any cash rebate that offsets Virginia Medicaid expenditure and that supplements the federal rebate. State supplemental rebate amounts shall be calculated in accordance with Virginia Supplemental Drug Rebate Agreement and Addenda.

"Therapeutic Class" means a grouping of medications sharing the same Specific Therapeutic Class Code (GC3) within the Federal Drug Data File published by First Data Bank, Inc.

A. DMAS shall operate, in conjunction with the Title XIX State Plan for Medical Assistance (12 VAC 30-50-210 et seq.) a program of prior authorization of pharmacy services. This program shall include, but not necessarily be limited to, the use of a preferred drug list.

B. Medicaid Pharmacy and Therapeutics Committee.

1. The department shall utilize a Pharmacy and Therapeutics Committee (the P&T Committee) to assist in the development and ongoing administration of the preferred drug list and other pharmacy program issues. The committee may adopt bylaws that set out its make up and functioning. A quorum for action of the committee shall consist of seven members.

2. Vacancies on the committee shall be filled in the same manner as original appointments. The department shall appoint individuals for the committee that assures a cross-section of the physician and pharmacy community.

3. Duties of the committee.

a. The committee shall receive and review clinical and pricing data related to the drug classes. The committee’s medical and pharmacy experts shall make recommendations to DMAS regarding various aspects of the pharmacy program. For the preferred drug list program, the committee shall select those drugs to be deemed preferred that are safe, clinically effective, as supported by available clinical data, and meet pricing standards. Cost-effectiveness or any pricing standard shall be considered only after a drug is determined to be safe and clinically effective. The committee shall recommend to the department:

(i) Which therapeutic classes of drugs should be subject to the preferred drug list program and prior authorization requirements;

(ii) Specific drugs within each therapeutic class to be included on the preferred drug list;

(iii) Appropriate exclusions for medications, including atypical anti-psychotics, used for the treatment of serious mental illnesses such as bi-polar disorders, schizophrenia, and depression;

(iv) Appropriate exclusions for medications used for the treatment of brain disorders, cancer and HIV-related conditions;

(v) Appropriate exclusions for therapeutic classes in which there is only one drug in the therapeutic class or there is very low utilization, or for which it is not cost effective to include in the preferred drug list program;

(vi) Appropriate grandfather clauses when prior authorization would interfere with established complex

Virginia Register of Regulations

2078
drug regimens that have proven to be clinically effective;
(vii) Other clinical criteria that may be included in the pharmacy program; and
(viii) Guidance and recommendations regarding the department’s pharmacy programs.
(ix) As the United States Food and Drug Administration (FDA) approves new drug products, the department shall ensure that the Pharmacy and Therapeutics (P&T) Committee will evaluate the drug for clinical effectiveness and safety. Based on clinical information and pricing standards, the P&T Committee will determine if the drug will be included in the PDL or require prior authorization.

(a) If the new drug product falls within a drug class previously reviewed by the P&T Committee, until the review of the new drug is completed, it will be classified as nonpreferred, requiring prior authorization in order to be dispensed. The new drug will be evaluated for inclusion in the PDL no later than at the next review of the drug class.
(b) If the new drug product does not fall within a drug class previously reviewed by the P&T Committee, the new drug shall be treated in the same manner as the other drugs in its class.

(x) To the extent feasible, the Pharmacy and Therapeutics (P&T) Committee shall review all drug classes included in the preferred drug list (PDL) at least every 12 months, and may recommend additions to and deletions from the PDL.

C. In formulating its recommendations to the department, the committee shall not be deemed to be formulating regulations for the purposes of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

D. Pursuant to 42 USC § 1396r-8(b)(3)(D), information disclosed to the department or to the committee by a manufacturer or wholesaler which discloses the identity of a specific manufacturer or wholesaler and the pricing information regarding the drugs by such manufacturer or wholesaler is confidential and shall not be subject to the disclosure requirements of the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia).

E. Immunity. The members of the committee and the staff of the department and the contractor shall be immune, individually and jointly, from civil liability for any act, decision, or omission done or made in performance of their duties pursuant to this subsection while serving as a member of such board, committee, or staff provided that such act, decision, or omission is not done or made in bad faith or with malicious intent.

F. Pharmacy prior authorization program. Pursuant to § 1927 of the Act and 42 CFR 440.230, the department shall require the prior authorization of certain specified legend drugs. For those therapeutic classes of drugs subject to the preferred drug list program, drugs not included in the DMAS preferred drug list shall be subject to prior authorization. The department also may require prior authorization of other drugs only if recommended by the P&T Committee. Providers who are licensed to prescribe legend drugs shall be required to obtain prior authorization for all nonpreferred drugs or other drugs as recommended by the P&T Committee.

G. Prior authorization shall consist of prescription review by a licensed pharmacist or pharmacy technician to ensure that all predetermined clinically appropriate criteria, as established by the P&T Committee relative to each therapeutic class, have been met before the prescription may be dispensed. Prior authorization shall be obtained through a call center staffed with appropriate clinicians, or through written or electronic communications (e.g., faxes, mail). Responses by telephone or other telecommunications device within 24 hours of a request for prior authorization shall be provided. The dispensing of a 72-hour emergency supply of the prescribed drug shall be permitted and dispensing fees shall be paid to the pharmacy for such emergency supply.

H. The preferred drug list program shall include: (i) provisions for an expedited review process of denials of requested prior authorization by the department; (ii) consumer and provider education, (iii) training and information regarding the preferred drug list both prior to its implementation as well as ongoing communications, to include computer and website access to information and multilingual material.

I. Appeals for denials of prior authorization shall be addressed pursuant to 12 VAC 30-110-10, Part I, Client Appeals.

J. Pharmacy contractor. The department may contract for pharmaceutical benefit management services to manage, implement and administer the Medicaid pharmacy benefits preferred drug list, as directed, authorized, and as may be amended from time to time, by DMAS.

1. The department, as the sole Title XIX authority for the Commonwealth, shall retain final administrative authority over all pharmacy services.

2. The department shall not offer or pay directly or indirectly any material inducement, bonus, or other financial incentive to a program contractor based on the denial or administrative delay of medically appropriate prescription drug therapy, or on the decreased use of a particular drug or class of drugs, or a reduction in the proportion of beneficiaries who receive prescription drug therapy under the Medicaid program. Bonuses shall not be based on the percentage of cost savings generated under the benefit management of services.

K. Supplemental rebates. The department shall have the authority to seek supplemental rebates from drug manufacturers. The contract regarding supplemental rebates shall exist between the manufacturer and the Commonwealth. Rebate agreements between the Commonwealth and a pharmaceutical manufacturer shall be separate from the federal rebates and in compliance with federal law, §§ 1927(a)(1) and 1927(a)(4) of the Social Security Act (Act). All rebates collected on behalf of the Commonwealth shall be collected for the sole benefit of the state share of costs. One hundred percent (100%) of the supplemental rebates collected on behalf of the state shall be remitted to the state. Supplemental drug rebates received by the Commonwealth in
Emergency Regulations

excess of those required under the national drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the national drug rebate agreement.

L. Appeals. The department shall provide an expedient reconsideration process and initiate and fully participate in the DMAS’ appeal process pursuant to 12 VAC 30-110, Part I, Client Appeals for providers and recipients.

M. Annual report. The department shall report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on an annual basis.

/s/ Mark R. Warner
Governor
Date: May 10, 2004


◆ ...................................................................... ◆
EDITOR'S NOTICE: A revised form has been filed by the Department of Mines, Minerals and Energy. Forms are available for public inspection at the Department of Mines, Minerals and Energy, 202 North Ninth Street, Richmond, Virginia 23219, the department's Big Stone Gap Office, or the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia. Copies of the forms may be obtained from Stephen A. Walz, Department of Mines, Minerals and Energy, 202 North Ninth Street, Richmond, Virginia 23219, telephone (804) 692-3200.

Title of Regulation: 4 VAC 25-130. Coal Surface Mining Reclamation Regulations.

FORMS

Notice of Temporary Cessation, DMLR-ENF-220 (rev. 2/96).
Application for Permit for Coal Exploration and Reclamation Operations (which Remove More Than 250 Tons) and NPDES, DMLR-PS-062 (rev. 12/85).
Application-Coal Surface Mining Reclamation Fund, DMLR-PS-162 (rev. 7/89).
Example--Waiver (300 Feet from Dwelling), DMLR-PT-223 (rev. 2/96).
Analysis, Premining vs Postmining Productivity Comparison (Hayland/Pasture Land Use), DMLR-PT-012 (eff. 8/03).
Surety Bond, DMLR-PT-013 (rev. 8/03).
Map Legend, DMLR-PT-017 (rev. 10/00).
Certificate of Deposit Example, DMLR-PT-026 (rev. 8/03).
Form Letter From Banks Issuing a CD for Mining on Federal Lands, DMLR-PT-026A (rev. 8/03).
Operator's Seeding Report, DMLR-PT-051 (rev. 11/98).
Well Construction Data Sheet, DMLR-WCD-034D (rev. 5/04).
Sediment Basin Design Data Sheet, DMLR-PT-086 (rev. 10/95).
Seepage Basin Design Data Sheet, DMLR-PT-086 (rev. 10/95).
Impoundment Construction and Annual Certification, DMLR-PT-092 (rev. 10/95).
Road Construction Certification, DMLR-PT-098 (rev. 10/95).
Pre-Blast Survey, DMLR-PT-104 (rev. 10/95).
Excess Spoil Fills and Refuse Embankments Construction Certification, DMLR-PT-105 (rev. 4/96).
Stage-Area Storage Computations, DMLR-PT-111 (rev. 10/95).
Water Monitoring Report-Electronic File/Printout Certification, DMLR-PT-119C (rev. 5/95; included in DMLR-PT-119).
Coal Surface Mining Reclamation Fund Application, DMLR-PT-162 (rev. 4/96).
Coal Surface Mining Reclamation Fund Tax Reporting Form, DMLR-PT-178 (rev. 10/95).
Application For Performance Bond Release, DMLR-PT-212 (rev. 4/96).
Public Notice: Application for Transfer, Assignment, or Sale of Permit Rights under Chapter 19 of Title 45.1 of the Code of Virginia, DMLR-PT-219 (8/96).
Verification of Public Display of Application, DMLR-PT-236 (8/01).
Affidavit (Permit Application Information: Ownership and Control Information and Violation History Information), DMLR-PT-240 (rev. 12/98).
Stream Channel Diversion(s) Certification, DMLR-PT-233 (rev. 2/96).
Quarterly Acid-Base Monitoring Report, DMLR-PT-239 (rev. 6/95).
Affidavit (No Legal Change in a Company’s Identity), DMLR-PT-250 (rev. 12/98).
Blasting Plan Data, DMLR-PT-103 (rev. 4/96).
Affidavit (Reclamation Fee Payment), DMLR-PT-244 (rev. 2/96).
Application--National Pollutant Discharge Elimination System (NPDES) Permit-Short Form C, DMLR-PT-128 (rev. 5/96).
National Pollutant Discharge Elimination System (NPDES) Short Form C-Instructions, DMLR-PT-128A (rev. 5/96).
Water Sample Tag, DMLR-TS-107 (rev. 3/83).
Surface Water Baseline Data Summary, DMLR-TS-114 (rev. 12/85).
Line Transect--Forest Land Count, DMLR-PT-224 (rev. 2/96).
Applicant Violator System (AVS) Ownership & Control Information, DMLR-AML-003 (rev. 4/97).
Application for Permit Renewal Coal Surface Mining and Reclamation Operations, DMLR-PT-034R (eff. 6/97).
Application for Coal Exploration Permit and National Pollutant Discharge Elimination System Permit, DMLR-PT-062 (formerly DMLR-PS-062) (rev. 6/97).
Conditions--Coal Surface Mining Reclamation Fund, DMLR-PT-167 (rev. 10/95).
Vibration Observations, DMLR-ENF-032V (eff. 9/97).
Application--National Pollutant Discharge Elimination System Application Instructions, DMLR-PT-128 (rev. 9/97).
Blasting Plan Data, DMLR-PT-103 (rev. 10/97).
Request for Relinquishment, DMLR-PT-027 (rev. 1/98).
Written Findings, DMLR-PT-237 (rev. 1/98).
Irrevocable Standby Letter of Credit, DMLR-PT-255 (rev. 8/03).
Confirmation of Irrevocable Standby Letter of Credit, DMLR-PT-255A (eff. 8/03).
DMLR-AML-312, Affidavit (eff. 7/98).
## WELL CONSTRUCTION DATA SHEET (WCD-034D) - Item #5.4

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>Application/Permit No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location No.</td>
<td>Proposed</td>
</tr>
</tbody>
</table>

### INSTRUCTIONS:
1. Make copies of this form as needed.
2. Fill in the information as applicable.
3. Put additional information on attached sheet(s).

<table>
<thead>
<tr>
<th>Type of Well</th>
<th>Date Well Completed</th>
<th>Monitoring Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Well</td>
<td>Drilling Method</td>
<td>Diameter Drilled (in.)</td>
</tr>
<tr>
<td>Monitoring Well</td>
<td>Depth Drilled (ft.)</td>
<td>Depth Completed (ft.)</td>
</tr>
</tbody>
</table>

**Well Owner Name**

**Drilling Company Name**

**Address**

**Drilling Log Available?** Yes (include) No

**VA State Plane Northing**

**VA State Plane Easting**

### Depth to Targeted Water Producing Zone

<table>
<thead>
<tr>
<th>Monitored Zone</th>
<th>Top (ft.)</th>
<th>Bottom (ft.)</th>
</tr>
</thead>
</table>

### CASING

<table>
<thead>
<tr>
<th>INNER</th>
<th>OUTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Diameter (in.)</td>
</tr>
<tr>
<td>Length (ft.)</td>
<td></td>
</tr>
</tbody>
</table>

### STATIC WATER LEVEL(S)

<table>
<thead>
<tr>
<th>Well Screened?</th>
<th>Yes</th>
<th>No</th>
<th>STATIC WATER LEVEL(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Type</td>
<td>Screen Size Opening (in)</td>
<td>Feet below top of casing</td>
<td>Date Measured</td>
</tr>
<tr>
<td>Screened interval(s) (ft)</td>
<td>From (ft.) To (ft.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(from ground surface)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Well Gravel/Sand Packed?

| Grade | Gravel packed interval(s) (ft) |
|-------| From (ft.) To (ft.) |
| (from ground surface) | |

### Sealing Method

<table>
<thead>
<tr>
<th>Sealing Method</th>
<th>Water (gal)</th>
<th>Sacks Bentonite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixture</td>
<td>Sacks Bentonite (No.)</td>
<td>Sacks Grout (No.)</td>
</tr>
<tr>
<td>Grouted Interval(s) (ft)</td>
<td>From (ft.) To (ft.)</td>
<td></td>
</tr>
<tr>
<td>(from ground surface)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Well Filter Wrapped?

<table>
<thead>
<tr>
<th>Filter Material</th>
<th>Filter Size Opening (in.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grout</td>
<td>Grout (No.)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Pump Test Conducted?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, include test results.</td>
<td></td>
</tr>
</tbody>
</table>

### Final Well Yield (gpm)

<table>
<thead>
<tr>
<th>Method of Determination</th>
<th>Duration (hrs.)</th>
</tr>
</thead>
</table>

### Data Compiled by

| Position/Title | |
|----------------||

**Title of Person Supervising Well Installation (if applicable)**

WCD-034D

Rev. 5/04
DEPARTMENTS OF ENVIRONMENTAL QUALITY
AND CONSERVATION AND RECREATION

Total Maximum Daily Load (TMDL) for the Holmans Creek

The Department of Conservation and Recreation (DCR) and the Department of Environmental Quality (DEQ) seek written and oral comments from interested persons on the development of an Implementation Plan for Holmans Creek in Shenandoah County. A Total Maximum Daily Load (TMDL) for the Holmans Creek bacteria impairment was approved by EPA on December 5, 2001, and the benthic (sediment) TMDL was approved by EPA on May 1, 2003. Both documents are available on DEQ’s website at http://www.deq.state.va.us/tmdlrpts.html.

Section 62.1-44.19:7 C of the Code of Virginia requires the development of an Implementation Plan (IP) for approved TMDLs. The IP should provide measurable goals and the date of expected achievement of water quality objectives. The IP should also include the corrective actions needed and their associated costs, benefits, and environmental impacts.

The final public meeting on the development of the IP for the Holmans Creek fecal coliform bacteria and sediment TMDLs will be held on Wednesday, June 16, 2004, at 7 p.m. in the old Forestville school building at 51 Quicksburg Road, Forestville, VA (on Rt. 767 just east of the junction with Rt. 42).

The public comment period will end on July 16, 2004. A fact sheet on the development of an IP for the Holmans Creek bacteria TMDL is available upon request. Questions or information requests should be addressed to Tamara Keeler, DCR, (540) 332-8955 or Robert Brent, DEQ, (540) 574-7848. Written comments and inquiries should include the name, address, and telephone number of the person submitting the comments and should be sent to Robert Brent, Department of Environmental Quality, P.O. Box 3000, Harrisonburg, VA 22801, or e-mail mbrent@deq.state.va.us.

DEPARTMENT OF HEALTH

Request for Public Input - Virginia’s Title V/Maternal and Child Health Block Grant Application

Contact Information: Janice Hicks, Senior Policy Analyst, Virginia Department of Health, Office of Family Health Services, 109 Governor Street, Room 722, Richmond, VA 23219, telephone (804) 864-7662, FAX (804) 864-7670, or e-mail Janice.Hicks@vdh.virginia.gov.

Background

Title V of the Social Security Act provides funds to states in the form of block grants. The purpose of this funding is to improve the health of all women of childbearing age, infants, children and adolescents. States are required to do the following:

- Provide and assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services;
- Reduce infant mortality and otherwise promote the health of mothers, infants and children through preventive and primary care services;
- Provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (Supplemental Security Income Program), when not provided under Title XIX (Medicaid); and
- Provide and promote family-centered, community-based, coordinated care including care coordination services, for children with special health care needs and to help develop community-based systems of services for such children and their families.

For additional information on the Maternal and Child Health Bureau and the Title V Block Grant visit the following website: www.mchb.hrsa.gov. This website will also allow you to view the 2004 Title V Block Grant application from Virginia as well as other states.

In order to receive these block grant funds, each state submits an application to the federal government. The Office of Family Health Services of the Virginia Department of Health is in the process of preparing an application for the upcoming year. We are asking for input from consumers, health care providers, and others who are interested in the health of women, infants, children, adolescents, and their families. In particular, we are interested in suggestions on how we can better address the following priority needs:

1. Improve data systems, analysis and reporting capacity to ensure meaningful and quality surveillance of maternal and child health populations and health outcomes for use in the development of programs and policy.
2. Reduce racial and ethnic minority disparities in health status.
3. Reduce childhood obesity.
4. Increase quality health services through promotion of standards of care, such as Bright Futures, assessment of health outcomes and other infrastructure-based activities.
5. Improve access to quality health services through promotion of early enrollment in prenatal care, establishing medical homes and enrollment of eligible persons in Medicaid and FAMIS.
6. Improve identification of at-risk populations and assure linkage with prevention, early intervention and family support services.
7. Reduce mortality and morbidity from injury and violence.

When providing your suggestions, these are some of the questions that you may want to consider:
• What are the major health needs of mothers, infants, children, and adolescents in your community?
• What would further improve health care and make it easier to access?
• What barriers or gaps could be overcome through better coordination?
• How can Virginia best use the Title V Block Grant and other funds to promote the health of women, infants, children, adolescents, children with special health care needs and their families?

Comments should be received by June 11, 2004. The completed application will be available upon request after July 15, 2004. You may contact the Office of Family Health Services with comments or questions by mailing to Office of Family Health Services, Virginia Department of Health, 109 Governor Street, 7th Floor, Richmond, VA 23219, Faxing to Office of Family Health Services, (804) 864-7670, or e-mailing to Janice.Hicks@vdh.virginia.gov.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Adding Marriage and Family Therapists as Directly Enrolled Medicaid Providers to the Virginia State Plan for Medical Assistance

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public a notice of its intention to amend the Virginia State Plan for Medical Assistance (pursuant to § 1902(a)(13) of the Act (USC 1396a(a)(13))) to provide for changes to the sections for the Amount, Duration, and Scope of Services, and Methods and Standards for Establishing Payment Rates-Other Types of Care. The change concerns directly enrolling marriage and family therapists as Medicaid providers and reimbursing them for rendered services. Marriage and family therapists are to be reimbursed at 75% of the reimbursement rate for licensed clinical psychologists. DMAS does not expect any increase or decrease in annual aggregate expenditures. The agency is making this change at the direction of the 2004 General Assembly as contained in House Bill 224 (Chapter 125) and is to become effective July 1, 2004. There will not be any public hearings on this issue. Persons interested in obtaining a copy of this change should either contact the DMAS Regulatory Coordinator, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219, or should refer to the Regulatory Town Hall (www.townhall.com). Comments about this change can be submitted in writing either directly to the DMAS Regulatory Coordinator (at the given address) or electronically on the Regulatory Town Hall.

Agency Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-7959, FAX (804) 786-1680, TDD (800) 343-0634, or e-mail vicki.simmons@dmas.virginia.gov.

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
RESPONSE TO PETITION FOR RULEMAKING-RR13
FAST-TRACK RULEMAKING ACTION-RR14
CALENDAR OF EVENTS

Symbol Key
† Indicates entries since last publication of the Virginia Register
&s Location accessible to persons with disabilities
TTY/Teletype Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation. If you are unable to find a meeting notice for an organization in which you are interested, please check the Commonwealth Calendar at www.vipnet.org or contact the organization directly.

For additional information on open meetings and public hearings held by the standing committees of the legislature during the interim, please call Legislative Information at (804) 698-1500 or Senate Information and Constituent Services at (804) 698-7410 or (804) 698-7419/TTY, or visit the General Assembly web site’s Legislative Information System (http://leg1.state.va.us/lis.htm) and select “Meetings.”

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD OF ACCOUNTANCY

June 9, 2004 - 10 a.m. -- Open Meeting
Holiday Inn-Richmond, 6531 West Broad Street, Richmond, Virginia & (Interpreter for the deaf provided upon request)

A meeting to discuss general business matters including complaint cases. A public comment period will be held at the beginning of the meeting. The meeting is subject to cancellation and meeting time is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at (804) 367-8505 or TTY (804) 367-9753 at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

Contact: Nancy Taylor Feldman, Executive Director, Board of Accountancy, 3600 W. Broad St., Suite 696, Richmond, VA 23230, telephone (804) 367-8505, FAX (804) 367-2174, (804) 367-9753/TTY &gt; , e-mail boa@boa.state.va.us.

† June 17, 2004 - 9 a.m. -- Open Meeting
Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, Virginia & (Interpreter for the deaf provided upon request)

A regular business meeting of the Public Relations Committee. Public comments are welcome.

Contact: Robin Brannon, Communications Director, Department for the Aging, 1600 Forest Ave., Suite 102, Richmond, VA 23229, telephone (804) 662-9323.

† June 17, 2004 - 10 a.m. -- Open Meeting
Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, Virginia & (Interpreter for the deaf provided upon request)

A regular business meeting of the council. Public comments are welcome.

Contact: Marsha Mucha, Department for the Aging, 1600 Forest Ave., Suite 102, Richmond, VA 23229, telephone (804) 662-9312.

COMMONWEALTH COUNCIL ON AGING

† June 10, 2004 - 9:30 a.m. -- Open Meeting
Telephone conference call.

The Legislative Committee will hold a telephone conference to discuss the council’s legislative priorities for the 2005 Session of the General Assembly. For information on how to join this conference call, contact Bill Peterson at 804-662-9325.

Contact: Bill Peterson, Deputy Commissioner, Department for the Aging, 1600 Forest Ave., Suite 102, Richmond, VA 23229, telephone (804) 662-9325, e-mail bill.peterson@vda.virginia.gov.

† June 10, 2004 - 9 a.m. -- Open Meeting
Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, 2nd Floor Board Room, Richmond, Virginia &

The board will meet to discuss issues related to Virginia agriculture and consumer services. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Roy Seward at least five days before the meeting date so that suitable arrangements can be made.

Contact: Roy E. Seward, Board Secretary, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3538, FAX (804) 371-2945, e-mail rseward@vdacs.state.va.us.
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Virginia Small Grains Board
† July 21, 2004 - 8 a.m. -- Open Meeting
Double Tree Hotel, Richmond Airport, 5501 Eubank Road, Richmond, Virginia.

The board will review FY 2003-04 project reports and will receive and approve the 2004-05 project proposals. Minutes from the last board meeting and a current financial statement will be heard and approved. 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 for any appropriate accommodation.

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

June 29, 2004 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular board 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.

ALCOHOLIC BEVERAGE CONTROL BOARD

June 7, 2004 - 9 a.m. -- Open Meeting
June 21, 2004 - 9 a.m. -- Open Meeting
July 6, 2004 - 9 a.m. -- Open Meeting
July 19, 2004 - 9 a.m. -- Open Meeting
August 2, 2004 - 9 a.m. -- Open Meeting
August 16, 2004 - 9 a.m. -- Open Meeting
† August 30, 2004 - 9 a.m. -- Open Meeting
Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, Virginia.

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

Contact: W. Curtis Coleburn, Ill, Secretary to the Board, Alcoholic Beverage Control Board, 2901 Hermitage Rd., Richmond, VA 23220, telephone (804) 213-4409, FAX (804) 213-4411, (804) 213-4687/TTY, e-mail wccolen@abc.state.va.us.

ALZHEIMER’S DISEASE AND RELATED DISORDERS COMMISSION

NOTE: CHANGE IN MEETING DATE
† June 21, 2004 - 10 a.m. -- Open Meeting
Ratcliffe Building, 1602 Rolling Hills Drive, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A business meeting.

Contact: Janet L. Honeycutt, Director of Grant Operations, Department for the Aging, 1600 Forest Ave., Suite 102, Richmond, VA 23229, telephone (804) 662-9333, FAX (804) 662-9354, toll-free (800) 554-3402, (804) 662-9333/TTY, e-mail jlhoneycutt@vdh.virginia.gov.

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS AND LANDSCAPE ARCHITECTS

June 9, 2004 - 2 p.m. -- Open Meeting
June 10, 2004 - 3 p.m. -- Open Meeting
June 11, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail APELSCIDLA@dpor.virginia.gov.

June 10, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting of the full board to conduct board business. The meeting is open to the public; however, a portion of the board’s business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at 804-367-8514 at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail APELSCIDLA@dpor.virginia.gov.

ART AND ARCHITECTURAL REVIEW BOARD

June 4, 2004 - 10 a.m. -- Open Meeting
July 2, 2004 - 10 a.m. -- Open Meeting
August 6, 2004 - 10 a.m. -- Open Meeting
Calendar of Events

Science Museum of Virginia, 2500 West Broad Street, Richmond, Virginia.

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

Contact: Richard L. Ford, AIA Chairman, 101 Shockoe Slip, 3rd Floor, Richmond, VA 23219, telephone (804) 648-5040, FAX (804) 225-0329, toll free (804) 786-6152, or e-mail rford@comarchs.com.

VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS

† June 3, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: David Dick, Assistant Director, Virginia Board for Asbestos, Lead, and Home Inspectors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail asbestos@dpor.state.va.us.

† August 19, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business.

Contact: David Dick, Executive 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.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

† August 19, 2004 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond Virginia.

(Interpreter for the deaf provided upon request)

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 Audiology and Speech-Language Pathology, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9111, FAX (804) 662-9523, (804) 662-7197/TTY, e-mail elizabeth.young@dhp.virginia.gov.

VIRGINIA AVIATION BOARD

† June 15, 2004 - 1 p.m. -- Open Meeting
Richmond International Airport, CRAC Conference Room, Ivor Massey Building, Richmond, Virginia.

A meeting of the Aviation Compatible Land Use Committee to discuss compatible land use at Virginia airports.

Contact: Carolyn Toth, Administrative Assistant and Office Manager, Virginia Aviation Board, 5702 Gulfstream Rd., Richmond, VA 23250, telephone (804) 236-3637, FAX (804) 236-3635, e-mail carolyn.toth@doav.virginia.gov.

† June 15, 2004 - 3 p.m. -- Open Meeting
† June 16, 2004 - 9 a.m. -- Open Meeting
Richmond International Airport, CRAC Conference Room, Ivor Massey Building, Richmond, Virginia.

A regular bimonthly meeting. Applications for state funding will be presented to the board and other matters of interest to the Virginia aviation community. Individuals with disabilities should contact Carolyn Toth 10 days prior to the meeting if assistance is needed.

Contact: Carolyn Toth, Administrative Assistant and Office Manager, Virginia Aviation Board, 5702 Gulfstream Rd., Richmond, VA 23250, telephone (804) 236-3637, FAX (804) 236-3635, e-mail carolyn.toth@doav.virginia.gov.

BOARD FOR BARBERS AND COSMETOLOGY

June 14, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A general business meeting including consideration of regulatory issues as may be presented on the agenda. The meeting is open to the public; however, a portion of the board’s business may be discussed in closed session. Public comment will be heard at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY, e-mail barberscosmo@dpor.virginia.gov.

† June 14, 2004 - 9:30 a.m. -- Open Meeting
† June 29, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: William H. Ferguson, II, Assistant Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8575, FAX (804) 367-2474,
Cemetery Board

June 15, 2004 - 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, Cemetery Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail Karen.O’Neal@dpor.virginia.gov.

† July 9, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: Karen W. O’Neal, Regulatory Programs Coordinator, Cemetery Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail Karen.O’Neal@dpor.virginia.gov.

Charitable Gaming Board

NOTE: CHANGE IN MEETING DATE AND LOCATION
June 15, 2004 - 10 a.m. -- Open Meeting
Science Museum of Virginia, 2500 West Broad Street, RF&P Forum Room, Richmond, Virginia.

A general meeting. An agenda will be posted on the agency website.

Contact: Frances C. Jones, Office Manager, Charitable Gaming Board, 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 786-3014, FAX (804) 786-1079, e-mail Frances.Jones@dcg.virginia.gov.

Chesapeake Bay Local Assistance Board

June 21, 2004 - 10 a.m. -- Open Meeting
Chesapeake Bay Local Assistance Department, James Monroe Building, 101 North 14th Street, Conference Room B, Lobby Level, Richmond, Virginia.

The board will conduct general business, including review of compliance by various local Chesapeake Bay Preservation Area programs. The board will be conducting informal conferences with respect to those localities that failed to meet the board’s May 15, 2004, deadline established at the March 22, 2004, board meeting and will have been notified of such failure. Public comment will be taken.

Contact: Christine W. Edwards, Business Manager, Chesapeake Bay Local Assistance Board, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 225-3443, FAX (804) 225-3447, toll-free (800) 243-7229, (804) 225-3440/TTY, e-mail christine.edwards@cblad.virginia.gov.

State Child Fatality Review Team

July 13, 2004 - 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, Manager, Fatality Review and Surveillance Programs, Department of Health, 400 East Jackson St., Richmond, VA 23219, telephone (804) 786-6047, FAX (804) 371-8595, toll-free (800) 447-1708, e-mail Virginia.Powell@vdh.virginia.gov.

Compensation Board

June 16, 2004 - 11 a.m. -- Open Meeting
Compensation Board, 202 North 9th Street, 10th Floor, Richmond, Virginia.

A monthly board meeting.

Contact: Cindy Waddell, Administrative Staff Assistant, Compensation Board, P.O. Box 710, Richmond, VA 23218, telephone (804) 786-0786, FAX (804) 371-0235, e-mail cindy.waddell@scb.virginia.gov.

Department of Conservation and Recreation

† June 2, 2004 - 4 p.m. -- Open Meeting
Westmoreland State Park, Conference Center, 1650 State Park Road, Montross, Virginia.

A meeting of the Westmoreland State Park Master Plan Advisory Committee to focus on the development of a new park master plan.

Contact: Bill Conkle, Park Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-5492, FAX (804) 371-7899, e-mail bconkle@dcr.state.va.us.

June 15, 2004 - 6:30 p.m. -- Open Meeting
Williamsburg Regional Library, 7770 Croaker Road, Community Room, Williamsburg, Virginia.

The York River 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: Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail rsmunson@dcr.state.va.us.
Calendar of Events

**BOARD FOR CONTRACTORS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>June 1, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
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<tr>
<td>June 3, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
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<tr>
<td>June 8, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
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<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
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<td>June 16, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
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<tr>
<td>June 22, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
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<tr>
<td>June 29, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
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<tr>
<td>July 27, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail <a href="mailto:rsmunson@dcr.state.va.us">rsmunson@dcr.state.va.us</a>.</td>
</tr>
<tr>
<td>August 4, 2004</td>
<td>7 p.m.</td>
<td>Open Meeting</td>
<td>Eric L. Olson, Executive 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 <a href="mailto:contractors@dpor.virginia.gov">contractors@dpor.virginia.gov</a>.</td>
</tr>
<tr>
<td>August 11, 2004</td>
<td>10 a.m.</td>
<td>Open Meeting</td>
<td>Eric L. Olson, Executive 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 <a href="mailto:contract@dpor.state.va.us">contract@dpor.state.va.us</a>.</td>
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**BOARD OF COUNSELING**

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<tr>
<td>June 3, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Eric L. Olson, Executive 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 <a href="mailto:contractors@dpor.virginia.gov">contractors@dpor.virginia.gov</a>.</td>
</tr>
<tr>
<td>August 26, 2004</td>
<td>9 a.m.</td>
<td>Open Meeting</td>
<td>Eric L. Olson, Executive 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 <a href="mailto:contractors@dpor.state.va.us">contractors@dpor.state.va.us</a>.</td>
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A meeting of the Nutrient Management Regulation Technical Advisory Committee to assist the department in considering revisions to Nutrient Management Training and Certification Regulations.

**Contact:** David C. Dowling, Policy and Planning Manager, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail ddowling@dcr.state.va.us.

A meeting regarding the Twin Lakes State Park master plan to review and adopt recommended draft planning concepts, which include plan components and future developments.

**Contact:** Anne L. Reeder, Park Manager, 788 Twin Lakes Road, Green Bay, VA 23942, telephone (434) 392-3435, FAX (434) 392-9406, e-mail alreeder@dcr.state.va.us.

A meeting of the York River State Park Master Plan Advisory Committee to continue work on development of a new park master plan.

**Contact:** Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail rsmunson@dcr.state.va.us.

A meeting to discuss input from the June 15 public meeting and future park development as the committee continues work on development of a new York River State Park master plan.

**Contact:** Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail rsmunson@dcr.state.va.us.

A meeting of the Westmoreland State Park advisory Committee to continue work on development of a new park master plan.

**Contact:** Bill Conkle, Park Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-5492, FAX (804) 371-7899, e-mail bconkle@dcr.state.va.us.

The Westmoreland 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:** Bill Conkle, Park Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-5492, FAX (804) 371-7899, e-mail bconkle@dcr.state.va.us.

Informal fact-finding conferences.

**Contact:** Eric L. Olson, Executive 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.virginia.gov.

A regular scheduled 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. The department fully complies with the Americans with Disabilities Act.

**Contact:** Eric L. Olson, Executive 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.virginia.gov.

A meeting of the Tradesman and Education Committee to conduct committee business. The department fully complies with the Americans with Disabilities Act.

**Contact:** Eric L. Olson, Executive 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.

A meeting of the Credential Review Committee to review applicants' credentials for licensure.

**Contact:** Eric L. Olson, Executive 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.
Calendar of Events

**CRIMINAL JUSTICES SERVICES BOARD**

† June 2, 2004 - 10 a.m. -- Open Meeting
Department of Criminal Justice Services, 805 East Broad Street, 7th Floor Conference Room, Richmond, Virginia.

A meeting of the School Resource Officer Subcommittee to review school resource officer grant applications.

**Contact:** Leon D. Baker, Jr., Division Director, Department of Criminal Justice Services, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, e-mail lbaker@dcjs.state.va.us.

June 10, 2004 - 11 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A general business meeting.

**Contact:** Judith Kirkendall, Regulatory Coordinator, Department of Criminal Justice Services, 8th Street 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**

June 4, 2004 - 9 a.m. -- Open Meeting

June 11, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A Special Conference Committee will hold informal conferences. There will not be a public comment period.

**Contact:** Cheri Emma-Leigh, Operations Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY, e-mail Cheri.Emma-Leigh@dhp.virginia.gov.

**DESIGN-BUILD/CONSTRUCTION MANAGEMENT REVIEW BOARD**

June 17, 2004 - 11 a.m.-- Open Meeting
July 15, 2004 - 11 a.m. -- Open Meeting
† August 19, 2004 - 11 a.m. -- Open Meeting
Department of General Services, Eighth Street Office Building, 3rd Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A monthly meeting to review requests submitted by localities to use design-build or construction management type contracts. Contact the Division of Engineering and Building to confirm the meeting.

**Contact:** Rhonda M. Bishton, Administrative Assistant, Department of General Services, 805 E. Broad Street, Room 101, Richmond, VA 23219, telephone (804) 786-3263, FAX (804) 371-7934, (804) 786-6152, e-mail rbishton@dgs.state.va.us.

**BOARD OF EDUCATION**

June 23, 2004 - 9 a.m. -- Open Meeting
July 28, 2004 - 9 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular business meeting of the board. The public is urged to confirm arrangements prior to each meeting by reviewing the Department of Education's public meeting calendar at http://www.pen.k12.va.us/VDOE/meetings.html. This site will contain the latest information on the meeting arrangements and will note any last-minute changes in time or location. Persons who wish to speak or who require the services of an interpreter for the deaf should contact the agency at least 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.

July 15, 2004 - 8:30 a.m. -- Open Meeting
July 16, 2004 - 8:30 a.m. -- Open Meeting
Radisson Hotel Historic Richmond, 301 West Franklin Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the State Special Education Advisory Committee. The public is urged to confirm arrangements prior to each meeting by viewing the Department of Education's public meeting calendar at http://www.pen.k12.va.us/VDOE/meetings.html. This site will contain the latest information on the meeting arrangements and will note any last-minute changes in time or location. Please note that persons requesting the services of an interpreter for the deaf are asked to do so at least 72 hours in advance so that the appropriate arrangements may be made.
Calendar of Events

DEPARTMENT OF ENVIRONMENTAL QUALITY

† June 9, 2004 - 9 a.m. -- Public Hearing
Department of Environmental Quality, 629 East Main Street, 1st Floor Conference Room, Richmond, Virginia.

A public hearing on two proposed revisions to the Commonwealth of Virginia State Implementation Plan (SIP). The first proposed revision consists of amendments to existing regulations for ambient air quality standards. The amendments update the list of national ambient air quality standards to include the newest standards for ozone and particulate matter. The second proposed revision consists of amendments to existing regulations for nonattainment areas. The amendments update the list of nonattainment areas, including areas designated nonattainment under the eight-hour ozone national ambient air quality standard. The department is seeking comment on the issue of whether the regulation amendments should be submitted to the U.S. Environmental Protection Agency (EPA) as a revision to the SIP.

Contact: Karen G. Sabasteanski, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4426, FAX (804) 698-4520, (804) 698-4021/TTY ☎, e-mail kgsabastea@deq.state.va.us.

† June 16, 2004 - 7 p.m. -- Open Meeting
Old Forestville School, 51 Quicksburg Road, Forestville, Virginia.

The final public meeting on the development of the implementation plan for the Holmans Creek fecal coliform bacteria and sediment TMDL. The public notice will appear in the Virginia Register of Regulations on May 31, 2004, and the comment period closes on July 16, 2004.

Contact: Robert Brent, Department of Environmental Quality, P.O. Box 3000, Harrisonburg, VA 22801, telephone (540) 574-7848, FAX (540) 574-7878, e-mail mbrent@deq.state.va.us.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† June 1, 2004 - 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 Funeral Directors and Embalmers, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY ☎, e-mail elizabeth.young@dhp.virginia.gov.

† June 2, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting to hear possible violations of the laws and regulations governing the practice of funeral service.

Contact: Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, 6603 W. Broad St., 5th Floor, Richmond, VA, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-9907/TTY ☎, e-mail elizabeth.young@dhp.state.va.us.

BOARD OF GAME AND INLAND FISHERIES

† June 25, 2004 - 9 a.m. -- Open Meeting
Department of Game and Inland Fisheries, 4000 West Broad Street, Richmond Virginia. (Interpreter for the deaf provided upon request)

A meeting to review and approve fiscal year 2004-2005 operating and capital budgets for the Department of Game and Inland Fisheries. The board will also receive staff's recommendations for webless migratory game bird and September Canada goose seasons and bag limits, solicit and hear comments from the public in a public hearing, at which time any interested citizen present shall be heard, and then adopt 2004-2005 seasons and bag limits for those species based on frameworks provided by the U.S. Fish and Wildlife Service. The board intends to consider for final adoption amendments proposed on March 25, 2004, to regulations governing the validation of game check tags for bear, deer, and turkey taken during lawful hunting, the checking of such game animals, and the description of an automated system that may be used for reporting the harvest of the animals. A public comment period on the proposed regulation amendments opened March 25 and will close June 25, 2004; to ensure that the board has adequate opportunity to review written comments, however, comments should be received by the Department of Game and Inland Fisheries no later than June 18, 2004. The board will receive staff's recommendations regarding final adoption of amendments, and it will determine whether the amendments proposed on March 25 will be adopted as final regulations. The board reserves the right to adopt final amendments that may be either more liberal or more stringent than the regulations currently in effect or the regulation amendments proposed at the March 25, 2004, meeting, as necessary for the proper management of wildlife resources. In a separate regulatory action the board intends to propose amending the definition of "blind" in 4 VAC 15-260, Game: Waterfowl and Waterfowl Blinds, to conform to a definition enacted into the Code of Virginia in 2004. Under board procedures, regulatory actions occur over two sequential board meetings; in this instance staff may recommend that the board delegates to the Director of the Department of Game and Inland Fisheries the authority to adopt the amendment after publication of the proposal in the Virginia Register of Regulations, on the Internet, and in newspapers, and after the completion of a 30-day public comment period on the proposed regulation amendment to commence June 25, 2004, without further action by the board. The board may also discuss general and
administrative issues, hold a closed session at some time during the meeting, and elect to hold a dinner Thursday evening, June 24, or after the meeting on Friday, June 25, at a location and time to be determined.

Contact: Phil Smith, Policy Analyst, Department of Game and Inland Fisheries, 4016 W. Broad St., Richmond VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, e-mail dgifweb@dgif.state.va.us.

BOARD FOR GEOLOGY
July 21, 2004 - 9 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, Executive Director, Board for Geology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-6128, (804) 367-9753/TTY, e-mail geology@dpor.state.va.us.

STATE BOARD OF HEALTH
July 22, 2004 - 9 a.m. -- Open Meeting
The Place at Innsbrook, 4036 Cox Road, Glen Allen, Virginia.

A quarterly board meeting.

Contact: Margot Fritts, Policy Analyst, Office of Health Policy, Department of Health, 109 Governor St., 10th Floor, Richmond, VA 23219, telephone (804) 864-7428, FAX (804) 864-7440, e-mail margot.fritts@vdh.virginia.gov.

DEPARTMENT OF HEALTH
Hemophilia Advisory Board
† June 29, 2004 - 8 a.m. -- Open Meeting
Powers-Taylor Building, 13 South 13th Street, 8th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The agenda for this annual meeting will include an update for the Virginia Bleeding Disorders Program, Standards of Care for Hemophilia Services, Outreach to Underserved Adults with Bleeding Disorders, and an update from the Department of Medical Assistance Services on Medicaid issues.

Contact: Jan Kuhn, Program Coordinator, Department of Health, VCU Station, PO Box 980461, Richmond, VA 23298, telephone (804) 827-3306, FAX (804) 692-0291, toll-free (866) 228-2516, e-mail jgkuhn@hsc.vcu.edu.

DEPARTMENT OF HEALTH PROFESSIONS
June 9, 2004 - 11 a.m. -- Open Meeting
Virginia State Forensic Science Building, 6600 Northside High School Road, Roanoke, Virginia.

A meeting of the Advisory Committee of the Prescription Monitoring Program to review data collected for the program evaluation workplan and to plan a fall conference. Public comment will be received.

Contact: Ralph Orr, Program Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9129, FAX (804) 662-9240.

June 11, 2004 - 9 a.m. -- Open Meeting
† August 20, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, Alcoa Building, 6603 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.

A meeting of the Intervention Program Committee for the Health Practitioners' Intervention Program (HPIP).

Contact: Donna P. Whitney, Intervention Program Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9424, FAX (804) 662-7358, e-mail donna.whitney@dhp.virginia.gov.

BOARD FOR HEARING AID SPECIALISTS
July 12, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A general business meeting including consideration of regulatory issues as may be presented on the agenda. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Public comment will be heard at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: William H. Ferguson, II, Executive Director, Board for Hearing Aid Specialists, 6603 West Broad Street, Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 692-7011, (804) 367-9753/TTY, e-mail hearingaidspec@dpor.virginia.gov.

DEPARTMENT OF HISTORIC RESOURCES
Historic Resources State Review Board and Board of Historic Resources
† June 16, 2004 - 10 a.m. -- Open Meeting
Kensington Court Apartments, Meeting Room, 2900 Kensington Avenue, Richmond, Virginia.

A quarterly meeting. The State Review Board will consider proposed nominations for National Register of Historic Places designation and the Historic Resources Board will consider proposed nominations for Virginia Landmarks Register designation, proposed historic highway markers and proposed historic preservation easements. Quarterly meetings occur in March, June, September and December.
Calendar of Events

Contact: Marc C. Wagner, National Register Manager, Department of Historic Resources, 2801 Kensington Ave., Richmond, VA 23221, telephone (804) 367-2323, FAX (804) 367-2391, (804) 367-2386/TTY, e-mail Marc.Wagner@dhr.virginia.gov.

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

June 16, 2004 - 10 a.m. -- Public Hearing
Department of Housing and Community Development, 501 North 2nd Street, Richmond, Virginia.

A public hearing on the proposed Virginia Enterprise Zone Program regulations.

Contact: Stephen W. Calhoun, Regulatory Coordinator, Department of Housing and Community Development, The Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7000, FAX (804) 371-7090, (804) 371-7089/TTY, e-mail steve.calhoun@dhcd.virginia.gov.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

State Building Code Technical Review Board

† June 18, 2004 - 10 a.m. -- Open Meeting
Department of Housing and Community Development, 501 North 2nd Street, Richmond, Virginia (Interpreter for the deaf provided upon request)

A meeting to hear appeals under Virginia's building and fire regulations and formulate recommendations to the Board of Housing and Community Development for future changes to those regulations.

Contact: Vernon W. Hodge, Secretary to the Review Board, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7150.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY

Wireless E-911 Service Board

July 14, 2004 - 9 a.m. -- Open Meeting
110 South 7th Street, 3rd Floor Conference Room, Richmond, Virginia (Interpreter for the deaf provided upon request)

A meeting of the Wireless E-911 Service Board Subcommittee. A request will be made to hold the meeting in closed session.

Contact: Steve Marzolf, Public Safety Communications Coordinator, Virginia Information Technologies Agency, 110 S. 7th St., Richmond, VA, telephone (804) 371-0015, FAX (804) 786-4177, e-mail steve.marzolf@vita.virginia.gov.

JAMESTOWN-YORKTOWN FOUNDATION

June 2, 2004 - 2 p.m. -- Open Meeting
August 4, 2004 - 2 p.m. -- Open Meeting
McGuireWoods, One James Center, 901 East Cary Street, Richmond, Virginia (Interpreter for the deaf provided upon request)

A regular meeting of the Executive Committee of the Jamestown 2007 Steering Committee.

Contact: Stacy Ruckman, Administrative Office Manager, Jamestown-Yorktown Foundation, P.O. Box 1607, Williamsburg, VA 23187, telephone (757) 253-4253, FAX (757) 253-5299, (757) 253-5110/TTY, e-mail sruckman@jyf.state.va.us.

STATE BOARD OF JUVENILE JUSTICE

June 9, 2004 - 9 a.m. -- Open Meeting
Roanoke Valley Juvenile Detention Center, 498 Coyner Springs Road, Roanoke, Virginia.

A meeting of the Secure Services Committee and the Non-Secure Services Committee to receive certification audit reports. The full board will meet at 10 a.m. to approve certification actions and to take up such other matters as may come before the board.

Contact: Donald Carignan, Regulatory Coordinator, Department of Juvenile Justice, 700 Centre, 700 E. Franklin St., 4th Floor, Richmond, VA 23219, telephone (804) 371-0743, FAX (804) 371-0773, e-mail carigndr@djj.state.va.us.

VIRGINIA INTERAGENCY COORDINATING COUNCIL

† June 9, 2004 - 9:30 a.m. -- Open Meeting
Henrico Area Mental Health and Retardation Services, 10299 Woodman Road, Glen Allen, Virginia (Interpreter for the deaf provided upon request)

The VICC meets quarterly to advise and assist the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services as the lead agency for Part C of IDEA, early intervention for infants and toddlers with disabilities and their families. Discussion focuses on issues related to Virginia's implementation of the Part C program.

Contact: La Keishia White, Part C Office Services Specialist, Department of Mental Health, Mental Retardation and Substance Abuse Services, Early Intervention, 9th Floor, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-3710, FAX (804) 786-7959.
DEPARTMENT OF LABOR AND INDUSTRY

Virginia Apprenticeship Council
† June 10, 2004 - 10 a.m. -- Open Meeting
J. Sargeant Reynolds Community College, North Run Business Park, 1630 East Parham Road, Richmond, Virginia
(Interpreter for the deaf provided upon request)

A regular meeting.

Contact:  Beverley Donati, Assistant Program Director, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418, (804) 786-2376/TTY, e-mail bgd@doli.state.va.us.

Virginia Migrant and Seasonal Farmworkers Board
July 28, 2004 - 10 a.m. -- Open Meeting
State Capitol, House Room 2, Richmond, Virginia
(Interpreter for the deaf provided upon request)

A regular quarterly meeting.

Contact:  Betty B. Jenkins, Board Administrator, Department of Labor and Industry, Powers -Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2391, FAX (804) 371-6524, (804) 786-2376/TTY, e-mail bbj@doli.state.va.us.

THE LIBRARY BOARD
June 14, 2004 - 10:30 a.m. -- Open Meeting
The Library of Virginia, 800 East Broad Street, Richmond, Virginia
(Interpreter for the deaf provided upon request)

A meeting to discuss matters pertaining to the Library of Virginia and The Library Board. Committees of the board will meet as follows:

8:15-9:15 a.m. - Public Library Development Committee, Publications and Educational Services Committee, Records Management Committee
9:30-10:30 a.m. - Archival and Information Services Committee, Collection Management Services Committee, Legislative and Finance Committee
10:30 a.m. - Library board meeting

Contact:  Jean H. Taylor, Executive Secretary Senior, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219, telephone (804) 692-3535, FAX (804) 692-3594, (804) 692-3976/TTY, e-mail jaytaylor@va.lib.va.us.

MARINE RESOURCES COMMISSION
June 22, 2004 - 9:30 a.m. -- Open Meeting
Marine Resources Commission, 2600 Washington Avenue, 4th Floor, Newport News, Virginia
(Interpreter for the deaf provided upon request)

A monthly commission meeting.

Contact:  Jane McCroskey, Commission Secretary, Marine Resources Commission, 2600 Washington Ave., 3rd Floor, Newport News, VA 23607, telephone (757) 247-2248, FAX (757) 247-8101, toll-free (800) 541-4646, (757) 247-2292/TTY, e-mail jmccroskey@mrc.state.va.us.

BOARD OF MEDICAL ASSISTANCE SERVICES
June 4, 2004 - 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 30-70, Methods and Standards for Establishing Payment Rates; Inpatient Hospital Care. The purpose of the proposed action is to change the reimbursement methodology for Type One hospitals to conform to changes created by revisions to 42 CFR 438.6


Public comments may be submitted until June 4, 2004, to Steven E. Ford, Manager, Division of Reimbursement, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219, e-mail Steve.Ford@dmas.virginia.gov.

Contact:  Brian M. McCormick, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8856, (804) 786-1680 or e-mail Brian.McCormick@dmas.virginia.gov.

July 13, 2004 - 10 a.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Conference Room, Richmond, Virginia

A quarterly meeting.

Contact:  Nancy Malczewski, Board Liaison, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-4981, (800) 343-0634/TTY, e-mail nancy.malczewski@dmas.virginia.gov.

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July 15, 2004 - 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 30-90, Methods and Standards for Establishing Payment Rates for Long-Term Care. The purpose of the proposed action is to require a minimum holding period by the individual or small-chain owner and seller of a nursing facility in order for the sale to result in the reimbursement of capital costs, after the sale, under the full fair rental value methodology.


Public comments may be submitted until July 15, 2004.
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† June 2, 2004 - 4 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia.

A semiannual meeting of the Managed Care Advisory Committee with various providers, advocates and other agencies to discuss the status of Medicaid managed care programs in Virginia. Also, information on current studies, projects and issues will be presented and discussed.

Contact: Olivia Howell, Health Care Quality Analyst, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-6060, FAX (804) 786-5799, (800) 343-0634/TTY, e-mail olivia.howell@dmas.virginia.gov.

† June 7, 2004 - 10 a.m. -- Open Meeting
Johnston-Willis Hospital, 1401 Johnston Willis Drive, Richmond, Virginia.

† June 8, 2004 - 10 a.m. -- Open Meeting
Riverside Conference Center, 12420 Warwick Boulevard, Building 6, Newport News, Virginia.

† June 22, 2004 - 10:30 a.m. -- Open Meeting
Alexandria Library, 5005 Duke Street, Alexandria, Virginia.

Meetings of the Medicaid Managed Care Case Managers to ensure continuity of care to managed care individuals by establishing and maintaining productive communication between Medicaid providers, case managers, client advocates, outreach workers, and the Medicaid contracted managed care organizations.

Contact: Queen B. Green, Health Care Services Division, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4789, (800) 343-0634/TTY, e-mail Queen.Green@dmas.virginia.gov.

June 22, 2004 - 10 a.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Board Room, Richmond, Virginia.

A meeting of the PDL Implementation Advisory Group.

Contact: Adrienne Fegans, Program Operations Administrator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-4112, FAX (804) 371-4981, (800) 343-0634/TTY, e-mail adrienne.fegans@dmas.virginia.gov.

July 21, 2004 - 1 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.

A meeting of the Medicaid Transportation Advisory Committee to discuss issues and concerns about Medicaid transportation with the committee and the community.

Contact: Donna Garrett, Administrative Assistant, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-0194, FAX (804) 786-5799, (800) 343-0634/TTY, e-mail donna.garrett@dmas.virginia.gov.

August 17, 2004 - 1 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.

A meeting of the Pharmacy Liaison Committee to discuss current pharmacy issues and programs.

Contact: Javier Menendez, RPh, Pharmacy Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300 Richmond, VA 23219, telephone (804) 786-2196, (800) 343-0634/TTY, e-mail jmenendez@dmas.state.va.us.

Drug Utilization Review Board

August 5, 2004 - 2 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.

A quarterly meeting to review new drugs on the market and discuss current drug utilization policy.

Contact: Javier Menendez, Pharmacy Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-2196, (800) 343-0634/TTY, e-mail jmenendez@dmas.state.va.us.

BOARD OF MEDICINE

June 24, 2004 - 8 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A regular board meeting to consider regulatory and disciplinary matters as may be presented on the agenda. Public comment on agenda items will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY, e-mail william.harp@dhp.virginia.gov.

June 24, 2004 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, Richmond, Virginia.

The Credentials Committee will meet to consider applicants for licensure matters of the board. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY, e-mail william.harp@dhp.virginia.gov.
† June 2, 2004 - 9 a.m. -- Open Meeting
† July 14, 2004 - 9:15 a.m. -- Open Meeting
Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia.

June 8, 2004 - 9 a.m. -- Open Meeting
Clarion Hotel, 3315 Ordway Drive, Roanoke, Virginia.

June 30, 2004 - 9 a.m. -- Open Meeting
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia.

An informal conference committee 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. 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.virginia.gov.

July 16, 2004 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

The Legislative Committee will consider regulatory matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY, e-mail william.harp@dhp.virginia.gov.

August 13, 2004 - 8 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

The Executive Committee will consider regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY, e-mail william.harp@dhp.virginia.gov.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

June 10, 2004 - 11:30 a.m. -- Open Meeting
The Wythe Building, 1604 Santa Rosa Drive, Richmond, Virginia.

A meeting of the Olmstead Initiative Community Integration Oversight Advisory Committee.

Contact: Viktoria Glenn, Administrative Assistant, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box K-300, Richmond, VA 23288, telephone (804) 662-7069, FAX (804) 662-7662, e-mail glennvh@drs.state.va.us.

June 22, 2004 - 1 p.m. -- Open Meeting
Virginia Housing and Development Authority, 601 Belvidere Street, Richmond, Virginia.

A meeting of the Olmstead Initiative Community Integration Implementation Team.

Contact: Viktoria Glenn, Administrative Assistant, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box K-300, Richmond, VA 23288, telephone (804) 662-7069, FAX (804) 662-7662, e-mail glennvh@drs.state.va.us.

DEPARTMENT OF MOTOR VEHICLES

Medical Advisory Board

June 11, 2004 - 8 a.m. -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A general business meeting.

Contact: Jacqueline Branch, R. N., Division Manager, Department of Motor Vehicles, P.O. Box 27412, Richmond VA 23269-0001, telephone (804) 497-7188, FAX (804) 367-1604, toll-free (800) 435-5137, (800) 272-9268/TTY, e-mail dmvj3b@dmv.state.va.us.

VIRGINIA MUSEUM OF FINE ARTS

† June 3, 2004 - 2 p.m. -- Open Meeting
Virginia Museum of Fine Arts, 200 North Boulevard, CEO Parlor, Richmond, Virginia.

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, 200 N. Boulevard, Richmond, VA 23220-4007, phone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY, e-mail sbroyles@vmfa.state.va.us.

June 17, 2004 - Noon -- Open Meeting
Virginia Museum of Fine Arts, 200 North Boulevard, Auditorium, Richmond, Virginia.

A meeting for staff to update the Executive/Finance Committee. Public comment will not be received.

Contact: Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 200 N. Boulevard, Richmond, VA 23220-4007, telephone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY, e-mail sbroyles@vmfa.state.va.us.
Calendar of Events

BOARD OF NURSING

June 3, 2004 - 9 a.m. -- Open Meeting
June 7, 2004 - 9 a.m. -- Open Meeting
June 8, 2004 - 9 a.m. -- Open Meeting
June 9, 2004 - 9 a.m. -- Open Meeting
June 10, 2004 - 9 a.m. -- Canceled
June 15, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.

June 16, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 1, 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 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY , e-mail nursebd@dhp.virginia.gov.

July 9, 2004 - 9:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

An open general business meeting including committee reports, regulatory actions, and regulatory issues as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: Jay P. Douglas, R.N., M.S.M., C.S.A.C., 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.virginia.gov.

July 20, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, 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.virginia.gov.

BOARD OF OPTOMETRY

July 21, 2004 - 9 a.m. -- Canceled

A quarterly meeting of the governing body of the institution to discuss business of the board and the institution as determined by the Rector and the President.

Contact: Donna Meeks, Executive Secretary to the Board of Visitors, Old Dominion University, 204 Koch Hall, Norfolk, VA 23529, telephone (757) 683-3072, FAX (757) 683-5679, e-mail dmeeks@odu.edu.

BOARD FOR OPTICIANS

July 9, 2004 - 9:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

Public comment will be received at the beginning of the meeting.

Contact: Donna Meeks, Executive Secretary to the Board of Visitors, Old Dominion University, 204 Koch Hall, Norfolk, VA 23529, telephone (757) 683-3072, FAX (757) 683-5679, e-mail dmeeks@odu.edu.

BOARD OF NURSING AND MEDICINE

June 23, 2004 - 9 a.m. -- Open Meeting
† August 25, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting of the Joint Boards of Nursing and Medicine.

Contact: Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 6603 W. Broad Street, 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, e-mail nursebd@dhp.virginia.gov.

OLD DOMINION UNIVERSITY

† June 15, 2004 - 1 p.m. -- Open Meeting
Webb University Center, Old Dominion University, Norfolk, Virginia.

A quarterly meeting of the governing board of the institution to discuss business of the board and the institution as determined by the Rector and the President.

Contact: Donna Meeks, Executive Secretary to the Board of Visitors, Old Dominion University, 204 Koch Hall, Norfolk, VA 23529, telephone (757) 683-3072, FAX (757) 683-5679, e-mail dmeeks@odu.edu.
VIRGINIA OUTDOORS FOUNDATION

June 16, 2004 - 9 a.m. -- Open Meeting
Noel C. Taylor Municipal Building, 215 Church Avenue, SW, Roanoke City Council’s Conference Room, 4th Floor, Roanoke, Virginia. (Interpreter for the deaf provided upon request)

Quarterly meeting of the trustees to review and accept easement proposals. A public comment period will follow lunch.

Contact: Tamara A. Vance, Executive Director, Virginia Outdoors Foundation, 302 Royal Lane, Blacksburg, VA 24060, telephone (540) 951-2822, FAX (540) 951-2695, e-mail achisholm@vofonline.org.

VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

† June 14, 2004 - 10 a.m. -- Open Meeting
202 North 9th Street, 9th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

An Executive Committee meeting.

Contact: Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA, telephone (804) 786-9368, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY, e-mail smallsse@vbpd.state.va.us.

† June 15, 2004 - 9 a.m. -- Open Meeting
Location to be determined. (Interpreter for the deaf provided upon request)

A quarterly board meeting.

Contact: Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA, telephone (804) 786-9368, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY, e-mail smallsse@vbpd.state.va.us.

BOARD OF PHARMACY

† June 4, 2004 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.

An Informal Conference Committee meeting for approval of a pilot program application. Public comments will not be received.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9911, FAX (804) 662-9313, (804) 662-7197/TTY, e-mail scotti.russell@dhp.virginia.gov.

† June 8, 2004 - 3 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, Board Room 2, 5th Floor, Richmond, Virginia.

A panel of the Board of Pharmacy will meet to discuss disciplinary matters. No public comment will be received.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9911, FAX (804) 662-9313, (804) 662-7197/TTY, e-mail scotti.russell@dhp.virginia.gov.

† June 10, 2004 - 9 a.m. -- Open Meeting
† June 17, 2004 - 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 discuss disciplinary matters. Public comments will not be received.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9911, FAX (804) 662-9313.

BOARD OF PHYSICAL THERAPY

† June 18, 2004 - 10 a.m. -- Open Meeting
† July 16, 2004 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, 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., 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 16, 2004 - 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, Alcoa Bldg., 6603 West 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.virginia.gov.

POLYGRAPH EXAMINERS ADVISORY BOARD

June 3, 2004 - 10 a.m. -- CANCELED
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.
This meeting has been canceled.

**Contact:** Eric Olson, Executive Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail olson@dpor.virginia.gov.

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**BOARD FOR PROFESSIONAL AND OCCUPATIONAL REGULATION**

**June 7, 2004 - 10 a.m. -- Open Meeting**

Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor Conference Room 5W, Richmond, Virginia.

A quarterly meeting.

**Contact:** Judy Spiller, Executive Secretary, Board for Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8519, FAX (804) 367-9537, (804) 367-9753/TTY, e-mail judy.spiller@dpor.virginia.gov.

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**BOARD OF PSYCHOLOGY**

† **June 22, 2004 - 9 a.m. -- Open Meeting**

Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

Informal Conference Committees will meet pursuant to § 2.2-4019 of the Code of Virginia. The committees will meet in open and closed sessions.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-9943, (804) 662-7197/TTY, e-mail evelyn.brown@dhp.virginia.gov.

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**REAL ESTATE APPRAISER BOARD**

**June 2, 2004 - 9 a.m. -- Open Meeting**

**June 16, 2004 - 10 a.m. -- Open Meeting**

**June 30, 2004 - 10 a.m. -- Open Meeting**

Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

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**REAL ESTATE BOARD**

† **June 3, 2004 - 9 a.m. -- Open Meeting**

**June 9, 2004 - 9 a.m. -- Open Meeting**

**June 10, 2004 - 9 a.m. -- Open Meeting**

Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

**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 Karen.O'Neal@dpor.virginia.gov.

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**DEPARTMENT OF REHABILITATIVE SERVICES**

**Commonwealth Neurotrauma Initiative Advisory Board**

NOTE: CHANGE IN MEETING DATE

† **June 25, 2004 - 9:30 a.m. -- Open Meeting**

Department for the Deaf and Hard of Hearing, 1602 Rolling Hills Drive, 2nd Floor Conference Room, Richmond, Virginia (Interpreter for the deaf provided upon request)

A regular meeting.

**Contact:** Kristie Chamberlain, CNI Program Specialist, Department of Rehabilitative Services, 8004 Franklin Farms Dr., Box K300, Richmond, VA 23288-0300, telephone (804) 662-7154, FAX (804) 662-7154, toll-free (800) 552-5019, (804) 464-9950/TTY, e-mail chambekl@drs.state.va.us.

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**VIRGINIA RESOURCES AUTHORITY**

† **June 8, 2004 - 9 a.m. -- Open Meeting**

Virginia Port Authority Offices, 600 World Trade Center, Norfolk, Virginia.

A regular meeting of the Board of Directors to (i) review and, if appropriate, approve the minutes from the most
A meeting to hear possible violations of the laws and regulations governing the practice of social work.

Contact: Evelyn B. Brown, Executive Director, Board of Social Work, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-7250, (804) 662-7197/TTY , e-mail evelyn.brown@dhp.virginia.gov.

COMMONWEALTH TRANSPORTATION BOARD

† June 17, 2004 - 9 a.m. -- Open Meeting
VDOT Central Auditorium, 1221 East Broad Street, Richmond, Virginia.

A work session, open to the public, of the CTB, VDOT and DRPT staff providing updates on projects, policy development, budgets and pending action items. A public comment period will not be provided at the work session.

Contact: Katherine Tracy, Assistant Secretary of the Commonwealth Transportation Board, Policy Division, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-3090, FAX (804) 225-4700, e-mail Katherine.Tracy@virginiadot.org.

† June 17, 2004 - 10:30 a.m. -- Open Meeting
VDOT Central Auditorium, 1221 East Broad Street, Richmond, Virginia.

A meeting to vote on action items presented regarding bids, conveyances, budgets, the Six-Year Improvement Program and any other matter requiring board approval. Public comments will be received at the outset of the meeting with remarks to be limited to five minutes. Groups are requested to select a spokesperson. The board reserves the right to amend these conditions. Committee meetings, which are open to the public, may be held upon call of the chairman, and will be posted separately.

Contact: Katherine Tracy, Assistant Secretary of the Commonwealth Transportation Board, Policy Division, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-3090, FAX (804) 225-4700, e-mail Katherine.Tracy@virginiadot.org.

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July 2, 2004 - 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 Commonwealth Transportation Board intends to repeal regulations entitled 24 VAC 30-90, Subdivision Street Requirements and adopt regulations entitled 24 VAC 30-91, Subdivision Street Requirements. The purpose of the proposed action is to repeal the existing regulation and promulgate a new one under the same title due to extensive changes to the regulation. Revised items include (i) clarified text to improve comprehensibility and usefulness; (ii) updated obsolete titles and work unit names; (iii) separated geometric standards from regulatory requirements; (iv) updated list of documents incorporated by reference; and (v) assessment of impact of technical issues on the regulations (definition of roles, design processes, speed limits, rights-of-way, sidewalks, flexibility of...
Calendar of Events

Standards, street signage, traffic calming, surety and maintenance fees, utilities, etc.).


Contact: Kenneth M. Smith, Transportation Engineering Program Supervisor, Local Assistance Division, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-2576, FAX (804) 786-2603 or e-mail Ken.Smith@VirginiaDOT.org.

BOARD OF VETERANS SERVICES

June 7, 2004 - 1 p.m. -- Open Meeting
Virginia Medical Center, 100 Emancipation Drive, Hampton, Virginia.

A regular meeting. Directions can be retrieved from http://www1.va.gov/midatlantic/maps/hampton.htm.

Contact: Trenea Nibbs, General Administrative Coordinator, Department of Veterans Services, Pocahontas Bldg., 900 E. Main St., Ground Floor, West Wing, Richmond, VA 23219, telephone (804) 786-0286, FAX (804) 786-0302, e-mail trenea.nibbs@dvs.virginia.gov.

DEPARTMENT OF VETERANS SERVICES

June 21, 2004 - 1:30 p.m. -- Open Meeting
Virginia Veterans Care Center, 4550 Shenandoah Avenue, N.W., Roanoke, Virginia.

A Joint Leadership Council meeting.

Contact: Trenea Nibbs, General Administrative Coordinator, Department of Veterans Services, Pocahontas Bldg., 900 E. Main St., Ground Floor, West Wing, Richmond, VA 23219, telephone (804) 786-0286, FAX (804) 786-0302, e-mail trenea.nibbs@dvs.virginia.gov.

VIRGINIA WASTE MANAGEMENT BOARD

† June 18, 2004 - 9:30 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

A regular board meeting. The agenda will be posted at least 10 days prior to the 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.

STATE WATER CONTROL BOARD

June 15, 2004 - 10 a.m. -- Open Meeting
July 6, 2004 - 10 a.m. -- Open Meeting
August 3, 2004 - 10 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

A meeting of the advisory committee assisting in the development of amendments to the State Water Control Board Nutrient Enriched Waters Policy.

Contact: John M. Kennedy, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4312, FAX (804) 698-4116, e-mail jm kennedy@deq.state.va.us.

June 17, 2004 - 9:30 a.m. -- Open Meeting
† August 31, 2004 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular board 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.

STATE LOTTERY BOARD

June 22, 2004 - 9:30 a.m. -- Open Meeting
Virginia Lottery, 900 East Main Street, 13th Floor, Richmond, Virginia.

A regular meeting to conduct routine business. There will be an opportunity for public comment shortly after the meeting is convened.

INDEPENDENT
Calendar of Events

Contact: Frank S. Ferguson, Director, Legislative and Regulatory Affairs, State Lottery Department, 900 E. Main St., Richmond, VA 23219, telephone (804) 692-7901, FAX (804) 692-7905, e-mail fferguson@valottery.state.va.us.

VIRGINIA RETIREMENT SYSTEM

June 1, 2004 - 8:30 a.m. -- Open Meeting
Location to be determined.

Board of Trustees annual retreat.

Contact: LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail lking@vrs.state.va.us.

June 1, 2004 - Noon -- Open Meeting
Virginia Retirement System Headquarters Building, 1200 E. Main Street, Richmond, Virginia.

A regular meeting of the Optional Retirement Plan Advisory Committee. No public comment will be received at the meeting.

Contact: LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail lking@vrs.state.va.us.

† August 18, 2004 - 11 a.m. -- Open Meeting
Virginia Retirement System Investment Department, Bank of America Building, 1111 East Main Street, Richmond, Virginia.

The following committees will meet:

11 a.m. - Investment Advisory Committee
2:30 p.m. - Benefits and Actuarial Committee
4 p.m. - Administration and Personnel Committee
4 p.m. - Audit and Compliance Committee

Contact: Phyllis Henderson, Administrative Assistant, Virginia Retirement System, 1111 E. Main St., Richmond, VA 23219, telephone (804) 697-6675, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail phenderson@vrs.state.va.us.

† August 19, 2004 - 9 a.m. -- Open Meeting
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia.

A regular meeting of the Board of Trustees. No public comment will be received at the meeting.

Contact: LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail lking@vrs.state.va.us.

LEGISLATIVE

VIRGINIA CODE COMMISSION

June 16, 2004 - 10 a.m. -- CANCELED

† July 21, 2004 - 10 a.m. -- Open Meeting
† August 18, 2004 - 10 a.m. -- Open Meeting
General Assembly Building, 910 Capitol Street, 6th Floor, Speaker's Conference Room, Richmond, Virginia.

A meeting to continue with the revisions of Titles 1, 3.1 and 37.1 and to conduct any other business that may come before the commission. A brief public comment period is scheduled at the end of the meeting.

Contact: Jane Chaffin, Registrar of Regulations, Virginia Code Commission, General Assembly Bldg., 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625, e-mail jchaffin@leg.state.va.us.

VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL

June 9, 2004 - 2 p.m. -- Open Meeting
General Assembly Building, 910 Capitol Street, House Room D, Richmond, Virginia.

A regular meeting.

Contact: Lynda Waddill, Administrative Assistant, or Lisa Wallmeyer, Assistant Director, Virginia Freedom of Information Advisory Council, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 225-3056, FAX (804) 371-0169, toll-free (866) 448-4100, e-mail foiacouncil@leg.state.va.us.

PUBLIC DEFENDER COMMISSION

† June 17, 2004 - 2 p.m. -- Open Meeting
Cavalier Hotel, Virginia Beach, Virginia.

A meeting to discuss official business.

Contact: Lori E. Hoover, Public Defender Commission, 701 E. Franklin St., Suite 1416, Richmond, VA 23219, telephone (804) 225-3297, FAX (804) 371-8326, (800) 828-1120/TTY, e-mail lhoover@pdcmail.state.va.us.

CHRONOLOGICAL LIST

OPEN MEETINGS

June 1
Contractors, Board for
† Funeral Directors and Embalmers, Board of Retirement System, Virginia

June 2
† Conservation and Recreation, Department of
† Criminal Justice Services Board
† Funeral Directors and Embalmers, Board of Jamestown-Yorktown Foundation
† Medical Assistance Services, Department of
Calendar of Events

† Medicine, Board of
Real Estate Appraiser Board

June 3
† Asbestos, Lead, and Home Inspectors, Virginia Board for
Contractors, Board for
Counseling, Board of
t Museum of Fine Arts, Virginia
Nursing, Board of
† Real Estate Board

June 4
Art and Architectural Review Board
Counseling, Board of
Dentistry, Board of
† Pharmacy, Board of

June 7
Alcoholic Beverage Control Board
† Medical Assistance Services, Department of
Nursing, Board of
Professional and Occupational Regulation, Board for
Veterans Services, Board of

June 8
Contractors, Board for
† Medical Assistance Services, Department of
Medicine, Board of
Nursing, Board of
Pharmacy, Board of
† Resources Authority, Virginia

June 9
Accountancy, Board of
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Freedom of Information Advisory Council, Virginia
Health Professions, Department of
† Interagency Coordinating Council, Virginia
Juvenile Justice, Board of
Nursing, Board of
Real Estate Board
† Social Services, Department of
- Family and Children's Trust Fund

June 10
† Aging, Commonwealth Council on
† Agriculture and Consumer Services, Board of
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Criminal Justice Services Board
† Labor and Industry, Department of
- Virginia Apprenticeship Council
Mental Health, Mental Retardation and Substance Abuse
Services, Department of
† Pharmacy, Board of
Real Estate Board

June 11
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Dentistry, Board of
Health Professions, Department of
- Intervention Program Committee
Motor Vehicles, Department of
- Medical Advisory Board
† Social Work, Board of

June 14
Barbers and Cosmetology, Board for
Library Board, The
† People with Disabilities, Virginia Board for

June 15
† Aviation Board, Virginia
Cemetery Board
Charitable Gaming Board
Conservation and Recreation, Department of
Contractors, Board for
Nursing, Board of
† Old Dominion University
† People with Disabilities, Virginia Board for
Water Control Board, State
† Workforce Council, Virginia

June 16
† Aviation Board, Virginia
Compensation Board
† Contractors, Board for
† Environmental Quality, Department of
† Historic Resources, Department of
- State Review Board and Board of Historic Resources
Nursing, Board of
Outdoors Foundation, Virginia
Real Estate Appraiser Board
† Small Business Financing Authority, Virginia
† Social Services, Department of
- Family and Children's Trust Fund

June 17
† Aging, Commonwealth Council on
† Conservation and Recreation, Department of
Design-Build/Construction Management Review Board
Museum of Fine Arts, Virginia
† Optometry, Board of
† Pharmacy, Board of
† Public Defender Commission
† Transportation Board, Commonwealth
Water Control Board, State

June 18
† Housing and Community Development, Department of
- State Building Code Technical Review Board
† Physical Therapy, Board of
† Waste Management Board, Virginia

June 21
Alcoholic Beverage Control Board
† Alzheimer's Disease and Related Disorders Commission
Chesapeake Bay Local Assistance Board
Veterans Services, Department of

June 22
Conservation and Recreation, Department of
Contractors, Board for
Lottery Board, State
Marine Resources Commission
† Medical Assistance Services, Department of
Mental Health, Mental Retardation and Substance Abuse
Services, Department of
† Psychology, Board of
Waterworks and Wastewater Works Operators, Board for
## Calendar of Events

<table>
<thead>
<tr>
<th>Event Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 23</td>
<td>Education, Board of Nursing and Medicine, Joint Boards of Medicine, Board of</td>
</tr>
<tr>
<td>June 24</td>
<td>Medicine, Board of</td>
</tr>
<tr>
<td>June 25</td>
<td>† Game and Inland Fisheries, Board of Rehabilitative Services, Department of Commonwealth Neurotrauma Initiative Trust Fund Advisory Board</td>
</tr>
<tr>
<td>June 29</td>
<td>Air Pollution Control Board, State Barbers and Cosmetology, Board for Conservation and Recreation, Department of Contractors, Board for Health, Department of Hemophilia Advisory Board</td>
</tr>
<tr>
<td>June 30</td>
<td>Medicine, Board of Real Estate Appraiser Board</td>
</tr>
<tr>
<td>July 2</td>
<td>Art and Architectural Review Board</td>
</tr>
<tr>
<td>July 6</td>
<td>Alcoholic Beverage Control Board Contractors, Board for Water Control Board, State</td>
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<tr>
<td>July 9</td>
<td>† Cemetery Board Opticians, Board for Hearing Aid Specialists, Board for</td>
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<tr>
<td>July 12</td>
<td>Hearing Aid Specialists, Board for</td>
</tr>
<tr>
<td>July 13</td>
<td>Child Fatality Review Team, State Medical Assistance Services, Board of Psychology, Board of</td>
</tr>
<tr>
<td>July 14</td>
<td>Information Technologies Agency, Virginia Drug Utilization Review Board</td>
</tr>
<tr>
<td>July 15</td>
<td>Design-Build/Construction Management Review Board Education, Board of</td>
</tr>
<tr>
<td>July 16</td>
<td>Education, Board of Medicine, Board of Physical Therapy, Board of</td>
</tr>
<tr>
<td>July 19</td>
<td>Alcoholic Beverage Control Board Nursing, Board of</td>
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<tr>
<td>July 20</td>
<td>Nursing, Board of</td>
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<tr>
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<td>Health, Board of Nursing, Board of</td>
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<td>July 27</td>
<td>† Conservation and Recreation, Department of Contractors, Board for</td>
</tr>
<tr>
<td>July 28</td>
<td>Education, Board of Labor and Industry, Department of Virginia Migrant and Seasonal Farmworkers Board</td>
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<tr>
<td>August 2</td>
<td>Alcoholic Beverage Control Board</td>
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<tr>
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<tr>
<td>August 5</td>
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<td>August 6</td>
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</tr>
<tr>
<td>August 11</td>
<td>Medicine, Board of</td>
</tr>
<tr>
<td>August 13</td>
<td>Alcoholic Beverage Control Board</td>
</tr>
<tr>
<td>August 16</td>
<td>Medical Assistance Services, Department of Pharmacy Liaison Committee Real Estate Appraiser Board</td>
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</tr>
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<td>† Health Professions, Department of Contractors, Board for</td>
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<tr>
<td>August 24</td>
<td>† Contractors, Board for Nursing and Medicine, Joint Boards of</td>
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<tr>
<td>August 25</td>
<td>† Counseling, Board of</td>
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<tr>
<td>August 26</td>
<td>† Counseling, Board of</td>
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<tr>
<td>August 30</td>
<td>† Alcoholic Beverage Control Board</td>
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<tr>
<td>August 31</td>
<td>† Water Control Board, State</td>
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</tbody>
</table>

**PUBLIC HEARINGS**

<table>
<thead>
<tr>
<th>Event Date</th>
<th>Event Description</th>
</tr>
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<tbody>
<tr>
<td>June 9</td>
<td>† Environmental Quality, Department of</td>
</tr>
<tr>
<td>June 16</td>
<td>Housing and Community Development, Board of</td>
</tr>
</tbody>
</table>