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CUMULATIVE TABLE OF VIRGINIA ADMINISTRATIVE CODE SECTIONS ADOPTED, AMENDED, OR REPEALED

The table printed below lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Fall 2005 VAC Supplement includes final regulations published through *Virginia Register* Volume 21, Issue 24, dated August 8, 2005). Emergency regulations, if any, are listed, followed by the designation "emer," and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 1. Administration			
1 VAC 55-20-320	Amended	22:8 VA.R. 1174	3/15/06
Title 2. Agriculture	·		
2 VAC 5-20-10 through 2 VAC 5-20-40	Amended	22:11 VA.R. 1761-1764	3/10/06
2 VAC 5-20-30	Erratum	22:13 VA.R. 2153	
2 VAC 5-390-180	Amended	22:14 VA.R. 2201	2/27/06
Title 4. Conservation and Natural Resources		<u> </u>	
4 VAC 3-10-10	Amended	22:5 VA.R. 706	12/14/05
4 VAC 3-10-20	Amended	22:5 VA.R. 707	12/14/05
4 VAC 3-10-30	Amended	22:5 VA.R. 707	12/14/05
4 VAC 3-10-40	Repealed	22:5 VA.R. 709	12/14/05
4 VAC 5-15-10	Amended	22:7 VA.R. 1000	1/11/06
4 VAC 5-15-40	Amended	22:7 VA.R. 1004	1/11/06
4 VAC 5-15-60	Amended	22:7 VA.R. 1004	1/11/06
4 VAC 5-15-80	Amended	22:7 VA.R. 1005	1/11/06
4 VAC 5-15-100	Amended	22:7 VA.R. 1005	1/11/06
4 VAC 5-15-110	Amended	22:7 VA.R. 1006	1/11/06
4 VAC 5-15-130	Repealed	22:7 VA.R. 1006	1/11/06
4 VAC 5-15-140	Amended	22:7 VA.R. 1006	1/11/06
4 VAC 5-15-150	Amended	22:7 VA.R. 1008	1/11/06
4 VAC 5-36-10	Amended	22:9 VA.R. 1367	2/8/06
4 VAC 5-36-20	Amended	22:9 VA.R. 1367	2/8/06
4 VAC 5-36-40 through 4 VAC 5-36-160	Amended	22:9 VA.R. 1367-1383	2/8/06
4 VAC 5-36-50	Erratum	22:14 VA.R. 2216	
4 VAC 5-36-180 through 4 VAC 5-36-210	Amended	22:9 VA.R. 1384-1395	2/8/06
4 VAC 15-20-210	Added	22:6 VA.R. 888	1/1/06
4 VAC 15-30-40	Amended	22:6 VA.R. 888	12/1/05
4 VAC 15-90-293	Amended	22:6 VA.R. 891	11/1/05
4 VAC 15-320-100	Amended	22:16 VA.R. 2370	5/17/06
4 VAC 15-380-70	Amended	22:6 VA.R. 891	3/1/06
4 VAC 15-380-71	Added	22:6 VA.R. 892	3/1/06
4 VAC 15-430-60	Amended	22:6 VA.R. 892	3/1/06
4 VAC 15-430-160	Amended	22:6 VA.R. 892	3/1/06
4 VAC 20-20-20	Amended	22:8 VA.R. 1183	12/1/05-12/30/05
4 VAC 20-20-20	Amended	22:10 VA.R. 1551	12/22/05
4 VAC 20-20-50	Amended	22:8 VA.R. 1183	12/1/05-12/30/05
4 VAC 20-20-50	Amended	22:10 VA.R. 1551	12/22/05
4 VAC 20-20-50 emer	Amended	22:10 VA.R. 1682	12/28/05-1/27/06
4 VAC 20-20-50	Amended	22:12 VA.R. 2033	1/27/06
4 VAC 20-70-30	Amended	22:4 VA.R. 575	12/1/05
4 VAC 20-70-70	Amended	22:4 VA.R. 575	12/1/05
4 VAC 20-70-140	Amended	22:4 VA.R. 576	12/1/05
4 VAC 20-80-30	Amended	21:25 VA.R. 3469	7/29/05
4 VAC 20-110-60	Amended	22:4 VA.R. 576	12/1/05
4 VAC 20-150-60	Amended	22:4 VA.R. 576	12/1/05

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4 VAC 20-230-30	Amended	22:4 VA.R. 576	12/1/05
4 VAC 20-230-50	Amended	22:4 VA.R. 576	12/1/05
4 VAC 20-252-30 emer	Amended	22:4 VA.R. 627	9/29/05-10/28/05
4 VAC 20-252-30	Amended	22:7 VA.R. 1013	11/14/05
4 VAC 20-252-55	Amended	22:15 VA.R. 2280	3/2/06
4 VAC 20-252-90	Amended	22:1 VA.R. 81	9/1/05
4 VAC 20-252-100	Amended	22:1 VA.R. 81	9/1/05
4 VAC 20-252-135	Amended	22:7 VA.R. 1013	11/14/05
4 VAC 20-252-150	Amended	22:15 VA.R. 2280	3/2/06
4 VAC 20-252-160	Amended	22:7 VA.R. 1014	11/14/05
4 VAC 20-270-30	Amended	21:25 VA.R. 3469	7/29/05
4 VAC 20-310-15	Added	22:4 VA.R. 582	10/1/05
4 VAC 20-310-20	Amended	22:4 VA.R. 582	10/1/05
4 VAC 20-310-40	Amended	22:4 VA.R. 583	10/1/05
4 VAC 20-310-50	Amended	22:4 VA.R. 583	10/1/05
4 VAC 20-490-20	Amended	22:8 VA.R. 1113	12/1/05
4 VAC 20-490-20 4 VAC 20-490-40	Amended	22:8 VA.R. 1114	12/1/05
4 VAC 20-490-40 4 VAC 20-490-41	Added	22:8 VA.R. 1115	12/1/05
4 VAC 20-490-41 4 VAC 20-490-42	Added	22:8 VA.R. 1115	12/1/05
4 VAC 20-490-43 4 VAC 20-490-50	Added	22:8 VA.R. 1115 22:8 VA.R. 1115	12/1/05
	Amended	22:8 VA.R. 1115	12/1/05
4 VAC 20-490-60	Repealed		12/1/05
4 VAC 20-530-10	Amended	22:12 VA.R. 2034	1/27/06
4 VAC 20-530-20	Amended	22:12 VA.R. 2034	1/27/06
4 VAC 20-530-20 emer	Amended	22:14 VA.R. 2208	3/2/06-3/31/06
4 VAC 20-530-20	Amended	22:16 VA.R. 2371	3/31/06
4 VAC 20-530-23	Repealed	22:12 VA.R. 2034	1/27/06
4 VAC 20-530-26	Repealed	22:12 VA.R. 2034	1/27/06
4 VAC 20-530-29	Repealed	22:12 VA.R. 2034	1/27/06
4 VAC 20-530-30	Amended	22:12 VA.R. 2034	1/27/06
4 VAC 20-530-30 emer	Amended	22:14 VA.R. 2208	3/2/06-3/31/06
4 VAC 20-530-30	Amended	22:16 VA.R. 2371	3/31/06
4 VAC 20-530-31	Added	22:12 VA.R. 2035	1/27/06
4 VAC 20-530-31 emer	Amended	22:14 VA.R. 2208	3/2/06-3/31/06
4 VAC 20-530-31	Amended	22:16 VA.R. 2371	3/31/06
4 VAC 20-530-32 emer	Added	22:14 VA.R. 2209	3/2/06-3/31/06
4 VAC 20-530-32	Added	22:16 VA.R. 2371	3/31/06
4 VAC 20-530-35	Repealed	22:12 VA.R. 2035	1/27/06
4 VAC 20-560-20 emer	Amended	22:16 VA.R. 2387	3/30/06-4/28/06
4 VAC 20-560-40 emer	Amended	22:16 VA.R. 2388	3/30/06-4/28/06
4 VAC 20-560-50 emer	Amended	22:16 VA.R. 2388	3/30/06-4/28/06
4 VAC 20-566-10 through 4 VAC 20-566-50 emer	Added	21:25 VA.R. 3552	8/16/05-9/14/05
4 VAC 20-566-10 through 4 VAC 20-566-50	Added	22:1 VA.R. 81-82	9/15/05
4 VAC 20-610-40	Amended	22:4 VA.R. 576	12/1/05
4 VAC 20-610-50	Amended	22:4 VA.R. 577	12/1/05
4 VAC 20-650-10 through 4 VAC 20-650-40 emer	Amended	22:4 VA.R. 628	10/1/05-10/30/05
4 VAC 20-650-20	Amended	22:6 VA.R. 893	10/28/05
4 VAC 20-670-20	Amended	22:4 VA.R. 577	12/1/05
4 VAC 20-670-30	Amended	21:25 VA.R. 3470	7/29/05
4 VAC 20-670-50	Amended	21:25 VA.R. 3470	7/29/05
4 VAC 20-720-20	Amended	22:4 VA.R. 584	10/1/05
4 VAC 20-720-40	Amended	22:4 VA.R. 585	10/1/05
4 VAC 20-720-40	Amended	22:10 VA.R. 1552	1/1/06
4 VAC 20-720-40 emer	Amended	22:12 VA.R. 2043	2/1/06-2/28/06
4 VAC 20-720-50	Amended	22:4 VA.R. 586	10/1/05
4 VAC 20-720-50	Amended	22:10 VA.R. 1552	1/1/06
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4 VAC 20-720-50 emer	Amended	22:12 VA.R. 2043	2/1/06-2/28/06
4 VAC 20-720-60	Amended	22:4 VA.R. 586	10/1/05
4 VAC 20-720-70	Amended	22:4 VA.R. 586	10/1/05
4 VAC 20-720-70	Amended	22:8 VA.R. 1184	12/1/05-12/30/05
4 VAC 20-720-70	Amended	22:10 VA.R. 1553	1/1/06
4 VAC 20-720-75	Amended	22:4 VA.R. 587	10/1/05
4 VAC 20-720-75 4 VAC 20-720-75	Amended	22:10 VA.R. 1553	1/1/06
4 VAC 20-720-73 4 VAC 20-720-80	Amended	22:4 VA.R. 587	10/1/05
4 VAC 20-720-80 4 VAC 20-720-100	Amended	22:4 VA.R. 587	10/1/05
4 VAC 20-720-100 4 VAC 20-730-20	Repealed	22:4 VA.R. 577	12/1/05
4 VAC 20-750-20 4 VAC 20-751-20	Amended	22:6 VA.R. 893	11/1/05
4 VAC 20-751-20 4 VAC 20-890-25	Amended	22:6 VA.R. 893 22:4 VA.R. 577	11/1/05
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4 VAC 20-900-30 4 VAC 20-900-30	Amended Amended	22:4 VA.R. 578 22:10 VA.R. 1554	12/1/05 12/22/05
4 VAC 20-900-30 4 VAC 20-910-45	Amended Amended		
4 VAC 20-910-45	Amended Amended	22:8 VA.R. 1184	12/1/05-12/30/05
4 VAC 20-910-45	Amended	22:10 VA.R. 1555	12/30/05
4 VAC 20-920-30 4 VAC 20-920-40	Amended	22:4 VA.R. 578	12/1/05
4 VAC 20-920-40	Amended	22:4 VA.R. 578	12/1/05
4 VAC 20-950-46 emer	Amended	22:4 VA.R. 628	10/1/05-10/30/05
4 VAC 20-950-46	Amended	22:6 VA.R. 894	11/1/05
4 VAC 20-950-47 emer	Amended	22:10 VA.R. 1682	1/1/06-1/30/06
4 VAC 20-950-47	Amended	22:12 VA.R. 2035	2/1/06
4 VAC 20-950-48 emer	Amended	22:4 VA.R. 629	10/1/05-10/30/05
4 VAC 20-950-48	Amended	22:6 VA.R. 894	11/1/05
4 VAC 20-950-48 emer	Amended	22:10 VA.R. 1683	1/1/06-1/30/06
4 VAC 20-950-48	Amended	22:12 VA.R. 2035	2/1/06
4 VAC 20-950-48.2 emer	Added	22:4 VA.R. 629	10/1/05-10/30/05
4 VAC 20-950-48.2	Added	22:6 VA.R. 895	11/1/05
4 VAC 20-950-49 emer	Amended	22:4 VA.R. 630	10/1/05-10/30/05
4 VAC 20-950-49	Amended	22:6 VA.R. 895	11/1/05
4 VAC 20-1040-20	Amended	22:10 VA.R. 1555	1/1/06
4 VAC 20-1090-10 through 4 VAC 20-1090-40	Added	22:4 VA.R. 579-582	12/1/05
4 VAC 20-1090	Erratum	22:8 VA.R. 1198	
4 VAC 25-10-90	Added	22:6 VA.R. 896	12/28/05
4 VAC 25-20 (Forms)	Amended	22:5 VA.R. 720	
4 VAC 25-31 (Forms)	Amended	22:16 VA.R. 2389	
4 VAC 25-35 (Forms)	Amended	22:16 VA.R. 2389	
4 VAC 25-40 (Forms)	Amended	22:16 VA.R. 2389	
4 VAC 25-130 (Forms)	Amended	22:16 VA.R. 2390	
4 VAC 25-130-816.11	Amended	21:26 VA.R. 3706	8/10/05-8/9/06
4 VAC 25-130-816.64	Amended	21:26 VA.R. 3707	8/10/05-8/9/06
Title 6. Criminal Justice and Corrections			
6 VAC 20-190-10 through 6 VAC 20-190-200	Repealed	22:10 VA.R. 1556-1559	2/22/06
6 VAC 20-190-10 through 6 VAC 20-190-200 6 VAC 20-210-10 through 6 VAC 20-210-110	Repealed	22:10 VA.R. 1556-1559 22:10 VA.R. 1561-1562	2/22/06
6 VAC 20-210-10 through 6 VAC 20-210-110 6 VAC 20-220-20 through 6 VAC 20-220-80	Repealed Repealed	22:10 VA.R. 1561-1562 22:10 VA.R. 1559-1560	2/22/06
6 VAC 20-220-20 through 6 VAC 20-220-80 6 VAC 20-230-10 through 6 VAC 20-230-350	Repealed Added	21:26 VA.R. 3680-3691	10/5/05
6 VAC 20-230-10 through 6 VAC 20-230-350 6 VAC 20-230-160	Erratum	21:26 VA.R. 3680-3691 22:2 VA.R. 296	10/5/05
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6 VAC 20-230-210 6 VAC 20-240-10 through 6 VAC 20-240-120	Erratum Added		3/0/06
6 VAC 20-240-10 through 6 VAC 20-240-120	Added	22:11 VA.R. 1764-1768	3/8/06
6 VAC 20-260-10 through 6 VAC 20-260-360 emer	Added	22:12 VA.R. 2044-2053	2/20/06-2/19/07
6 VAC 35-190-10 through 6 VAC 35-190-120 emer	Added	22:9 VA.R. 1423-1425	12/14/05-12/13/06
6 VAC 40-20-10 through 6 VAC 40-20-200	Added	22:10 VA.R. 1556-1559	2/22/06
6 VAC 40-20 (Forms)	Added	22:16 VA.R. 2392	
6 VAC 40-30-10 through 6 VAC 40-30-80	Added	22:10 VA.R. 1559-1560	2/22/06
6 VAC 40-40-10 through 6 VAC 40-40-110	Added	22:10 VA.R. 1561-1562	2/22/06

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 8. Education			
8 VAC 20-21-80	Amended	21:25 VA.R. 3471	9/22/05
8 VAC 20-21-90	Amended	21:25 VA.R. 3473	9/22/05
8 VAC 20-21-660	Amended	21:25 VA.R. 3473	9/22/05
8 VAC 20-21-680	Amended	21:25 VA.R. 3474	9/22/05
8 VAC 40-30	Repealed	22:6 VA.R. 925	11/8/05-11/7/06
8 VAC 40-31-10 through 8 VAC 40-31-320	Added	22:6 VA.R. 925-939	11/8/05-11/7/06
Title 9. Environment			
9 VAC 5-50-250	Amended	22:10 VA.R. 1563	*
9 VAC 5-50-270	Amended	22:10 VA.R. 1563	*
9 VAC 5-50-280	Amended	22:10 VA.R. 1564	*
9 VAC 5-50-400	Amended	22:4 VA.R. 588	12/1/05
9 VAC 5-60-60	Amended	22:4 VA.R. 588	12/1/05
9 VAC 5-60-90	Amended	22:4 VA.R. 588	12/1/05
9 VAC 5-60-100	Amended	22:4 VA.R. 588	12/1/05
9 VAC 5-80-1100	Amended	22:10 VA.R. 1564	*
9 VAC 5-80-1110	Amended	22:10 VA.R. 1565	*
9 VAC 5-80-1310	Repealed	22:10 VA.R. 1569	*
9 VAC 5-80-1605	Amended	22:10 VA.R. 1571	*
9 VAC 5-80-1615	Amended	22:10 VA.R. 1571	*
9 VAC 5-80-1625	Amended	22:10 VA.R. 1583	*
9 VAC 5-80-1635	Added	22:10 VA.R. 1583	*
9 VAC 5-80-1645	Added	22:10 VA.R. 1584	*
9 VAC 5-80-1655	Added	22:10 VA.R. 1584	*
9 VAC 5-80-1665	Added	22:10 VA.R. 1584	*
9 VAC 5-80-1675	Added	22:10 VA.R. 1584	*
9 VAC 5-80-1685	Added	22:10 VA.R. 1584	*
9 VAC 5-80-1695	Added	22:10 VA.R. 1584	*
9 VAC 5-80-1700	Repealed	22:10 VA.R. 1585	*
9 VAC 5-80-1705	Added	22:10 VA.R. 1585	*
9 VAC 5-80-1710	Repealed	22:10 VA.R. 1586	*
9 VAC 5-80-1715	Added	22:10 VA.R. 1586	*
9 VAC 5-80-1720	Repealed	22:10 VA.R. 1586	*
9 VAC 5-80-1725	Added	22:10 VA.R. 1586	*
9 VAC 5-80-1730	Repealed	22:10 VA.R. 1586	*
9 VAC 5-80-1735	Amended	22:10 VA.R. 1586	*
9 VAC 5-80-1740	Repealed	22:10 VA.R. 1587	*
9 VAC 5-80-1745	Added	22:10 VA.R. 1587	*
9 VAC 5-80-1750	Repealed	22:10 VA.R. 1587	*
9 VAC 5-80-1755	Added	22:10 VA.R. 1587	*
9 VAC 5-80-1760	Repealed	22:10 VA.R. 1587	*
9 VAC 5-80-1765	Amended	22:10 VA.R. 1587	*
9 VAC 5-80-1770	Repealed	22:10 VA.R. 1588	*
9 VAC 5-80-1775	Added	22:10 VA.R. 1588	*
9 VAC 5-80-1780	Repealed	22:10 VA.R. 1590	*
9 VAC 5-80-1785	Amended	22:10 VA.R. 1590	*
9 VAC 5-80-1790	Repealed	22:10 VA.R. 1591	*
9 VAC 5-80-1795	Added	22:10 VA.R. 1591	*
9 VAC 5-80-1800	Repealed	22:10 VA.R. 1591	*
9 VAC 5-80-1805	Added	22:10 VA.R. 1591	*
9 VAC 5-80-1810	Repealed	22:10 VA.R. 1591	*
9 VAC 5-80-1815	Added	22:10 VA.R. 1591	*
9 VAC 5-80-1820	Repealed	22:10 VA.R. 1591	*

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^{*} Notice of Suspension of Regulatory Process and Reopening of Public Comment Period (22:13 VA.R. 2131-2132)

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 5-80-1825	Amended	22:10 VA.R. 1591	*
9 VAC 5-80-1830	Repealed	22:10 VA.R. 1592	*
9 VAC 5-80-1835	Added	22:10 VA.R. 1592	*
9 VAC 5-80-1845	Added	22:10 VA.R. 1593	*
9 VAC 5-80-1855	Added	22:10 VA.R. 1596	*
9 VAC 5-80-1840	Repealed	22:10 VA.R. 1593	*
9 VAC 5-80-1850	Repealed	22:10 VA.R. 1596	*
9 VAC 5-80-1860	Repealed	22:10 VA.R. 1597	*
9 VAC 5-80-1865	Added	22:10 VA.R. 1597	*
9 VAC 5-80-1870 through 9 VAC 5-80-1920	Repealed	22:10 VA.R. 1602	*
9 VAC 5-80-1925	Added	22:10 VA.R. 1602	*
9 VAC 5-80-1930	Repealed	22:10 VA.R. 1603	*
9 VAC 5-80-1935	Added	22:10 VA.R. 1603	*
9 VAC 5-80-1940	Repealed	22:10 VA.R. 1603	*
9 VAC 5-80-1945	Added	22:10 VA.R. 1603	*
9 VAC 5-80-1950	Repealed	22:10 VA.R. 1604	*
9 VAC 5-80-1955	Added	22:10 VA.R. 1604 22:10 VA.R. 1604	*
9 VAC 5-80-1955 9 VAC 5-80-1960	Repealed	22:10 VA.R. 1604 22:10 VA.R. 1604	*
9 VAC 5-80-1965	Added	22:10 VA.R. 1604 22:10 VA.R. 1604	*
9 VAC 5-80-1970	Repealed	22:10 VA.R. 1604 22:10 VA.R. 1604	*
9 VAC 5-80-1975	Added	22:10 VA.R. 1604 22:10 VA.R. 1604	*
9 VAC 5-80-1975 9 VAC 5-80-1985	Added	22:10 VA.R. 1604 22:10 VA.R. 1605	*
9 VAC 5-80-1905 9 VAC 5-80-1995	Added	22:10 VA.R. 1605 22:10 VA.R. 1605	*
9 VAC 5-80-2000 through 9 VAC 5-80-2020	Amended	22:10 VA.R. 1605 22:10 VA.R. 1605-1617	*
			*
9 VAC 5-80-2040 through 9 VAC 5-80-2070 9 VAC 5-80-2090	Amended	22:10 VA.R. 1617-1620 22:10 VA.R. 1620	*
9 VAC 5-80-2090 9 VAC 5-80-2091	Amended Added	22:10 VA.R. 1620 22:10 VA.R. 1620	*
			*
9 VAC 5-80-2110 through 9 VAC 5-80-2140 9 VAC 5-80-2141 through 9 VAC 5-80-2144	Amended Added	22:10 VA.R. 1621-1624 22:10 VA.R. 1624-1634	*
			*
9 VAC 5-80-2180	Amended	22:10 VA.R. 1634	*
9 VAC 5-80-2200 through 9 VAC 5-80-2240	Amended	22:10 VA.R. 1635-1637 22:5 VA.R. 709	12/14/05
9 VAC 10-10-10	Amended		
9 VAC 10-10-20 9 VAC 10-10-30	Amended Amended	22:5 VA.R. 710 22:5 VA.R. 710	12/14/05 12/14/05
9 VAC 20-80-60	Amended	21:26 VA.R. 3691	10/5/05
9 VAC 20-80-400	Amended	21:26 VA.R. 3694	10/5/05
9 VAC 20-80-480	Amended	21:26 VA.R. 3697	10/5/05
9 VAC 20-80-485	Amended	21:26 VA.R. 3698	10/5/05
9 VAC 20-80-485	Erratum	22:2 VA.R. 296	10/10/05
9 VAC 20-80-790	Amended	22:1 VA.R. 104	12/19/05
9 VAC 25-40-10	Amended	22:3 VA.R. 370	11/16/05
9 VAC 25-40-20	Repealed	22:3 VA.R. 370	11/16/05
9 VAC 25-40-25	Added	22:3 VA.R. 370	11/16/05
9 VAC 25-40-30	Amended	22:3 VA.R. 371	11/16/05
9 VAC 25-40-40	Amended	22:3 VA.R. 371	11/16/05
9 VAC 25-40-50	Amended	22:3 VA.R. 371	11/16/05
9 VAC 25-40-70	Added	22:3 VA.R. 371	11/16/05
9 VAC 25-110-10	Amended	22:4 VA.R. 595	11/30/05
9 VAC 25-110-20	Amended	22:4 VA.R. 595	11/30/05
9 VAC 25-110-60	Amended	22:4 VA.R. 596	11/30/05
9 VAC 25-110-70	Amended	22:4 VA.R. 596	11/30/05
9 VAC 25-110-80	Amended	22:4 VA.R. 597	11/30/05
9 VAC 25-115-10 through 9 VAC 25-115-50	Amended	22:9 VA.R. 1395	2/8/06
9 VAC 25-180-10 through 9 VAC 25-180-70	Repealed	22:4 VA.R. 605	11/30/05
9 VAC 25-193-10	Amended	22:9 VA.R. 1396	2/8/06
9 VAC 25-193-20	Amended	22:9 VA.R. 1396	2/8/06

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9 VAC 25-193-40 through 9 VAC 25-193-70	Amended	22:9 VA.R. 1396	2/8/06
9 VAC 25-194-40	Amended	22:16 VA.R. 2372	5/17/06
9 VAC 25-194-70	Amended	22:16 VA.R. 2372	5/17/06
9 VAC 25-260-30	Amended	22:3 VA.R. 381	12/29/05
9 VAC 25-260-310	Amended	22:7 VA.R. 1015	1/12/06
9 VAC 25-260-310	Amended	22:11 VA.R. 1768	1/12/06
9 VAC 25-260-410	Amended	22:7 VA.R. 1017	1/12/06
9 VAC 25-260-410	Amended	22:11 VA.R. 1768	1/12/06
9 VAC 25-260-530	Amended	22:7 VA.R. 1018	1/12/06
9 VAC 25-260-530	Amended	22:11 VA.R. 1768	1/12/06
9 VAC 25-630-50	Amended	22:2 VA.R. 229	11/2/05
9 VAC 25-660-10	Erratum	22:12 VA.R. 2063	
9 VAC 25-660-60	Erratum	22:12 VA.R. 2063	
9 VAC 25-660-70	Erratum	22:12 VA.R. 2063	
9 VAC 25-670-10	Erratum	22:12 VA.R. 2063	
9 VAC 25-670-70	Erratum	22:12 VA.R. 2063	
9 VAC 25-670-100	Erratum	22:12 VA.R. 2063	
9 VAC 25-680-70	Erratum	22:12 VA.R. 2063	
9 VAC 25-680-80	Erratum	22:12 VA.R. 2063	
9 VAC 25-680-100	Erratum	22:12 VA.R. 2063	
9 VAC 25-690-30	Erratum	22:12 VA.R. 2063	
9 VAC 25-690-50	Erratum	22:12 VA.R. 2063	
9 VAC 25-690-100	Erratum	22:12 VA.R. 2063	
9 VAC 25-090-100 9 VAC 25-720-10	Amended	22:3 VA.R. 372	11/16/05
9 VAC 25-720-10	Amended	22:3 VA.R. 374	11/16/05
9 VAC 25-720-30 9 VAC 25-720-40	Amended	22:3 VA.R. 374	11/16/05
9 VAC 25-720-40 9 VAC 25-720-50	Amended	22:2 VA.R. 236	11/2/05
9 VAC 25-720-50 9 VAC 25-720-50			
9 VAC 25-720-50 9 VAC 25-720-50	Amended Amended	22:3 VA.R. 376 22:6 VA.R. 896	11/16/05 12/28/05
9 VAC 25-720-60	Amended	22:7 VA.R. 1019	1/11/06
9 VAC 25-720-60	Erratum	22:12 VA.R. 2064	 11/16/05
9 VAC 25-720-70	Amended	22:3 VA.R. 378	11/16/05
9 VAC 25-720-80	Amended	22:6 VA.R. 897	12/28/05 11/2/05
9 VAC 25-720-90	Amended	22:2 VA.R. 237	
9 VAC 25-720-90	Amended	22:6 VA.R. 899	12/28/05
9 VAC 25-720-110	Amended	22:3 VA.R. 380	11/16/05
9 VAC 25-720-110	Amended	22:16 VA.R. 2378	5/17/06
9 VAC 25-720-120	Amended	22:7 VA.R. 1021	1/11/06
9 VAC 25-720-120	Erratum	22:12 VA.R. 2064	44/0/05
9 VAC 25-720-130	Amended	22:2 VA.R. 238	11/2/05
9 VAC 25-720-130	Amended	22:6 VA.R. 900	12/28/05
9 VAC 25-750-10 through 9 VAC 25-750-50	Repealed	22:4 VA.R. 605	11/30/05
9 VAC 25-780-10 through 9 VAC 25-780-190	Added	22:2 VA.R. 238-246	11/2/05
9 VAC 25-780-30	Erratum	22:4 VA.R. 660	-
9 VAC 25-780-50	Erratum	22:4 VA.R. 660	
9 VAC 25-780-90	Erratum	22:4 VA.R. 660	
9 VAC 25-780-140	Erratum	22:4 VA.R. 660	
9 VAC 25-810-10 through 9 VAC 25-810-70	Added	22:9 VA.R. 1396-1403	2/8/06
Title 10. Finance and Financial Institutions			
10 VAC 5-20-50	Added	22:3 VA.R. 383	9/30/05
10 VAC 5-200-80	Amended	22:11 VA.R. 1769	3/1/06
10 VAC 5-160-10	Amended	22:18 VA.R. 2514	9/1/06
10 VAC 5-160-20	Amended	22:18 VA.R. 2514	9/1/06
10 VAC 5-160-30	Amended	22:18 VA.R. 2515	9/1/06
10 VAC 5-160-60	Added	22:18 VA.R. 2516	9/1/06

Title 11. Gaming 11 VAC 10-20-240 11 VAC 10-20-260 11 VAC 15-22-10 through 11 VAC 15-22-120 11 VAC 15-22-35 11 VAC 15-31-10	Amended Amended Amended	22:11 VA.R. 1771	3/8/06
11 VAC 10-20-240 11 VAC 10-20-260 11 VAC 15-22-10 through 11 VAC 15-22-120 11 VAC 15-22-35	Amended		3/8/06
11 VAC 10-20-260 11 VAC 15-22-10 through 11 VAC 15-22-120 11 VAC 15-22-35	Amended		3/0/00
11 VAC 15-22-10 through 11 VAC 15-22-120 11 VAC 15-22-35		22:15 VA.R. 2281	3/7/06
11 VAC 15-22-35		22:6 VA.R. 901-915	12/28/05
	Added	22:6 VA.R. 906	12/28/05
	Amended	22:6 VA.R. 915	1/1/06
11 VAC 15-31-20	Amended	22:6 VA.R. 917	1/1/06
11 VAC 15-31-30	Amended	22:6 VA.R. 919	1/1/06
11 VAC 15-31-50	Amended	22:6 VA.R. 922	1/1/06
11 VAC 15-31-60	Amended	22:6 VA.R. 922	1/1/06
Title 12. Health			
12 VAC 5-70-10 through 12 VAC 5-70-50 emer	Repealed	22:5 VA.R. 713	3/1/06-2/28/07
12 VAC 5-71-10 through 12 VAC 5-71-170 emer	Added	22:5 VA.R. 713-719	3/1/06-2/28/07
12 VAC 5-371-180	Amended	22:7 VA.R. 1023	1/11/06
12 VAC 5-371-210	Amended	22:7 VA.R. 1024	1/11/06
12 VAC 5-371-240	Amended	22:7 VA.R. 1024	1/11/06
12 VAC 5-371-300	Amended	22:7 VA.R. 1025	1/11/06
12 VAC 5-371-300 12 VAC 5-371-320	Amended	22:7 VA.R. 1025	1/11/06
12 VAC 5-371-320 12 VAC 5-371-340	Amended	22:7 VA.R. 1025	1/11/06
12 VAC 5-371-350	Repealed	22:7 VA.R. 1026	1/11/06
12 VAC 5-371-360	Amended	22:7 VA.R. 1026	1/11/06
12 VAC 5-371-370	Amended	22:7 VA.R. 1027	1/11/06
12 VAC 5-371-410	Amended	22:7 VA.R. 1027	1/11/06
12 VAC 5-371-410	Added	22:7 VA.R. 1027	1/11/06
12 VAC 5-371-425 12 VAC 5-371-430 through 12 VAC 5-371-560	Repealed	22:7 VA.R. 1028-1031	1/11/06
12 VAC 5-37 1-450 tillough 12 VAC 5-37 1-500	Repealed	22:3 VA.R. 388	1/1/06
12 VAC 5-381-10 through 12 VAC 5-381-360	Added	22:3 VA.R. 388-406	1/1/06
12 VAC 5-381-120	Erratum	22:4 VA.R. 659	
12 VAC 5-361-120 12 VAC 5-410	Erratum	22:9 VA.R. 1445	
12 VAC 5-410-260 through 12 VAC 5-410-290	Amended	22:8 VA.R. 1116-1117	1/25/06
12 VAC 5-410-200 tillough 12 VAC 5-410-290 12 VAC 5-410-340 through 12 VAC 5-410-390	Amended	22:8 VA.R. 1117-1119	1/25/06
12 VAC 5-410-540 tillough 12 VAC 5-410-590	Amended	22:8 VA.R. 1119	1/25/06
12 VAC 5-410-442 12 VAC 5-410-444	Amended	22:8 VA.R. 1119	1/25/06
12 VAC 5-410-444 12 VAC 5-410-445	Amended	22:8 VA.R. 1125	1/25/06
12 VAC 5-410-445 12 VAC 5-410-450	Amended	22:8 VA.R. 1128	1/25/06
12 VAC 5-410-450 12 VAC 5-410-480	Amended	22:8 VA.R. 1128	1/25/06
12 VAC 5-410-480 12 VAC 5-410-490	Amended	22:8 VA.R. 1128	1/25/06
12 VAC 5-410-490 12 VAC 5-410-500	Amended	22:8 VA.R. 1128	1/25/06
12 VAC 5-410-500 12 VAC 5-410-510 through 12 VAC 5-410-640	Repealed	22:8 VA.R. 1129-1130	1/25/06
12 VAC 5-410-510 tillough 12 VAC 5-410-040	Amended	22:8 VA.R. 1130	1/25/06
12 VAC 5-410-650 12 VAC 5-410-655	Added	22:8 VA.R. 1130	1/25/06
12 VAC 5-410-655 12 VAC 5-410-660 through 12 VAC 5-410-710	Repealed	22:8 VA.R. 1131-1132	1/25/06
12 VAC 5-410-720	Amended	22:8 VA.R. 1131-1132	1/25/06
12 VAC 5-410-720 12 VAC 5-410-730	Repealed	22:8 VA.R. 1132	1/25/06
12 VAC 5-410-730 12 VAC 5-410-740	Repealed	22:8 VA.R. 1132	1/25/06
12 VAC 5-410-740 12 VAC 5-410-750	Repealed	22:8 VA.R. 1132	1/25/06
12 VAC 5-410-750 12 VAC 5-410-760	Amended	22:8 VA.R. 1134	1/25/06
12 VAC 5-410-760 12 VAC 5-410-770 through 12 VAC 5-410-1140	Repealed	22:8 VA.R. 1134-1151	1/25/06
12 VAC 5-410-170 tillough 12 VAC 5-410-1140	Amended	22:8 VA.R. 1154-1151	1/25/06
12 VAC 5-410-1250 12 VAC 5-410-1260	Amended	22:8 VA.R. 1151	1/25/06
12 VAC 5-410-1260 12 VAC 5-410-1290	Amended	22:8 VA.R. 1151 22:8 VA.R. 1151	1/25/06
12 VAC 5-410-1290 12 VAC 5-410-1310 through 12 VAC 5-410-1340	Repealed		1/25/06
12 VAC 5-410-1310 through 12 VAC 5-410-1340 12 VAC 5-410-1350	Amended	22:8 VA.R. 1151-1152 22:8 VA.R. 1152	1/25/06
12 VAC 5-410-1360	Repealed	22:8 VA.R. 1152	1/25/06
12 VAC 5-410-1370	Repealed	22:8 VA.R. 1153	1/25/06
12 VAC 5-410-1380	Amended	22:8 VA.R. 1153	1/25/06

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12 VAC 5-410-1390 through 12 VAC 5-410-1420, Appendices A, B,	Repealed	22:8 VA.R. 1153-1154	1/25/06
and C	·		
12 VAC 5-500-10 through 12 VAC 5-500-350	Repealed	22:3 VA.R. 407	1/1/06
12 VAC 5-501-10 through 12 VAC 5-501-350	Added	22:3 VA.R. 407-413	1/1/06
12 VAC 5-590-370	Amended	22:15 VA.R. 2282	5/3/06
12 VAC 5-590-400	Amended	22:15 VA.R. 2306	5/3/06
12 VAC 5-590-410	Amended	22:15 VA.R. 2307	5/3/06
12 VAC 5-590-440	Amended	22:15 VA.R. 2310	5/3/06
12 VAC 5-590-540, Appendices B and N	Amended	22:15 VA.R. 2313	5/3/06
12 VAC 30-30-60	Added	22:8 VA.R. 1185	1/1/06-12/31/06
12 VAC 30-40-10	Amended	22:8 VA.R. 1186	1/1/06-12/31/06
12 VAC 30-50-10	Amended	22:16 VA.R. 2382	7/3/06
12 VAC 30-50-35	Added	22:8 VA.R. 1187	1/1/06-12/31/06
12 VAC 30-50-75	Added	22:8 VA.R. 1187	1/1/06-12/31/06
12 VAC 30-50-120	Amended	22:16 VA.R. 2383	7/3/06
12 VAC 30-50-130	Amended	22:8 VA.R. 1155	1/25/06
12 VAC 30-50-140	Amended	22:16 VA.R. 2383	7/3/06
12 VAC 30-50-150	Amended	22:16 VA.R. 2385	7/3/06
12 VAC 30-50-530	Amended	22:8 VA.R. 1188	1/1/06-12/31/06
12 VAC 30-60-61	Amended	22:8 VA.R. 1157	1/25/06
12 VAC 30-80-30	Amended	22:8 VA.R. 1188	12/2/05-12/1/06
12 VAC 30-80-40	Amended	22:3 VA.R. 414	11/16/05
12 VAC 30-80-40	Amended	22:14 VA.R. 2202	5/1/06
12 VAC 30-80-190	Amended	22:14 VA.R. 2204	5/1/06
12 VAC 30-80-190 emer	Amended	22:14 VA.R. 2209	5/1/06-4/30/07
12 VAC 30-120-10 through 12 VAC 30-120-60	Repealed	22:10 VA.R. 1638	2/22/06
12 VAC 30-120-280	Amended	22:8 VA.R. 1178	4/3/06
12 VAC 30-120-370	Amended	22:8 VA.R. 1180	4/3/06
12 VAC 30-120-490 through 12 VAC 30-120-550	Repealed	22:10 VA.R. 1638	2/22/06
12 VAC 30-120-900 through 12 VAC 30-120-980	Added	22:10 VA.R. 1638-1661	2/22/06
12 VAC 30-120-1600 through 12 VAC 30-120-1660 emer	Added	22:2 VA.R. 255-261	9/14/05-9/13/06
12 VAC 30-130-860 through 12 VAC 30-130-890	Amended	22:8 VA.R. 1158-1163	1/25/06
12 VAC 30-141-10 emer	Amended	21:25 VA.R. 3553	8/1/05-7/31/06
12 VAC 30-141-10 emer	Amended	21:25 VA.R. 3561	8/1/05-7/31/06
12 VAC 30-141-40 emer	Amended	21:25 VA.R. 3555	8/1/05-7/31/06
12 VAC 30-141-100 emer	Amended	21:25 VA.R. 3555	8/1/05-7/31/06
12 VAC 30-141-100 emer	Amended	21:25 VA.R. 3563	8/1/05-7/31/06
12 VAC 30-141-120 emer	Amended	21:25 VA.R. 3564	8/1/05-7/31/06
12 VAC 30-141-150 emer	Amended	21:25 VA.R. 3564	8/1/05-7/31/06
12 VAC 30-141-160 emer	Amended	21:25 VA.R. 3557	8/1/05-7/31/06
12 VAC 30-141-170 emer	Repealed	21:25 VA.R. 3557	8/1/05-7/31/06
12 VAC 30-141-175 emer	Added	21:25 VA.R. 3559	8/1/05-7/31/06
12 VAC 30-141-70 cmer	Amended	21:25 VA.R. 3560	8/1/05-7/31/06
12 VAC 30-141-500 12 VAC 30-141-500	Amended	22:16 VA.R. 2385	7/3/06
12 VAC 30-141-660	Amended	22:8 VA.R. 1182	4/3/06
12 VAC 30-141-800 12 VAC 30-141-810 through 12 VAC 30-141-1660 emer	Added	21:25 VA.R. 3566-3573	8/1/05-7/31/06
12 VAC 30-141-610 tillough 12 VAC 30-141-1660 emei 12 VAC 35-45-10	Amended	22:10 VA.R. 1684	12/30/05-12/29/06
12 VAC 35-45-10 12 VAC 35-45-25	Added	22:8 VA.R. 1191	12/2/05-12/1/06
12 VAC 35-45-25 12 VAC 35-45-70 emer	Amended	22:10 VA.R. 1685	12/30/05-12/29/06
12 VAC 35-45-70 emer	Amended	22:10 VA.R. 1685	12/30/05-12/29/06
12 VAC 35-45-00 emer 12 VAC 35-45-210 emer	Added	22:10 VA.R. 1686	12/30/05-12/29/06
12 VAC 35-45-210 effici 12 VAC 35-105-20 emer	Amended	22:10 VA.R. 1686	12/30/05-12/29/06
12 VAC 35-105-20 effici 12 VAC 35-105-30 emer	Amended	22:10 VA.R. 1693	12/30/05-12/29/06
12 VAC 35-105-50 emer	Amended	22:10 VA.R. 1693 22:10 VA.R. 1693	12/30/05-12/29/06
12 VAC 35-105-990 emer	Amended	22:10 VA.R. 1693 22:10 VA.R. 1694	12/30/05-12/29/06
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12 VAC 35-105-925	Added	22:8 VA.R. 1193	12/6/05-12/5/06

Title 13. Housing Amended 22:3 VAR. 416-419 11/16/05 13 VAC 5-21-45 Aded 22:3 VAR. 418 11/16/05 13 VAC 5-21-61 Erratum 22:5 VAR. 734 13 VAC 5-21-62 Anended 22:3 VAR. 420 11/16/05 13 VAC 5-31-60 Anended 22:3 VAR. 420 11/16/05 13 VAC 5-31-80 Anended 22:3 VAR. 421 11/16/05 13 VAC 5-31-80 Anended 22:3 VAR. 421 11/16/05 13 VAC 5-31-100 Anended 22:3 VAR. 421 11/16/05 13 VAC 5-31-100 Anended 22:3 VAR. 422 11/16/05 13 VAC 5-31-200 Anended 22:3 VAR. 422 11/16/05 13 VAC 5-31-210 Added 22:3 VAR. 422 11/16/05 13 VAC 5-31-210 Added 22:3 VAR. 422 11/16/05 13 VAC 5-31-31 Anended 22:3 VAR. 422 11/16/05 13 VAC 5-51-51 Anended 22:3 VAR. 422 11/16/05 13 VAC 5-51-51 Anended 22:3 VAR. 422 11/16/05 13 VAC 5-51-51	SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
33 VAC 5-21-10 through 13 VAC 5-21-70	Title 13. Housing			
33 VAC 5-21-45		Amended	22:3 VA.R. 416-419	11/16/05
33 VAC 5-31-20				
33 VAC 5-31-20				
3 NAC 5-31-50		Amended		11/16/05
3 NAC 5-31-50		Amended		11/16/05
3 VAC 5-31-80				11/16/05
3 NAC 5-31-100				
13 VAC 5-31-200				
13 VAC 5-31-200		Amended		
13 VAC 5-51-31	13 VAC 5-31-200		22:3 VA.R. 422	11/16/05
13 VAC 5-51-41	13 VAC 5-31-210	Added	22:3 VA.R. 422	11/16/05
13 VAC 5-51-51	13 VAC 5-51-21	Amended	22:3 VA.R. 422	11/16/05
13 VAC 5-51-51	13 VAC 5-51-31	Amended	22:3 VA.R. 423	11/16/05
13 VAC 5-51-61		Amended		11/16/05
13 VAC 5-51-81	13 VAC 5-51-51	Amended	22:3 VA.R. 424	11/16/05
13 VAC 5-51-91				
13 VAC 5-51-91	13 VAC 5-51-61	Amended	22:3 VA.R. 425	11/16/05
3 VAC 5-51-121	13 VAC 5-51-81	Amended	22:3 VA.R. 425	
3 VAC 5-51-130	13 VAC 5-51-91	Amended	22:3 VA.R. 432	11/16/05
13 VAC 5-51-132	13 VAC 5-51-121	Amended	22:3 VA.R. 433	11/16/05
13 VAC 5-51-132	13 VAC 5-51-130	Amended	22:3 VA.R. 434	11/16/05
13 VAC 5-51-133	13 VAC 5-51-131	Amended	22:3 VA.R. 434	11/16/05
13 VAC 5-51-133.5 Added 22:3 VA.R. 436 11/16/05 13 VAC 5-51-134 Added 22:3 VA.R. 436 11/16/05 13 VAC 5-51-135 Amended 22:3 VA.R. 436 11/16/05 13 VAC 5-51-135.5 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-136 Repealed 22:3 VA.R. 437 11/16/05 13 VAC 5-51-145 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-150 Amended 22:3 VA.R. 437 11/16/05 13 VAC 5-51-152 Added 22:3 VA.R. 438 11/16/05 13 VAC 5-51-152 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-61-155 Amended 22:3 VA.R. 442 11/16/05 13 VAC 5-62-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444-497 11/16/05 13 VAC 5-63-120 Erratum 22:5 VA.R. 734 13 VAC 5-63-270 Erratum 22:5 VA.R. 734	13 VAC 5-51-132	Amended	22:3 VA.R. 435	11/16/05
13 VAC 5-51-134 Added 22:3 VA.R. 436 11/16/05 13 VAC 5-51-135 Amended 22:3 VA.R. 436 11/16/05 13 VAC 5-51-135.5 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-136 Repealed 22:3 VA.R. 437 11/16/05 13 VAC 5-51-145 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-150 Amended 22:3 VA.R. 438 11/16/05 13 VAC 5-51-152 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-61-155 Amended 22:3 VA.R. 442 11/16/05 13 VAC 5-62-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444 11/16/05 13 VAC 5-63-210 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-91-10 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-10 Amended 22:3 VA.R. 499 11/16/05	13 VAC 5-51-133	Amended	22:3 VA.R. 435	11/16/05
13 VAC 5-51-135	13 VAC 5-51-133.5	Added	22:3 VA.R. 436	11/16/05
13 VAC 5-51-135.5 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-136 Repealed 22:3 VA.R. 437 11/16/05 13 VAC 5-51-145 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-150 Amended 22:3 VA.R. 438 11/16/05 13 VAC 5-51-152 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-155 Amended 22:3 VA.R. 442 11/16/05 13 VAC 5-61-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444+497 11/16/05 13 VAC 5-63-120 Erratum 22:5 VA.R. 734 13 VAC 5-63-270 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-63-10 Amended 22:3 VA.R. 498 11/16/05 13 VAC 5-91-10 Amended 22:3 VA.R. 498 11/16/05 13 VAC 5-91-10 Amended 22:3 VA.R. 499 11/16/05 </td <td>13 VAC 5-51-134</td> <td>Added</td> <td>22:3 VA.R. 436</td> <td>11/16/05</td>	13 VAC 5-51-134	Added	22:3 VA.R. 436	11/16/05
13 VAC 5-51-136 Repealed 22:3 VA.R. 437 11/16/05 13 VAC 5-51-145 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-150 Amended 22:3 VA.R. 438 11/16/05 13 VAC 5-51-152 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-155 Amended 22:3 VA.R. 443 11/16/05 13 VAC 5-62-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444-497 11/16/05 13 VAC 5-63-120 Erratum 22:5 VA.R. 734 13 VAC 5-63-270 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-91-10 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-20 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-20 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-90 Amended 22:3 VA.R. 499 11/16/05 <td>13 VAC 5-51-135</td> <td>Amended</td> <td>22:3 VA.R. 436</td> <td>11/16/05</td>	13 VAC 5-51-135	Amended	22:3 VA.R. 436	11/16/05
13 VAC 5-51-145 Added 22:3 VA.R. 437 11/16/05 13 VAC 5-51-150 Amended 22:3 VA.R. 438 11/16/05 13 VAC 5-51-152 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-155 Amended 22:3 VA.R. 443 11/16/05 13 VAC 5-62-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444-497 11/16/05 13 VAC 5-63-120 Erratum 22:5 VA.R. 734 13 VAC 5-63-270 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-91-10 Amended 22:3 VA.R. 498 11/16/05 13 VAC 5-91-20 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-20 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05	13 VAC 5-51-135.5	Added		11/16/05
13 VAC 5-51-150 Amended 22:3 VA.R. 438 11/16/05 13 VAC 5-51-152 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-155 Amended 22:3 VA.R. 443 11/16/05 13 VAC 5-62-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444-497 11/16/05 13 VAC 5-63-120 Erratum 22:5 VA.R. 734 13 VAC 5-63-210 Erratum 22:5 VA.R. 734 13 VAC 5-91-20 Amended 22:3 VA.R. 498 11/16/05 13 VAC 5-91-10 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05	13 VAC 5-51-136	Repealed	22:3 VA.R. 437	11/16/05
13 VAC 5-51-152 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-155 Amended 22:3 VA.R. 443 11/16/05 13 VAC 5-62-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444-497 11/16/05 13 VAC 5-63-120 Erratum 22:5 VA.R. 734 13 VAC 5-63-210 Erratum 22:5 VA.R. 734 13 VAC 5-63-270 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-91-10 Amended 22:3 VA.R. 498 11/16/05 13 VAC 5-91-20 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-40 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-10 through 13 VAC 5-91-220 Amended 22:3 VA.R. 499 <td>13 VAC 5-51-145</td> <td>Added</td> <td>22:3 VA.R. 437</td> <td>11/16/05</td>	13 VAC 5-51-145	Added	22:3 VA.R. 437	11/16/05
13 VAC 5-51-154 Added 22:3 VA.R. 442 11/16/05 13 VAC 5-51-155 Amended 22:3 VA.R. 443 11/16/05 13 VAC 5-62-10 through 13 VAC 5-62-480 Repealed 22:3 VA.R. 444 11/16/05 13 VAC 5-63-10 through 13 VAC 5-63-550 Added 22:3 VA.R. 444-497 11/16/05 13 VAC 5-63-120 Erratum 22:5 VA.R. 734 13 VAC 5-63-210 Erratum 22:5 VA.R. 734 13 VAC 5-63-270 Erratum 22:5 VA.R. 734 13 VAC 5-63-300 Erratum 22:5 VA.R. 734 13 VAC 5-91-10 Amended 22:3 VA.R. 498 11/16/05 13 VAC 5-91-20 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-40 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-50 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-90 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-245 through 13 VAC 5-91-220 Amended 22:3 VA.R. 499-5	13 VAC 5-51-150	Amended		
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13 VAC 5-91-80 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-90 Amended 22:3 VA.R. 499 11/16/05 13 VAC 5-91-110 through 13 VAC 5-91-220 Amended 22:3 VA.R. 499-501 11/16/05 13 VAC 5-91-245 through 13 VAC 5-91-270 Amended 22:3 VA.R. 502 11/16/05 13 VAC 5-112-10 through 13 VAC 5-112-560 emer Added 22:4 VA.R. 630-649 9/30/05-9/29/06 13 VAC 6-20-10 Amended 22:10 VA.R. 1679 4/12/06 13 VAC 6-20-80 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-120 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
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13 VAC 5-91-110 through 13 VAC 5-91-220 Amended 22:3 VA.R. 499-501 11/16/05 13 VAC 5-91-245 through 13 VAC 5-91-270 Amended 22:3 VA.R. 502 11/16/05 13 VAC 5-112-10 through 13 VAC 5-112-560 emer Added 22:4 VA.R. 630-649 9/30/05-9/29/06 13 VAC 6-20-10 Amended 22:10 VA.R. 1679 4/12/06 13 VAC 6-20-80 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-120 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
13 VAC 5-91-245 through 13 VAC 5-91-270 Amended 22:3 VA.R. 502 11/16/05 13 VAC 5-112-10 through 13 VAC 5-112-560 emer Added 22:4 VA.R. 630-649 9/30/05-9/29/06 13 VAC 6-20-10 Amended 22:10 VA.R. 1679 4/12/06 13 VAC 6-20-80 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-120 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
13 VAC 5-112-10 through 13 VAC 5-112-560 emer Added 22:4 VA.R. 630-649 9/30/05-9/29/06 13 VAC 6-20-10 Amended 22:10 VA.R. 1679 4/12/06 13 VAC 6-20-80 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-120 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
13 VAC 6-20-10 Amended 22:10 VA.R. 1679 4/12/06 13 VAC 6-20-80 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-120 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
13 VAC 6-20-80 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-120 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
13 VAC 6-20-120 Amended 22:10 VA.R. 1680 4/12/06 13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
13 VAC 6-20-350 Amended 22:10 VA.R. 1680 4/12/06				
13 VAC 10-160-10 Amended 22:7 VA.R. 1032 12/1/05				
	13 VAC 10-160-10	Amended	22:7 VA.R. 1032	12/1/05

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13 VAC 10-160-30	Amended	22:7 VA.R. 1033	12/1/05
13 VAC 10-160-55	Amended	22:7 VA.R. 1034	12/1/05
13 VAC 10-160-60	Amended	22:7 VA.R. 1034	12/1/05
13 VAC 10-160-80	Amended	22:7 VA.R. 1035	12/1/05
13 VAC 10-160-90	Amended	22:7 VA.R. 1035	12/1/05
13 VAC 10-180-10	Amended	22:9 VA.R. 1403	1/1/06
13 VAC 10-180-50	Amended	22:9 VA.R. 1404	1/1/06
13 VAC 10-180-60	Amended	22:9 VA.R. 1403	1/1/06
13 VAC 10-180-90	Amended	22:9 VA.R. 1415	1/1/06
Title 14. Insurance			.,,,,,,,
14 VAC 5-170-20 through 14 VAC 5-170-105	Amended	21:25 VA.R. 3477-3490	8/15/05
14 VAC 5-170-120	Amended	21:25 VA.R. 3490	8/15/05
14 VAC 5-170-130	Amended	21:25 VA.R. 3492	8/15/05
14 VAC 5-170-150	Amended	21:25 VA.R. 3493	8/15/05
14 VAC 5-170-150	Erratum	22:1 VA.R. 114	
14 VAC 5-170-160	Amended	21:25 VA.R. 3525	8/15/05
14 VAC 5-170-190 Appendices A through D	Amended	21:25 VA.R. 3527-3548	8/15/05
Title 16. Labor and Employment			
16 VAC 15-21-20	Amended	22:4 VA.R. 606	12/1/05
16 VAC 15-21-30	Amended	22:4 VA.R. 606	12/1/05
16 VAC 25-90-1910.6	Amended	22:18 VA.R. 2518	6/15/06
16 VAC 25-90-1910.106	Amended	22:18 VA.R. 2518	6/15/06
16 VAC 25-90-1910.142	Amended	22:18 VA.R. 2518	6/15/06
16 VAC 25-90-1910.178	Amended	22:18 VA.R. 2517	6/15/06
16 VAC 25-90-1910.243	Amended	22:18 VA.R. 2518	6/15/06
16 VAC 25-90-1910.254	Amended	22:18 VA.R. 2518	6/15/06
16 VAC 25-90-1910.265	Amended	22:18 VA.R. 2518	6/15/06
16 VAC 25-90-1910.1000	Amended	22:18 VA.R. 2519	6/15/06
16 VAC 25-90-1910.1026	Added	22:18 VA.R. 2519	6/15/06
16 VAC 25-100-1915.1000	Amended	22:18 VA.R. 2519	6/15/06
16 VAC 25-100-1915.1026	Added	22:18 VA.R. 2519	6/15/06
16 VAC 25-120-1917.1	Amended	22:18 VA.R. 2519	6/15/06
16 VAC 25-130-1918.1	Amended	22:18 VA.R. 2519	6/15/06
16 VAC 25-175-1926.55	Added	22:18 VA.R. 2519	6/15/06
16 VAC 25-175-1926.754 and Appendix B of Subpart R	Amended	22:18 VA.R. 2520	6/15/06
16 VAC 25-175-1926.1002	Amended	22:18 VA.R. 2520	6/15/06
16 VAC 25-175-1926.1003 and adding Appendix A to Subpart W	Amended	22:18 VA.R. 2520	6/15/06
16 VAC 25-175-1926.1126	Added	22:18 VA.R. 2519	6/15/06
16 VAC 25-190-1928.51	Amended	22:18 VA.R. 2520	6/15/06
16 VAC 25-190-1928.52	Added	22:18 VA.R. 2520	6/15/06
16 VAC 25-190-1928.53 and Appendix B to Subpart C	Added	22:18 VA.R. 2520	6/15/06
Title 17. Libraries and Cultural Resources	710000	22.10 77.11. 2020	0/10/00
17 VAC 10-30-10 through 17 VAC 10-30-160	Added	22:13 VA.R. 2132-2140	4/5/06
Title 18. Professional and Occupational Licensing	/ ladea	22.10 V/1.11. 2102-2140	7/3/00
18 VAC 30-20-80	Amended	22:14 VA.R. 2205	4/19/06
18 VAC 47-20-10 emer	Amended	21:25 VA.R. 3574	8/1/05-7/31/06
18 VAC 47-20-10 emer	Added	21:25 VA.R. 3574 21:25 VA.R. 3575	8/1/05-7/31/06
18 VAC 47-20-70 emer	Amended	21:25 VA.R. 3575	8/1/05-7/31/06
18 VAC 47-20-70 emei	Amended	22:6 VA.R. 923	1/1/06
18 VAC 47-20-140 emer	Amended	21:25 VA.R. 3575	8/1/05-7/31/06
18 VAC 47-20-140	Amended	22:6 VA.R. 923	1/1/06
18 VAC 47-20-140 18 VAC 47-20-240 emer	Repealed	21:25 VA.R. 3575	8/1/05-7/31/06
18 VAC 47-20-250 emer	Added	21:25 VA.R. 3576	8/1/05-7/31/06
18 VAC 47-20-250 emer	Added	21:25 VA.R. 3576 21:25 VA.R. 3576	8/1/05-7/31/06
18 VAC 47-20-270 emer	Added	21:25 VA.R. 3576 21:25 VA.R. 3576	8/1/05-7/31/06
10 VAO 71-20-210 GIIIGI	Added	21.20 VA.IX. 0010	0/1/00-1/01/00

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18 VAC 50-22-10	Amended	22:8 VA.R. 1163	2/1/06
18 VAC 50-22-20	Amended	22:8 VA.R. 1164	2/1/06
18 VAC 50-22-30	Amended	22:8 VA.R. 1165	2/1/06
18 VAC 50-22-50	Amended	22:8 VA.R. 1168	2/1/06
18 VAC 50-22-60	Amended	22:8 VA.R. 1169	2/1/06
18 VAC 50-22-260	Amended	22:8 VA.R. 1169	2/1/06
18 VAC 50-22-270	Repealed	22:8 VA.R. 1171	2/1/06
18 VAC 60-20-10 emer	Amended	22:1 VA.R. 106	9/1/05-8/31/06
18 VAC 60-20-20 emer	Amended	22:1 VA.R. 107	9/1/05-8/31/06
18 VAC 60-20-30	Amended	22:15 VA.R. 2320	5/3/06
18 VAC 60-20-71 emer	Amended	22:1 VA.R. 107	9/1/05-8/31/06
18 VAC 60-20-105 emer	Amended	22:1 VA.R. 107	9/1/05-8/31/06
18 VAC 60-20-106 emer	Amended	22:1 VA.R. 108	9/1/05-8/31/06
18 VAC 60-20-210 emer	Amended	22:1 VA.R. 108	9/1/05-8/31/06
18 VAC 60-20-230 emer	Amended	22:1 VA.R. 109	9/1/05-8/31/06
18 VAC 65-20-110	Amended	22:12 VA.R. 2036	3/22/06
18 VAC 65-40-40	Amended	22:12 VA.R. 2036	3/22/06
18 VAC 76-20-30 emer	Amended	21:25 VA.R. 3577	7/25/05-7/24/06
18 VAC 76-20-50 emer	Amended	21:25 VA.R. 3577	7/25/05-7/24/06
18 VAC 76-20-60 emer	Amended	21:25 VA.R. 3577	7/25/05-7/24/06
18 VAC 76-20-70 emer	Added	21:25 VA.R. 3578	7/25/05-7/24/06
18 VAC 85-10	Erratum	22:15 VA.R. 2324	
18 VAC 85-20	Erratum	22:1 VA.R. 114	
18 VAC 85-20-22	Amended	22:9 VA.R. 1418	2/8/06
18 VAC 85-20-25	Added	22:1 VA.R. 82	10/19/05
18 VAC 85-20-26	Added	22:1 VA.R. 83	10/19/05
18 VAC 85-20-27	Added	22:1 VA.R. 83	10/19/05
18 VAC 85-20-28	Added	22:1 VA.R. 83	10/19/05
18 VAC 85-20-29	Added	22:1 VA.R. 84	10/19/05
18 VAC 85-20-30	Amended	22:1 VA.R. 84	10/19/05
18 VAC 85-20-40	Amended	22:1 VA.R. 84	10/19/05
18 VAC 85-20-50	Amended	22:1 VA.R. 84	10/19/05
18 VAC 85-20-80	Amended	22:1 VA.R. 84	10/19/05
18 VAC 85-20-90	Amended	22:1 VA.R. 84	10/19/05
18 VAC 85-20-100	Amended	22:1 VA.R. 85	10/19/05
18 VAC 85-20-105	Amended	22:1 VA.R. 85	10/19/05
18 VAC 85-20-400 emer	Added	22:10 VA.R. 1695	12/21/05-12/20/06
18 VAC 85-20-410 emer	Added	22:10 VA.R. 1696	12/21/05-12/20/06
18 VAC 85-20-420 emer	Added	22:10 VA.R. 1696	12/21/05-12/20/06
18 VAC 85-40-35	Amended	22:9 VA.R. 1418	2/8/06
18 VAC 85-40-66	Amended	22:7 VA.R. 1036	1/11/06
18 VAC 85-40-85 through 18 VAC 85-40-91	Added	22:1 VA.R. 87-89	10/19/05
18 VAC 85-50-35	Amended	22:9 VA.R. 1419	2/8/06
18 VAC 85-50-175 through 18 VAC 85-50-184	Added	22:1 VA.R. 89-91	10/19/05
18 VAC 85-50-175 (illough 18 VAC 85-50-184	Added	22:9 VA.R. 1419	2/8/06
18 VAC 85-80-120 through 18 VAC 85-80-125	Added	22:1 VA.R. 92-93	10/19/05
18 VAC 85-80-120 through 18 VAC 85-80-125	Erratum	22:1 VA.R. 92-93 22:4 VA.R. 659	10/19/05
18 VAC 85-80-120 (1110ugh 18 VAC 85-80-125	Amended	22:9 VA.R. 1419	2/8/06
18 VAC 85-101-25 18 VAC 85-101-161 through 18 VAC 85-101-166	Added	22:1 VA.R. 94-95	10/19/05
	Added	22:1 VA.R. 94-95 22:9 VA.R. 1420	2/8/06
18 VAC 85-110-35	Amended		
18 VAC 85-110-175 through 18 VAC 85-110-183		22:1 VA.R. 95-98	10/19/05
18 VAC 85-120-50	Amended	22:2 VA.R. 254	12/17/05
18 VAC 85-120-150	Amended	22:9 VA.R. 1420	2/8/06
18 VAC 85-120-155 through 18 VAC 85-120-162	Added	22:1 VA.R. 98-100	10/19/05
18 VAC 85-130-10 through 18 VAC 85-130-170 emer	Added	22:10 VA.R. 1696-1700	12/21/05-12/20/06

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18 VAC 90-20-30	Amended	22:12 VA.R. 2037	3/22/06
18 VAC 90-25-80	Amended	22:8 VA.R. 1171	1/25/06
18 VAC 90-25-80	Amended	22:12 VA.R. 2037	3/22/06
18 VAC 90-30-50	Amended	22:12 VA.R. 2038	3/22/06
18 VAC 90-40-70	Amended	22:12 VA.R. 2038	3/22/06
18 VAC 90-50-30	Amended	22:12 VA.R. 2038	3/22/06
18 VAC 95-20-130	Amended	22:13 VA.R. 2141	4/5/06
18 VAC 105-20-5	Added	22:4 VA.R. 607	11/30/05
18 VAC 105-20-10	Amended	22:4 VA.R. 607	11/30/05
18 VAC 105-20-15	Amended	22:4 VA.R. 607	11/30/05
18 VAC 105-20-16	Added	22:4 VA.R. 608	11/30/05
18 VAC 105-20-20	Amended	22:4 VA.R. 608	11/30/05
18 VAC 105-20-20	Amended	22:13 VA.R. 2141	4/5/06
18 VAC 105-20-70	Amended	22:4 VA.R. 608	11/30/05
18 VAC 105-30-10 through 18 VAC 105-30-120	Repealed	22:4 VA.R. 606	11/30/05
18 VAC 110-20-20	Amended	22:2 VA.R. 246	11/2/05
18 VAC 110-20-20	Amended	22:15 VA.R. 2321	5/3/06
18 VAC 110-20-20	Erratum	22:16 VA.R. 2399	
18 VAC 110-20-320	Amended	22:7 VA.R. 1037	1/11/06
18 VAC 110-30	Erratum	22:11 VA.R. 1953	
18 VAC 110-30-10	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-15	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-15	Amended	22:15 VA.R. 2322	5/3/06
18 VAC 110-30-15	Erratum	22:16 VA.R. 2399	
18 VAC 110-30-20	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-30	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-35	Repealed	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-40	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-40	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-80	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-110	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-110	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-130 18 VAC 110-30-150	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-130 18 VAC 110-30-170 through 18 VAC 110-30-220	Amended	22:10 VA.R. 1662	2/22/06
18 VAC 110-30-170 tillough 18 VAC 110-30-220	Amended	22:10 VA.R. 1662	2/22/06
	Amended	22:10 VA.R. 1662	
18 VAC 110-30-260 18 VAC 110-30-270	Amended	22:10 VA.R. 1662	2/22/06 2/22/06
18 VAC 112-20-130	Amended	22:13 VA.R. 2141	4/5/06 10/19/05
18 VAC 112-20-135	Amended	22:1 VA.R. 100	
18 VAC 112-20-150	Amended	22:1 VA.R. 101	10/19/05
18 VAC 112-20-150	Amended	22:13 VA.R. 2142	4/5/06
18 VAC 112-20-151	Repealed	22:1 VA.R. 101	10/19/05
18 VAC 115-20-20	Amended	22:2 VA.R. 249	1/14/06
18 VAC 115-20-20	Amended	22:14 VA.R. 2206	4/19/06
18 VAC 115-20-106	Amended	22:12 VA.R. 2039	3/22/06
18 VAC 115-20-130	Amended	22:7 VA.R. 1039	1/11/06
18 VAC 115-20-140	Amended	22:7 VA.R. 1040	1/11/06
18 VAC 115-20-150	Amended	22:7 VA.R. 1041	1/11/06
18 VAC 115-30-30	Amended	22:2 VA.R. 250	1/21/06
18 VAC 115-30-30	Amended	22:14 VA.R. 2206	4/19/06
18 VAC 115-40-20	Amended	22:14 VA.R. 2207	4/19/06
18 VAC 115-50-20	Amended	22:14 VA.R. 2207	4/19/06
18 VAC 115-50-96	Amended	22:12 VA.R. 2040	3/22/06
18 VAC 115-50-110	Amended	22:7 VA.R. 1041	1/11/06
18 VAC 115-50-120	Amended	22:7 VA.R. 1042	1/11/06
18 VAC 115-50-130	Amended	22:7 VA.R. 1043	1/11/06

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18 VAC 115-60-20	Amended	22:14 VA.R. 2207	4/19/06
18 VAC 115-60-116	Amended	22:12 VA.R. 2041	3/22/06
18 VAC 115-60-130	Amended	22:7 VA.R. 1043	1/11/06
18 VAC 115-60-140	Amended	22:7 VA.R. 1045	1/11/06
18 VAC 115-60-150	Amended	22:7 VA.R. 1045	1/11/06
18 VAC 120-40-40	Amended	22:11 VA.R. 1779	4/23/06
18 VAC 120-40-50	Amended	22:11 VA.R. 1779	4/23/06
18 VAC 125-20-30	Amended	22:11 VA.R. 1772	3/8/06
18 VAC 125-30-20	Amended	22:11 VA.R. 1773	3/8/06
18 VAC 140-20-30	Amended	22:9 VA.R. 1420	2/8/06
18 VAC 150-20-100	Amended	21:26 VA.R. 3701	10/5/05
Title 19. Public Safety			
19 VAC 30-20-40	Amended	22:10 VA.R. 1663	3/1/06
_19 VAC 30-20-80	Amended	22:10 VA.R. 1663	3/1/06
19 VAC 30-20-205	Added	22:10 VA.R. 1663	3/1/06
19 VAC 30-20-220	Amended	22:10 VA.R. 1663	3/1/06
_19 VAC 30-20-250	Amended	22:10 VA.R. 1663	3/1/06
Title 20. Public Utilities and Telecommunications			
20 VAC 5-313-10 through 20 VAC 5-313-40	Added	22:11 VA.R. 1775-1777	1/5/06
20 VAC 5-400-80	Repealed	22:4 VA.R. 612	11/1/05
20 VAC 5-427-10	Erratum	22:1 VA.R. 114	
20 VAC 5-427-10 through 20 VAC 5-427-170	Added	22:4 VA.R. 613-625	11/1/05
20 VAC 5-427-100	Erratum	22:1 VA.R. 114	
20 VAC 5-427-110	Erratum	22:1 VA.R. 114	
20 VAC 5-427-130	Erratum	22:1 VA.R. 114	
Title 22. Social Services			
22 VAC 40-71-10 emer	Amended	22:2 VA.R. 261	12/28/05-12/27/06
22 VAC 40-71-50 emer	Amended	22:2 VA.R. 266	12/28/05-12/27/06
22 VAC 40-71-55 emer	Added	22:2 VA.R. 266	12/28/05-12/27/06
22 VAC 40-71-60 emer	Amended	22:2 VA.R. 267	12/28/05-12/27/06
22 VAC 40-71-65 emer	Added	22:2 VA.R. 269	12/28/05-12/27/06
22 VAC 40-71-80 emer	Amended	22:2 VA.R. 269	12/28/05-12/27/06
22 VAC 40-71-120 emer	Amended	22:2 VA.R. 270	12/28/05-12/27/06
22 VAC 40-71-130 emer	Amended	22:2 VA.R. 270	12/28/05-12/27/06
22 VAC 40-71-150 emer	Amended	22:2 VA.R. 270	12/28/05-12/27/06
22 VAC 40-71-400 emer	Amended	22:2 VA.R. 274	12/28/05-12/27/06
22 VAC 40-71-485 emer	Added	22:2 VA.R. 277	12/28/05-12/27/06
22 VAC 40-71-485	Erratum	22:4 VA.R. 659	
22 VAC 40-71-630 emer	Amended	22:2 VA.R. 278	12/28/05-12/27/06
22 VAC 40-71-630	Erratum	22:4 VA.R. 660	
22 VAC 40-71-650 emer	Amended	22:2 VA.R. 279	12/28/05-12/27/06
22 VAC 40-71-660 emer	Repealed	22:2 VA.R. 280	12/28/05-12/27/06
22 VAC 40-71-670 emer	Amended	22:2 VA.R. 280	12/28/05-12/27/06
22 VAC 40-71-700 emer	Amended	22:2 VA.R. 281	12/28/05-12/27/06
22 VAC 40-80-120 emer	Amended	22:2 VA.R. 285	12/28/05-12/27/06
22 VAC 40-80-340 emer	Amended	22:2 VA.R. 286	12/28/05-12/27/06
22 VAC 40-80-345 emer	Added	22:2 VA.R. 287	12/28/05-12/27/06
22 VAC 40-141-20	Amended	22:10 VA.R. 1664	2/22/06
22 VAC 40-141-30	Amended	22:10 VA.R. 1664	2/22/06
22 VAC 40-141-80 through 22 VAC 40-141-90	Amended	22:10 VA.R. 1664-1666	2/22/06
22 VAC 40-141-110 through 22 VAC 40-141-210	Amended	22:10 VA.R. 1666-1672	2/22/06
22 VAC 40-730-10	Amended	22:2 VA.R. 251	11/2/05
22 VAC 40-730-115	Amended	22:2 VA.R. 252	11/2/05
22 VAC 40-730-115	Amended	22:9 VA.R. 1421	2/8/06
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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 24. Transportation and Motor Vehicles			_
24 VAC 30-121-10 through 24 VAC 30-121-40	Added	22:10 VA.R. 1672-1676	2/22/06
24 VAC 30-400-10 through 24 VAC 30-400-40	Repealed	22:13 VA.R. 2142	2/14/06
24 VAC 30-401-10 through 24 VAC 30-401-40	Added	22:13 VA.R. 2142-2143	2/14/06

PETITIONS FOR RULEMAKING

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF MEDICINE

Initial Agency Notice

<u>Title of Regulation:</u> 18 VAC 85-20. Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic.

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

Name of Petitioner: Beryl Owens, M.D.

<u>Nature of Petitioner's Request:</u> Amend regulations to waive continuing education requirements for a practitioner serving as a medical examiner and not treating live patients.

<u>Agency's Plan for Disposition of Request:</u> The board will consider the petition at its meeting on June 22, 2006.

Public comments may be submitted until June 20, 2006.

Agency Contact: William L. Harp, M.D., Executive Director, Board of Medicine, 6603 West Broad Street, Richmond, VA 23230-1712, telephone (804) 662-7423, FAX (804) 662-9943, or e-mail william.harp@dhp.virginia.gov.

VA.R. Doc. No. R06-231; Filed May 8, 2006, 2:23 p.m.

NOTICES OF INTENDED REGULATORY ACTION

Symbol Key

† Indicates entries since last publication of the Virginia Register

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 State Plan Under Title XIX of the Social Security Act Medical Assistance Program:

12 VAC 30-10. General Provisions.

12 VAC 30-20. Administration of Medical Assistance Services.

12 VAC 30-110. Eligibility and Appeals.

The purpose of this action is to revise the State Plan section on estate recovery by incorporating all applicable aspects of the State Medicaid Manual section on estate recovery. The amended regulation will (i) contain the definitions that are expressly required by the State Medicaid Manual to be in the State Plan that are not there currently, (ii) include guidelines for recovering from all applicable categories of estates, and (iii) closely follow the format of the State Medicaid Manual. It will also address areas that are in the State Medicaid Manual that are currently not in the State Plan. The State Medicaid Manual is provided by the federal Centers for Medicaid and Medicare Services to provide guidance to state medical assistance agencies on administering their respective Medicaid programs. The amended regulation will bring DMAS into compliance with the State Medicaid Manual.

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

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until June 28, 2006.

Contact: Kathy Colley, Project Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-3839, FAX (804) 786-1680 or e-mail kathy.colley@dmas.virginia.gov.

VA.R. Doc. No. R06-234; Filed May 10, 2006, 10:19 a.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

REAL ESTATE BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Real Estate Board intends to consider amending regulations entitled 18 VAC 135-20, Virginia Real Estate Board Licensing Regulations. The purpose of the proposed action is to make clarifying changes, incorporate new education requirements and ensure consistency with state law.

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

Statutory Authority: §§ 54.1-201 and 54.1-2105 of the Code of Virginia.

Public comments may be submitted until May 31, 2006.

Contact: Christine Martine, Executive Director, Real Estate Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946 or e-mail reboard@dpor.virginia.gov.

VA.R. Doc. No. R06-222; Filed April 6, 2006, 2:26 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Real Estate Board intends to consider amending regulations entitled 18 VAC 135-60, Common Interest Community Management Information Fund Regulations. The purpose of the proposed action is to revise the annual filing fee for common interest community associations to be proportional to the size of the associations. The board determined as a result of the study conducted for HJR 686 (2005 Session) that further education was needed to make associations and those who are directing them better aware of their duties and responsibilities to their communities, which would help to alleviate potential problems and misunderstandings with financially compensated professional association managers. Because of the ever increasing number of communities that are controlled by Property Owners' Associations and Condominium Unit Owners' Associations, and the high volume of turnover in association and board membership, additional funds would be needed to fund any additional training and education. A restructuring of fees proportional to the size of the communities would provide the additional funding needed since this program is selffunding and receives no moneys from the Commonwealth's General Fund.

Notices of Intended Regulatory Action

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

Statutory Authority: § 55-530 of the Code of Virginia.

Public comments may be submitted until June 30, 2006.

Contact: Thomas K. Perry, Property Registration Administrator, Real Estate Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8510, FAX (804) 367-2475 or e-mail propreg@dpor.virginia.gov.

VA.R. Doc. No. R06-230; Filed May 8, 2006, 11:17 a.m.

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see Information Page.

Symbol Key

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

TITLE 2. AGRICULTURE

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

REGISTRAR'S NOTICE: The Commissioner of Agriculture and Consumer Services is claiming an exemption from the Administrative Process Act in accordance with § 2.2-4002 A 12 of the Code of Virginia, which exempts regulations adopted pursuant to § 3.1-741.6 of the Code of Virginia, relating to the control of avian influenza.

<u>Title of Regulation:</u> 2 VAC 5-195. Prevention and Control of Avian Influenza in the Live-Bird Marketing System (adding 2 VAC 5-195-10 through 2 VAC 5-195-180).

Statutory Authority: § 3.1-741.6 of the Code of Virginia.

<u>Public Hearing Date:</u> N/A -- Public comments may be submitted until June 28, 2006.

Agency Contact: David E. Cardin, DVM, Deputy State Veterinarian, 102 Governor Street, Suite 165, Richmond, VA 23219, telephone (804) 692-0601, FAX (804) 371-2380, or e-mail david.cardin@vdacs.virginia.gov.

Summary:

The proposed regulation establishes the requirements for prevention and control of low pathogenicity avian influenza in any component of a live-bird marketing system operating in the Commonwealth of Virginia. It requires all components of a live-bird marketing system (live-bird market, distribution unit, and production unit) operating in Virginia to be licensed and to establish and enforce written biosecurity protocols. The regulation authorizes the Department of Agriculture and Consumer Services to monitor compliance with all aspects of the program, including periodic inspection of premises and testing of birds.

PART I. PREAMBLE; PURPOSE; DEFINITIONS.

2 VAC 5-195-10. Preamble.

The Board of Agriculture and Consumer Services will receive, consider, and respond to petitions by any interested person at any time regarding the content of this regulation.

2 VAC 5-195-20. Purpose.

This regulation establishes the requirements for prevention and control of LPAI in any component of a live-bird marketing system operating in the Commonwealth of Virginia.

2 VAC 5-195-30. Definitions.

The following words and terms, when used in this regulation, shall have the following meanings unless the context clearly indicates otherwise:

"Accredited veterinarian" means a veterinarian approved by the USDA, in accordance with the provisions of 9 CFR 160.1 (2002).

"AI" means "avian influenza," a disease of viral etiology, specifically an influenza A virus, that ranges from a mild or even asymptomatic infection to an acute, fatal disease of chickens, turkeys, guinea fowls, and other avian species, especially migratory waterfowl.

"APHIS" means the "Animal and Plant Health Inspection Service," an agency of the USDA.

"Approved laboratory" means a state, federal, university or private laboratory that has been approved by USDA, APHIS, VS to perform any or all official program tests for AI diagnosis.

"Auction market" means a business where producers, dealers, wholesalers and retailers meet to purchase, trade or sell live birds.

"Biosecurity" means the measures taken to prevent disease agents from being introduced and spreading to animal populations or their proximity.

"Bird" means "poultry" for the purposes of this regulation.

"C&D" means "cleaning and disinfection."

"Distribution unit" means a person or business such as a wholesaler, dealer, hauler, and auction market engaged in the transportation or sale of poultry within the live-bird marketing system.

"Hauler" means a business or individual that transports poultry from producer premises to another supplier premises, to another distributor, or to a LBM.

"HPAI" means "high pathogencity avian influenza," which is any influenza virus that meets the World Organization for Animal Health (OIE) definition and the definition included in 9 CFR 53.1.

"LBM" means "live-bird market," which is any facility that receives live poultry to be resold or slaughtered and sold onsite, not including any producer or grower that prior to the sale of his own birds slaughters or processes them on-site or at an approved slaughter facility or any producer or grower that sells live birds grown exclusively on his premises and is not a "production unit" or "distribution unit" as defined herein.

"Licensing" means the requirement for issuance of a license to conduct business in the live-bird marketing system in Virginia. This consists of the licensing of facilities by the state and providing oversight as required in this regulation.

"Live-bird marketing system" means LBMs and the production and distribution units that supply LBMs with birds.

"LPAI" means "low pathogenicity avian influenza," which is any AI virus that does not meet the criteria for HPAI.

"LPAI Program" means low pathogenicity avian influenza H5 and H7 program, the state-federal-industry cooperative program for the prevention and control of H5 and H7 LPAI. Participating states shall have regulations to enforce program standards and requirements.

"NVSL" means the USDA, APHIS, "National Veterinary Services Laboratories" in Ames, IA. It is the national diagnostic reference laboratory.

"Poultry" means any species of domestic fowl (including chickens, turkeys, ostriches, emus, rheas, cassowaries, waterfowl, and game birds) raised for food production or other purposes.

"Poultry waste" means dead birds, feathers, offal, and poultry litter

"Premises identification number" means a unique identification number that may be assigned by the State Veterinarian to a LBM, distributor, or production flock.

"Production unit" means a production facility or farm that is the origin of or participates in the production of poultry offered for sale in a LBM.

"State Veterinarian" means a qualified veterinarian employed by the Commissioner of Virginia Agriculture and Consumer Services and so designated.

"USDA" means the "United States Department of Agriculture."

"VS" means "Veterinary Services," an office under the USDA, APHIS.

PART II. LIVE-BIRD MARKETS.

2 VAC 5-195-40. LBM licensing and training requirements. (Effective 90 days after publication of the final regulation in the Virginia Register of Regulations.)

Every LBM in Virginia shall apply to the State Veterinarian for a license to operate. The LBM shall comply with the requirements of this regulation. A premises identification number shall be assigned. The premises identification number shall be recorded on the license to operate.

Requirements for issuance of a license to a LBM are the applicant's agreement to comply with the requirements of this regulation and Virginia's Avian Influenza Proclamation, development and implementation of a written biosecurity plan approved by the State Veterinarian, consent to an initial, random and at least quarterly inspection of the LBM and consent for the State Veterinarian to review all records relating to the LBM.

Failure of the LBM to satisfactorily comply with any of the licensing requirements shall result in the denial of a license to operate.

When the State Veterinarian determines that a licensed LBM no longer meets the requirements of this regulation, such license shall be suspended until such time that deficiencies have been corrected to the satisfaction of the State Veterinarian.

The LBM shall allow the State Veterinarian access to the LBM and the birds in the LBM for inspection and testing and for examination of the LBM records.

LBM managers shall attend training that is provided or approved by the State Veterinarian. Such training shall include disease recognition and biosecurity requirements. A certificate of training shall be provided by the trainer and maintained by the LBM in the LBM personnel files.

All personnel that work in the LBM shall be trained in biosecurity procedures as arranged by the owner/manager. A certificate of training shall be maintained by the LBM in the LBM personnel files.

No LBM shall transport birds directly from a production unit, a wholesaler, or an auction market in Virginia unless the LBM is also licensed as a distribution unit in Virginia.

2 VAC 5-195-50. LBM bird testing and recordkeeping.

The LBM shall verify bird identification and AI test-negative status of birds at the time of their receipt. If such documentation is not available, the birds shall not enter the LBM. Records for birds shall include the date of entry, the premises-of-origin identification number with a lot identifier, the number and species of birds in the lot, the distributor license number, the date of sale, and a copy of the negative test results for the birds. The record requirements shall include all premises that birds have visited from the flock of origin to the LBM, including production and distribution units where commingling may have occurred.

The LBM shall maintain records for 12 months from the birds' date of entry into the LBM. A copy of the form to be used may be obtained from the State Veterinarian.

2 VAC 5-195-60. LBM sanitation and biosecurity requirements.

A written biosecurity protocol approved by the State Veterinarian shall be developed and practiced by the LBM.

The LBM shall keep the LBM environment and crates in a clean and sanitary condition as defined by the biosecurity protocol. LBM managers shall ensure that employees follow the approved biosecurity protocol.

The LBM shall slaughter and process the birds before the birds leave the LBM, unless otherwise provided in the biosecurity protocol.

LBMs shall undergo quarterly closures with bird removal and C&D with a minimum of 24 hours of downtime. The LBM shall be inspected and approved by the State Veterinarian prior to reopening.

Poultry waste shall be placed in leak-proof bags or other approved containers, sealed, and disposed of daily through procedures acceptable to the local jurisdiction where the LBM is located.

2 VAC 5-195-70. LBM surveillance.

Birds in the LBM may be tested for AI at any time, but they shall be tested at least quarterly. Appropriate samples will be collected for AI testing at an approved laboratory.

Specimens tested may include those collected from live birds; the environment within the LBM; swabs collected on arrival from birds, conveyances, and crates; and swabs or tissues from sick and dead birds detected in the LBM. The number and source of the specimens shall be determined by the State Veterinarian.

2 VAC 5-195-80. Handling of LBM positive laboratory results.

When birds in a LBM test positive for AI, the LBM shall close. Such LBMs shall depopulate and perform C&D. The State Veterinarian shall approve depopulation and disposal methods. The State Veterinarian may at his discretion approve a plan to allow the LBM up to five calendar days from the time of notification of positive test results from an approved laboratory to sell down its poultry inventory. Additional birds shall not enter the LBM after notification of positive status for AI or during the sell-down period.

Prior to reopening, the LBM shall be inspected by the State Veterinarian. Environmental samples shall be taken for testing at this time, but the LBM may be allowed to reopen while it awaits environmental test results. If results are positive for AI, the LBM shall again close (with up to five days to permit sell down, if appropriate) and shall again perform C&D procedures within 24 hours of the depopulation, followed by inspection and retesting.

Samples that initially test positive for AI at an approved laboratory shall be submitted to the NVSL for confirmation.

Any LBM that has a positive AI test shall undergo monthly testing.

After three consecutive negative tests, the LBM may be allowed to return to a schedule of quarterly testing and quarterly closures.

When AI-positive birds are in the LBM or delivered to the LBM, an investigation shall be initiated by the State Veterinarian. LBM records shall be presented to the State Veterinarian for epidemiologic investigation.

PART III. DISTRIBUTION UNITS.

2 VAC 5-195-90. Distribution unit licensing and training requirements. (Effective 90 days after publication of the final regulation in the Virginia Register of Regulations.)

All distribution units shall apply to the State Veterinarian for a license to receive, purchase, or transport poultry from a production unit or another distribution unit in Virginia. A premises identification number shall be assigned. The premises identification number shall be recorded on the license to operate.

To receive a license to distribute birds within the live-bird marketing system in Virginia, distribution units shall allow the State Veterinarian access to records upon request and permit inspections and AI testing of birds, premises, and equipment.

A distribution unit license shall not be issued in Virginia until the State Veterinarian has performed an inspection of the unit, its record system, conveyances, crates, and the C&D equipment that will be used. If a distribution unit is located outside of Virginia, the State Veterinarian, at his discretion, may approve an inspection of the unit, its record system, conveyances, crates, and the C&D equipment that will be used, performed by a state or federal veterinary official from the state where the distribution unit is physically located. Distribution units located outside of Virginia and licensed by Virginia shall immediately notify the State Veterinarian of all inspections of the unit, its record system, conveyances, crates, and C&D equipment performed by a state or federal veterinary official in the state where the distribution is physically located.

Requirements for issuance of a license to a distribution unit are the applicant's agreement to comply with the requirements of this regulation and Virginia's Avian Influenza Proclamation, development and implementation of a written biosecurity plan approved by the State Veterinarian, consent to an initial, random and at least quarterly inspection of the distribution unit and consent for the State Veterinarian to review all records relating to the distribution unit.

Failure of the distribution unit to satisfactorily comply with any of the licensing requirements shall result in the denial of a license to operate.

When the State Veterinarian determines that a licensed distribution unit no longer meets the requirements of this regulation, such license shall be suspended until such time that deficiencies have been corrected to the satisfaction of the State Veterinarian.

All personnel that work for a distribution unit in Virginia shall be trained in biosecurity procedures provided or approved by the State Veterinarian. A certification of employee training shall be maintained in the distribution unit's personnel files.

2 VAC 5-195-100. Distribution unit bird testing and recordkeeping.

Distribution units shall verify bird identification and AI testnegative status of birds. Distribution units shall provide documentation and certification of a negative test for AI with each delivery of birds to a LBM.

Distribution units shall maintain records of bird pickups and deliveries for 12 months after distribution to the LBM. These records shall include copies of negative AI test results, dates of pickup and delivery, location of origin, species, numbers of birds, and farm premises location that includes lot identification. In addition, distribution units shall keep records of C&D of premises and conveyances for 12 months after distribution of the birds to the LBM. A copy of the records form may be obtained from the State Veterinarian.

2 VAC 5-195-110. Distribution unit sanitation and biosecurity requirements.

Distribution unit vehicles, bird-holding devices, and any premises where birds may be held shall be kept clean and sanitary.

A written biosecurity protocol approved by the State Veterinarian shall be developed and practiced by the distribution unit.

Distribution units shall use state-approved all-season crates and conveyance washing equipment and present C&D documentation when obtaining birds from production units and other distribution units. The distribution unit shall perform C&D on all crates, conveyance vehicles, and other equipment after visiting a LBM and before returning to a farm. The distribution unit shall maintain documentation of the most recent C&D in the unit's conveyance vehicle. The distribution unit shall maintain C&D documentation of all facilities, conveyance vehicles, and other equipment for the most recent 12 months as part of its record system.

Distribution units shall not transport live birds from LBMs.

2 VAC 5-195-120. Distribution unit surveillance.

Distribution units receiving, purchasing, or transporting poultry from a production unit or another distribution unit in Virginia shall be subjected to random inspections by the State Veterinarian. Inspections shall be accomplished at least quarterly to ensure that conveyances, crates, and facilities are clean and sanitary and that records are kept in accordance with the requirements of this regulation. Distribution units physically located outside of Virginia shall present conveyances, crates, and C&D equipment used as part of the live-bird marketing system in Virginia for random inspections to be accomplished at least quarterly by the State Veterinarian.

Distribution units receiving, purchasing, or transporting poultry from a production unit or another distribution unit in Virginia may be tested for AI at any time, but they shall be tested at least quarterly. Specimens of choice and the types of tests to be run for each are at the discretion of the State Veterinarian. Distribution units shall notify the State Veterinarian of any AI test results obtained from a private entity. If a distribution unit is located outside of Virginia, the State Veterinarian, at his discretion, may approve testing for AI performed by a state or federal veterinary official from the state where the distribution unit is physically located. Distribution units located outside of Virginia and licensed by Virginia shall immediately notify the State Veterinarian of all AI test results of the unit, conveyances, crates, and C&D equipment performed by a state or federal veterinary official in the state where the distribution is physically located or by a private entity.

2 VAC 5-195-130. Handling of distribution unit positive laboratory results.

Distribution units that receive, purchase, or transport poultry from a production unit or another distribution unit in Virginia with birds that test positive for AI at an approved laboratory shall close and undergo depopulation of any birds on any premises and C&D of the distribution unit in Virginia. The

State Veterinarian shall approve depopulation and disposal methods.

Environmental samples may be taken for AI testing if indicated. Any environmental sample testing positive for AI at an approved laboratory will be submitted to the NVSL for confirmation.

A distribution unit receiving, purchasing, or transporting poultry from a production unit or another distribution unit in Virginia that fails a biosecurity inspection or is positive on quarterly AI testing shall undergo monthly inspections and AI testing until there have been three consecutive months of negative AI testing and satisfactory results from a biosecurity inspection, at which time quarterly testing may resume.

When AI-positive birds are found within the distribution unit receiving, purchasing, or transporting poultry from a production unit or another distribution unit in Virginia, the State Veterinarian shall initiate an investigation. All distribution unit records shall be presented to the State Veterinarian for epidemiologic investigation.

PART IV. PRODUCTION UNITS.

2 VAC 5-195-140. Production unit licensing and training requirements. (Effective 90 days after publication of the final regulation in the Virginia Register of Regulations.)

Production units shall apply to the State Veterinarian for a license to operate in Virginia. A premises identification number shall be assigned. The premises identification number shall be recorded on the license to operate.

Production units shall allow the State Veterinarian access to records upon request. Testing for AI shall be conducted by the State Veterinarian.

Requirements for issuance of a license to a production unit are the applicant's agreement to comply with the requirements of this regulation and Virginia's Avian Influenza Proclamation, development and implementation of a written biosecurity plan approved by the State Veterinarian, consent to an initial, random and at least quarterly inspection of the production unit and consent for the State Veterinarian to review all records relating to the production unit.

Failure of the production unit to satisfactorily comply with any of the licensing requirements shall result in the denial of a license to operate in Virginia.

When the State Veterinarian determines that a licensed production unit no longer meets the requirements of this regulation, such license shall be suspended until such time that deficiencies have been corrected to the satisfaction of the State Veterinarian.

Production unit personnel shall attend training provided or approved by the State Veterinarian. Such training shall include disease recognition and biosecurity requirements. A certificate of training shall be provided by the trainer and maintained with the production unit's personnel records.

2 VAC 5-195-150. Production unit bird testing and recordkeeping.

Production unit birds shall originate from a negative AI flock and shall bear or be accompanied by identification to a premises of origin. The categories of production units and the testing requirements for each category are as specified in the "USDA Uniform Standards for a State-Federal-Industry Cooperative Program, October 20, 2004."

Samples for AI testing may be collected by state or federal animal health technicians, veterinary medical officers, accredited veterinarians, or others so designated by the State Veterinarian.

The production unit shall maintain AI flock test records as well as records of bird purchases and transfers for 12 months from the date the bird left the production unit. A copy of the form to be used may be obtained from the State Veterinarian.

Production unit birds loaded for transportation shall be identified by premises of origin and shall contain a lot number that will distinguish the shipment from others. The production unit shall record this information on the test certificate that will be provided to the distribution unit.

A production unit shall not sell its birds directly to LBMs unless the production unit is also licensed as a distribution unit in Virginia. A production unit licensed as a distribution unit in Virginia shall locate the C&D equipment at a site approved by the State Veterinarian.

Production unit premises with birds that test positive for AI shall be quarantined while results are being confirmed. Positive AI flocks shall be tested using a virus-detection procedure.

Production unit premises that are confirmed positive for AI shall be depopulated and shall undergo C&D. The State Veterinarian shall approve depopulation and disposal methods. Such depopulation and disposal shall be accomplished by production unit personnel. The premises shall then be inspected and retested. The production unit shall have a negative AI environmental test before restocking. If approved by the State Veterinarian, controlled slaughter may be directed as a method of depopulation.

2 VAC 5-195-160. Production unit sanitation and biosecurity requirements.

A production unit shall keep its unit, conveyances, bird-holding devices, and other equipment clean and sanitary.

A written biosecurity protocol approved by the State Veterinarian shall be developed and practiced by the production unit.

Production units shall have state-approved equipment available for C&D of premises, conveyances, and crates. Production units shall maintain records of downtime and C&D for 12 months after distribution of the birds in the live-bird marketing system.

Production units shall notify the State Veterinarian of dates and times of scheduled pickups by distribution units at least 48 hours prior to the scheduled pickups.

2 VAC 5-195-170. Production unit surveillance.

Production unit premises shall be subject to random inspections by the State Veterinarian to ensure that premises, conveyances, and coops are clean and sanitary. Random samples for AI testing may be collected from birds or the environment at the time of inspection. The production unit shall provide records for review during production unit inspections.

2 VAC 5-195-180. Handling of production unit positive laboratory results.

Production unit bird samples positive for AI shall be submitted to the NVSL for confirmation. The premises shall be quarantined until results are obtained from the NVSL.

Production unit premises with AI-positive birds confirmed by the NVSL shall remain under quarantine. All records shall be presented to the State Veterinarian for epidemiologic investigation. The birds shall be depopulated and the premises shall undergo C&D by employees of the production unit, under the supervision of the State Veterinarian.

The State Veterinarian may require depopulation and disposal any time multiple positive AI screening tests are reported, without waiting for NVSL confirmation.

DOCUMENT INCORPORATED BY REFERENCE

Prevention and Control of H5 and H7 Low Pathogenicity Avian Influenza in the Live Bird Marketing System: Uniform Standards for a State-Federal-Industry Cooperative Program, APHIS 91-55-076, eff. October 20, 2004, United States Department of Agriculture.

VA.R. Doc. No. R06-232; Filed May 9, 2006, 9:59 a.m.

TITLE 4. CONSERVATION AND NATURAL RESOURCES

BOARD OF GAME AND INLAND FISHERIES

REGISTRAR'S NOTICE: The Board of Game and Inland Fisheries is exempt from the Administrative Process Act pursuant to subdivision A 3 of § 2.2-4002 of the Code of Virginia when promulgating regulations regarding the management of wildlife. The board is required by § 2.2-4031 of the Code of Virginia to publish all proposed and final wildlife management regulations, including length of seasons and bag limits allowed on the wildlife resources within the Commonwealth of Virginia.

<u>Title of Regulation:</u> 4 VAC 15-20. **Definitions and Miscellaneous: In General (adding 4 VAC 15-20-65).**

Statutory Authority: §§ 29.1-103, 29.1-501 and 29.1-502 of the Code of Virginia.

Public Hearing Date: June 20, 2006 - 9 a.m.
Public comments may be submitted until June 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Board of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Notice to the Public: The Board of Game and Inland Fisheries has ordered to be published, pursuant to §§ 29.1-501 and 29.1-502 of the Code of Virginia, the following proposed amendments to board regulations. A public comment period on the proposed regulation opened remains open until June 1, Comments submitted must be in writing; must be accompanied by the name, address and telephone number of the party offering the comments: should state the regulatory action desired; and should state the justification for the desired action. Comments should be submitted online at www.dgif.virginia.gov, e-mailed regcomments@dgif.virginia.gov, or sent to Department of Game and Inland Fisheries, Phil Smith, Policy Analyst and Regulatory Coordinator, 4016 West Broad Street, Richmond, Virginia 23230.

A public hearing on the advisability of adopting or amending and adopting the proposed regulation, or any parts thereof, will be held during a meeting of the board to take place at the Department of Game and Inland Fisheries, 4000 West Broad Street, Richmond, Virginia, beginning at 9 a.m. on Tuesday, June 20, 2006, at which time any interested citizen present shall be heard. If the board is satisfied that the proposed regulation, or any parts thereof, is advisable, in the form in which published or as amended after receipt of the public's comments, the board may adopt regulation amendments as final at the June 20 meeting. The regulation or regulation amendment adopted may be either more liberal or more restrictive than that proposed and being advertised under this notice.

Summary:

The proposed amendments increase hunting, trapping, and fishing license fees and some permit fees, for persons 16 years of age and older, \$5 per license or permit, effective July 1, 2006.

4 VAC 15-20-65. Hunting, trapping, and fishing license and permit fees.

In accordance with the authority of the board under § 29.1-103 (16) of the Code of Virginia, the following fees are established for hunting, trapping, and fishing licenses and permits:

Virginia Resident Licenses to Hunt	
Type license	Fee
Resident License to Hunt, for licensees 16 years of age or older	\$17.00
County or City Resident License to Hunt in County or City of Residence Only, for licensees 16 years of age or older	\$10.00
Resident Senior Citizen Annual License to Hunt, for licensees 65 years of age or older	\$6.00
Resident Junior License to Hunt, for licensees 12 through 15 years of age, optional for licensees under 12 years of age	\$7.50

Resident Youth Combination License to Hunt, and to hunt bear, deer, and turkey, to hunt with bow and arrow during archery hunting season, to hunt with muzzleloading guns during muzzleloading hunting season, for licensees under 16 years of age	\$15.00
Resident Sportsman License to Hunt and	
Freshwater Fish, and to hunt bear, deer, and turkey, to hunt with bow and arrow during archery	
hunting season, to hunt with muzzleloading guns	
during muzzleloading hunting season, and to fish	
in designated stocked trout waters (also listed	
under Virginia Resident Licenses to Fish)	\$102.00
Resident Junior Lifetime License to Hunt, for	
licensees under 12 years of age at the time of	
purchase	\$250.00
Resident Lifetime License to Hunt, for licensees at	
the time of purchase:	
through 44 years of age	\$255.00
45 through 50 years of age	\$205.00
51 through 55 years of age	\$155.00
56 through 60 years of age	\$105.00
61 through 64 years of age	\$55.00
65 years of age and over	\$15.00
Totally and Permanently Disabled Resident	
Special Lifetime License to Hunt	\$10.00
Service-Connected Totally and Permanently	
Disabled Veteran Resident Lifetime License to	
Hunt and Freshwater Fish (also listed under	
Virginia Resident Licenses to Fish)	\$10.00

Virginia Resident Licenses for Additional Hunting P	rivileges
Type license or permit	Fee
Resident Bear, Deer, and Turkey Hunting License,	
for licensees 16 years of age or older	\$17.00
Resident Junior Bear, Deer, Turkey Hunting	
License, for licensees under 16 years of age	\$7.50
Resident Archery License to Hunt with bow and	
arrow during archery hunting season	\$17.00
Resident Crossbow License to Hunt with crossbow	
during archery hunting season	\$17.00
Resident Muzzleloading License to Hunt during	
muzzleloading hunting season	\$17.00
Resident Bonus Deer Permit	\$17.00

1	Virginia Nonresident Licenses to Hunt	
4	Type license	Fee
4	Nonresident License to Hunt, for licensees 16	
	years of age or older	\$85.00
	Nonresident Three-Day Trip License to Hunt	\$45.00
	Nonresident Youth License to Hunt, for licensees:	
	under 12 years of age	\$12.00
	12 through 15 years of age	\$15.00
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Nonresident Youth Combination License to Hunt,	
and to hunt bear, deer, and turkey, to hunt with	
bow and arrow during archery hunting season, to	
hunt with muzzleloading guns during	
muzzleloading hunting season, for licensees under	
16 years of age	\$30.00
Nonresident Lifetime License to Hunt	\$505.00

Virginia Nonresident Licenses for Additional Hunting	
Privileges	
Type license or permit	Fee
Nonresident Bear, Deer, and Turkey Hunting	
License, for licensees:	
16 years of age or older	\$65.00
12 through 15 years of age	\$15.00
under 12 years of age	\$12.00
Nonresident Archery License to Hunt with bow	
and arrow during archery hunting season	\$30.00
Nonresident Crossbow License to Hunt with	
crossbow during archery hunting season	\$30.00
Nonresident Muzzleloading License to Hunt during	
muzzleloading hunting season	\$30.00
Nonresident Shooting Preserve License to Hunt	
within the boundaries of a licensed shooting	
preserve	\$17.00
Nonresident Bonus Deer Permit	\$30.00

Miscellaneous Licenses or Permits to Hunt	
Type license or permit	Fee
Waterfowl Hunting Stationary Blind in Public	
Waters License	\$22.50
Waterfowl Hunting Floating Blind in Public Waters	
License	\$40.00
Public Access Lands for Sportsmen Permit to Hunt,	
Trap, or Fish on Designated Lands (also listed	
under Miscellaneous Licenses or Permits to Fish)	\$17.00
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Virginia Resident and Nonresident Licenses to Trap		
Type license	Fee	
Resident License to Trap, for licensees 16 years		
of age or older	\$40.00	
County or City Resident License to Trap in County		
or City of Residence Only	\$15.00	
Resident Junior License to Trap, for licensees		
under 16 years of age	\$10.00	
Resident Senior Citizen License to Trap, for		
licensees 65 years of age or older	\$6.00	
Resident Senior Citizen Lifetime License to Trap,		
for licensees 65 years of age or older	\$15.00	
Totally and Permanently Disabled Resident		
Special Lifetime License to Trap	\$10.00	
Service-Connected Totally and Permanently		
Disabled Veteran Resident Lifetime License to		
Trap	\$10.00	
Nonresident License to Trap	\$155.00	

Virginia Resident Licenses to Fish	
Type license	Fee
Resident License to Freshwater Fish	\$17.00
County or City Resident License to Freshwater	Ψ17.00
Fish in County or City of Residence Only	\$10.00
Resident License to Freshwater Fish, for licensees	\$10.00
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65 years of age or older Resident License to Fish in Designated Stocked	\$6.00
	¢47.00
Trout Waters Resident License to Freshwater and Saltwater	\$17.00
	#20.00
Fish	\$29.00
Resident License to Freshwater Fish for Five	# 40.00
Consecutive Days	\$10.00
Resident License to Freshwater and Saltwater	045.00
Fish for Five Consecutive Days	\$15.00
Resident Sportsman License to Hunt and	
Freshwater Fish, and to hunt bear, deer, and	
turkey, to hunt with bow and arrow during archery	
hunting season, to hunt with muzzleloading guns	
during muzzleloading hunting season, and to fish	
in designated stocked trout waters (also listed	040000
under Virginia Resident Licenses to Hunt)	\$102.00
Resident Special Lifetime License to Freshwater	
Fish, for licensees at the time of purchase:	\$055.00
through 44 years of age	\$255.00
45 through 50 years of age	\$205.00
51 through 55 years of age	\$155.00
56 through 60 years of age	\$105.00
61 through 64 years of age	\$55.00
65 years of age and over	\$15.00
Resident Special Lifetime License to Fish in	
Designated Stocked Trout Waters, for licensees at	
the time of purchase:	
through 44 years of age	\$255.00
45 through 50 years of age	\$205.00
51 through 55 years of age	\$155.00
56 through 60 years of age	\$105.00
61 through 64 years of age	\$55.00
65 years of age and over	\$15.00
Totally and Permanently Disabled Resident	
Special Lifetime License to Freshwater Fish	\$10.00
Service-Connected Totally and Permanently	
Disabled Veteran Resident Lifetime License to	
Hunt and Freshwater Fish (also listed under	
Virginia Resident Licenses to Hunt)	\$10.00
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Virginia Nonresident Licenses to Fish	
Type license	Fee
Nonresident License to Freshwater Fish	\$35.00
Nonresident License to Freshwater Fish in	
Designated Stocked Trout Waters	\$35.00
Nonresident License to Freshwater and Saltwater	
Fish	\$47.00
Nonresident License to Freshwater Fish for Five	
Consecutive Days	\$15.00
Nonresident License to Freshwater and Saltwater	
Fish for Five Consecutive Days	\$20.00

Nonresident Special Lifetime License to	
Freshwater Fish	\$505.00
Nonresident Special Lifetime License to in Fish in	
Designated Stocked Trout Waters	\$505.00

Miscellaneous Licenses or Permits to Fish	
Type license or permit	Fee
Permit to Fish for One Day at Board-Designated	
Stocked Trout Fishing Areas with Daily Use Fees	\$8.50
Public Access Lands for Sportsmen Permit to Hunt,	
Trap, or Fish on Designated Lands (also listed	
under Miscellaneous Licenses or Permits to Hunt)	\$17.00
Special Guest Fishing License	\$55.00

VA.R. Doc. No. R06-233; Filed May 9, 2006, 3:16 p.m.

REGISTRAR'S NOTICE: The Board of Game and Inland Fisheries is exempt from the Administrative Process Act pursuant to subdivision A 3 of § 2.2-4002 of the Code of Virginia when promulgating regulations regarding the management of wildlife. The board is required by § 2.2-4031 of the Code of Virginia to publish all proposed and final wildlife management regulations, including length of seasons and bag limits allowed on the wildlife resources within the Commonwealth of Virginia.

<u>Title of Regulation:</u> 4 VAC 15-90. Game: Deer (amending 4 VAC 15-90-80).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

<u>Public Hearing Date:</u> June 20, 2006 - 9 a.m. Public comments may be submitted until June 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Notice to the Public: The Board of Game and Inland Fisheries has ordered to be published, pursuant to §§ 29.1-501 and 29.1-502 of the Code of Virginia, the following proposed amendments to board regulations. A public comment period on the proposed regulation remains open until June 1, 2006. Comments submitted must be in writing; must be accompanied by the name, address and telephone number of the party offering the comments; should state the regulatory action desired; and should state the justification for the desired action. Comments should be submitted online at www.dgif.virginia.gov, e-mailed regcomments@dgif.virginia.gov, or sent to Department of Game and Inland Fisheries, Phil Smith, Policy Analyst and Regulatory Coordinator, 4016 West Broad Street, Richmond, Virginia 23230.

A public hearing on the advisability of adopting or amending and adopting the proposed regulation, or any parts thereof, will be held during a meeting of the board to take place at the Department of Game and Inland Fisheries, 4000 West Broad Street, Richmond, Virginia, beginning at 9 a.m. on Tuesday, June 20, 2006, at which time any interested citizen present shall be heard. If the board is satisfied that the proposed regulation, or any parts thereof, is advisable, in the form in which published or as amended after receipt of the public's comments, the board may adopt regulation amendments as final at the June 20 meeting. The regulation or regulation amendment adopted may be either more liberal or more restrictive than that proposed and being advertised under this notice.

Summary:

The proposed amendments (i) reinstate the early muzzleloading season either-sex deer hunting day on private lands in Grayson County and (ii) make the early muzzleloading season in Grayson Highlands State Park and national forest lands in Grayson County buck only.

<u>Editor's Note:</u> Final amendments to 4 VAC 15-90-80 to become effective on July 1, 2006, are published in the Final Regulations Section of this issue of the Virginia Register and proposed amendments are published below. Instead of gearing the proposed amendments to the currently effective language, the proposed amendments shown below are geared to the section as it will become effective in July.

4 VAC 15-90-80. Muzzleloading gun hunting.

A. It shall be lawful to hunt deer during the early special muzzleloading season with muzzleloading guns from the Saturday prior to the first Monday in November through the Friday prior to the third Monday in November, both dates inclusive, in all cities, towns, and counties where deer hunting with a rifle or muzzleloading gun is permitted east of the Blue Ridge Mountains, except on national forest lands in Amherst, Bedford and Nelson counties and in the cities of Chesapeake, Suffolk (east of the Dismal Swamp Line) and Virginia Beach. It shall be lawful to hunt deer during the early special muzzleloading season with muzzleloading guns from the Saturday prior to the second Monday in November through the Friday prior to the third Monday in November, both dates inclusive, in all cities, towns, and counties where deer hunting with a rifle or muzzleloading gun is permitted west of the Blue Ridge Mountains and on national forest lands in Amherst, Bedford, and Nelson counties.

B. It shall be lawful to hunt deer during the late special muzzleloading season with muzzleloading guns from the Saturday prior to the third Monday in December through the first Saturday in January, both dates inclusive, in all cities, towns, and counties west of the Blue Ridge Mountains (except Clarke County and on non-national forest lands in Frederick County), and east of the Blue Ridge Mountains in the counties (including the cities and towns within) of Amherst (west of U.S. Route 29), Bedford, Campbell (west of Norfolk Southern Railroad), Franklin, Henry, Nelson (west of Route 151), Patrick and Pittsylvania (west of Norfolk Southern Railroad) and on national forest lands in Frederick County and in the cities of Chesapeake and Virginia Beach.

C. Deer of either sex may be taken during the entire early special muzzleloading season in all cities, towns, and counties east of the Blue Ridge Mountains (except on national forest

lands, state forest lands, state park lands except Occoneechee State Park, department-owned lands and Philpott Reservoir) and on the second Saturday only east of the Blue Ridge Mountains on state forest lands, state park lands except Occoneechee State Park, department-owned lands and on Philpott Reservoir. Deer of either sex may be taken during the entire early special muzzleloading season on Occoneechee State Park. Deer of either sex may be taken during the early special muzzleloading season only on the second Monday in November in all counties west of the Blue Ridge Mountains (except Clarke, Buchanan, Dickenson, Floyd, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and in Grayson Highlands State Park and national forest lands in Grayson County, and on private lands in Frederick, Roanoke, and Warren counties) and on national forest and department-owned lands in Roanoke County and on national forest lands in Frederick and Warren counties and on national forest lands in Amherst, Bedford, and Nelson counties. Additionally, deer of either sex may be taken during the entire early special muzzleloading season in Clarke and Floyd counties and on private lands in Frederick, Roanoke and Warren counties.

- D. Deer of either sex may be taken during the entire late special muzzleloading season in the counties (including the cities and towns within) of Amherst (west of U.S. Route 29 except on national forest lands), Bedford (except on national forest lands), Campbell (west of Norfolk Southern Railroad), Franklin, Henry, Nelson (west of Route 151 except on national forest lands), Patrick, and Pittsylvania (west of Norfolk Southern Railroad). It shall be lawful to hunt deer of either sex during the last six days of the late special muzzleloading season in all counties west of the Blue Ridge Mountains (except Buchanan, Dickenson, Floyd, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and on private lands in Roanoke County) and on national forest and department-owned lands in Roanoke County and on national forest lands in Amherst, Bedford, Frederick, and Nelson counties and in the cities of Chesapeake and Virginia Beach. Provided further it shall be lawful to hunt deer of either sex during the last day only of the late special muzzleloading season in the counties of Grayson, Lee, Russell, Scott, Smyth, Tazewell, and Washington. Additionally, deer of either-sex may be taken during the entire late special muzzleloading season in Floyd County and on private lands in Roanoke County.
- E. Deer of either sex may be taken full season during the special muzzleloading seasons within the incorporated limits of any city or town in the Commonwealth that allows deer hunting except in the counties of Buchanan, Dickenson, and Wise and in the cities of Chesapeake, Suffolk, and Virginia Beach.
- F. It shall be unlawful to hunt deer with dogs during any special season for hunting with muzzleloading guns.
- G. A muzzleloading gun, for the purpose of this section, means a single shot flintlock or percussion weapon, excluding muzzleloading pistols, .45 caliber or larger, firing a single projectile or sabot (with a .38 caliber or larger projectile) of the same caliber loaded from the muzzle of the weapon and

propelled by at least 50 grains of black powder (or black powder equivalent).

H. It shall be unlawful to have in immediate possession any firearm other than a muzzleloading gun while hunting with a muzzleloading gun in a special muzzleloading season.

VA.R. Doc. No. R06-235; Filed May 10, 2006, 11:20 a.m.

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

<u>Title of Regulation:</u> 12 VAC 30-141. Family Access to Medical Insurance Security Plan (amending 12 VAC 30-141-10, 12 VAC 30-141-100, 12 VAC 30-141-120, 12 VAC 30-141-150, 12 VAC 30-141-180, 12 VAC 30-141-650; adding 12 VAC 30-141-670 through 12 VAC 30-141-880).

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

<u>Public Hearing Date:</u> N/A -- Public comments may be submitted until July 28, 2006.

(See Calendar of Events section for additional information)

Agency Contact: Linda Nablo, Director, Division of Maternal and Child Health, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680, or e-mail linda.nablo@dmas.virginia.gov.

Basis: Section 32.1-351 of the Code of Virginia grants to DMAS the authority to administer and amend the Title XXI Plan (FAMIS) and authorizes the Director of DMAS to "adopt, promulgate and enforce such regulations pursuant to the Administrative Process Act (§ 2.2-4000 et seg. of the Code of Virginia) as may be necessary for the implementation and administration of the Family Access to Medical Insurance Security Plan." Chapter 951, Item 324(L) of the 2005 Appropriation Act mandated that DMAS promulgate regulations to "expand medical coverage to pregnant women who are over the age of 19 with annual family income in excess of the Medicaid limit but less than or equal to 150% of the Federal Poverty Level." Section 2102(a)(7) of the federal Social Security Act requires states "to assure the quality and appropriateness of care" in Title XXI SCHIP programs.

<u>Purpose:</u> The purpose of this action is to implement a program to provide health care coverage to pregnant women with income over the Medicaid limit but less than or equal to 150% of the Federal Poverty Level utilizing Title XXI funds.

<u>Substance:</u> Coverage of pregnant women with income above the Medicaid limit but less than or equal to 150% of the Federal Poverty Limit (FPL) represents a new population of individuals to be covered by Virginia's Title XXI program. Therefore, 12 VAC 30-141-810 to 12 VAC 30-141-1660 are new regulations specifically developed to support the FAMIS MOMS program. Because FAMIS MOMS is part of Virginia's

Title XXI program, these regulations are closely modeled after the existing FAMIS regulations (12 VAC 30-141-10 to 12 VAC 30-141-660). In many sections the only difference between the new FAMIS MOMS regulations and the existing FAMIS regulations is the name of the program or the reference to a pregnant woman instead of to a child. Some elements in the FAMIS MOMS definition section (12 VAC 30-141-810) reflect additions to, or deletions from, the definitions provided in 12 VAC 30-141-10 (FAMIS Definitions).

Because Medicaid currently covers pregnant women with income less than or equal to 133% of the Federal Poverty Level (FPL), the additional pregnant women covered by FAMIS MOMS (133% up to 150% FPL) is expected to be small. Therefore, regulations 12 VAC 30-141-900 D (Eligibility requirements - Income), 12 VAC 30-141-960 (Co-payments), and 12 VAC 30-141-1000 (Benefit package) are modeled after the Medicaid program for pregnant women. This similarity to the much larger Medicaid program is intended to provide access to comprehensive health care services while minimizing confusion and error rates for local Department of Social Services eligibility workers, medical providers, managed care organizations, and community programs, as they provide services to the small population of women covered by FAMIS MOMS. Certain FAMIS regulations are not being carried over into the FAMIS MOMS regulations because they do not apply to the new program. Specifically, these FAMIS regulations include:

- 12 VAC 30-141-30 B & C (Duties of the Outreach Oversight Committee)
- 12 VAC 30-141-100 D(3) (Grandfathered CMSIP children)
- 12 VAC 30-141-100 G(2a) & (2c) (Four month waiting period)
- 12 VAC 30-141-110 B (12 months of continuous coverage in FAMIS)
- 12 VAC 30-141-150 N (Redetermination of eligibility)
- 12 VAC 30-141-170 (Employer Sponsored Health Insurance)

However, several changes are being made to the mainline FAMIS regulations in order to reflect the impact of the new FAMIS MOMS program: 12 VAC 30-141-10 (Definitions). 12 VAC 30-141-100 (Eligibility requirements), 12 VAC 30-141-120 (Children ineligible for FAMIS), and 12 VAC 30-141-150 (Application requirements). First, a new definition of "Application for health insurance" is added and the definition of "Child health insurance application" is deleted, as the new application form developed and approved by DMAS will be for use by both children and pregnant women applying for coverage. All other references to "Child health insurance application" are being changed to "application for health insurance" (12 VAC 30-141-150 B, C, G, and J are amended). Second, 12 VAC 30-141-100 G 2 is amended to exclude a pregnant child from the required four-month waiting period exclusion from FAMIS since the child was covered by health insurance. This will allow a pregnant child to be enrolled in the FAMIS program and receive appropriate prenatal care instead of either delaying services for up to four months or enrolling in the FAMIS MOMS program with no waiting period, but having coverage end two months following the end of the pregnancy. Third, while access to the State Health Plan for state employees remains a barrier to enrollment in both FAMIS and FAMIS Moms, DMAS has received recent confirmation from CMS that participation in Virginia's Local Choice Program no longer meets the current federal definition of access to the State Health Plan. Therefore, access to the State Health Plan through the Local Choice program is not included as a condition of eligibility in the FAMIS MOMS program and is also removed from the mainline FAMIS Elimination of this unnecessary barrier to regulations. enrollment is intended to increase program participation and enhance the coordination and coherence between the two programs. These references are found in 12 VAC 30-141-10 12 VAC 30-141-100 (Definitions), C 7 (Eligibility requirements), and 12 VAC 30-141-120 A 2 (Children ineligible for FAMIS). Finally, DMAS noted that the Virginia Code reference concerning the judgment rate of interest found in 12 VAC 30-141-180 was incorrect; this reference is corrected in this proposed regulation.

Issues: The primary advantage to the Commonwealth of FAMIS MOMS is that this program expands health care services to pregnant women and newborns, increasing the overall health of the citizens of Virginia. By addressing the health care needs of a broader spectrum of pregnant women and newborns, FAMIS MOMS has the potential to identify and respond to medical problems earlier on in pregnancy and during the postpartum period, resulting in both enhanced outcomes for mothers and newborns, as well as potential cost savings in addressing problems earlier rather than later, where there is the potential for more serious and costly medical needs. This regulatory action poses no disadvantages to the public or the Commonwealth.

<u>Department of Planning and Budget's Economic Impact Analysis:</u>

Summary of the proposed regulation. The proposed regulations will provide publicly subsidized health insurance coverage to uninsured pregnant women by establishing the FAMIS MOMS program, a new Title XXI program for pregnant women who are not eligible for Medicaid. Currently, Medicaid does not provide coverage to pregnant women with incomes above 133% of the Federal Poverty Limit (FPL). FAMIS MOMS will provide health care coverage to pregnant women with incomes greater than 133% of FPL, but less than or equal to 150% of FPL. Pregnant women with incomes between 133 and 150% of FPL represent a new population of individuals covered by the Commonwealth.

Result of analysis. The benefits likely exceed the costs for all proposed changes. A different design would likely yield greater benefits at the same cost for at least one proposed change.

Estimated economic impact. The proposed FAMIS MOMS program will provide health coverage to a new population of pregnant women whose income is too high to qualify for Medicaid. Health coverage will be extended to pregnant women whose income is above 133% of FPL, but less than or equal to 150% of FPL. The proposed program is closely modeled after the existing FAMIS program because both are

Title XXI programs. Title XXI programs have an enhanced federal match rate of 65% compared to the Medicaid match rate of 50%. Also, because Medicaid already provides coverage to pregnant women with incomes less than or equal to 133% of FPL, the income eligibility requirements, copayments, and benefits package are modeled after the Medicaid program.

Under the current rules, pregnant women with incomes higher than 133% of FPL are not eligible for Medicaid benefits. However, once they deliver, their children become eligible for FAMIS benefits provided family income is below 200% of FPL. In other words, the pregnant women whose children will be eligible for FAMIS are not covered during their pregnancy. The proposed changes will provide health coverage to pregnant women whose children will become eligible for FAMIS and whose income is higher than 133% of FPL, but less than or equal to 150% of FPL. At this time, the proposed FAMIS MOMS will not provide coverage to pregnant women whose incomes are between 150% and 200% of FPL even though their children will also become eligible for FAMIS once they are born.

In addition, the proposed regulations will exclude a pregnant child with prior health insurance from the four-month waiting period requirement of FAMIS. When FAMIS MOMS goes into effect, a pregnant child who is eligible for FAMIS will be also eligible for FAMIS MOMS. However, currently FAMIS has a four-month waiting period and the proposed FAMIS MOMS does not. Without this particular exemption, a pregnant child who had health insurance and who is eligible for both programs will not be covered for four months if she applies for FAMIS, or she will be able to receive benefits immediately if she applies for FAMIS MOMS, but will lose coverage after two months of birth. In this case, this particular individual will have interruption in her health coverage at the beginning of enrollment into FAMIS following the loss of insurance coverage. The proposed exemption will allow a pregnant child with prior health insurance to access both prenatal and ongoing health care.

However, the proposed changes do not clearly address the case in which a pregnant child who enrolled in FAMIS MOMS and whose coverage ended after two months of pregnancy and who is eligible for FAMIS after birth is enrolling in FAMIS. Under the proposed language, it is not clear whether enrollment in FAMIS MOMS constitute "being covered under a health insurance plan other than through the ESHI component of FAMIS" and would make the applicant subject to a fourmonth waiting period. According to DMAS, coverage under a state's Medicaid or SCHIP program does not meet the definition of prior health insurance and consequently no fourmonth waiting period would be imposed. Based on this interpretation, perhaps the proposed language could be clarified by adding "or through the FAMIS MOMS" to the previous phrase in quotation marks. Otherwise, recipients transferring from FAMIS MOMS to FAMIS will experience a disruption in their postpartum health coverage.

Finally, the proposed regulations will clarify that participation in Virginia's Local Choice program no longer is a barrier to access to FAMIS or FAMIS MOMS as a result of a confirmation from the federal Centers for Medicare and

Medicaid that participation in this program no longer meets the definition of access to the State Health Plan.

The main goal of providing coverage to uninsured low-income pregnant women is to improve their and their infants' access to and utilization of prenatal health care. The economic rationale for improving access to and utilization of prenatal health services relies on the notion that providing these services is a good investment for the society. The provision of prenatal care to pregnant women is expected to improve the health status of the pregnant women and the children that are born.

The proposed regulations will improve uninsured pregnant women and their infants' access to health care because additional pregnant women will be eligible for FAMIS MOMS. The target enrollment goal in federal fiscal year 2009 for FAMIS MOMS is 450. If this goal is met, FAMIS MOMS will reduce the estimated number of uninsured pregnant women in the eligible cohort. This will mean that the percentage of uninsured among all the pregnancies that are expected to occur to Virginian women with incomes between 133% of FPL and 150% of FPL will decrease from 24% to 8%. Thus, there should be an improvement in access to health care in the Commonwealth.

The proposed regulations will also reduce total health care costs in the Commonwealth. According to DMAS, timely provided prenatal care is essential to reduce the likelihood of complications and premature deliveries. DMAS notes that a woman who does not receive prenatal care is three times more likely to deliver a low-birth weight baby. Complications and premature births usually result in long-term health problems for the child and are very expensive. According to DMAS, hospital charges for severely premature/low birth weigh babies are 60 times more than an uncomplicated birth. Also, healthy children could do better in schools and eventually be more productive members of the society.

Because the costs of complicated and premature births occurring to uninsured individuals, to a large extent, are borne by the taxpayers and possibly by private entities in terms of defaults, FAMIS MOMS should introduce net benefits to the society as a whole. The federal dollars that will be used for pregnant women under FAMIS MOMS probably substitute the high-cost emergency room visits paid by state indigent care funds, or absorbed by providers, and benefit the Commonwealth. The Commonwealth will realize these benefits at 1/3 of the true cost because the 65% of the expenditures will be drawdown from the federal government. So, the proposed regulations will not only avoid significant health care costs, but also make it possible to obtain these benefits at a fraction of their true costs.

The proposed regulations will likely create additional costs to administer the program. However, by mirroring certain aspects of FAMIS and Medicaid, FAMIS MOMS could benefit from existing program and delivery structures. For example, FAMIS MOMS will be administered by a central processing unit (CPU) just as FAMIS is administered currently. The CPU will distribute applications and program information, maintain a call center and multiple electronic interfaces, respond to inquiries, receive and process applications for eligibility, and provide personal assistance to callers, monitor cost sharing,

provide reports, and will be responsible for provider and health plan enrollment. The CPU is believed to simplify eligibility determination and enrollment process and increase administrative efficiency.

Also, the CPU is believed to reduce stigma associated with welfare or public assistance programs as the applications could be completed at a unit other than local departments of social services, which are the contact points for other welfare programs.

Local departments of social services will also determine eligibility for the FAMIS MOMS program. When a local department receives an application, the local agency will first determine the pregnant women's eligibility for Medicaid. If the applicant is determined Medicaid ineligible first and FAMIS ineligible second, the local agency will proceed with a FAMIS MOMS eligibility determination and enroll eligible applicants in FAMIS MOMS. Because applicants will be checked for Medicaid and FAMIS eligibility, there is the added benefit of finding Medicaid and FAMIS eligible applicants while screening for FAMIS MOMS. Either the FAMIS MOMS CPU or local agency will determine eligibility and enroll the pregnant women in the correct plan. Receiving applications at multiple contact points appears to be an efficient way of receiving applications. An efficient application process should reduce the transaction costs and increase the overall net benefits.

Additionally, having local departments of social services involved in the process will provide a local contact in every community where a pregnant woman can receive assistance with such applications if she prefers. This proposed process is expected to improve the application and enrollment processes and increase access to FAMIS MOMS.

A government-funded insurance program provides some financial relief to working uninsured families. Government sponsored health coverage for uninsured infants by covering pregnant woman may also be justified on the grounds that while adults may choose to remain uninsured, infants themselves are not responsible for decisions about their coverage.

The enrollment in the FAMIS MOMS program largely depends on whether and how much the enrollees are expected to pay. Based on the economic theory it can be reliably stated that as the cost-sharing increases, the enrollment in the program would decrease. The main reason for co-payments is to encourage the efficient use of publicly funded healthcare resources. The economic theory indicates that free healthcare services will be used inefficiently. Charging a co-payment for some medical services would reduce the demand for these services relative to the demand for free care and discourage unnecessary care.

The FAMIS MOMS program will not require any cost sharing by recipients for pregnancy related services. Then, based on economic principles, we can expect some inefficiency in the utilization of pregnancy-related services. However, requiring copays would discourage the use of pregnancy-related services and limit access to care. Thus, the proposed nocopay structure for pregnancy-related services can be considered as a trade-off between maximizing access to care at the expense of accepting some inefficiency in the use of

publicly funded services. On the other hand, copays will be \$1 to \$3 for nonpregnancy related services. For these services the copay structure will be a trade off between encouraging efficient use of services at the expense of somewhat limiting access to care.

The significance of the economic effects of the copays depends on their size. The FAMIS MOMS copays for non-pregnancy related services appear to be nominal. Available studies suggest that the economically optimal structure for cost sharing includes "a low [or possibly even zero] monthly premium, a high deductible for inpatient care (except, perhaps for young children), and co-payments targeting certain types of services (e.g. brand name vs. generic prescriptions) and certain sites of care (e.g. emergency room vs. physician office) to encourage a more cost-conscious use of resources."

The proposed no-copay structure for pregnancy related services and copay structure for nonpregnancy services reflect some aspects of the recommended structure. However, copays for nonpregnancy related services may be too small to significantly reduce overuse of these services.

Additionally, copays for nonpregnancy related services may make FAMIS MOMS coverage somewhat less attractive and may reduce crowding out relative to what would result without any copays. However, as mentioned, the copays are relatively small. This leads to the expectation that copays would reduce crowding out by only a small amount.

Further, the procedures to implement copay requirements seem to be cost effective. Providers will collect copays. The department does not maintain a database for the copays actually paid. If a family documents to the FAMIS CPU that they reached the maximum limit, they are relieved of any further copayments for the remainder of the year. Assigning responsibility to families to track the annual copayments provides an option to families to take advantage of this provision while providing savings to the department in administrative costs that would otherwise be incurred.

Finally, the copays may reduce the stigma associated with the program. It is possible that some recipients will feel less like they are receiving assistance from a charity or from welfare. On the other hand, there is possibility that copays may create a barrier to some other applicants to participate in the program. However, given the nominal copay structure, any such barrier will likely be very small.

The net impact on Medicaid providers is likely to be positive. FAMIS MOMS is estimated to increase public health care expenditures in Virginia by \$4.8 million annually. The Commonwealth will finance 1/3 of this amount and the 2/3 will be financed by federal matching dollars. This means that provider revenues will increase by \$4.8 million and improve their profitability.

The net impact on Virginia's economy is likely to be positive because of the federal match. While 1/3 of the funds will come from state resources, the rest will come from the federal government. Thus, the federal match will be a net injection

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¹ Markus, Anne, Sara Rosenbaum, and Dylan Roby, 1998, "CHIP, health Insurance Premiums and Cost-sharing: Lessons from the Literature," The George Washington University Medical Center, Washington, DC.

into the state's economy as it does not have a corresponding offset elsewhere and will have a net positive impact on state output.

One of the important unintended economic effects expected from FAMIS MOMS that will increase the population of eligible individuals for public health insurance is the substitution of publicly funded healthcare for private insurance. This is often referred to as "crowding-out." Crowding-out occurs when rational individuals substitute a costless alternative provided by the government for an otherwise costly service. For instance, if the government provides free bread, individuals would not purchase bread out of their pocket, but would rather rely on the government. In other words, government funds spent on bread would crowd-out, or replace out-of-pocket expenditures on bread.

Similarly, the FAMIS MOMS expenditures for pregnant women's insurance will likely replace, or crowd out some of the privately funded insurance. Crowding-out is relevant because its presence may hinder improvements in access to care and may lead to higher program costs than expected. The magnitude of this effect would increase with the income eligibility level, the failure in preventing the substitution of FAMIS MOMS for private coverage, high premium cost sharing, and generosity of the benefit package.² challenging trade off is that without these features, the ability of FAMIS MOMS to reach its objective will be limited. There does not seem to be a solution in the current literature to eliminate this problem without creating inequities in access to coverage. Thus, some level of substitution of public coverage for private coverage may be an unavoidable effect of any program designed to make sure that those eligible individuals who need health coverage get it.

While crowding out occurs with almost any programs that offer public assistance, economic effects of FAMIS MOMS crowding out may not be as significant for Virginia as those under other programs. The 150% of federal poverty level for eligibility results in lower "acceptable" level of crowding out because most low-income families do not have insurance to begin with. There do not appear to be any good empirical studies of the magnitude of substitution of publicly provided insurance for privately provided insurance resulting from this program. The fact that a large fraction of this population is not covered by private health insurance greatly reduces the potential for substitution. It is, then, quite possible that, while the incentives for crowding-out do exist, their actual impact may be small.

More importantly, under FAMIS MOMS, potential crowding-out of private coverage will be financed 65% from federal funds and the Commonwealth will finance only one third. One dollar crowding out in private insurance will save the families exactly one dollar that will increase the federal dollars coming to the Commonwealth by 65 cents, and increase state expenditures by 34 cents. Moreover, crowding out will likely provide some financial relief to parents with children, which could be considered as a form of subsidy to low-income families.

Another potential unintended consequence may result from establishing an income cut off for FAMIS MOMS benefits rather than reducing benefits on a sliding scale. This feature may reduce some individuals' incentives to accept promotions and higher paying positions. A small change in income may qualify or disqualify some families if their income is slightly above or below the income cut off for eligibility. Those who are slightly above the cut off may intentionally reduce their income to qualify for FAMIS MOMS if the gains in insurance benefits exceed the lost income. Similarly, those who are slightly below the cut off may intentionally pass up opportunities to increase their income in order not to lose the FAMIS MOMS coverage if the additional income does not exceed the FAMIS MOMS benefits. If this occurs, as expected, such a behavior would further crowd-out private insurance. Shifting the income cut off from 133% of federal poverty level to 150% for pregnant women would expose different families to this potential disincentive to work. However, the fact that this change affects probably only a small number of families and the duration of the eligibility for pregnant women is temporary should result in a minimal crowding out effect.

Businesses and entities affected. The proposed FAMIS MOMS program is expected to affect approximately 450 pregnant women, Medicaid health care providers, the department, and the local departments of social services.

Localities particularly affected. The proposed regulation will not uniquely affect any particular locality.

Projected impact on employment. As the FAMIS MOMS grows, we can expect to see an increase in demand for labor in Virginia's healthcare sector.

Effects on the use and value of private property. Similarly, as the program grows, we can expect to see an increase in healthcare provider revenues, profits, and consequently the asset value of their businesses.

Small businesses: costs and other effects. The proposed regulations are not anticipated to have an adverse impact on small businesses.

Small businesses: alternative method that minimizes adverse impact. The proposed regulations are not anticipated to have an adverse impact on small businesses.

Legal mandate. The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. Further, if the proposed regulation has an adverse effect on small businesses, § 2.2-4007 H requires that such economic impact analyses include (i) an identification and estimate of the number of small businesses subject to the regulation; (ii) the projected

 $^{^2}$ Dubay, Lisa and Genevieve M. Kenney, 1997, "Lessons from the Medicaid Expansions for Children and Pregnant Women: Implications for Current Policy," Testimony Before the House Committee on Ways and Means, Subcommittee on Health.

reporting, recordkeeping, and other administrative costs required for small businesses to comply with the regulation, including the type of professional skills necessary for preparing required reports and other documents; (iii) a statement of the probable effect of the regulation on affected small businesses; and (iv) a description of any less intrusive or less costly alternative methods of achieving the purpose of the regulation. The analysis presented above represents DPB's best estimate of these economic impacts.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency has reviewed with the economic impact analysis prepared by the Department of Planning and Budget regarding the regulations concerning Family Access to Medical Insurance Security Plan: FAMIS MOMS (12 VAC 30-141-10, 12 VAC 30-141-100, 12 VAC 30-141-120, 12 VAC 30-141-150, 12 VAC 30-141-1500 through 12 VAC 30-141-1000, 12 VAC 30-141-1500 through 12 VAC 30-141-1570, 12 VAC 30-141-1600, 12 VAC 30-141-1650 and 12 VAC 30-141-1660). The agency raises no issues with the analysis prepared by the Department of Planning and Budget.

Summary:

The proposed amendments implement a new program to provide health care coverage to pregnant women with income over the Medicaid limit but less than or equal to 150% of the Federal Poverty Level utilizing Title XXI funds.

12 VAC 30-141-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Act" means the Social Security Act.

"Adult caretaker relative" or "caretaker relative" means an individual who is age 18 or older, who is not the parent of, but who is related to, the child by blood or marriage, and who lives with and assumes responsibility for day-to-day care of the child in a place of residence maintained as his or their own home.

"Adverse action" means the denial of eligibility; failure to make a timely determination of eligibility; suspension or termination of enrollment; or delay, denial, reduction, suspension, or termination of health services, in whole or in part; provided, however, that determination of eligibility to participate in and termination of participation in the employer-sponsored health insurance coverage (ESHI) program shall not constitute an adverse action.

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

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

"Agent" means an individual designated in writing to act on behalf of a FAMIS Plan applicant or enrollee during the administrative review process. "Applicant" means a child who has filed an application (or who has an application filed on his behalf) for child health insurance and is awaiting a determination of eligibility. A child is an applicant until his eligibility has been determined.

"Application for health insurance" means the form or forms developed and approved by the Department of Medical Assistance Services that is used for determining eligibility for Medicaid for poverty level children, for the Family Access to Medical Insurance Security Plan (FAMIS) for children, for Medicaid for pregnant women, and for FAMIS MOMS coverage for pregnant women.

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

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

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

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

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

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

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

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

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

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

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

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

"Employer-sponsored health insurance coverage" or "ESHI" means comprehensive employer-sponsored health insurance offered by an employer. This component of FAMIS refers to

the ability of DMAS to provide coverage to FAMIS children by providing premium assistance to families who enroll the FAMIS children in their employer's health plan.

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

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

"Family" means parents, including adoptive and stepparents, and their children under the age of 19, who are living in the same household. Family shall not mean grandparents, other relatives, or legal guardians.

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

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

"FAMIS" means the Family Access to Medical Insurance Security Plan.

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

"Fee-for-service" means the traditional Medicaid health care delivery and payment system in which physicians and other providers receive a payment for each unit of service they provide.

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

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

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

"Incapacitated individual" means a person who, pursuant to an order of a court of competent jurisdiction, has been found to

be incapable of receiving and evaluating information effectively or responding to people, events, or environments to such an extent that the individual lacks the capacity to (i) meet the essential requirements of his health, care, safety, or therapeutic needs without the assistance or protection of a guardian, or (ii) manage property or financial affairs or provide for his support or for the support of his legal dependents without the assistance or protection of a conservator.

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

"LDSS" or "local department" means the local department of social services.

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

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

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

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

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

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

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

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

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

12 VAC 30-141-100. Eligibility requirements.

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

- B. FAMIS shall be in effect statewide.
- C. Eligible children must:
 - 1. Be determined ineligible for Medicaid by a local department of social services or be screened by the FAMIS central processing unit and determined not Medicaid likely;
 - 2. Be under 19 years of age;
 - 3. Be residents of the Commonwealth;
 - 4. Be either U.S. citizens, U.S. nationals or qualified noncitizens;
 - 5. Be uninsured, that is, not have comprehensive health insurance coverage;
 - 6. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii)i under any Virginia state employee health insurance plan on the basis of the family member's employment with a state agency;
 - 7. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii), on the basis of a family member's employment with an agency that participates in the local choice program;
 - & 7. Not be an inpatient in an institution for mental diseases (IMD), or an inmate in a public institution that is not a medical facility.

D. Income.

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

- 2. Standards. Income standards for FAMIS are based on a comparison of countable income to 200% of the federal poverty level for the family size, as defined in the State Plan for Title XXI as approved by the Centers for Medicare & Medicaid. Children who have income at or below 200% of the federal poverty level, but are ineligible for Medicaid due to excess income, will be income eligible to participate in FAMIS.
- 3. Grandfathered CMSIP children. Children who were enrolled in the Children's Medical Security Insurance Plan at the time of conversion from CMSIP to FAMIS and whose eligibility determination was based on the requirements of CMSIP shall continue to have their income eligibility determined using the CMSIP income methodology. If their income exceeds the FAMIS standard, income eligibility will be based on countable income using the same income methodologies applied under the Virginia State Plan for Medical Assistance for children as set forth in 12 VAC 30-40-90. Income that would be excluded when determining Medicaid eligibility will be excluded when determining countable income for the former CMSIP children. Use of the Medicaid income methodologies shall only be applied in determining the financial eligibility of former CMSIP children for FAMIS and for only as long as the children meet the income eligibility requirements for CMSIP. When a former CMSIP child is determined to be ineligible for FAMIS, these former CMSIP income methodologies shall no longer apply and income eligibility will be based on the FAMIS income standards.
- 4. Spenddown. Deduction of incurred medical expenses from countable income (spenddown) shall not apply in FAMIS. If the family income exceeds the income limits described in this section, the individual shall be ineligible for FAMIS regardless of the amount of any incurred medical expenses.
- E. Residency. The requirements for residency, as set forth in 42 CFR 435.403, will be used when determining whether a child is a resident of Virginia for purposes of eligibility for FAMIS. A child who is not emancipated and is temporarily living away from home is considered living with his parents, adult relative caretaker, legal guardian, or person having legal custody if the absence is temporary and the child intends to return to the home when the purpose of the absence (such as education, medical care, rehabilitation, vacation, visit) is completed.
- F. Qualified noncitizen. The requirements for qualified aliens set out in Public Law 104-193, as amended, and the requirements for noncitizens set out in subdivisions 3 b and c of 12 VAC 30-40-10 will be used when determining whether a child is a qualified noncitizen for purposes of FAMIS eligibility.
- G. Coverage under other health plans.
 - 1. Any child covered under a group health plan or under health insurance coverage, as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1)), shall not be eligible for FAMIS.
 - 2. No substitution for private insurance.

- a. Only uninsured children shall be eligible for FAMIS. A child is not considered to be insured if the health insurance plan covering the child does not have a network of providers in the area where the child resides. Each application for child health insurance shall include an inquiry about health insurance the child currently has or had within the past four months. If the child had health insurance coverage that was terminated in the past four months, inquiry as to why the health insurance was terminated is made. Each redetermination of eligibility shall also document inquiry about current health insurance or health insurance the child had within the past four months. If the child has been covered under a health insurance plan other than through the ESHI component of FAMIS within four months of application for or receipt of FAMIS services, the child will be ineligible, unless the child is pregnant at the time of application, or, if age 18 or if under the age of 18, the child's parent, caretaker relative, guardian, legal custodian or authorized representative demonstrates good cause discontinuing the coverage.
- b. Health insurance does not include *Medicare*, Medicaid ner or insurance for which DMAS paid premiums under Title XIX through the Health Insurance Premium Payment (HIPP) Program.
- c. Good cause. A child shall not be ineligible for FAMIS if health insurance was discontinued within the four-month period prior to the month of application if one of the following good cause exceptions is met.
 - (1) The family member who carried insurance, changed jobs, or stopped employment, and no other family member's employer contributes to the cost of family health insurance coverage.
 - (2) The employer stopped contributing to the cost of family coverage and no other family member's employer contributes to the cost of family health insurance coverage.
 - (3) The child's coverage was discontinued by an insurance company for reasons of uninsurability, e.g., the child has used up lifetime benefits or the child's coverage was discontinued for reasons unrelated to payment of premiums.
 - (4) Insurance was discontinued by a family member who was paying the full cost of the insurance premium under a COBRA policy and no other family member's employer contributes to the cost of family health insurance coverage.
 - (5) Insurance on the child was discontinued by someone other than the child (if 18 years of age) or if under age 18, the child's parent or stepparent living in the home, e.g., the insurance was discontinued by the child's absent parent, grandparent, aunt, uncle, godmother, etc.
 - (6) Insurance on the child was discontinued because the cost of the premium exceeded 10% of the family's monthly income or exceeded 10% of the family's

- monthly income at the time the insurance was discontinued.
- (7) Other good cause reasons may be established by the DMAS director.

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

A. If a child is:

- 1. Eligible for Medicaid, or would be eligible if he applied for Medicaid, he shall be ineligible for coverage under FAMIS. A child found through the screening process to be potentially eligible for Medicaid but who fails to complete the Medicaid application process for any reason, cannot be enrolled in FAMIS;
- 2. A member of a family eligible for coverage under any Virginia state employee health insurance plan, including members of any family eligible for coverage under the Virginia state employee health insurance plan through the local choice program where the employer contributes towards the cost of dependent coverage, he shall be ineligible for FAMIS;
- 3. An inmate of a public institution as defined in 42 CFR 435.1009, *he* shall be ineligible for FAMIS; or
- 4. An inpatient in an institution for mental disease (IMD) as defined in 42 CFR 435.1009, *he* shall be ineligible for FAMIS.
- B. If a child's parent or other authorized representative does not meet the requirements of assignment of rights to benefits or requirements of cooperation with the agency in identifying and providing information to assist the Commonwealth in pursuing any liable third party, the child shall be ineligible for FAMIS.
- C. If a child, if age 18, or if under age 18, a parent, adult relative caretaker, guardian, or legal custodian obtained benefits for a child or children who would otherwise be ineligible by willfully misrepresenting material facts on the application or failing to report changes, the child or children for whom the application is made shall be ineligible for FAMIS. The child, if age 18, or if under age 18, the parent, adult relative caretaker, guardian, or legal custodian who signed the application shall be liable for repayment of the cost of all benefits issued as the result of the misrepresentation.

12 VAC 30-141-150. Application requirements.

- A. Availability of program information. DMAS or its designee shall furnish the following information in written form and orally as appropriate to all applicants and to other individuals who request it:
 - 1. The eligibility requirements;
 - 2. Summary of covered benefits;
 - 3. Copayment amounts required; and
 - 4. The rights and responsibilities of applicants and enrollees.
- B. Opportunity to apply. DMAS or its designee must afford an individual, wishing to do so, the opportunity to apply for child

health insurance. Child Applications for health insurance applications will be accepted at a central site designated by DMAS and at local departments of social services throughout the Commonwealth. Applicants may file an application for child health insurance by mail, by fax, via the Internet, or in person at local departments of social services. Applications filed at the FAMIS CPU can be submitted by mail, by fax or by phone. Face-to-face interviews for the program are not required. Eligibility determinations for FAMIS shall occur at either local departments of social services or at the DMAS designated central site.

- C. Right to apply. An individual who is 18 years of age shall not be refused the right to complete a child an application for health insurance application for himself and shall not be discouraged from asking for assistance for himself under any circumstances.
- D. Applicant's signature. The applicant must sign stateapproved application forms submitted, even if another person fills out the form, unless the application is filed and signed by the applicant's parent, adult relative caretaker, legal guardian or conservator, attorney-in-fact or authorized representative.
- E. The authorized representative for an individual 18 years of age or older shall be those individuals as set forth in 12 VAC 30-110-1380.
- F. The authorized representative for children younger than 18 years of age shall be those individuals as set forth in 12 VAC 30-110-1390.
- G. Persons prohibited from signing an application. An employee of, or an entity hired by, a medical service provider who stands to obtain FAMIS payments shall not sign a child an application for health insurance application on behalf of an individual who cannot designate an authorized representative.
- H. Written application. DMAS or its designee shall require a written application from the applicant if he is at least 18 years of age or older, or from a parent, adult relative caretaker, guardian, legal custodian, or authorized representative if the applicant is less than 18 years of age or the applicant is incapacitated. The application must be on a form prescribed by DMAS, and must be signed under a penalty of perjury. The application form shall contain information sufficient to determine Medicaid and FAMIS eligibility.
- I. Assistance with application. DMAS or its designee shall allow an individual or individuals of the applicant's choice to assist and represent the applicant in the application process, or a redetermination process for eligibility.
- J. Timely determination of eligibility. The time processing standards for determining eligibility for child health insurance begin with the date a signed application is received either at a local department of social services or the FAMIS CPU. Child An application for health insurance applications received at local departments of social services must have a full Medicaid eligibility determination and, when a child is determined to be ineligible for Medicaid due to excess income, a FAMIS eligibility determination performed, within the same Medicaid case processing time standards.

Except in cases of unusual circumstances as described below, child an application for health insurance applications

received at the FAMIS CPU and screened as ineligible for Medicaid, shall have a FAMIS eligibility determination completed within 10 business days of the date the complete application was received at the CPU. Applications that are screened as Medicaid likely will be processed within Medicaid case processing time standards.

- 1. Unusual circumstances include: administrative or other emergency beyond the agency's control. In such case, DMAS, or its designee, or the LDSS must document, in the applicant's case record, the reasons for delay. DMAS or its designee or the local department of social services must not use the time standards as a waiting period before determining eligibility or as a reason for denying eligibility because it has not determined eligibility within the time standards.
- 2. Incomplete applications shall be held open for a period of 30 calendar days to enable applicants to provide outstanding information needed for an eligibility determination. Any applicant who fails to provide, within 30 calendar days of the receipt of the initial application, information or verifications necessary to determine eligibility, shall have his application for FAMIS eligibility denied.
- K. Notice of DMAS', its designee's or the local department of social services' decision concerning eligibility. DMAS, its designee or the local department of social services must send each applicant a written notice of the agency's/designee's decision on his application, and, if approved, his obligations under the program. If eligibility for FAMIS is denied, notice must be given concerning the reasons for the action and an explanation of the applicant's right to request a review of the adverse actions, as described in 12 VAC 30-141-50.
- L. Case documentation. DMAS, its designee, or the local department of social services must include in each applicant's record all necessary facts to support the decision on his application, and must dispose of each application by a finding of eligibility or ineligibility, unless (i) there is an entry in the case record that the applicant voluntarily withdrew the application and that the agency or its designee sent a notice confirming his decision; or (ii) there is a supporting entry in the case record that the applicant cannot be located.
- M. Case maintenance. All cases approved for FAMIS shall be maintained at the FAMIS CPU. Children determined by local departments of social services to be eligible for FAMIS shall have their cases transferred to the FAMIS CPU for ongoing case maintenance. The FAMIS CPU will be responsible for providing newly enrolled recipients with program information, benefits available, how to secure services under the program, a FAMIS handbook, and for processing changes in eligibility and annual renewals within established time frames.
- N. Redetermination of eligibility. DMAS or the FAMIS CPU must redetermine the eligibility of enrollees with respect to circumstances that may change at least every 12 months. During the 12-month period of coverage, enrollees must make timely and accurate reports if an enrollee no longer resides in the Commonwealth of Virginia or when changes in income exceed 200% of the federal poverty level. DMAS or the FAMIS CPU must promptly redetermine eligibility when it

receives information about changes in a FAMIS enrollee's circumstances that may affect eligibility.

O. Notice of decision concerning eligibility. DMAS or the FAMIS CPU must give enrollees timely notice of proposed action to terminate their eligibility under FAMIS. The notice must meet the requirements of 42 CFR 457.1180.

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

A. Any person who, without the intent to violate this section, obtains benefits or payments under FAMIS to which he is not entitled shall be liable for any excess benefits or payments received. If the enrollee knew or reasonably should have known that he was not entitled to the excess benefits, he may also be liable for interest on the amount of the excess benefits or payments at the judgment rate as defined in § 6.1-330.49 § 6.1-330.54 of the Code of Virginia from the date upon which excess benefits or payments to the date on which repayment is made to the Commonwealth. No person shall be liable for payment of interest, however, when excess benefits or payments were obtained as a result of errors made solely by DMAS or its designee.

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

12 VAC 30-141-650. Provider review.

- A. The provider review unit shall be responsible for reviewing enrolled FAMIS providers to identify potential inappropriate utilization of services and potential billing errors.
- B. Providers agree to keep such records as DMAS determines necessary. The providers shall furnish DMAS, upon request, information regarding payments claimed for providing services under the State Plan for Title XXI.
- C. Access to records and facilities by authorized DMAS representatives shall be permitted upon request.
- D. Providers shall be required to refund payments made by DMAS if they are found to have billed DMAS contrary to policy, failed to maintain records or adequate documentation to support their claims, or billed for medically unnecessary services.
- E. A review of adverse actions concerning provider reimbursement shall be heard in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) and the Virginia Administrative Code, 12 VAC 30-10-1000 and 12 VAC 30-50-500 through 12 VAC 30-20-560.
- F. MCHIPs shall be responsible for keeping provider profile and utilization mechanisms to monitor provider activities. MCHIPs shall be reviewed by DMAS.

PART VII. FAMIS MOMS.

12 VAC 30-141-670. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Act" means the Social Security Act.

"Adult caretaker relative" or "caretaker relative" means an individual who is age 18 or older, who is not the parent of but who is related to the child applicant by blood or marriage, and who lives with and assumes responsibility for day-to-day care of the child applicant in a place of residence maintained as his or their own home.

"Adverse action" means the denial of eligibility; failure to make a timely determination of eligibility; suspension or termination of enrollment; or delay, denial, reduction, suspension, or termination of health services, in whole or in part.

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

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

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

"Applicant" means a pregnant woman who has filed an application (or who has an application filed on her behalf) for health insurance and is awaiting a determination of eligibility. A pregnant woman is an applicant until her eligibility has been determined.

"Application for health insurance" means the form or forms developed and approved by the Department of Medical Assistance Services that are used for determining eligibility for Medicaid for poverty level children, for the Family Access to Medical Insurance Security Plan (FAMIS) for children, for Medicaid for pregnant women, and for FAMIS MOMS coverage for pregnant women.

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

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

"Central processing unit" or "CPU" means the private contractor that will determine eligibility for and administer part of the FAMIS MOMS Plan.

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

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

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

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

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

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

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

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

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

"Family" for a pregnant woman under the age of 21, means parents, including adoptive parents, if they are all residing together and the spouse of the pregnant woman if the woman is married and living with her spouse, as well as any children under the age of 21 the woman may have.

For a pregnant woman over the age of 21, "family" means her spouse, if married and living together, as well as any children under the age of 21 the pregnant woman may have.

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

"FAMIS" means the Family Access to Medical Insurance Security Plan.

"FAMIS MOMS" means the Title XXI program available to eligible pregnant women.

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

"Fee-for-service" means the traditional Medicaid health care delivery and payment system in which physicians and other providers receive a payment for each unit of service they provide.

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to herself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

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

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

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

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

"LDSS" or "local department" means the local department of social services.

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

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

"Pregnant woman" means a woman of any age who is medically determined to be pregnant. The pregnant woman definition is met from the first day of the earliest month that the medical practitioner certifies as being a month in which the woman was pregnant, through the last day of the month in which the 60th day occurs, following the last day of the month in which her pregnancy ended, regardless of the reason the pregnancy ended.

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

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

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

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

"Virginia State Employee Health Insurance Plan" means a health insurance plan offered by the Commonwealth of Virginia to its employees.

12 VAC 30-141-680. Administration and general background.

- A. The state shall use funds provided under Title XXI for obtaining coverage that meets the requirements of Title XXI of the Social Security Act and any waiver of federal regulations approved by the Centers for Medicare and Medicaid Services.
- B. The DMAS director will have the authority to contract with entities for the purpose of establishing a centralized processing site, determining eligibility, enrolling eligible pregnant women into health plans, performing outreach, data collection, reporting, and other services necessary for the administration of the FAMIS MOMS program; and for employing state staff to perform Medicaid eligibility determinations on pregnant women referred by the contractor's staff.
- C. Health care services under FAMIS MOMS shall be provided through MCHIPs, PCCMs, and fee-for-service or through any other heath care delivery system deemed appropriate by the Department of Medical Assistance Services.

12 VAC 30-141-690. Outreach and public participation.

- A. DMAS will work cooperatively with other state agencies and contractors to ensure that state and federal law and any applicable state and federal regulations are met.
- B. DMAS shall develop a comprehensive marketing and outreach effort. The marketing and outreach efforts will be aimed at promoting FAMIS MOMS and Medicaid for pregnant women and increasing enrollment, and may include contracting with a public relations firm, coordination with other state agencies, coordination with the business community, and coordination with health care associations and providers.

12 VAC 30-141-700. Review of adverse actions.

- A. Upon written request, all FAMIS MOMS program applicants and enrollees shall have the right to a review of an adverse action made by the MCHIP, local department of social services, CPU or DMAS.
- B. During review of a suspension or termination of enrollment or a reduction, suspension, or termination of services, the enrollee shall have the right to continuation of coverage if the enrollee requests review prior to the effective date of the suspension or termination of enrollment or suspension, reduction, or termination of services.
- C. Review of an adverse action made by the local department of social services, CPU or DMAS shall be heard and decided by an agent of DMAS who has not been directly involved in the adverse action under review.
- D. Review of an adverse action made by the MCHIP must be conducted by a person or agent of the MCHIP who has not been directly involved in the adverse action under review.
- E. After final review by the MCHIP, there shall also be opportunity for final independent external review by the external quality review organization.
- F. There will be no opportunity for review of an adverse action to the extent that such adverse action is based on a determination by the director that funding for FAMIS MOMS has been terminated or exhausted. There will be no opportunity for review based on which type of delivery system (i.e., fee-for-service, MCHIP) is assigned. There will be no opportunity for review if the sole basis for the adverse action is a state or federal law or regulation requiring an automatic change that affects all applicants or enrollees or a group of applicants or enrollees without regard to their individual circumstances.
- G. The burden of proof shall be upon the applicant or enrollee to show that an adverse action is incorrect.
- H. At no time shall the MCHIP's, local department's of social services, the CPU's, or DMAS' failure to meet the time frames set in this chapter or set in the MCHIP's or DMAS' written review procedures constitute a basis for granting the applicant or enrollee the relief sought.

12 VAC 30-141-710. Notice of adverse action.

- A. The CPU or DMAS shall send written notification to enrollees at least 10 calendar days prior to suspension or termination of enrollment.
- B. DMAS or the MCHIP shall send written notification to enrollees at least 10 calendar days prior to reduction, suspension or termination of a previously authorized health service.
- C. The local department of social services, the CPU, DMAS or the MCHIP shall send written notification to applicants and enrollees of all other adverse actions within 10 calendar days of the adverse action.
- D. Notice shall include the reasons for determination, an explanation of applicable rights to a review of that determination, the standard and expedited time frames for

review, the manner in which a review can be requested, and the circumstances under which enrollment or services may continue pending review.

12 VAC 30-141-720. Request for review.

- A. Requests for review of MCHIP adverse actions shall be submitted in writing to the MCHIP.
- B. Requests for review of adverse actions made by the local department of social services, the CPU, or DMAS shall be submitted in writing to DMAS.
- C. Any written communication clearly expressing a desire to have an adverse action reviewed shall be treated as a request for review.
- D. To be timely, requests for review of a MCHIP determination shall be received by the MCHIP no later than 30 calendar days from the date of the MCHIP's notice of adverse action.
- E. To be timely, requests for review of a local department of social services, DMAS, or CPU determination shall be received by DMAS no later than 30 calendar days from the date of the CPU's, LDSS' or DMAS' notice of adverse action. Requests for review of a local department of social services, DMAS, or CPU determination shall be considered received by DMAS when the request is date stamped by the DMAS Appeals Division in Richmond, Virginia.

12 VAC 30-141-730. Review procedures.

- A. At a minimum, the MCHIP review shall be conducted pursuant to written procedures as defined in § 32.1-137.6 of the Code of Virginia and as may be further defined by DMAS. Such procedures shall be subject to review and approval by DMAS.
- B. The DMAS review shall be conducted pursuant to written procedures developed by DMAS.
- C. The procedures in effect on the date a particular request for review is received by the MCHIP or DMAS shall apply throughout the review.
- D. Copies of the procedures shall be promptly mailed by the MCHIP or DMAS to applicants and enrollees upon receipt of timely requests for review. Such written procedures shall include but not be limited to the following:
 - 1. The right to representation by an attorney or other agent of the applicant's or enrollee's choice, but at no time shall the MCHIP, local department of social services, DSS, or DMAS be required to obtain or compensate attorneys or other agents acting on behalf of applicants or enrollees;
 - 2. The right to timely review of their files and other applicable information relevant to the review of the decision;
 - 3. The right to fully participate in the review process, whether the review is conducted in person or in writing, including the presentation of supplemental information during the review process;
 - 4. The right to have personal and medical information and records maintained as confidential; and

- 5. The right to a written final decision within 90 calendar days of receipt of the request for review, unless the applicant or enrollee requests or causes a delay.
- E. For eligibility and enrollment matters, if the applicant's or enrollee's physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the applicant's or enrollee's life or health or ability to attain, maintain, or regain maximum function, an applicant or enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written final decision within three business days after DMAS receives, from the physician or health plan, the case record and information indicating that taking the time for a standard resolution of the review request could seriously jeopardize the applicant's or enrollee's life or health or ability to attain, maintain or regain maximum function, unless the applicant or enrollee or her authorized representative causes a delay.
- F. For health services matters for FAMIS MOMS enrollees receiving services through MCHIPs, if the enrollee's physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, an enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written decision by the external quality review organization within 72 hours from the time an enrollee requests expedited review, unless the applicant, enrollee, or authorized representative requests or causes a delay. If a delay is requested or caused by the applicant, enrollee, or authorized representative, then expedited review may be extended up to 14 calendar days.
- G. For health services matters for FAMIS MOMS enrollees receiving services through fee-for-service or PCCM, if the enrollee's physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the enrollee's life, health or ability to attain, maintain, or regain maximum function, an enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written decision within 72 hours from the time an enrollee requests expedited review, unless the applicant, enrollee, or authorized representative requests or causes a delay. If a delay is requested or caused by the applicant, enrollee, or authorized representative, then expedited review may be extended up to 14 calendar days.

12 VAC 30-141-740. Eligibility requirements.

- A. This section shall be used to determine eligibility of pregnant women for FAMIS MOMS.
- B. FAMIS MOMS shall be in effect statewide.
- C. Eligible pregnant women must:
 - 1. Be determined ineligible for Medicaid due to excess income by a local department of social services or by DMAS eligibility staff co-located at the FAMIS CPU;
 - 2. Be a pregnant woman at the time of application;
 - 3. Be a resident of the Commonwealth:
 - 4. Be either a U.S. citizen, U.S. national or a qualified noncitizen:

- 5. Be uninsured, that is, not have comprehensive health insurance coverage;
- 6. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii) under any Virginia state employee health insurance plan on the basis of the family member's employment with a state agency; and
- 7. Not be an inpatient in an institution for mental diseases (IMD), or an inmate in a public institution that is not a medical facility.

D. Income.

- 1. Screening. All applications for FAMIS MOMS coverage received at the FAMIS central processing unit must be screened to identify applicants who are potentially eligible for Medicaid. Pregnant women screened and found potentially eligible for Medicaid cannot be enrolled in FAMIS MOMS until there has been a finding of ineligibility for Medicaid. Pregnant women who do not appear to be eligible for Medicaid due to excess income shall have their eligibility for FAMIS MOMS determined and, if eligible, will be enrolled in the FAMIS MOMS program. Applications for FAMIS MOMS received at a local department of social services shall have a full Medicaid eligibility determination completed. Pregnant women determined to be ineligible for Medicaid due to excess income will have their eligibility for FAMIS MOMS determined and, if eligible, the local department of social services will enroll the pregnant woman in the FAMIS MOMS program.
- 2. Standards. Income standards for FAMIS MOMS are based on a comparison of countable income to 150% of the federal poverty level for the family size. Countable income and family size are based on the methodology utilized by the Medicaid program as defined in 12 VAC 30-40-100 e. Pregnant women who have income at or below 150% of the federal poverty level, but are ineligible for Medicaid due to excess income, will be income eligible to participate in FAMIS MOMS.
- 3. Spenddown. Deduction of incurred medical expenses from countable income (spenddown) shall not apply in FAMIS MOMS. If the family income exceeds the income limits described in this section, the individual shall be ineligible for FAMIS MOMS regardless of the amount of any incurred medical expenses.
- E. Residency. The requirements for residency, as set forth in 42 CFR 435.403, will be used when determining whether a pregnant woman is a resident of Virginia for purposes of eligibility for FAMIS MOMS. A child who is not emancipated and is temporarily living away from home is considered living with her parents, adult relative caretaker, legal guardian, or person having legal custody if the absence is temporary and the child intends to return to the home when the purpose of the absence (such as education, medical care, rehabilitation, vacation, visit) is completed.
- F. Qualified noncitizen. The requirements for qualified aliens set out in Public Law 104-193, as amended, and the requirements for noncitizens set out in subdivisions 3 b and c of 12 VAC 30-40-10 will be used when determining whether a

pregnant woman is a qualified noncitizen for purposes of FAMIS MOMS eligibility.

- G. Coverage under other health plans.
 - 1. Any pregnant woman covered under a group health plan or under health insurance coverage, as defined in § 2791 of the Public Health Services Act (42 USC §300gg-91(a) and (b)(1)), shall not be eligible for FAMIS MOMS.
 - 2. No substitution for private insurance.
 - a. Only uninsured pregnant women shall be eligible for FAMIS MOMS. A pregnant woman is not considered to be insured if the health insurance plan covering the pregnant woman does not have a network of providers in the area where the pregnant woman resides. Each application for FAMIS MOMS coverage shall include an inquiry about health insurance the pregnant woman has at the time of application.
 - b. Health insurance does not include Medicare, Medicaid, FAMIS or insurance for which DMAS paid premiums under Title XIX through the Health Insurance Premium Payment (HIPP) Program or under Title XXI through the SCHIP premium assistance program.

12 VAC 30-141-750. Duration of eligibility.

- A. The effective date of FAMIS MOMS eligibility shall be the first day of the month in which a signed application was received by either the FAMIS central processing unit or a local department of social services if the applicant met all eligibility requirements in that month.
- B. Eligibility for FAMIS MOMS will continue through the last day of the month in which the 60th day occurs, following the last day the woman was pregnant, regardless of the reason the pregnancy ended. Eligibility will continue until the end of the coverage period, regardless of changes in circumstances such as income or family size.

12 VAC 30-141-760. Pregnant women ineligible for FAMIS MOMS.

- A. If a pregnant woman is:
 - 1. Eligible for Medicaid, or would be eligible if she applied for Medicaid, she shall be ineligible for coverage under FAMIS MOMS. A pregnant woman found through the screening process to be potentially eligible for Medicaid but who fails to complete the Medicaid application process for any reason, cannot be enrolled in FAMIS MOMS;
 - 2. A member of a family eligible for coverage under any Virginia state employee health insurance plan, she shall be ineligible for FAMIS MOMS;
 - 3. An inmate of a public institution as defined in 42 CFR 435.1009, she shall be ineligible for FAMIS MOMS; or
 - 4. An inpatient in an institution for mental disease (IMD) as defined in 42 CFR 435.1009, she shall be ineligible for FAMIS MOMS.
- B. If a pregnant woman age 18 or older or, if under age 18, a parent or other authorized representative does not meet the requirements of assignment of rights to benefits or

requirements of cooperation with the agency in identifying and providing information to assist the Commonwealth in pursuing any liable third party, the pregnant woman shall be ineligible for FAMIS MOMS.

C. If a pregnant woman age 18 or older, or if under age 18, a parent, adult relative caretaker, guardian, or legal custodian obtained benefits for a pregnant woman who would otherwise be ineligible by willfully misrepresenting material facts on the application or failing to report changes, the pregnant woman for whom the application is made shall be ineligible for FAMIS MOMS. The pregnant woman age 18 or older, or if under age 18, the parent, adult relative caretaker, guardian, or legal custodian who signed the application shall be liable for repayment of the cost of all benefits issued as the result of the misrepresentation.

12 VAC 30-141-770. Nondiscriminatory provisions.

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

- 1. Discriminate during the eligibility determination process on the basis of diagnosis;
- 2. Cover pregnant women of higher income without first covering pregnant women with a lower family income; and
- 3. Deny eligibility based on a pregnant woman having a preexisting medical condition.

12 VAC 30-141-780. No entitlement.

In accordance with § 2102(b)(4) of the Social Security Act and § 32.1-353 of the Code of Virginia, FAMIS MOMS shall not create any entitlement for, right to, or interest in payment of medical services on the part of any pregnant woman or any right or entitlement to participation.

12 VAC 30-141-790. Application requirements.

- A. Availability of program information. DMAS or its designee shall furnish the following information in written form and orally as appropriate to all applicants and to other individuals who request it:
 - 1. The eligibility requirements;
 - 2. Summary of covered benefits;
 - 3. Copayment amounts required; and
 - 4. The rights and responsibilities of applicants and enrollees.
- B. Opportunity to apply. DMAS or its designee must afford a pregnant woman, wishing to do so, the opportunity to apply for the FAMIS MOMS program. Applications from pregnant women will be accepted at a central site designated by DMAS and at local departments of social services throughout the Commonwealth. Applicants may file an application for health insurance by mail, by fax, or in person at local departments of social services. Applications filed at the FAMIS CPU can be submitted by mail, by fax, by the Internet, or by phone. Faceto-face interviews for the program are not required. Eligibility determinations for FAMIS MOMS shall occur at either local departments of social services or at the DMAS-designated central site.

- C. Right to apply. An individual who is 18 years of age or older shall not be refused the right to complete an application for health insurance for herself and shall not be discouraged from asking for assistance for herself under any circumstances.
- D. Applicant's signature. The applicant must sign stateapproved application forms submitted, even if another person fills out the form, unless the application is filed and signed by the applicant's parent, spouse, adult relative caretaker, legal guardian or conservator, attorney-in-fact or authorized representative.
- E. The authorized representative for an individual 18 years of age or older shall be those individuals as set forth in 12 VAC 30-110-1380.
- F. The authorized representative for children younger than 18 years of age shall be those individuals as set forth in 12 VAC 30-110-1390.
- G. Persons prohibited from signing an application. An employee of, or an entity hired by, a medical service provider who stands to obtain FAMIS MOMS payments shall not sign an application for health insurance on behalf of an individual who cannot designate an authorized representative.
- H. Written application. DMAS or its designee shall require a written application from the applicant if she is at least 18 years of age or older, or from a parent, adult relative caretaker, guardian, legal custodian, or authorized representative if the applicant is less than 18 years of age or the applicant is incapacitated. The application must be on a form prescribed by DMAS and must be signed under a penalty of perjury. The application form shall contain information sufficient to determine Medicaid and FAMIS MOMS eligibility.
- I. Assistance with application. DMAS or its designee shall allow an individual or individuals of the applicant's choice to assist and represent the applicant in the application process, or a redetermination process for eligibility.
- J. Timely determination of eligibility. The time processing standards for determining eligibility for FAMIS MOMS coverage begin with the date a signed application is received either at a local department of social services or the FAMIS CPU. Applications received at local departments of social services must have a full Medicaid eligibility determination and, when a pregnant woman is determined to be ineligible for Medicaid due to excess income, a FAMIS MOMS eligibility determination performed, within the same Medicaid case processing time standards.

Except in cases of unusual circumstances as described below, health insurance applications for pregnant women received at the local department of social services shall have a Medicaid eligibility determination completed and, if denied Medicaid for excess income, a FAMIS MOMS eligibility determination completed within 10 business days of the date the signed application was received at the local department. An application from a pregnant woman received at the FAMIS CPU and screened as ineligible for Medicaid, shall have a FAMIS MOMS eligibility determination completed within 10 business days of the date the complete application was received at the CPU. Complete applications that are screened as Medicaid likely will be processed within the 10 business

day time standard. If the application cannot be processed within this standard, a notice will be sent to the applicant explaining why a decision has not yet been made.

- 1. Unusual circumstances include administrative or other emergency beyond the agency's control. In such case, DMAS or its designee or the LDSS must document, in the applicant's case record, the reasons for delay. DMAS or its designee or the local department of social services must not use the time standards as a waiting period before determining eligibility or as a reason for denying eligibility because it has not determined eligibility within the time standards.
- 2. Applications filed at the CPU that are incomplete shall be held open for a period of 30 calendar days to enable applicants to provide outstanding information needed for an eligibility determination. Incomplete applications determined complete by the receipt of additional information required to determine FAMIS MOMS eligibility will be processed in an expedited manner upon receipt of the additional information. Any applicant who fails to provide, within 30 calendar days of the receipt of the initial application, information or verifications necessary to determine eligibility, shall have her application for FAMIS MOMS eligibility denied.
- K. Notice of DMAS', its designee's or the local department of social services' decision concerning eligibility. DMAS, its designee or the local department of social services must send each applicant a written notice of the agency's/designee's decision on her application, and, if approved, her obligations under the program. If eligibility for FAMIS MOMS is denied, notice must be given concerning the reasons for the action and an explanation of the applicant's right to request a review of the adverse actions, as described in 12 VAC 30-141-50.
- L. Case documentation. DMAS, its designee, or the local department of social services must include in each applicant's record all necessary facts to support the decision on her application, and must dispose of each application by a finding of eligibility or ineligibility, unless (i) there is an entry in the case record that the applicant voluntarily withdrew the application and that the agency or its designee sent a notice confirming her decision; or (ii) there is a supporting entry in the case record that the applicant cannot be located.
- M. Case maintenance. All cases approved for FAMIS MOMS shall be maintained at the FAMIS CPU. Pregnant women determined by local departments of social services to be eligible for FAMIS MOMS shall have their cases transferred to the FAMIS CPU for ongoing case maintenance. The FAMIS CPU will be responsible for providing newly enrolled recipients with program information, benefits available, how to secure services under the program, a FAMIS MOMS handbook, and for processing changes in eligibility within established time frames.
- N. Notice of decision concerning eligibility. DMAS or the FAMIS CPU must give enrollees timely notice of proposed action to terminate their eligibility under FAMIS MOMS. The notice must meet the requirements of 42 CFR 457.1180.

12 VAC 30-141-800. Copayments.

- A. Pregnant women enrolled in FAMIS MOMS will be subject to copayments for medical services in the same manner and amount as pregnant women covered by the Medicaid program as defined in 12 VAC 30-10-570 B and C.
- B. These cost-sharing provisions shall be implemented with the following restrictions:
 - 1. Total cost sharing for a pregnant woman shall be limited to the lesser of (i) \$180 and (ii) 2.5% of the family's income for the year for the duration of her enrollment in FAMIS MOMS.
 - 2. If a family includes a pregnant woman enrolled in FAMIS MOMS and a child or children enrolled in FAMIS, DMAS or its designee shall ensure that the annual aggregate cost sharing for all Title XXI enrollees in a family does not exceed the cost sharing caps as defined in 12 VAC 30-141-160 B.
 - 3. Families will be required to submit documentation to DMAS or its designee showing that their maximum copayment amounts are met for the year.
 - 4. Once the cap is met, DMAS or its designee will issue a new eligibility card or written documentation excluding such families from paying additional copays.
- C. Exceptions to the above cost-sharing provisions. No cost sharing will be charged to American Indians and Alaska Natives.

12 VAC 30-141-810. Liability for excess benefits.

- A. Any person who, without the intent to violate this section, obtains benefits or payments under FAMIS MOMS to which she is not entitled shall be liable for any excess benefits or payments received. If the enrollee knew or reasonably should have known that she was not entitled to the excess benefits, she may also be liable for interest on the amount of the excess benefits or payments at the judgment rate as defined in § 6.1-330.54 of the Code of Virginia from the date upon which excess benefits or payments to the date on which repayment is made to the Commonwealth. No person shall be liable for payment of interest, however, when excess benefits or payments were obtained as a result of errors made solely by DMAS or its designee.
- B. Any payment erroneously made on behalf of a FAMIS MOMS enrollee or former enrollee may be recovered by DMAS from the enrollee or the enrollee's income, assets, or estate unless state or federal law or regulation otherwise exempts such property.

12 VAC 30-141-820. Benefit packages.

Pregnant women covered through FAMIS MOMS may receive the same medical services and are subject to the same limitations on services as pregnant women covered by the Medicaid program as defined in 12 VAC 30-10-140 and 12 VAC 30-50-10.

12 VAC 30-141-830. Benefits reimbursement.

- A. Reimbursement for the services covered under FAMIS MOMS fee-for-service and PCCM and MCHIPs shall be as specified in this section.
- B. Reimbursement for physician services, surgical services, clinic services, prescription drugs, laboratory and radiological services, outpatient mental health services, early intervention services, emergency services, home health services, immunizations, mammograms, medical transportation, organ transplants, skilled nursing services, well baby and well child care, vision services, durable medical equipment, disposable medical supplies, dental services, case management services, physical therapy/occupational therapy/speech-language therapy services, hospice services, school-based health services, and certain community-based mental health services shall be based on the Title XIX rates.
- C. Reimbursement to MCHIPs shall be determined on the basis of the estimated cost of providing the MCHIP benefit package and services to an actuarially equivalent population. MCHIP rates will be determined annually and published 30 days prior to the effective date.

D. Exceptions.

- 1. Prior authorization is required after five visits in a fiscal year for physical therapy, occupational therapy and speech therapy provided by home health providers and outpatient rehabilitation facilities and for home health skilled nursing visits. Prior authorization is required after five visits for outpatient mental health visits in the first year of service and prior authorization is required for the following nonemergency outpatient procedures: Magnetic Resonance Imaging, Computer Axial Tomography scans, or Positron Emission Tomography scans.
- 2. Reimbursement for inpatient hospital services will be based on the Title XIX rates in effect for each hospital. Reimbursement shall not include payments for disproportionate share or graduate medical education payments made to hospitals. Payments made shall be final and there shall be no retrospective cost settlements.
- 3. Reimbursement for outpatient hospital services shall be based on the Title XIX rates in effect for each hospital. Payments made will be final and there will be no retrospective cost settlements.
- 4. Reimbursement for inpatient mental health services other than by free standing psychiatric hospitals will be based on the Title XIX rates in effect for each hospital. Reimbursement will not include payments for disproportionate share or graduate medical education payments made to hospitals. Payments made will be final and there will be no retrospective cost settlements.
- 5. Reimbursement for outpatient rehabilitation services will be based on the Title XIX rates in effect for each rehabilitation agency. Payments made will be final and there will be no retrospective cost settlements.
- 6. Reimbursement for outpatient substance abuse treatment services will be based on rates determined by DMAS for

- children ages 6 through 18. Payments made will be final and there will be no retrospective cost settlements.
- 7. Reimbursement for prescription drugs will be based on the Title XIX rates in effect. Reimbursements for Title XXI do not receive drug rebates as under Title XIX.
- 8. Reimbursement for covered prescription drugs for non-institutionalized FAMIS MOMS recipients receiving the fee-for-service or PCCM benefits will be subject to review and prior authorization when their current number of prescriptions exceeds nine unique prescriptions within 180 days, and as may be further defined by the agency's guidance documents for pharmacy utilization review and the prior authorization program. The prior authorization process shall be applied consistent with the process set forth in 12 VAC 30-50-210 A 7.

12 VAC 30-141-840. Quality assurance.

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

12 VAC 30-141-850. Utilization control.

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

12 VAC 30-141-860. Recipient audit unit.

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

- D. When determining the amount of misspent funds to be recovered, capitation fees shall be included for FAMIS MOMS enrollees who received benefits through managed care.
- E. Access to FAMIS MOMS enrollees' records by authorized DMAS representatives shall be permitted upon request.

12 VAC 30-141-870. Provider review.

- A. The provider review unit shall be responsible for reviewing enrolled FAMIS MOMS providers to identify potential inappropriate utilization of services and potential billing errors.
- B. Providers agree to keep such records as DMAS determines necessary. The providers shall furnish DMAS, upon request, information regarding payments claimed for providing services under the State Plan for Title XXI.
- C. Access to records and facilities by authorized DMAS representatives shall be permitted upon request.
- D. Providers shall be required to refund payments made by DMAS if they are found to have billed DMAS contrary to policy, failed to maintain records or adequate documentation to support their claims, or billed for medically unnecessary services.
- E. A review of adverse actions concerning provider reimbursement shall be heard in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) and the Virginia Administrative Code, 12 VAC 30-10-1000 and 12 VAC 30-20-500 through 12 VAC 30-20-560.
- F. MCHIPs shall be responsible for keeping provider profile and utilization mechanisms to monitor provider activities. MCHIPs shall be reviewed by DMAS.

12 VAC 30-141-880. Assignment to managed care.

- A. All eligible enrollees shall be assigned in managed care through the department or the central processing unit (CPU) under contract to DMAS. FAMIS MOMS recipients, during the preassignment period to a PCP or MCHIP, shall receive Medicaid-like benefits via fee-for-service utilizing a FAMIS MOMS card issued by DMAS. After assignment to a PCP or MCHIP, benefits and the delivery of benefits shall be administered specific to the type of managed care program in which the recipient is enrolled.
 - 1. MCHIPs shall be offered to enrollees in certain areas.
 - 2. In areas with one contracted MCHIP, all enrollees shall be assigned to that contracted MCHIP.
 - 3. In areas with multiple contracted MCHIPs or in PCCM areas without contracted MCHIPs, enrollees shall be assigned through a random system algorithm.
 - 4. In areas without contracted MCHIPs, enrollees shall be assigned to the primary care case management program (PCCM) or into the fee-for-service component.
 - 5. Enrolled individuals residing in PCCM areas without contracted MCHIPs or in areas with multiple MCHIPs will receive a letter indicating that they may select one of the contracted MCHIPs or primary care provider (PCP) in the PCCM program, in each case, which serve such area. Enrollees who do not select an MCHIP/PCP as described

- above, shall be assigned to an MCHIP/PCP as described in subdivision 3 of this subsection.
- 6. Individuals assigned to an MCHIP or a PCCM who lose and then regain eligibility for FAMIS MOMS within 60 days will be reassigned to their previous MCHIP or PCP.
- B. Following their initial assignment to a MCHIP/PCP, those enrollees shall be restricted to that MCHIP/PCP until their next annual eligibility redetermination, unless appropriately disenrolled by the department.
 - 1. During the first 90 calendar days of managed care assignment, an enrollee may request reassignment for any reason from that MCHIP/PCP to another MCHIP/PCP serving that geographic area. Such reassignment shall be effective no later than the first day of the second month after the month in which the enrollee requests reassignment.
 - 2. Reassignment is available only in areas with the PCCM program or where multiple MCHIPs exist. If multiple MCHIPs exist, enrollees may only request reassignment to another MCHIP serving that geographic area. In PCCM areas, an enrollee may only request reassignment to another PCP serving that geographic area.
 - 3. After the first 90 calendar days of the assignment period, the enrollee may only be reassigned from one MCHIP/PCP to another MCHIP/PCP upon determination by DMAS that good cause exists pursuant to subsection C of this section.
- C. Disenrollment for good cause may be requested at any time.
 - 1. After the first 90 days of assignment in managed care, enrollees may request disenrollment from DMAS based on good cause. The request must be made in writing to DMAS and cite the reasons why the enrollee wishes to be reassigned. The department shall establish procedures for good cause reassignment through written policy directives.
 - 2. DMAS shall determine whether good cause exists for reassignment.
- D. Exclusion for assignment to a MCHIP. The following individuals shall be excluded from assignment to a MCHIP. Newly eligible individuals who are in the third trimester of pregnancy and who request exclusion within a department-specified time frame of the effective date of their MCHIP enrollment. Exclusion may be granted only if the member's obstetrical provider (physician or hospital) does not participate with the enrollee's assigned MCHIP. Exclusion requests made during the third trimester may be made by the enrollee, MCHIP, or provider. DMAS shall determine if the request meets the criteria for exclusion.

VA.R. Doc. No. R05-257; Filed May 10, 2006, 10:16 a.m.

FINAL REGULATIONS

For information concerning Final Regulations, see Information Page.

Symbol Key

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

TITLE 4. CONSERVATION AND NATURAL RESOURCES

BOARD OF GAME AND INLAND FISHERIES

REGISTRAR'S NOTICE: The Board of Game and Inland Fisheries is exempt from the Administrative Process Act pursuant to subdivision A 3 of § 2.2-4002 of the Code of Virginia when promulgating regulations regarding the management of wildlife. The board is required by § 2.2-4031 of the Code of Virginia to publish all proposed and final wildlife management regulations, including length of seasons and bag limits allowed on the wildlife resources within the Commonwealth of Virginia.

<u>Title of Regulation:</u> 4 VAC 15-20. Definitions and Miscellaneous: In General (amending 4 VAC 15-20-130 and 4 VAC 15-20-160).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments update the Virginia List of Endangered and Threatened Species by (i) adding four species to the list: spider elimia (state endangered), Appalachian springsnail (state endangered), springsnail (no common name; state endangered); and green floater (state threatened); and (ii) adopting current taxonomic nomenclature regarding several species and correcting spelling errors. The addition of the four species to the state list of endangered and threatened species would protect them by prohibiting the collection of them or the destruction of their habitats.

The amendments add the U.S. Fish and Wildlife Service list of 125 nonnative bird species as defined in the Migratory Bird Treaty Reform Act of 2005 and federally regulated under 50 CFR 10.13 to the list of bird species designated as nuisance species in Virginia.

An additional section defines a list of "nonindigenous aquatic nuisance species" as black carp (Mylopharyngodon piceus), New Zealand mudsnail (Potamopyrgus antipodarum), and rusty crayfish (Orconectes rusticus).

4 VAC 15-20-130. Endangered and threatened species; adoption of federal list; additional species enumerated.

A. The board hereby adopts the Federal Endangered and Threatened Species List, Endangered Species Act of December 28, 1973 (16 USC §§ 1531-1543), as amended, and declares all species listed thereon to be endangered or threatened species in the Commonwealth. Pursuant to § 29.1-103.12 of the Code of Virginia, the director of the department is hereby delegated authority to propose adoption of modifications and amendments to the Federal Endangered and Threatened Species List in accordance with the procedures of §§ 29.1-501 and 29.1-502 of the Code of Virginia.

B. In addition to the provisions of subsection A, the following species are declared endangered or threatened in this Commonwealth, and are afforded the protection provided by Article 6 (§ 29.1-563 et seq.) of Chapter 5 of Title 29.1 of the Code of Virginia:

1. Fish:

Endangered:

Dace, Tennessee	Phoxinus tennesseensis	
Darter, sharphead	Etheostoma acuticeps	
Darter,variegate	Etheostoma variatum	
Sunfish, blackbanded	Enneacanthus chaetodon	

Threatened:

Till Gatorioa.		
Darter, Carolina	Etheostoma collis	
Darter, Tippecanoe	Etheostoma tippecanoe	
Darter, greenfin	Etheostoma	
	chlorobranchium	
Darter, longhead	Percina macrocephala	
Darter, western sand	Ammocrypta clara	
Madtom, orangefin	Noturus gilberti	
Paddlefish	Polyodon spathula	
Shiner, emerald	Notropis atherinoides	
Shiner, steelcolor	Cyprinella whipplei	
Shiner, whitemouth	Notropis alborus	

2. Amphibians:

Ambystoma tigrinum tigrinum

Endangered:

Salamander, eastern tiger

Threatened:	
Salamander, Mabee's	Ambystoma mabeei
Treefrog, barking	Hyla gratiosa

3. Reptiles:

Endangered:

Rattlesnake, canebrake	Crotalus horridus
(Coastal Plain population of	
timber rattlesnake)	
Turtle, bog	Clemmys Glyptemys
	muhlenbergii

Deirochelys reticularia reticularia		
Ophisaurus ventralis		
Clemmys Glyptemys insculpta		
4. Birds:		
Charadrius wilsonia		
Thryomanes bewicki bewickii		

Threatened:

Floater, green	Lasmigona subviridis	
Papershell, fragile	Leptodea fragilis	
Pearlymussel, slabside	Lexingtonia dolabelloides	
Pigtoe, Atlantic	Fusconaiamasoni	
Pimpleback	Quadrula pustulosa	
	ustulosa pustulosa	
Riversnail, spiny	Iofluvialis	
Sandshell, black	Ligumia recta	
Sheepnose	Plethobasus cyphyus	
Supercoil, brown	Paravitrea septadens	

7. Arthropods:

Threatened:

meatened.	
Eagle, bald	Haliaeetus leucocephalus (see note A below for effective date)
Falcon, peregrine	Falco peregrinus
Sandpiper, upland	Bartramia longicauda
Shrike, loggerhead	ELanius Lanius Iudovicianus
Sparrow, Bachman's	Ammophila Aimophila aestivalis
Sparrow, Henslow's	Ammodrammus Ammodramus henslowii
Tern, gull-billed	Sterna nilotica

5. Mammals:

Endangered:

Bat, <i>Rafinesque's</i> eastern big-eared	Plecotus Corynorhinus rafinesquii macrotis
Hare, snowshoe	Lepus americanus
Shrew, American water	Sorex palustris
Vole, rock	Microtus chrotorrhinus

Threatened:

Shrew, Dismal Swamp	Sorex longirostris fisheri
southeastern	

6. Molluscs:

Endangered:

Cavesnail, Unthanks	Holsingeria unthanksensis	
Ghostsnail, thankless		
Coil, rubble Helicodiscus lirellus		
Coil, shaggy	Helicodiscus diadema	
Deertoe	Truncilla truncata	
Elephant-ear Elephantear	Elliptio crassidens	
Elimia, spider	Elimia arachnoidea	
Floater, brook	Alasmidonta varicosa	
Heelsplitter, Tennessee	Lasmigona holstonia	
Lilliput, purple	Toxolasma lividus	
Mussel, slippershell	Alasmidonta viridis	
Pigtoe, Ohio cordatum	Pleurobema	
Pigtoe, pink pyramid	Pleurobema rubrum	
Snuffbox	Epioblasma triquetra	
Springsnail, Appalachian	Fontigens bottimeri	
Springsnail (no common	Fonitgens morrisoni	
name)		
Spectaclecase	Cumberlandia monodonta	
Supercoil, spirit	Paravitrea hera	

Threatened:

Amphipod, Madison Cave	Stygobromus stegerorum	
Pseudotremia, Ellett Valley	Pseudotremia cavernarum	
Xystodesmid, Laurel Creek	Sigmoria whiteheadi	

A Notwithstanding the prospective removal of the bald eagle from the federal list of endangered or threatened species, the bald eagle continues to be threatened in the Commonwealth of Virginia, and is hereby declared to be a threatened species in Virginia effective as of, and simultaneously with, the date of its removal from the federal list.

C. It shall be unlawful to take, transport, process, sell, or offer for sale within the Commonwealth any threatened or endangered species of fish or wildlife except as authorized by law.

4 VAC 15-20-160. Nuisance species designated.

A. The board hereby designates the following species as nuisance species pursuant to § 29.1-100 of the Code of Virginia.

- 1. Mammals.
 - a. House mouse (Mus musculus);
 - b. Norway rat (Rattus norvegicus);
 - c. Black rat (Rattus rattus);
 - d. Coyote (Canis latrans);
 - e. Feral hog (Sus scrofa);
 - f. Nutria (Myocastor coypus); and
 - g. Woodchuck (Marmota monax).
- 2. Birds.
 - a. European starling (Sturnus vulgaris);
 - b. English (house) sparrow (Passer domesticus); and
 - c. Pigeon (Rock Dove) (Columba livia).
 - d. Other nonnative species as defined in the Migratory Bird Treaty Reform Act of 2004 and regulated under 50 CFR 10.13.
- B. It shall be unlawful to take, possess, transport, or sell all other wildlife species not classified as game, furbearer or nuisance, or otherwise specifically permitted by law or regulation.

VA.R. Doc. No. R06-06; Filed May 9, 2006, 3:15 p.m.

<u>Title of Regulation:</u> 4 VAC 15-40. Game: In General (amending 4 VAC 15-40-30 and 4 VAC 15-40-200; adding 4 VAC 15-40-285).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) add bobcats to the list of species that can be taken by the use or aid of recorded animal or bird calls or sounds; (ii) permit the use of electronic calls on department-owned wildlife management areas unless otherwise posted; (iii) increase the maximum jaw spread from 5 inches to 6-1/2 inches for baited body gripping traps set above the ground, provided that these traps are placed inside "dog-proof" boxes that are staked and provided further that such traps may only be used on private lands with written permission of landowners; and (iv) prohibit placing or distributing any food, salt, minerals, or similar substances to feed or attract deer from September 1 through the first Saturday in January, and to prohibit placing or distributing such substances for any purpose after receiving written notification by the department.

4 VAC 15-40-30. Recorded wild animal or wild bird calls or sounds prohibited in taking game; *bobcats*, coyotes, crows, and foxes excepted.

It shall be unlawful to take or attempt to take wild animals and wild birds, with the exception of *bobcats*, coyotes, crows, and foxes by the use or aid of recorded animal or bird calls or sounds or recorded or electrically amplified imitation of animal or bird calls or sounds; provided, that electronic calls may be used on private lands for hunting *bobcats*, coyotes, and foxes with the written permission of the landowner *and on department-owned wildlife management areas unless otherwise posted by wildlife management area rules*.

4 VAC 15-40-200. Restricted use of above ground bodygripping traps in excess of five inches.

It shall be unlawful to set above the ground any body-gripping trap with a jaw spread in excess of five inches baited with any when using any bait, lure, or scent likely to attract a dog; provided, that baited body gripping traps with a jaw spread up to 6-1/2 inches may be used when the trap is within an enclosure with openings no greater than 60 square inches and the trap trigger is recessed at least 12 inches from all openings; provided further that such traps must be staked to prevent them from turning over and may only be used on private lands with written permission of the landowner.

4 VAC 15-40-285. Unauthorized feeding of deer.

It shall be unlawful for any person to place or distribute food, salt, minerals or similar substances, to feed or attract deer from September 1 through the first Saturday in January, both dates inclusive. Nor, upon written notification by department personnel, shall any person continue to place or distribute any food, salt, mineral or similar substances for any purpose if the placement of these materials results in the attraction of and/or feeding of deer. After such notification, such person shall be in violation of this section if the placing, distribution, or presence of such food, salt, minerals or similar substances continues. No part of this regulation shall be construed to restrict bona fide agronomic plantings (including wildlife food plots), bona fide distribution of food to livestock or wildlife management activities conducted or authorized by the department.

VA.R. Doc. No. R06-08; Filed May 9, 2006, 3:14 p.m.

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<u>Title of Regulation:</u> 4 VAC 15-50. Game: Bear (amending 4 VAC 15-50-71, 4 VAC 15-50-110, and 4 VAC 15-50-120).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) allow for the use of smokeless powder in muzzleloaders during the muzzleloading hunting season; (ii) expand the hound hunting area during the existing two-week bear season in additional portions of Grayson, Wythe, and Carroll counties; (iii) change the opening date of the western bear hound training season from the last Saturday in August to the second Saturday in August; and (iv) open four counties (Brunswick, Greensville, Lunenburg, and Mecklenburg) in the southeast piedmont to a bear hound training season from the first Monday in December and for 11 consecutive hunting days following, both dates inclusive, except bear dog training on Sundays in these four counties will be prohibited.

4 VAC 15-50-71. Muzzleloading gun hunting.

A. It shall be lawful to hunt bear during the special muzzleloading season with muzzleloading guns from the Tuesday prior to the third Monday in November and for three consecutive hunting days following, both dates inclusive, except in Alleghany, Amherst, Augusta (west of Interstate 81 and that part east of Interstate 81 that is south of Interstate 64), Bath, Bedford, Bland, Botetourt, Buchanan, Campbell (west of Norfolk Southern Railroad), Carroll, Craig, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Highland, Lee, Montgomery, Nelson, Patrick, Pittsylvania (west of Norfolk Southern Railroad), Pulaski, Roanoke, Rockbridge,

Rockingham (west of Interstate 81), Russell, Scott, Shenandoah (west of Interstate 81), Smyth, Tazewell, Washington, Wise and Wythe counties and in the cities of Chesapeake, Suffolk and Virginia Beach.

- B. It shall be unlawful to hunt bear with dogs during any special season for hunting with muzzleloading guns.
- C. A muzzleloading gun, for the purpose of this section, means a single shot flintlock or percussion weapon, excluding muzzleloading pistols, .45 caliber or larger, firing a single projectile or sabot (with a .38 caliber or larger projectile) of the same caliber loaded from the muzzle of the weapon and propelled by at least 50 grains of black powder (or black powder equivalent or smokeless powder).
- D. It shall be unlawful to have in immediate possession any firearm other than a muzzleloading gun while hunting with a muzzleloading gun in a special muzzleloading season.

4 VAC 15-50-110. Use of dogs in hunting bear.

- A. It shall be unlawful to use dogs for the hunting of bear during the open season for hunting deer in the counties west of the Blue Ridge Mountains and in the counties of Amherst (west of U.S. Route 29), Bedford, and Nelson (west of Route 151); and within the boundaries of the national forests.
- B. It shall be unlawful to use dogs for the hunting of bear during the first 12 hunting days of the open season for hunting deer in the counties of Greene and Madison.
- C. It shall be unlawful to use dogs for the hunting of bear in the counties of Campbell (west of Norfolk Southern Railroad), Carroll (east of the New River), Floyd, Franklin, Grayson (east of Route 21 the New River), Henry, Montgomery (south of Interstate 81), Patrick, Pittsylvania (west of Norfolk Southern Railroad), Pulaski (south of Interstate 81), and Wythe (southeast of the New River or that part east of bounded by Route 21 that is south of on the west, Interstate 81 on the north, the county line on the east, the New River on the southeast and Cripple Creek on the south).

4 VAC 15-50-120. Bear hound training season.

A. Except as otherwise specifically provided in the sections appearing in this chapter, it shall be lawful to chase black bear with dogs, without capturing or taking, in all counties and cities or in the portions in which bear hunting is permitted except in the counties of Accomack, Amelia, Appomattox, Brunswick, Buckingham, Campbell, Caroline, Carroll, Charles City, Charlotte, Chesterfield, Clarke, Cumberland, Dinwiddie, Essex, Fairfax, Fauquier, Floyd, Fluvanna, Franklin, Frederick, Gloucester, Goochland, Grayson, Greensville, Halifax, Hanover, Henrico, Henry, Isle of Wight, James City, King Queen, King George, King William, Lancaster, Loudoun, Louisa, Lunenburg, Mathews, Mecklenburg, Middlesex, Montgomery (south of Interstate 81), New Kent, Northampton, Northumberland, Nottoway, Orange, Patrick, Pittsylvania, Powhatan, Prince Edward, Prince George, Prince William, Pulaski (south of Interstate 81), Richmond, Roanoke (south of a continuous line formed by Route 785, Route 311 and Route 779), Roanoke (south of a continuous line formed by Route 785, Route 311 and Route 779), Smyth (south of Interstate 81), Southampton, Spotsylvania, Stafford, Surry,

Sussex, Washington (south of Interstate 81), Westmoreland, Wythe (south of Interstate 81), and York, and in the cities of Hampton, Newport News and Norfolk, from the last Saturday in second Saturday in August through the last Saturday in September. It shall be unlawful to have in immediate possession a firearm, bow or any weapon or device capable of taking a black bear while participating in the bear hound training season.

B. Except as otherwise specifically provided in the sections appearing in this chapter, it shall be lawful to chase black bear with dogs, without capturing or taking, in the counties of Brunswick, Greensville, Lunenburg, and Mecklenburg from the first Monday in December and for 11 consecutive hunting days following, both dates inclusive, except bear dog training will be unlawful on Sunday in these counties during this period. It shall be unlawful to have in immediate possession a firearm, bow or any weapon or device capable of taking a black bear while participating in the bear hound training season.

VA.R. Doc. No. R06-09; Filed May 9, 2006, 3:14 p.m.

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<u>Title of Regulation:</u> 4 VAC 15-70. Game: Bobcat (amending 4 VAC 15-70-10; adding 4 VAC 15-70-60).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments change the season ending date for bobcat hunting from January 31 to the last day in February and establish a special archery season for bobcats from the first Saturday in October through October 31.

4 VAC 15-70-10. Open season for hunting.

It shall be lawful to hunt bobcat by day and night from November 1 through January 31 the last day in February, both dates inclusive.

4 VAC 15-70-60. Archery hunting with bow and arrow or crossbow.

- A. Season. It shall be lawful to hunt bobcats with bow and arrow or crossbow from the first Saturday in October through October 31, both dates inclusive.
- B. Carrying firearms prohibited. It shall be unlawful to carry firearms while hunting with bow and arrow or crossbow during the special archery seasons.
- C. Use of dogs prohibited during the special archery season. It shall be unlawful to use dogs when hunting with bow and arrow or crossbow during any special archery season.

VA.R. Doc. No. R06-10; Filed May 9, 2006, 3:13 p.m.

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<u>Title of Regulation:</u> 4 VAC 15-90. Game: Deer (amending 4 VAC 15-90-70, 4 VAC 15-90-80, and 4 VAC 15-90-90; adding 4 VAC 15-90-22, [4 VAC 15-90-91,] 4 VAC 15-90-291 [and] , 4 VAC 15-90-292; repealing 4 VAC 15-90-100 through 4 VAC 15-90-121, 4 VAC 15-90-141, 4 VAC 15-90-160, 4 VAC 15-90-170, and 4 VAC 15-90-190 through 4 VAC 15-90-220).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

<u>Agency Contact:</u> Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) provide an extended deer firearms season in the counties of Fairfax, Loudoun, and Prince William from the Monday following the first Saturday in January to the first Saturday in February and provide further that only antlerless deer may be legal to take during this extended season; (ii) allow either-sex deer hunting during the early and late archery seasons in all of Buchanan, Dickenson, and Wise counties, except for the Public Access Land for Sportsmen (PALS) program land in Dickenson County, which would remain buck only deer hunting during all seasons (archery, muzzleloading, and firearms); (iii) repeal obsolete language regarding crossbow hunting by disabled deer hunters; (iv) change the deadline for localities to notify the department of their intent to participate in archery hunting season from May 1 to April 1; (v) provide the cities and towns within Buchanan, Dickenson and Wise counties the opportunity to participate in the urban archery season by removing them from the exception; (vi) establish the opening date of the late muzzleloading season 18 hunting days prior to the first Saturday in January to standardize for a three-week season length in all years; (vii) remove the early muzzleloading either-sex deer hunting day on public lands in Grayson County making the early muzzleloading season for Grayson County buck only; (viii) allow for full season either-sex deer hunting during the early special muzzleloader season on private lands in Clarke, Frederick and Warren counties while maintaining the one either-sex deer day on national forest lands in Frederick and Warren counties; (ix) allow for full season either-sex deer hunting during the late muzzleloading season in Warren County while maintaining six days of either-sex deer hunting on national forest lands in Warren County; (x) allow for the use of smokeless powder in muzzleloaders during the muzzleloading seasons; (xi) remove the effective dates for the bag limit for deer east of the Blue Ridge Mountains; (xii) require that at least one antlered buck meet a specified antler restriction criteria in Shenandoah County; (xiii) repeal 12 sections that establish the days on which antlerless deer (deer of either sex) may be taken during general firearms deer hunting season and replace them with one new section; (xiv) establish the height and other characteristics of an enclosed or fenced area that prevents or impedes the free egress of deer, as provided for in § 29.1-525.1 of the Code of Virginia, which generally prohibits the construction of enclosures to confine deer or the hunting of deer within a fenced area; (xv) ensure that opening day of the Chesapeake, Suffolk (east) and Virginia Beach October 1 firearms deer season is not an either-sex deer hunting day; and (xvi) make numerous changes in general firearms either-sex deer hunting days in localities statewide.

The proposed regulation was restructured by striking 4 VAC 15-90-292 and moving and renumbering the section to 4 VAC 15-90-91.

4 VAC 15-90-22. Special late antlerless only open season; Fairfax, Loudoun, and Prince William counties.

It shall be lawful to hunt antlerless deer from the Monday following the first Saturday in January through the first Saturday in February, both dates inclusive, in Fairfax, Loudoun and Prince William counties.

4 VAC 15-90-70. Bow and arrow hunting.

A. It shall be lawful to hunt deer during the early special archery season with bow and arrow from the first Saturday in October through the Friday prior to the third Monday in November, both dates inclusive, except where there is a closed general hunting season on deer.

B. In addition to the season provided in subsection A of this section, it shall be lawful to hunt deer during the late special archery season with bow and arrow from the Monday following the close of the general firearms season on deer through the first Saturday in January, both dates inclusive, in all cities, towns, and counties west of the Blue Ridge Mountains (except Clarke County and on non-national forest lands in Frederick County) and in the counties (including the cities and towns within) of Amherst (west of U.S. Route 29), Bedford, Campbell (west of Norfolk Southern Railroad), Franklin, Henry, Nelson (west of Route 151), Patrick and Pittsylvania (west of Norfolk Southern Railroad) and on the Chester F. Phelps Wildlife Management Area and on national forest lands in Frederick County and from December 1 through the first Saturday in January, both dates inclusive, in the cities of Chesapeake, Suffolk (east of the Dismal Swamp line) and Virginia Beach.

- C. Deer of either sex may be taken full season during the special archery seasons as provided in subsections A and B of this section (except in Buchanan County and on private lands in the counties of Dickenson and Wise on PALS (Public Access Lands) in Dickenson County where it shall be unlawful to take antlerless deer during the special archery seasons provided for in subsections A and B of this section).
- D. It shall be unlawful to carry firearms while hunting with bow and arrow during the special archery seasons.
- E. Arrows used for hunting big game must have a minimum width head of 7/8 of an inch and the bow used for such hunting must be capable of casting a broadhead arrow a minimum of 125 yards.
- F. It shall be unlawful to use dogs when hunting with bow and arrow during any special archery season.

G. It shall be lawful for persons with permanent physical disabilities, who are in full compliance with the requirements of 4 VAC 15-40-20 B, to hunt deer subject to the provisions of subsections A through H of this section. For the purpose of the application of subsections A through H to this subsection section, the phrase "bow and arrow" includes crossbow crossbows.

H. It shall be lawful to hunt antlerless deer during the special urban archery season with bow and arrow from the third Saturday in September through the Friday prior to the first Saturday in October, both dates inclusive, and from the Monday following the first Saturday in January through the last Saturday in March, both dates inclusive, within the incorporated limits of any city or town in the Commonwealth (except in the cities of Chesapeake, Suffolk, and Virginia Beach and in the cities and towns in Buchanan, Dickenson and Wise counties) and the counties of Fairfax and York provided that its governing body submits by certified letter to the department prior to May April 1, its intent to participate in the special urban archery season. Any city, town, or county no longer participating in this season shall submit by certified letter to the department prior to May April 1 notice of its intent not to participate in the special urban archery season.

4 VAC 15-90-80. Muzzleloading gun hunting.

A. It shall be lawful to hunt deer during the early special muzzleloading season with muzzleloading guns from the Saturday prior to the first Monday in November through the Friday prior to the third Monday in November, both dates inclusive, in all cities, towns, and counties where deer hunting with a rifle or muzzleloading gun is permitted east of the Blue Ridge Mountains, except on national forest lands in Amherst, Bedford and Nelson counties and in the cities of Chesapeake, Suffolk (east of the Dismal Swamp Line) and Virginia Beach. It shall be lawful to hunt deer during the early special muzzleloading season with muzzleloading guns from the Saturday prior to the second Monday in November through the Friday prior to the third Monday in November, both dates inclusive, in all cities, towns, and counties where deer hunting with a rifle or muzzleloading gun is permitted west of the Blue Ridge Mountains and on national forest lands in Amherst, Bedford, and Nelson counties.

B. It shall be lawful to hunt deer during the late special muzzleloading season with muzzleloading guns from the Saturday prior to the third Monday in December through the first Saturday in January, both dates inclusive starting 18 consecutive hunting days immediately prior to and inclusive of the first Saturday in January, in all cities, towns, and counties west of the Blue Ridge Mountains (except Clarke County) and on non-national forest lands in Frederick County), and east of the Blue Ridge Mountains in the counties (including the cities and towns within) of Amherst (west of U.S. Route 29), Bedford, Campbell (west of Norfolk Southern Railroad), Franklin, Henry, Nelson (west of Route 151), Patrick and Pittsylvania (west of Norfolk Southern Railroad) and on national forest lands in Frederick County and in the cities of Chesapeake and Virginia Beach.

C. Deer of either sex may be taken during the entire early special muzzleloading season in all cities, towns, and counties

east of the Blue Ridge Mountains (except on national forest lands, state forest lands, state park lands except Occoneechee State Park, department-owned lands and Philpott Reservoir) and on the second Saturday only east of the Blue Ridge Mountains on state forest lands, state park lands except Occoneechee State Park, department-owned lands and on Philpott Reservoir. Deer of either sex may be taken during the entire early special muzzleloading season on Occoneechee State Park. Deer of either sex may be taken during the early special muzzleloading season only on the second Monday in November in all counties west of the Blue Ridge Mountains (except Clarke, Buchanan, Dickenson, Floyd, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and on private lands in Frederick, Roanoke County, and Warren counties) and on national forest and department-owned lands in Roanoke County and on national forest lands in Frederick and Warren counties and on national forest lands in Amherst, Bedford, and Nelson counties. Additionally, deer of either sex may be taken during the entire early special muzzleloading season in Clarke and Floyd County counties and on private lands in Frederick, Roanoke County and Warren counties.

D. Deer of either sex may be taken during the entire late special muzzleloading season in the counties (including the cities and towns within) of Amherst (west of U.S. Route 29 except on national forest lands), Bedford (except on national forest lands), Campbell (west of Norfolk Southern Railroad), Franklin, Henry, Nelson (west of Route 151 except on national forest lands), Patrick, and Pittsylvania (west of Norfolk Southern Railroad). It shall be lawful to hunt deer of either sex during the last six days of the late special muzzleloading season in all counties west of the Blue Ridge Mountains (except Buchanan, Dickenson, Floyd, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and on private lands in Roanoke County and Warren counties) and on national forest and department-owned lands in Roanoke County and on national forest lands in Warren County and on national forest lands in Amherst, Bedford, Frederick, and Nelson counties and in the cities of Chesapeake and Virginia Beach. Provided further it shall be lawful to hunt deer of either sex during the last day only of the late special muzzleloading season in the counties of Grayson, Lee, Russell, Scott, Smyth, Tazewell, and Washington. Additionally, deer of either-sex may be taken during the entire late special muzzleloading season in Floyd County and on private lands in Roanoke County and Warren counties.

- E. Deer of either sex may be taken full season during the special muzzleloading seasons within the incorporated limits of any city or town in the Commonwealth that allows deer hunting except in the counties of Buchanan, Dickenson, and Wise and in the cities of Chesapeake, Suffolk, and Virginia Beach.
- F. It shall be unlawful to hunt deer with dogs during any special season for hunting with muzzleloading guns.
- G. A muzzleloading gun, for the purpose of this section, means a single shot flintlock or percussion weapon, excluding muzzleloading pistols, .45 caliber or larger, firing a single projectile or sabot (with a .38 caliber or larger projectile) of the same caliber loaded from the muzzle of the weapon and

propelled by at least 50 grains of black powder (or black powder equivalent or smokeless powder).

H. It shall be unlawful to have in immediate possession any firearm other than a muzzleloading gun while hunting with a muzzleloading gun in a special muzzleloading season.

4 VAC 15-90-90. Bag limit, bonus deer permits and special antlerless provision for youth hunters [, and special earn a buck regulation].

A. The bag limit for deer east of the Blue Ridge Mountains (except on national forest lands in Amherst, Bedford, and Nelson counties) through June 30, 2004, is two per day, four per license year, one of which must be antlerless. Effective July 1, 2004, The bag limit for deer east of the Blue Ridge Mountains (except on national forest lands in Amherst, Bedford, and Nelson counties) is two per day, six per license year, three of which must be antlerless.

- B. The bag limit for deer west of the Blue Ridge Mountains and on national forest lands in Amherst, Bedford, and Nelson counties through June 30, 2004, is one per day, three per license year, one of which must be antlerless. Effective July 1, 2004, The bag limit for deer west of the Blue Ridge Mountains and on national forest lands in Amherst, Bedford, and Nelson counties is one per day, five per license year, three of which must be antlerless. Only one antlered buck may be taken during the special early muzzleloading season per hunter. Only one antlered buck taken in Shenandoah County per license year may have less than four antler points one inch or longer on one side of the antlers.
- C. Antlerless deer may be taken only during designated either-sex deer hunting days during the special archery seasons, special muzzleloading seasons, and the general firearms season.
- D. Bonus deer permits shall be valid on private land in counties and cities where deer hunting is permitted (except Buchanan, Dickenson, and Wise counties) during the special archery seasons, special muzzleloading seasons, and the general firearms season. Bonus deer permits shall be valid on public lands, including state parks, state forests, national wildlife refuges, military areas, etc., as authorized by the managing agency. Unless otherwise posted or authorized in writing for wildlife management areas by the department, or for national forest lands by the U.S. Forest Service, the use of bonus permits is prohibited on department-owned and national forest lands. Bonus deer permits shall be valid for antlerless deer only. Deer taken on bonus permits shall count against the daily bag limit but are in addition to the seasonal bag limit.
- E. Deer hunters 15 years of age and under, including those exempt from purchasing a hunting license, when in compliance with all applicable laws and license requirements, may take one antierless deer per license year on days other than designated either-sex deer hunting days during the special muzzleloading seasons or the general firearms season in all counties that have at least one either-sex deer hunting day during the general firearms deer season.

[4 VAC 15-90-91. General firearms season either-sex deer hunting days.

A. During the general firearms deer season, deer of either sex may be taken within:

Accomack County: full season.

Albemarle County: the second, third, and fourth Saturdays and the last 24 hunting days.

Alleghany County: the second Saturday and the last two hunting days.

-National forest lands: the second Saturday and the last hunting day.

Amelia County: the second and third Saturdays and the last six hunting days.

Amherst County (east of U.S. Route 29): the second, third, and fourth Saturdays and the last 24 hunting days.

Amherst County (west of U.S. Route 29): full season.

-National forest lands: the second Saturday and the last six hunting days.

Appomattox County: the second and third Saturdays and the last six hunting days.

-Appomattox-Buckingham State Forest: the second Saturday.

Arlington County: full season.

Augusta County: the second Saturday and the last six hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Bath County: the second Saturday and the last two hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Bedford County: full season.

-National forest lands: the second Saturday and the last six hunting days.

Bland County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Botetourt County: full season.

-National forest lands: the second Saturday and the last two hunting days.

Brunswick County: the second and third Saturdays and the last six hunting days.

Buchanan County: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

Buckingham County: the second and third Saturdays and the last six hunting days.

-Appomattox-Buckingham State Forest: the second Saturday.

Campbell County (east of Norfolk Southern Railroad): the second, third, and fourth Saturdays and the last 24 hunting days.

Campbell County (west of Norfolk Southern Railroad): full season.

Caroline County: the second and third Saturdays and the last six hunting days.

Carroll County: full season.

-National forest and department-owned lands: the second Saturday and the last two hunting days.

Charles City County: the second and third Saturdays and the last 12 hunting days.

-Chickahominy WMA: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

Charlotte County: the second and third Saturdays and the last six hunting days.

Chesapeake (City of): the first Saturday following October 1st and the last six hunting days.

Chesterfield County: the second and third Saturdays and the last six hunting days.

Clarke County: full season.

Craig County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Culpeper County: the second, third, and fourth Saturdays and the last 24 hunting days.

-Chester F. Phelps WMA: the second Saturday.

Cumberland County: the second and third Saturdays and the last six hunting days.

-Cumberland State Forest: the second Saturday.

Dickenson County: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

Dinwiddie County: the second and third Saturdays and the last six hunting days.

Essex County: the second and third Saturdays and the last 12 hunting days.

Fairfax County: full season (restricted to certain parcels of land by special permit).

Fauquier County: full season.

-G. Richard Thompson WMA: the second Saturday and the last hunting day.

-Chester F. Phelps WMA: the second Saturday.

Floyd County: full season.

Fluvanna County: second and third Saturdays and the last six hunting days.

Franklin County: full season.

-Philpott Reservoir: the second Saturday and the last six hunting days.

-Turkeycock Mountain WMA: the second Saturday and the last two hunting days.

Frederick County: full season

-National forest lands: the second Saturday and the last hunting day.

Giles County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Gloucester County: the second, third, and fourth Saturdays and the last 24 hunting days.

Goochland County (east of U.S. Route 522): the second and third Saturdays and last 12 hunting days.

Goochland County (west of U.S. Route 522): the second and third Saturdays and last six hunting days.

Grayson County: full season.

-National forest lands and portions of Grayson Highland State Park open to hunting: the second Saturday and the last hunting day.

Greene County: the second, third, and fourth Saturdays and the last 24 hunting days.

Greensville County: full season.

Halifax County: the second and third Saturdays and last 12 hunting days.

Hanover County: the second and third Saturdays and last 12 hunting days.

Henrico County: the second and third Saturdays and last 12 hunting days.

Henry County: full season.

- -Fairystone Farms WMA, Fairystone State Park, and Philpott Reservoir: the second Saturday and the last six hunting days.
- -Turkeycock Mountain WMA: the second Saturday and the last two hunting days.

Highland County: the second Saturday and the last two hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Isle of Wight County: full season.

-Ragged Island WMA: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

James City County: the second and third Saturdays and last 12 hunting days.

King and Queen County: the second and third Saturdays and last 12 hunting days.

King George County: the second and third Saturdays and the last six hunting days.

King William County: the second and third Saturdays and the last 12 hunting days.

Lancaster County: the second, third, and fourth Saturdays and the last 24 hunting days.

Lee County: the second Saturday and the last two hunting days.

-National forest lands: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

Loudoun County: full season.

Louisa County: the second and third Saturdays and the last six hunting days.

Lunenburg County: the second and third Saturdays and the last six hunting days.

Madison County: the second, third, and fourth Saturdays and the last 24 hunting days.

Mathews County: the second and third Saturdays and last 12 hunting days.

Mecklenburg County: the second and third Saturdays and the last six hunting days.

Middlesex County: the second and third Saturdays and last 12 hunting days.

Montgomery County: full season.

-National forest lands: the second Saturday and the last two hunting days.

Nelson County (east of Route 151): the second, third, and fourth Saturdays and the last 24 hunting days.

-James River WMA: the second Saturday and the last six hunting days.

Nelson County (west of Route 151): full season.

-National forest lands: the second Saturday and the last six hunting days.

New Kent County: the second and third Saturdays and last 12 hunting days.

Northampton County: full season.

Northumberland County: the second, third, and fourth Saturdays and the last 24 hunting days.

Nottoway County: the second and third Saturdays and the last six hunting days.

Orange County: the second, third, and fourth Saturdays and the last 24 hunting days.

Page County: the second Saturday and the last two hunting days.

-National forest lands: the second Saturday and the last hunting day.

Patrick County: full season.

-Fairystone Farms WMA, Fairystone State Park, and Philpott Reservoir: the second Saturday and the last six hunting days.

Pittsylvania County (east of Norfolk Southern Railroad): the second and third Saturdays and last 12 hunting days.

-White Oak Mountain WMA: the second Saturday and the last hunting day.

Pittsylvania County (west of Norfolk Southern Railroad): full season.

Powhatan County: the second and third Saturdays and the last six hunting days.

Prince Edward County: the second and third Saturdays and the last six hunting days.

-Prince Edward State Forest: the second Saturday.

Prince George County: the second and third Saturdays and the last six hunting days.

Prince William County: full season.

Pulaski County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Rappahannock County: the second, third, and fourth Saturdays and the last 24 hunting days.

Richmond County: the second, third, and fourth Saturdays and the last 24 hunting days.

Roanoke County: full season.

-National forest and department-owned lands: the second Saturday and the last two hunting days.

Rockbridge County: the second Saturday and the last six hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Rockingham County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last hunting day.

Russell County: the second Saturday and the last two hunting days.

-Clinch Mountain WMA and Hidden Valley WMA: the second Saturday and the last hunting day.

Scott County: the second Saturday and the last six hunting days.

-National forest lands: antlered bucks only – no either-sex days.

Only deer with antlers above the hairline may be taken.

Shenandoah County: full season.

-National forest lands: the second Saturday and the last hunting day.

Smyth County: the second Saturday and the last two hunting days.

-National forest lands, Clinch Mountain WMA, and Hidden Valley WMA: the second Saturday and the last hunting day.

Southampton County: full season.

Spotsylvania County: the second, third, and fourth Saturdays and the last 24 hunting days.

Stafford County: the second, third, and fourth Saturdays and the last 24 hunting days.

Suffolk (City of; east of the Dismal Swamp line): the first and second Saturdays following October 1st and the last six hunting days.

Suffolk (City of; west of the Dismal Swamp line): the second and third Saturdays and the last 12 hunting days.

Surry County: full season.

-Carlisle Tract of the Hog Island WMA: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

Sussex County: full season.

Tazewell County: the second Saturday and the last two hunting days.

-National forest lands, Clinch Mountain WMA, and Hidden Valley WMA: the second Saturday and the last hunting day.

Virginia Beach (City of): the first Saturday following October 1 and the last six hunting days.

Warren County: full season.

-National forest lands: the second Saturday and the last hunting day.

Washington County: the second Saturday and the last two hunting days.

-National forest lands, Clinch Mountain WMA, and Hidden Valley WMA: the second Saturday and the last hunting day.

Westmoreland County: the second and third Saturdays and last 12 hunting days.

Wise County: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

Wythe County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

York County: full season.

B. Except as provided in the subsection A of this section, deer of either sex may be taken full season during the general firearms deer season within the incorporated limits of any city or town, state park, national wildlife refuge, or military installation that allows deer hunting.]

4 VAC 15-90-100. General firearms season either-sex deer hunting days; Saturday following third Monday in November and last two hunting days. (Repealed.)

During the general firearms season, deer of either sex may be taken on the Saturday immediately following the third Monday in November and the last two hunting days only, in the counties of Lee (except on national forest lands), Page (except on national forest lands), Russell (except on Clinch Mountain Wildlife Management Area and Hidden Valley Wildlife Management Area), Scott (except on national forest lands), Smyth (except on national forest lands and Clinch Mountain Wildlife Management Area and Hidden Valley Wildlife Management Area), Tazewell (except on national forest lands and Clinch Mountain Wildlife Management Area and Hidden Valley Wildlife Management Area), Washington (except on national forest lands and Clinch Mountain Wildlife Management Area and Hidden Valley Wildlife Management Area), and on Fairystone Farms Wildlife Management Area, Fairystone State Park, Philpott Reservoir, and Turkeycock Mountain Wildlife Management Area and on national forest and department-owned lands in Alleghany, Augusta, Bath, Bland, Botetourt, Carroll, Craig, Giles, Highland, Montgomery, Pulaski, Roanoke, Rockbridge, and Wythe.

4 VAC 15-90-110. General firearms season either-sex deer hunting days; Saturday following third Monday in November and last hunting day. (Repealed.)

During the general firearms season, deer of either sex may be taken on the Saturday immediately following the third Monday in November and the last hunting day on the G. Richard Thompson Wildlife Management Area and White Oak Mountain Wildlife Management Area and on national forest lands in Frederick, Grayson, Page, Rockingham, Shenandoah, Smyth, Tazewell, Washington, and Warren counties and on the Clinch Mountain Wildlife Management Area and Hidden Valley Wildlife Management Area and on portions of Grayson Highlands State Park open to hunting.

4 VAC 15-90-120. General firearms season eithersex deer hunting days; last six hunting days. (Repealed.)

During the general firearms season, deer of either sex may be taken on the last six hunting days in the cities of Chesapeake (except on Dismal Swamp National Wildlife Refuge and Fentress Naval Auxiliary Landing Field on the Northwest Naval Security Group), and Virginia Beach (except on Back Bay National Wildlife Refuge, Dam Neck Amphibious Training Base, Naval Air Station Oceana, False Cape State Park, and Fentress Naval Auxiliary Landing Field).

4 VAC 15-90-121. General firearms season either-sex deer hunting days; first two Saturdays and last six hunting days. (Repealed.)

During the general firearms season as prescribed by 4 VAC 15-90-30, deer of either sex may be taken on the first two Saturdays and on the last six hunting days in the City of

Suffolk east of the Dismal Swamp line (except on the Dismal Swamp National Wildlife Refuge).

4 VAC 15-90-141. General firearms season either-sex deer hunting days; first two Saturdays following third Monday in November and last two hunting days. (Repealed.)

During the general firearms season, deer of either sex may be taken on the first two Saturdays immediately following the third Monday in November and on the last two hunting days, in the counties of Amelia, Appomattox (except on Appomattox-Buckingham State Forest), Brunswick, Buckingham (except on Appomattox-Buckingham State Forest), Charlotte, Cumberland (except on Cumberland State Forest), Dinwiddie, Fluvanna, Goochland (west of U.S. Route 522), Lunenburg, Mecklenburg, Nottoway, Powhatan, Prince Edward (except on Prince Edward State Forest), and Prince George (except on Fort Lee).

4 VAC 15-90-160. General firearms season either-sex deer hunting days; full season. (Repealed.)

A. During the general firearms season, deer of either sex may be taken full season, in the counties of Accomack, Amherst (west of U.S. Route 29, except on national forest lands), Arlington, Bedford (except on national forest lands), Botetourt (except on national forest lands), Campbell (west of Norfolk Southern Railroad and in the City of Lynchburg only on private lands for which a special permit has been issued by the chief of police), Clarke, Fairfax (restricted to certain parcels of land by special permit), Fauquier (except on the G. Richard Thompson and Chester F. Phelps Wildlife Management Areas), Floyd, Franklin (except Philpott Reservoir and Turkevcock Mountain Wildlife Management Area). Frederick (except on national forest lands), Grayson (except on national forest lands and portions of Grayson Highland State Park open to hunting), Henry (except on Fairystone Farms Wildlife Management Area, Fairystone State Park, Philpott Reservoir, and Turkeycock Mountain Wildlife Management Area), Loudoun, Montgomery (except on national forest lands), Nelson (west of Route 151, except on national forest lands), Northampton, Patrick (except on Fairystone Farms Wildlife Management Area, Fairystone State Park and Philpott Reservoir), Pittsylvania (west of Norfolk Southern Railroad), Prince William, Roanoke (except on national forest and department-owned lands), Warren (except on national forest lands), York, and in the cities of Hampton, Newport News, Richmond, the Town of Chincoteague, and on Back Bay National Wildlife Refuge, Fort A.P. Hill, Caledon Natural Area, Camp Peary, Cheatham Annex, Chincoteague National Wildlife Refuge, Chippokes State Park, Dahlgren Surface Warfare Center Base, Dam Neck Amphibious Training Base, Dismal Swamp National Wildlife Refuge, Eastern Shore of Virginia National Wildlife Refuge, False Cape State Park, Fentress Naval Auxiliary Landing Field, Fisherman's Island National Wildlife Refuge, Fort Belvoir, Fort Eustis, Fort Lee, Harry Diamond Laboratory, Langley Air Force Base, NASA Langley Research Center, Naval Air Station Oceana. Northwest Naval Security Group, Pocahontas State Park, Presquile National Wildlife Refuge, Quantico Marine Corps Reservation, Radford Army Ammunition Plant, Sky Meadows State Park, York River State Park, Yorktown Naval Weapons Station.

B. Except as otherwise provided in other sections of this chapter, deer of either sex may be taken full season during the general firearms deer season within the incorporated limits of any city or town in the Commonwealth that allows deer hunting.

4 VAC 15-90-170. General firearms season either-sex deer hunting days; Saturday following third Monday in November. (Repealed.)

During the general firearms season, deer of either sex may be taken the Saturday immediately following the third Monday in November on the Buckingham-Appomattox State Forest, Cumberland State Forest and Prince Edward State Forest.

4 VAC 15-90-190. General firearms season either-sex deer hunting days; first Saturday immediately following third Monday in November and last six days. (Repealed.)

During the general firearms season, deer of either sex may be taken on the first Saturday immediately following the third Monday in November and the last six hunting days, in the counties of Alleghany (except on national forest lands), Augusta (except on national forest and department-owned lands), Bath (except on national forest and department-owned lands), Bland (except on national forest lands), Carroll (except on national forest and department-owned lands), Craig (except on national forest lands), Giles (except on national forest lands), Highland (except on national forest and department-owned lands), Pulaski (except on national forest lands and the Radford Army Ammunition Plant), Rockbridge (except on national forest and department-owned lands). Rockingham (except on national forest lands), Shenandoah (except on national forest lands), and Wythe (except on national forest lands), and on the James River Wildlife Management Area, and on national forest lands in Amherst, Bedford, and Nelson counties.

4 VAC 15-90-195. General firearms season either-sex deer hunting days; first two Saturdays immediately following third Monday in November and last six hunting days. (Repealed.)

During the general firearms season, deer of either sex may be taken on the first two Saturdays immediately following the third Monday in November and on the last six hunting days, in the counties of Caroline (except Fort A.P. Hill), Charles City (except on Chickahominy Wildlife Management Area), Chesterfield (except on Pocahontas State Park and Presquile NWR), Essex, King George (except Caledon Natural Area and Dahlgren Surface Warfare Center), King and Queen, King William, Louisa, Mathews, Middlesex, New Kent, and Westmoreland.

4 VAC 15-90-200. General firearms season either-sex deer hunting days; first three Saturdays following third Monday in November and last 24 hunting days. (Repealed.)

During the general firearms season, deer of either sex may be taken on the first three Saturdays immediately following the third Monday in November and on the last 24 hunting days, in the counties of Albemarle, Greensville, Isle of Wight (except on Ragged Island Wildlife Management Area), Southampton,

Surry (except on the Carlisle Tract of the Hog Island Wildlife Management Area), and Sussex.

4 VAC 15-90-210. General firearms season either-sex deer hunting days; first two Saturdays immediately following third Monday in November and last 12 hunting days. (Repealed.)

During the general firearms season, deer of either sex may be taken on the first two Saturdays immediately following the third Monday in November and on the last 12 hunting days, in the counties of Amherst (east of U.S. Route 29), Campbell (east of Norfolk Southern Railroad except City of Lynchburg), Culpeper (except on Chester F. Phelps Wildlife Management Area), Gloucester, Goochland (east of U.S. Route 522), Greene, Halifax, Hanover, Henrico (except Presquile National Wildlife Refuge), James City (except York River State Park), Lancaster, Madison, Nelson (east of Route 151 except James River Wildlife Management Area), Northumberland, Orange, Pittsylvania (east of Norfolk Southern Railroad except White Oak Mountain Wildlife Management Area), Rappahannock, Richmond, Spotsylvania, Stafford (except on Quantico Marine Reservation), and in the City of Suffolk (west of the Dismal Swamp line).

4 VAC 15-90-220. General firearms season; bucks only. (Repealed.)

During the general firearms season, only deer with antlers visible above the hairline may be taken in the counties of (including the cities and towns within) Buchanan, Dickenson, and Wise and on national forest lands in Lee and Scott and on the Chester F. Phelps Wildlife Management Area, Chickahominy Wildlife Management Area, Ragged Island Wildlife Management Area, and on the Carlisle Tract of Hog Island Wildlife Management Area.

4 VAC 15-90-291. Enclosed or fenced areas that prevent or impede the free egress of deer.

- A. Pursuant to § 29.1-525.1 A and B of the Code of Virginia, an enclosed or fenced area having any of the following attributes shall be deemed to prevent or impede the free egress of deer:
 - A fence greater than 61 inches high anywhere along its entire length;
 - 2. A fence greater than 61 inches high that incorporates any topographic or other physical barrier that prevents or impedes the free egress of deer;
 - 3. A fence or other barrier 61 inches or less in height having any attribute that prevents or impedes the free egress of deer, including but not limited to being slanted, doubled, offset, or electrified; or
 - 4. A fence or other barrier, having any of the attributes described in subdivision 1, 2, or 3 of this section that does not have a permanent gap of at least 40 linear feet per every 660 linear feet (1/8 mile) along the fence or barrier, including an additional permanent gap of at least 40 linear feet at every inside angle in the fence or barrier of less than 120 degrees. For the purposes of this section, a gap is defined as an interruption in the fence or barrier devoid of any impediment.

- B. This subsection shall not apply to enclosures and lands exempted under § 29.1-525.1 C and D of the Code of Virginia.
- [C. The director or his designee may grant exceptions for an enclosed or fenced area having any of the above attributes where necessary for bona fide agricultural livestock operations.]

4 VAC 15-90-292. [General firearms season either-sex deer hunting days. Reserved.]

A. During the general firearms deer season, deer of either sex may be taken within:

Accomack County: full season.

Albemarle County: the second, third, and fourth Saturdays and the last 24 hunting days.

Alleghany County: the second Saturday and the last two hunting days.

-National forest lands: the second Saturday and the last hunting day.

Amelia County: the second and third Saturdays and the last six hunting days.

Amherst County (east of U.S. Route 29): the second, third, and fourth Saturdays and the last 24 hunting days.

Amherst County (west of U.S. Route 29): full season.

-National forest lands: the second Saturday and the last six hunting days.

Appomattox County: the second and third Saturdays and the last six hunting days.

-Appomattox-Buckingham State Forest: the second Saturday:

Arlington County: full season.

Augusta County: the second Saturday and the last six hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Bath County: the second Saturday and the last two hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Bedford County: full season.

-National forest lands: the second Saturday and the last six hunting days.

Bland County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Botetourt County: full season.

-National forest lands: the second Saturday and the last two hunting days.

Brunswick County: the second and third Saturdays and the last six hunting days.

Buchanan County: antlered bucks only — no either sex days. Only deer with antlers above the hairline may be taken.

Buckingham County: the second and third Saturdays and the last six hunting days.

-Appomattox-Buckingham State Forest: the second Saturday.

Campbell County (east of Norfolk Southern Railroad): the second, third, and fourth Saturdays and the last 24 hunting days.

Campbell County (west of Norfolk Southern Railroad): full season:

Caroline County: the second and third Saturdays and the last six hunting days.

Carroll County: full season.

-National forest and department-owned lands: the second Saturday and the last two hunting days.

Charles City County: the second and third Saturdays and the last 12 hunting days.

-Chickahominy WMA: antlered bucks only - no either-sex days. Only deer with antlers above the hairline may be taken.

Charlotte County: the second and third Saturdays and the last six hunting days.

Chesapeake (City of): the first Saturday following October 1st and the last six hunting days.

Chesterfield County: the second and third Saturdays and the last six hunting days.

Clarke County: full season.

Craig County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Culpeper County: the second, third, and fourth Saturdays and the last 24 hunting days.

-Chester F. Phelps WMA: the second Saturday.

Cumberland County: the second and third Saturdays and the last six hunting days.

-Cumberland State Forest: the second Saturday.

Dickenson County: antlered bucks only – no either-sex days. Only deer with antlers above the hairline may be taken.

Dinwiddie County: the second and third Saturdays and the last six hunting days.

Essex County: the second and third Saturdays and the last 12 hunting days.

Fairfax County: full season (restricted to certain parcels of land by special permit).

Fauquier County: full season.

-G. Richard Thompson WMA: the second Saturday and the last hunting day.

-Chester F. Phelps WMA: the second Saturday.

Floyd County: full season.

Fluvanna County: second and third Saturdays and the last six hunting days.

Franklin County: full season.

-Philpott Reservoir: the second Saturday and the last six hunting days.

-Turkeycock Mountain WMA: the second Saturday and the last two hunting days.

Frederick County: full season

-National forest lands: the second Saturday and the last hunting day.

Giles County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Gloucester County: the second, third, and fourth Saturdays and the last 24 hunting days.

Goochland County (east of U.S. Route 522): the second and third Saturdays and last 12 hunting days.

Goochland County (west of U.S. Route 522): the second and third Saturdays and last six hunting days.

Grayson County: full season.

-National forest lands and portions of Grayson Highland State Park open to hunting: the second Saturday and the last hunting day.

Greene County: the second, third, and fourth Saturdays and the last 24 hunting days.

Greensville County: full season.

Halifax County: the second and third Saturdays and last 12 hunting days.

Hanover County: the second and third Saturdays and last 12 hunting days.

Henrico County: the second and third Saturdays and last 12 hunting days.

Henry County: full season.

-Fairystone Farms WMA, Fairystone State Park, and Philpott Reservoir: the second Saturday and the last six hunting days.

-Turkeycock Mountain WMA: the second Saturday and the last two hunting days.

Highland County: the second Saturday and the last two hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Isle of Wight County: full season.

-Ragged Island WMA: antiered bucks only - no either-sex days. Only deer with antiers above the hairline may be taken.

James City County: the second and third Saturdays and last 12 hunting days.

King and Queen County: the second and third Saturdays and last 12 hunting days.

King George County: the second and third Saturdays and the last six hunting days.

King William County: the second and third Saturdays and the last 12 hunting days.

Lancaster County: the second, third, and fourth Saturdays and the last 24 hunting days.

Lee County: the second Saturday and the last two hunting days.

-National forest lands: antiered bucks only - no either-sex days. Only deer with antiers above the hairline may be taken

Loudoun County: full season.

Louisa County: the second and third Saturdays and the last six hunting days.

Lunenburg County: the second and third Saturdays and the last six hunting days.

Madison County: the second, third, and fourth Saturdays and the last 24 hunting days.

Mathews County: the second and third Saturdays and last 12 hunting days.

Mecklenburg County: the second and third Saturdays and the last six hunting days.

Middlesex County: the second and third Saturdays and last 12 hunting days.

Montgomery County: full season.

-National forest lands: the second Saturday and the last two hunting days.

Nelson County (east of Route 151): the second, third, and fourth Saturdays and the last 24 hunting days.

-James River WMA: the second Saturday and the last six hunting days.

Nelson County (west of Route 151): full season.

-National forest lands: the second Saturday and the last six hunting days. New Kent County: the second and third Saturdays and last 12 hunting days.

Northampton County: full season.

Northumberland County: the second, third, and fourth Saturdays and the last 24 hunting days.

Nottoway County: the second and third Saturdays and the last six hunting days.

Orange County: the second, third, and fourth Saturdays and the last 24 hunting days.

Page County: the second Saturday and the last two hunting days.

-National forest lands: the second Saturday and the last hunting day.

Patrick County: full season.

-Fairystone Farms WMA, Fairystone State Park, and Philpott Reservoir: the second Saturday and the last six hunting days.

Pittsylvania County (east of Norfolk Southern Railroad): the second and third Saturdays and last 12 hunting days.

-White Oak Mountain WMA: the second Saturday and the last hunting day.

Pittsylvania County (west of Norfolk Southern Railroad): full season.

Powhatan County: the second and third Saturdays and the last six hunting days.

Prince Edward County: the second and third Saturdays and the last six hunting days.

-Prince Edward State Forest: the second Saturday.

Prince George County: the second and third Saturdays and the last six hunting days.

Prince William County: full season.

Pulaski County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

Rappahannock County: the second, third, and fourth Saturdays and the last 24 hunting days.

Richmond County: the second, third, and fourth Saturdays and the last 24 hunting days.

Roanoke County: full season.

-National forest and department-owned lands: the second Saturday and the last two hunting days.

Rockbridge County: the second Saturday and the last six hunting days.

-National forest and department-owned lands: the second Saturday and the last hunting day.

Rockingham County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last hunting day.

Russell County: the second Saturday and the last two hunting days.

-Clinch Mountain WMA and Hidden Valley WMA: the second Saturday and the last hunting day.

Scott County: the second Saturday and the last six hunting days.

-National forest lands: antiered bucks only - no either-sex days.

Only deer with antlers above the hairline may be taken.

Shenandoah County: full season.

-National forest lands: the second Saturday and the last hunting day.

Smyth County: the second Saturday and the last two hunting days.

-National forest lands, Clinch Mountain WMA, and Hidden Valley WMA: the second Saturday and the last hunting day.

Southampton County: full season.

Spotsylvania County: the second, third, and fourth Saturdays and the last 24 hunting days.

Stafford County: the second, third, and fourth Saturdays and the last 24 hunting days.

Suffolk (City of; east of the Dismal Swamp line): the first and second Saturdays following October 1st and the last six hunting days.

Suffolk (City of; west of the Dismal Swamp line): the second and third Saturdays and the last 12 hunting days.

Surry County: full season.

-Carlisle Tract of the Hog Island WMA: antiored bucks only — no either-sex days. Only deer with antiors above the hairline may be taken.

Sussex County: full season.

Tazewell County: the second Saturday and the last two hunting days.

-National forest lands, Clinch Mountain WMA, and Hidden Valley WMA: the second Saturday and the last hunting day.

Virginia Beach (City of): the first Saturday following October 1 and the last six hunting days.

Warren County: full season.

-National forest lands: the second Saturday and the last hunting day.

Washington County: the second Saturday and the last two hunting days.

-National forest lands, Clinch Mountain WMA, and Hidden Valley WMA: the second Saturday and the last hunting day.

Westmoreland County: the second and third Saturdays and last 12 hunting days.

Wise County: antiered bucks only no either sex days. Only deer with antiers above the hairline may be taken.

Wythe County: the second Saturday and the last six hunting days.

-National forest lands: the second Saturday and the last two hunting days.

York County: full season.

B. Except as provided in the subsection A of this section, deer of either sex may be taken full season during the general firearms deer season within the incorporated limits of any city or town, state park, national wildlife refuge, or military installation that allows deer hunting.

VA.R. Doc. No. R06-11; Filed May 10, 2006, 11:21 a.m.

<u>Title of Regulation:</u> 4 VAC 15-110. Game: Fox (amending 4 VAC 15-110-20).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments change the season ending date for fox hunting with guns from January 31 to the last day in February, and change the term "guns" to "firearms."

4 VAC 15-110-20. Hunting with guns firearms. Open season.

Except as otherwise provided by local legislation and with the specific exceptions provided in the sections appearing in this chapter, it shall be lawful to hunt foxes with guns firearms from November 1 through January 31 the last day in February, both dates inclusive.

VA.R. Doc. No. R06-12; Filed May 9, 2006, 3:13 p.m.

<u>Title of Regulation:</u> 4 VAC 15-120. Game: Grouse (amending 4 VAC 15-120-10).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016

West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) change the opening date of the grouse hunting season from the last Monday in October to the Saturday prior to the last Monday in October and (ii) extend the ending date of the grouse hunting season to the second Saturday in February.

4 VAC 15-120-10. Open season.

Except as otherwise specifically provided in the sections appearing in this chapter, it shall be lawful to hunt grouse from the Saturday prior to the last Monday in October through the [second Saturday last day] in February both dates inclusive.

VA.R. Doc. No. R06-13; Filed May 9, 2006, 3:12 p.m.

<u>Title of Regulation:</u> 4 VAC 15-170. Game: Otter (adding 4 VAC 15-170-21).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) establish a trapping season for river otters from December 1 through the last day of February in the counties of Augusta, Alleghany, Bath, Bland, Botetourt, Carroll, Craig, Floyd, Giles, Grayson, Montgomery, Pulaski, Roanoke, Rockbridge, and Wythe; (ii) set the season limit in those counties at two otters per trapper; and (iii) require the entire skinned carcass be presented to an agent of the department within three days of capture.

4 VAC 15-170-21. Open season for trapping in certain counties west of the Blue Ridge Mountains; carcass presented to department agent; season bag limit.

A. It shall be lawful to trap otter from December 1 through the last day of February, both dates inclusive, in the counties of Augusta, Alleghany, Bath, Bland, Botetourt, Carroll, Craig, Floyd, Giles, Grayson, Montgomery, Pulaski, Roanoke, Rockbridge, and Wythe.

- B. The entire skinned carcass of all otters trapped in counties west of the Blue Ridge Mountains must be presented to an agent of the department within three days of capture.
- C. The season bag limit for trapping otter shall be two per trapper in counties west of the Blue Ridge Mountains where otter trapping is permitted.

VA.R. Doc. No. R06-14; Filed May 9, 2006, 3:12 p.m.

<u>Title of Regulation:</u> 4 VAC 15-190. Game: Quail (amending 4 VAC 15-190-10).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendment changes the opening date of the quail season from the second Monday in November to the Saturday prior to the second Monday in November.

4 VAC 15-190-10. Open season; generally.

Except as otherwise specifically provided by the sections appearing in this chapter, it shall be lawful to hunt quail from the *Saturday prior to the* second Monday in November through January 31, both dates inclusive.

VA.R. Doc. No. R06-15; Filed May 9, 2006, 3:11 p.m.

<u>Title of Regulation:</u> 4 VAC 15-200. Game: Rabbit and Hares (amending 4 VAC 15-200-10).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendment changes the opening date of the rabbit season from the first Monday in November to the Saturday prior to the first Monday in November.

4 VAC 15-200-10. Open season; generally.

Except as otherwise specifically provided by the sections appearing in this chapter, it shall be lawful to hunt rabbit from the *Saturday prior to the* first Monday in November through February 14, both dates inclusive.

VA.R. Doc. No. R06-16; Filed May 9, 2006, 3:11 p.m.

<u>Title of Regulation:</u> 4 VAC 15-210. Game: Raccoon (amending 4 VAC 15-210-10 and 4 VAC 15-210-20).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) provide a continuous open season for chasing raccoon with dogs in counties and portions of counties east of Route 29 and Route 15 and (ii) move the eastern boundary line of the 10-month western raccoon chase season on private lands to Route 29 and Route 15 in certain counties and to further include Fairystone Farms, G. Richard Thompson, Rapidan, and Turkeycock Wildlife Management Areas into this season.

4 VAC 15-210-10. Open season; counties east of Blue Ridge Mountains Route 29; possession of certain devices unlawful.

Except as otherwise specifically provided in the sections appearing in this chapter, it there shall be lawful to chase a continuous open season for chasing raccoon with dogs, without capturing or taking, in all counties and portions of counties east of the Blue Ridge Mountains (except on the George Washington and Jefferson National Forests) from August 1 through May 31, both dates inclusive Route 29 and in the counties of Loudoun (east of Route 15) and Prince William (east of Route 15). It shall be unlawful to have in possession a firearm, bow, axe, saw, or any tree climbing device while hunting during this chase season. The meaning of "possession" for the purpose of this section shall include, but not be limited to, having these devices in or on one's person, vehicle or conveyance while engaged in the act of chasing.

4 VAC 15-210-20. Open season; counties west of Blue Ridge Mountains Route 29; possession of certain devices unlawful.

It shall be lawful to chase raccoon with dogs, without capturing or taking, on private lands in all counties and portions of counties west of the Blue Ridge Mountains Route 29 and in the counties of Loudoun (west of Route 15); Prince William (west of Route 15); and on Fairystone Farms, G. Richard Thompson, Rapidan, and Turkeycock Wildlife Management Areas from August 1 through May 31, both dates inclusive. It shall be unlawful to have in possession a firearm, bow, axe, saw, or any tree climbing device while hunting during this chase season. The meaning of "possession" for the purpose of this section shall include, but not be limited to, having these devices in or on one's person, vehicle or conveyance while engaged in the act of chasing.

VA.R. Doc. No. R06-17; Filed May 9, 2006, 3:10 p.m.

<u>Title of Regulation:</u> 4 VAC 15-230. Game: Squirrel (adding 4 VAC 15-230-21 and 4 VAC 15-230-61; repealing 4 VAC 15-230-40).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) create a gray and red squirrel hunting season on selected wildlife management areas from the first Saturday in June through the third Saturday in June; (ii) repeal the special squirrel archery season; and (iii) create a fox squirrel hunting season on selected wildlife management areas from the first Saturday in June through the third Saturday in June.

4 VAC 15-230-21. Spring season for gray and red squirrel on certain wildlife management areas.

A. It shall be lawful to hunt gray and red squirrels from the first Saturday in June through the third Saturday in June, both dates inclusive, on Amelia Wildlife Management Area, Big Survey Wildlife Management Area, Briery Creek Wildlife Management Area, Chickahominy Wildlife Management Area, Dick Cross Wildlife Management Area, Dismal Swamp Wildlife Management Area, Fairystone Wildlife Management Area (including Fairystone State Park and Philpott Reservoir), Goshen Wildlife Management Area, Havens Wildlife Management Area, Hog Island Wildlife Management Area (Carlisle Tract only), Horsepen Wildlife Management Area, James River Wildlife Management Area, Pettigrew Wildlife Management Area, Phelps Wildlife Management Area, Powhatan Wildlife Management Area, Thompson Wildlife Turkeycock Mountain Wildlife Management Area. Management Area, and White Oak Mountain Wildlife Management Area.

B. It shall be unlawful to hunt gray and red squirrels with dogs during the spring squirrel season.

4 VAC 15-230-40. Bow and arrow hunting. (Repealed.)

A. Season. It shall be lawful to hunt squirrel with bow and arrow from the first Saturday in October through the Saturday prior to the second Monday in November, both dates inclusive.

B. Carrying firearms prohibited. It shall be unlawful to carry firearms while hunting with bow and arrow during the special archery seasons.

C. Use of dogs prohibited during bow season. It shall be unlawful to use dogs when hunting with bow and arrow from the first Saturday in October through the Saturday prior to the second Monday in November, both dates inclusive.

D. It shall be lawful for persons with permanent physical disabilities, who are in full compliance with the requirements of 4 VAC 15-40-20 B, to hunt squirrel subject to the provisions of subsections A, B, and C of this section. For the purpose of the

application of subsections A, B, and C to this subsection the phrase "bow and arrow" includes crossbow.

4 VAC 15-230-61. Spring season for fox squirrel on certain wildlife management areas.

A. It shall be lawful to hunt fox squirrels from the first Saturday in June through the third Saturday in June, both dates inclusive, on Big Survey Wildlife Management Area, Goshen Wildlife Management Area, Havens Wildlife Management Area, Phelps Wildlife Management Area, and Thompson Wildlife Management Area.

B. It shall be unlawful to hunt fox squirrels with dogs during the spring squirrel season.

VA.R. Doc. No. R06-18; Filed May 9, 2006, 3:10 p.m.

<u>Title of Regulation:</u> 4 VAC 15-240. Game: Turkey (amending 4 VAC 15-240-10, 4 VAC 15-240-20, and 4 VAC 15-240-31).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments change the opening date for the general (six-week) fall turkey season from the last Monday in October to the Saturday prior to the last Monday in October. The first segment of the season would be open for 11 consecutive hunting days following the opening Saturday.

The amendments change the opening date for the fall turkey season in certain counties and areas with a two-week fall season from the last Monday in October to the Saturday prior to the last Monday. The season would be open for 11 consecutive hunting days following the opening Saturday.

The amendments also change the opening date for the fourweek fall turkey season in certain counties and areas from the last Monday in October to the Saturday prior to the last Monday in October. The early segment of this season would be open for 11 consecutive hunting days following the opening Saturday.

4 VAC 15-240-10. Open season; generally.

Except as otherwise specifically provided in the sections appearing in this chapter, it shall be lawful to hunt turkeys from the *Saturday prior to the* last Monday in October and for 11 consecutive hunting days following; on Thanksgiving Day; and on the Monday nearest December 9 through the first Saturday in January, both dates inclusive.

4 VAC 15-240-20. Open season; certain counties and areas; *Saturday prior to the* last Monday in October and for 11 hunting days following, and on Thanksgiving Day.

It shall be lawful to hunt turkeys on the Saturday prior to the last Monday in October and for 11 consecutive hunting days following, and on Thanksgiving Day in the counties of Buchanan, Isle of Wight, Prince George, Southampton, Surry, and Sussex.

4 VAC 15-240-31. Open season; certain counties and areas; *Saturday prior to the* last Monday in October and for 11 hunting days following, on Thanksgiving Day, and on the Monday closest to December 9 and for 11 hunting days following.

It shall be lawful to hunt turkeys on the Saturday prior to the last Monday in October and for 11 consecutive hunting days following, on Thanksgiving Day, and on the Monday closest to December 9 and for 11 hunting days following in the counties of Charles City, Gloucester, James City, King George, Lancaster, Mathews, Middlesex, New Kent, Northumberland, Richmond, Westmoreland, and York (except on Camp Peary).

VA.R. Doc. No. R06-19; Filed May 9, 2006, 3:09 p.m.

<u>Title of Regulation:</u> 4 VAC 15-320. Fish: Fishing Generally (amending 4 VAC 15-320-25).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

In order to set length limits and possession (creel) limits for fish caught and taken, the amendments (i) rescind the special bass length limits on Lake Anna, Beaverdam Creek Reservoir (Loudoun County), Chesdin Reservoir/Appomattox River, and Occoquon Reservoir; (ii) extend the "No bass 14 to 22 inches, only one bass per day longer than 22 inches" length and possession limits to the entire James River from the confluence of the Jackson and Cowpasture rivers (Botetourt County) downstream to the 14th Street Bridge in Richmond; (iii) extend the "No bass 14 to 20 inches, only one bass per day longer than 20 inches" length and possession limits to the entire New River in VA from Fields Dam (Grayson County) downstream to the VA-WV state line, not including Claytor Lake; (iv) extend the upper end of the "No bass less than 20 inches, only one bass per day longer than 20 inches" length and possession limits on the North Fork Holston River so that the river section now runs from the Rt. 91 bridge upstream of Saltville. VA downstream to the VA-TN state line: (v) establish "2 per day, no striped bass less than 26 inches (October 1 - May 31) and 4 per day, no length limit (June 1

- September 30)" length and possession limits for striped bass on Buggs Island (Kerr) Reservoir; (vi) establish "2 per day, no striped bass 26 to 36 inches (October 1 - May 31) and 4 per day, no length limit (June 1 - September 30)" length and possession limits for striped bass on Smith Mountain Lake; (vii) modify the creel and length limits for anadromous (coastal) striped bass in the Meherrin, Nottoway, Blackwater (Chowan Drainage), North Landing and Northwest rivers and their tributaries plus Back Bay from "4 per day, no length limits" to "2 per day, no striped bass less than 18 inches"; (viii) establish a "No walleye less than 18 inches" length limit in Philpott Reservoir; (ix) establish "1 per day, no muskellunge less than 42 inches" possession and length limits for mussellunge on the New River from Fields Dam (Grayson County) downstream to the VA-WV state line, including Claytor Lake; (x) add white

catfish to the Creel and Length Limit Table along with other catfish; (xi) add "only 1 blue catfish per day longer than 32 inches" possession and length limits to existing catfish limits; (xii) establish an American shad and hickory shad "10 per day in the aggregate, no length limit" possession limit on the Meherrin River below Emporia Dam, and the Nottoway, Blackwater, North Landing and Northwest rivers, and their tributaries plus Back Bay; (xiii) establish anadromous (coastal) alewife and blueback herring "No daily limits, no length limits" possession and length limits on the Meherrin River below Emporia Dam, and the Nottoway, Blackwater, North Landing and Northwest rivers, and their tributaries plus Back Bay; and (xiv) add references, in the Creel and Length Limit Table, to the Endangered and Threatened Species regulation and the Nonnative (Exotic) Animals regulation.

4 VAC 15-320-25. Creel and length limits.

The creel limits (including live possession) and the length limits for the various species of fish shall be as follows, unless otherwise excepted by posted rules at department-owned or department-controlled waters (see 4 VAC 15-320-100 D).

Type of fish	Subtype or location	Creel and length limits	Geographic exceptions	Creel or length limits for exceptions	
largemouth		5 per day in the	Lakes		
bass, smallmouth		aggregate;	Lake Anna	No bass 12 to 15 inches	
bass, spotted bass		No statewide length limits	Beaverdam Creek Reservoir (Loudoun County)	No bass 12 to 15 inches	
	Briery Creek Lake	No bass 14 to 24 inches, only 1 per day longer than 24 inches			
			Buggs Island (Kerr)	Only 2 of 5 bass less than 14 inches	
			Chesdin Reservoir	No bass 12 to 15 inches	
			Claytor Lake	No bass less than 12 inches	
			Flannagan Reservoir	No bass less than 12 inches	
			Lake Gaston	Only 2 of 5 bass less than 14 inches	
		Leesville Reservoir			Only 2 of 5 bass less than 14 inches
			Lake Moomaw	No bass less than 12 inches	
	Occoquan Reservoir from the reservoir dam upstream to the Lake Jackson Dam on Occoquan Creek and upstream to the Yates Ford Bridge (Rt. 612) on Bull Run Creek	No bass less than 14 inches			
	Philpott Reservoir	No bass less than 12 inches			
	Quantico Marine Base waters	No bass 12 to 15 inches			

Smith Mt. Lake and its tributaries below Niagara Dam	Only 2 of 5 bass less than 14 inches
Rivers	
Appomattox River — Brasfield Dam to Bevel's Bridge on Rt. 602, Chesterfield Co.	No bass 12 to 15 inches
Clinch River – within the boundaries of Scott, Wise, Russell, or Tazewell counties	No bass 11 to 14 inches
Dan River and tributaries down stream from the Brantley Steam Plant, Danville	Only 2 of 5 bass less than 14 inches
James River –	
Confluence of the Jackson and Cowpasture rivers [(Alleghany County) (Botetourt County)] downstream to Rt. 220 bridge near Lick Run, Botetourt Co. the 14th Street Bridge in Richmond	No bass 11 to 14 inches No bass 14 to 22 inches, only 1 per day longer than 22 inches No bass 11 to 14 inches
Rt. 220 bridge near Lick Run dewnstream, to Rt. 614 bridge, Boteourt Co.	
Rt. 614 bridge downstream to the Interstate 95 bridge, Richmond	
New River – Clayter Dam Fields Dam (Grayson County) downstream to the VA – WV state line and its tributary Little River downstream from Little River Dam in Montgomery County (This does not include Claytor Lake which is delineated as: The upper end of the island at Allisonia downstream to the dam)	No bass 14 to 20 inches, only 1 per day longer than 20 inches
North Folk Fork Holston River - Rt. 634 91 bridge near upstream of Saltville, VA downstream to the VA-TN state line	No bass less than 20 inches, only 1 per day longer than 20 inches
North Fork Shenandoah <i>River</i> – Rt. 42 bridge, Rockingham Co. downstream to the confluence with S. Fork Shenandoah at Front Royal	No bass 11 to 14 inches
Potomac River - Virginia tidal tributaries above Rt. 301 bridge	No bass less than 15 inches from March 1 through June 15

			Roanoke (Staunton) River - and its tributaries below Difficult Creek, Charlotte Co.	Only 2 of 5 bass less than 14 inches
			Shenandoah River –	
			Confluence of South Fork and North Fork rivers, Front Royal, downstream, to the Warren Dam, near Front Royal	No bass 11 to 14 inches
			Base of Warren Dam, near Front Royal downstream to Rt. 17/50 bridge	No bass 14 to 20 inches, only 1 per day longer than 20 inches
			Rt. 17/50 bridge downstream to VA - WV state line	No bass 11 to 14 inches
			South Fork Shenandoah River -	
			Confluence of North and South rivers, below Port Republic, downstream to Shenandoah Dam, near Town of Shenandoah	No bass 11 to 14 inches
			Base of Shenandoah Dam, near Town of Shenandoah, downstream to Luray Dam, near Luray	No bass 14 to 20 inches, only 1 per day longer than 20 inches
			Base of Luray Dam, near Luray, downstream to the confluence with North Fork of Shenandoah, Front Royal	No bass 11 to 14 inches
striped bass	landlocked striped bass and	aggregate;	Buggs Island (Kerr) reservoir including the Staunton River to Leesville Dam and the Dan River to Brantly Steam Plant (Danville)	October 1 - May 31: 2 per day in the aggregate
	landlocked striped bass x white bass hybrids			No striped bass less than 26 inches
				June 1 - September 30: 4 per day in the aggregate
				No length limit
			Smith Mountain Lake and its tributaries, including the Roanoke River upstream to Niagara Dam	[Oct 1 - May 31:] 2 per day in the aggregate
				[October 1 - May 31:] No striped bass 26 to 36 inches
				June 1 - September 30: [4 per day in the aggregate]
				No length limit
	anadromous (coastal) striped bass above the fall line in all coastal rivers of the Chesapeake Bay	Creel and length limits shall be set by the Virginia Marine Resources Commission for recreational fishing in tidal waters		

	anadromous (coastal) in the Meherrin, Nottoway, Blackwater (Chowan Drainage), North Landing and Northwest Rivers and their tributaries plus Back Bay	4-2 per day; No length limits striped bass less than 18 inches		
white bass		5 per day; No statewide length limits		
walleye	5 per day	5 per day; No statewide	Flannagan, <i>Philpott</i> , and South Holston reservoirs	No walleye less than 18 inches
		length limits	Claytor Lake and New River upstream of Claytor Lake Dam	No walleye less than 20 inches
sauger		2 per day; No statewide length limits		
chain pickerel		5 per day; No statewide length limits	Gaston and Buggs Island (Kerr) reservoirs	No daily limit
northern pike		2 per day; No pike less than 20 inches		
muskellunge		2 per day; No muskellunge less than 30 inches	New River - Fields Dam (Grayson County) downstream to the VA - WV state line, including Claytor Lake	1 per day No muskellunge less than 42 inches
bluegill (bream) and other sunfish excluding crappie, rock bass (redeye) and Roanoke bass		50 per day in the aggregate; No statewide length limits	Gaston and Buggs Island (Kerr) reservoirs and that portion of the New River from the Virginia North Carolina VA - NC state line downstream to the confluence of the New and Little Rivers in Grayson County	No daily limit
crappie (black or white)		25 per day in the aggregate; No statewide length limits	Gaston and Buggs Island (Kerr) reservoirs and that portion of the New River from the Virginia-North Carolina VA - NC state line downstream to the confluence of the New and Little Rivers in Grayson County	No daily limit
			Flannagan and South Holston reservoirs	No crappie less than 10 inches

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rock bass (redeye)		25 per day; No statewide length limits	Gaston and Buggs Island (Kerr) reservoirs and that portion of the New River from the VA - NC state line downstream to the confluence of the New and Little Rivers in Grayson County.	No daily limit
			Nottoway and Meherrin rivers and their tributaries	5 per day in the aggregate with Roanoke bass;
				No rock bass less than 8 inches
Roanoke bass		No statewide daily limit;	Nottoway and Meherrin rivers and their tributaries	5 per day in the aggregate with rock bass
		No statewide length limits		No Roanoke bass less than 8 inches
trout	See Chapter 330 4	VAC 15-330. Fish:	Trout Fishing.	
catfish	channel, blue white, and flathead catfish	20 per day; No length limits	All rivers below the fall line	No daily limit
	blue catfish	20 per day, only 1 blue catfish per day longer than 32 inches	All rivers below the fall line	No daily limit, except only 1 blue catfish per day longer than 32 inches
	yellow, brown, and black bullheads	No daily limit; No length limits		
American shad and hickory shad	in the James River above the fall line (14 th Street Bridge), in the Meherrin River above Emporia Dam, in the Chickahominy River above Walkers Dam, in the Appomattox River and Pamunkey River above the Rt. 360 bridge, and in the Rappahannock River above the Rt. 1 bridge	No possession: (catch and release only)		
	(below the fall line) in tidal waters rivers of the Chesapeake Bay	Creel and length limits shall be those set by the Virginia Marine Resources Commission		

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	Meherrin River below Emporia Dam Nottoway River, Blackwater River (Chowan Drainage), North Landing and Northwest rivers, and their tributaries plus Back Bay	10 per day in the aggregate No length limits		
anadromous (coastal) alewife and blueback herring	in the James River above Boshers Dam, in the Meherrin River above Emporia Dam, in the Chickahominy River above Walkers Dam, in the Appomattox River above Harvell Dam, in the South Anna River above the U.S. Rt. 1 bridge, and in the Rappahannock River above Embrey Dam	No possession: (catch and release only)		
	below the fall line in tidal rivers of the Chesapeake Bay	Creel and length limits shall be those set by the Virginia Marine Resources Commission		
	Meherrin River below Emporia Dam, Nottoway River, Blackwater River (Chowan Drainage), North Landing and Northwest rivers, and their tributaries plus Back Bay	No daily limits No length limits		
other native or naturalized nongame fish	See Chapter 360 4 VAC 15-360-10. Fish: Aquatic Invertebrates, Amphibians, Reptiles, and Nongame Fish. Taking aquatic invertebrates, amphibians, reptiles and nongame fish for private use.			
endangered or threatened fish	See 4 VAC 15-20-130. Definitions and Miscellaneous: In General. Endangered and threatened species; adoption of federal list; additional species enumerated.			
nonnative (exotic) fish	See 4 VAC 15-30-40. Definitions and Miscellaneous: Importation, Possession, Sale, Etc., of Animals. Importation requirements, possession and sale of nonnative (exotic) animals.			

VA.R. Doc. No. R06-20; Filed May 9, 2006, 3:08 p.m.

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<u>Title of Regulation:</u> 4 VAC 15-330. Fish: Trout Fishing (amending 4 VAC 15-330-50, 4 VAC 15-330-140, and 4 VAC 15-330-160).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

<u>Agency Contact:</u> Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) remove Philpott Reservoir from the waters that have a special 16-inch minimum size limit on trout; (ii) add Cabin Creek in Grayson County, within the Grayson Highland State Park, to those waters in which only artificial lures with single hooks may be used for fishing, and on which no trout less than nine inches in length may be possessed; and (iii) expand the current 2.3-mile section to an 11.4-mile section of Chestnut Creek in Carroll County and add a 2.7-mile section of Peak Creek in Pulaski County, to those waters in which from October 1 through May 31 fishing may be only with artificial lures, all trout caught must be immediately returned to the water unharmed, and no trout may be possessed. Creeling trout would be allowed in these areas (delayed harvest trout streams) from June 1 - September 30.

4 VAC 15-330-50. Size limit.

Except as otherwise specifically provided by the sections appearing in this chapter, there shall be a seven-inch minimum size limit on trout generally and a 16-inch minimum size limit on trout in Moomaw and Philpott Reservoirs Reservoir.

4 VAC 15-330-140. Special provision applicable to certain portions of Big Wilson Creek, *Cabin Creek*, Conway River, Little Stony Creek, Little Wilson Creek, North Fork Buffalo River, St. Mary's River and Ramsey's Draft.

It shall be lawful to fish using only artificial lures with single hooks in that portion of the Conway River and its tributaries in Greene and Madison Counties within the Rapidan Wildlife Management Area, in that portion of Big and Little Wilson Creeks and their tributaries and Cabin Creek and its tributaries in Grayson County within the Grayson Highland Highlands State Park and the Jefferson National Forest Mount Rogers National Recreation Area, in that portion of Little Stony Creek in Giles County within the Jefferson National Forest, in that portion of Little Stony Creek in Shenandoah County within the George Washington National Forest, in the North Fork Buffalo River and its tributaries in Amherst County within the George Washington National Forest, in that portion of St. Mary's River in Augusta County and its tributaries upstream from the gate at the George Washington National Forest property line, and in that portion of Ramsey's Draft and its

tributaries in Augusta County within the George Washington National Forest. All trout caught in these waters under nine inches in length shall be immediately returned to the water unharmed. It shall be unlawful for any person to have in his possession any bait or any trout under nine inches in length while in these areas.

4 VAC 15-330-160. Special provisions applicable to certain portions of Accotink Creek, Back Creek, Chestnut Creek, Hardware River, Holliday Creek, Holmes Run, North River, Passage Creek, Peak Creek, Pedlar River, North Fork of Pound and Pound rivers, Roanoke River, and South River.

It shall be lawful to fish from October 1 through May 31, both dates inclusive, using only artificial lures in Accotink Creek (Fairfax County) from Route 236 (Little River Turnpike) downstream 1.9 miles to Route 620 (Braddock Road), in Back Creek (Bath County) from the Route 600 bridge just below the Virginia Power Back Creek Dam downstream 1.5 miles to the Route 600 bridge at the lower boundary of the Virginia Power Recreational Area, in Chestnut Creek (Carroll County) from the State Route 793 U.S. Route 58 bridge downstream 2.3 11.4 miles to the confluence with New River, in the Hardware River (Fluvanna County) from the Route 646 bridge upstream 2.6 miles to Muleshoe Bend as posted, in Holliday Creek (Appomattox/Buckingham Counties) from the Route 640 crossing downstream 2.8 miles to a sign posted at the headwaters of Holliday Lake, in Holmes Run (Fairfax County) from the Lake Barcroft Dam downstream 1.2 miles to a sign posted at the Alexandria City line, in the North River (Augusta County) from the base of Elkhorn Dam downstream 1.5 miles to a sign posted at the head of Staunton City Reservoir, in Passage Creek (Warren County) from the lower boundary of the Front Royal State Hatchery upstream 0.9 miles to the Shenandoah/Warren County line, in Peak Creek (Pulaski County) from the confluence of Tract Fork downstream 2.7 miles to the Route 99 bridge, in the Pedlar River (Amherst County) from the City of Lynchburg/George Washington National Forest boundary line (below Lynchburg Reservoir) downstream 2.7 miles to the boundary line of the George Washington National Forest, in North Fork of Pound and Pound rivers from the base of North Fork of Pound Dam downstream to the confluence with Indian Creek, in the Roanoke River (Roanoke County) from the Route 760 bridge (Diuguids Lane) upstream 1.0 miles to a sign posted at the upper end of Green Hill Park (Roanoke County), in the Roanoke River (City of Salem) from the Route 419 bridge upstream 2.2 miles to the Colorado Street bridge, and in the South River from the Second Street Bridge upstream 2.4 miles to the base of Rife Loth Dam in the City of Waynesboro. From October 1 through May 31, all trout caught in these waters must be immediately returned to the water unharmed, and it shall be unlawful for any person to have in possession any bait or trout. During the period of June 1 through September 30, the above restrictions will not apply.

VA.R. Doc. No. R06-21; Filed May 9, 2006, 3:08 p.m.

<u>Title of Regulation:</u> 4 VAC 15-340. Fish: Seines and Nets (amending 4 VAC 15-340-10, 4 VAC 15-340-30, and 4 VAC 15-340-40).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) remove Northwest River (Chesapeake) and Nottoway River (Southampton County) from those waters where haul seines may be used to take nongame fish for sale; (ii) limit the taking of American and hickory shad to 10 per day in the aggregate; (iii) remove the Nottoway River (Southampton County) from the waters where gill nets may be used to take nongame fish; (iv) establish that there is no limit on the number of mullet that may be possessed; and (v) reference 4 VAC 15-320-25 as the regulation section providing creel limits on shad and herring.

4 VAC 15-340-10. Haul seines to take fish for sale.

- A. Authorization to take fish for sale. A haul seine permit shall authorize the person to whom issued to take fish for sale as specified with a haul seine from the waters designated in this section.
- B. Permit holder to be present when seine operated. The holder of a haul seine permit must be present with the same seine at all times when it is being operated. The holder, however, may have others to assist him and such persons assisting are not required to have a permit.
- C. Length and size of nets. The length of haul seine nets shall not be more than 500 yards. The size of mesh shall be 1- 1/2 inch bar mesh.
- D. Season and fish to be taken in Chesapeake City; set nets prohibited. In the Northwest River, the open season to take carp, grinnel, or bowfin, and catfish, generally known in that section as roundfish, and herring with a haul seine shall be from November 1 through May 15, both dates inclusive. All set nets shall be prohibited in the Northwest River.
- E. D. Season and fish to be taken in Virginia Beach City. In Back Bay and its natural tributaries (not including Lake Tecumseh and Red Wing Lake), North Landing River from the North Carolina line to Pungo Ferry (not including Blackwater River), the open season to take all fish, except game fish, with a haul seine shall be from November 1 through March 31, both dates inclusive. The harvest limit for anadromous American and hickory shad shall be 10 per day, in the aggregate.
- F. Season and fish to be taken in Southhampton County. In the Nottoway River, from Cary's Bridge to the North Carolina line, the open season to take shad, herring, mullet, and

suckers, only, with a haul seine shall be from March 1 through May 15, both dates inclusive.

- G. E. Labeling packages containing fish taken with haul seine. It shall be unlawful for any person to ship or otherwise transport any package, box or other receptacle containing fish taken under a haul seine permit unless the same bears a label showing the name and address of the owner of the seine and a statement of the kind of fish contained in it.
- H. F. Reporting. The holder of a permit to take fish for sale by means of haul seines shall keep a record of the pounds of fish taken by species and location (name and county of water body), and the pounds of each species sold.

4 VAC 15-340-30. Gill nets.

- A. Authorization to take fish. A gill net permit shall authorize the holder thereof to take nongame fish during the times and in the waters and for the purposes provided for in this section. Such gill net shall not be more than 300 feet in length. The mesh size shall be not less than 1 inch bar or square mesh (three-inch stretch mesh). Applicants must annually purchase tags for each net the applicant intends to operate and attach a department tag to each net prior to use. A single permit will be issued to the permittee and shall list each tag number the permittee has been issued. All nets must be checked daily and all game fish returned to the wild.
- B. Permit holder to be present when gill net is being set and checked for fish. The holder of a gill net permit must be present with the net at all times when it is being set and checked for fish. The holder may have others to assist him, and such persons assisting are not required to have a permit. However, those assisting the permittee must meet the fishing license requirements of the Commonwealth.
- C. Time and place permitted in Southampton County. Gill nets may be used in Southampton County only in the Nottoway River from Cary's Bridge to the North Carolina line from March 1 through May 15, both dates inclusive, to take fish for private table use only and not for sale.
- D. C. Times and places permitted in Virginia Beach City; fish which may be taken. Gill nets may be used in Virginia Beach City in Back Bay and its natural tributaries (not including Lake Tecumseh and Red Wing Lake) and North Landing River from the North Carolina line to Pungo Ferry (not including Blackwater River) for the taking of mullet only for table use and also for sale from July 1 through November 1, both dates inclusive; and for the taking of other nongame fish, except mullet, for table use and also for sale from November 1 through March 31, both dates inclusive. The harvest limit for anadromous American and hickory shad shall be 10 per day, in the aggregate. Gill nets set in Back Bay waters shall be at least 300 feet from any other net and at least 300 feet from the shoreline. All such nets must be marked at both ends and at least every 100 feet along the length of the net with a fiveinch by 12-inch minimum dimensions float.

4 VAC 15-340-40. Dip nets; generally.

A. Authorization to take fish with dip nets. A county dip net permit shall authorize the holder to take shad, herring, mullet and suckers (daily creel (possession) limits for shad and herring are found in 4 VAC 15-320-25, there is no limit for

mullet, and subsection D of this section provides limits for suckers), in the county named on the face of the permit with a dip net in inland waters, except where otherwise prohibited by local legislation or by the sections appearing in this chapter.

- B. Persons required to have permit; inspection by game wardens. A dip net permit, or valid fishing license, shall be required for all persons using or assisting in the use of a dip net and permits, or licenses, shall be carried at all times while using such nets and shall be subject to inspection by game wardens.
- C. Release of certain fish netted. All fish, except shad, herring, mullet, suckers and carp, when taken with a dip net shall be returned to the water alive with as little injury as possible.
- D. Special provisions applicable only to suckers. The following special provisions shall apply only to the taking of suckers, with a dip net:
 - 1. Not more than 20 may be taken by any person in one day;
 - 2. The open season for taking same with a dip net shall be from February 15 through May 15, both dates inclusive; and
 - 3. Dip nets for taking such fish shall not be more than six feet square.

VA.R. Doc. No. R06-22; Filed May 9, 2006, 3:07 p.m.

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<u>Title of Regulation:</u> 4 VAC 15-360. Fish: Aquatic Invertebrates, Amphibians, Reptiles, and Nongame Fish (amending 4 VAC 15-360-10 and 4 VAC 15-360-30; adding 4 VAC 15-360-70).

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: July 1, 2006.

Agency Contact: Phil Smith, Policy Analyst and Regulatory Coordinator, Department of Game and Inland Fisheries, 4016 West Broad Street, Richmond, VA 23230, telephone (804) 367-1000, FAX (804) 367-0488, or e-mail regcomments@dgif.virginia.gov.

Summary:

The amendments (i) limit the sale of crayfish as bait; (ii) limit the size of salamanders used as fish bait to under six inches in length; (iii) remove provisions that allow collection and possession for personal use of up to five individuals each eastern hellbender (Cryptobranchus of the alleganiensis alleganiensis), diamondback (Malaclemmys terrapin terrapin), and spotted turtle (Clemmys guttata), and up to 20 individuals each of the candy darter (Etheostoma osburni), thereby prohibiting the collection and possession of these species without a scientific collection or exhibitors permit issued by the department; (iv) add the Nottoway River to the list of areas in which the collection of freshwater mussels is prohibited without a permit; (v) reference 4 VAC 15-320-25 as the regulation section providing creel (possession) limits on the following nongame fish: anadromous blueback herring,

alewife, American shad, and hickory shad; channel, white, flathead, and blue catfish; (vi) remove the provision that allows for the taking and selling of crayfish; and (vii) prohibit the sale of crayfish as bait or for personal use except for personal consumption.

4 VAC 15-360-10. Taking aquatic invertebrates, amphibians, reptiles, and nongame fish for private use.

- A. Possession limits. Except as otherwise provided for in § 29.1-418 of the Code of Virginia, 4 VAC 15-20-130, subdivision 8 of 4 VAC 15-320-40 and the sections of this chapter, it shall be lawful to capture and possess live for private use and not for sale no more than five individuals of any single native or naturalized (as defined in 4 VAC 15-20-50) species of amphibian and reptile and 20 individuals of any single native or naturalized (as defined in 4 VAC 15-20-50) species of aquatic invertebrate and nongame fish unless specifically listed below:
 - 1. The following species may be taken in unlimited numbers from inland waters statewide: carp, bowfin, longnose gar, mullet, yellow bullhead, brown bullhead, black bullhead, flat bullhead, snail bullhead, white sucker, northern hogsucker, gizzard shad, threadfin shad, blueback herring (see 4 VAC 15-320-25 for anadromous blueback herring limits), white perch, yellow perch, alewife (see 4 VAC 15-320-25 for anadromous alewife limits), stoneroller (hornyhead), fathead minnow, golden shiner, and goldfish.
 - 2. The following species may be taken in unlimited numbers from inland waters below the fall line: See 4 VAC 15-320-25 for American shad, hickory shad, channel catfish, white catfish, flathead catfish, and blue catfish limits.
 - 3. For the purpose of this chapter, "fish bait" shall be defined as native or naturalized species of minnows and chubs (Cyprinidae), salamanders (each under six inches in total length), crayfish, and hellgrammites. The possession limit for taking "fish bait" shall be 50 individuals in aggregate, unless said person has purchased "fish bait" and has a receipt specifying the number of individuals purchased by species, except salamanders and crayfish which cannot be sold pursuant to the provisions of 4 VAC 15-360-60 and 4 VAC 15-360-70. However, stonerollers (hornyheads), fathead minnows, golden shiners, and goldfish may be taken and possessed in unlimited numbers as provided for in subdivision 1 of this subsection.
 - 4. The daily limit for bullfrogs and snapping turtles shall be 15 and bullfrogs and snapping turtles may not be taken from the banks or waters of designated stocked trout waters.
 - 5. The following species may not be taken in any number for private use: candy darter, eastern hellbender, diamondback terrapin, and spotted turtle.
- B. Methods of taking species in subsection A. Except as otherwise provided for in the Code of Virginia, 4 VAC 15-20-130, and other regulations of the board, and except in any waters where the use of nets is prohibited, the species listed in subsection A may only be taken by hand, hook and line, with a seine not exceeding four feet in depth by 10 feet in length, an umbrella type net not exceeding five by five feet square, small minnow traps with throat openings no larger

than one inch in diameter, cast nets, and hand-held bow nets with diameter not to exceed 20 inches and handle length not to exceed eight feet (such cast net and hand-held bow nets when so used shall not be deemed dip nets under the provisions of § 29.1-416 of the Code of Virginia). Bullfrogs may also be taken by gigging or bow and arrow and, from private waters, by firearms no larger than 22 caliber rimfire.

- C. Areas restricted from taking mollusks. Except as provided for in §§ 29.1-418 and 29.1-568 of the Code of Virginia, it shall be unlawful to take mussels and the spiny riversnail (lo fluvialis) in the Tennessee drainage in Virginia (Clinch, Powell and the North, South and Middle Forks of the Holston Rivers and tributaries), and. It shall be unlawful to take mussels in the James River and tributaries west of U.S. Route 29 and, in the entire North Fork of the Shenandoah River, and in the entire Nottoway River.
- D. Areas restricted from taking salamanders. Except as provided for in §§ 29.1-418 and 29.1-568 of the Code of Virginia, it shall be unlawful to take salamanders in Grayson Highlands State Park and on National Forest lands in the Jefferson National Forest in those portions of Grayson, Smyth and Washington Counties bounded on the east by State Route 16, on the north by State Route 603 and on the south and west by U.S. Route 58.

4 VAC 15-360-30. Taking of snapping turtles, crayfish and hellgrammites for sale.

It shall be lawful to take and sell snapping turtles, crayfish and hellgrammites with a Permit to Collect and Sell Snapping Turtles. Crayfish and Hellgrammites or a Permit to Hold and Sell Certain Wildlife under such restrictions and conditions as the board may prescribe. It shall be lawful to hold and sell crayfish with a Permit to Hold and Sell Certain Wildlife under such restrictions as the board may prescribe.

4 VAC 15-360-70. Prohibit the sale of crayfish species.

It shall be unlawful to sell any species of crayfish (Superfamily Astacoidea) live as bait or for personal use, except for personal consumption.

VA.R. Doc. No. R06-23; Filed May 9, 2006, 3:07 p.m.

MARINE RESOURCES COMMISSION

REGISTRAR'S NOTICE: The following regulations filed by the Marine Resources Commission are exempt from the Administrative Process Act in accordance with § 2.2-4006 A 12 of the Code of Virginia; however, the commission is required to publish the full text of final regulations.

<u>Title of Regulation:</u> 4 VAC 20-560. Pertaining to Shellfish Management Areas (amending 4 VAC 20-560-20, 4 VAC 20-560-40 and 4 VAC 20-560-50).

Statutory Authority: §§ 28.2-201 and 28.2-204 of the Code of Virginia.

Effective Date: April 28, 2006.

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 debbie.cawthon@mrc.virginia.gov.

Summary:

The amendments (i) eliminate all descriptions and restrictions associated with the Hampton Roads Shellfish Relay Area, as these provisions are contained in 4 VAC 20-566; (ii) establish the lawful season for the harvest of clams by patent tong from the Newport News Shellfish Management Area as December 1 through April 30, except that if the catch of clams per tong-hour for the previous season is less than 174 clams per tong-hour, the lawful season shall extend through March 31; and (iii) establish that is shall be unlawful for any person to harvest clams by patent tong from the Newport News Shellfish Management Area from May 1 through November 30, except that if the catch of clams per tong-hour for the previous season is less than 174 clams per tong-hour, it shall be unlawful for any person to harvest clams by patent tong from the Newport News Shellfish Management Area from April 1 through November 30.

4 VAC 20-560-20. Shellfish management areas.

- A. The York River Shellfish Management Area shall consist of all public grounds located inshore of a line beginning at the entrance to the Virginia Institute of Marine Science boat basin at Gloucester Point, running northwesterly to Buoy No. 30, thence northwesterly to Buoy No. 32, thence northwesterly to Buoy No. 34, then northwesterly to Pages Rock Buoy, thence northwesterly and ending at Clay Bank Wharf.
- B. The Poquoson River Shellfish Management Area shall consist of all public grounds bounded by a line beginning at Hunts Point Survey Taylor and running northwesterly to Survey Station Spit, thence northeasterly to Survey Station Cabin North, thence east to Survey Station Cabin South, thence southeasterly following the general shoreline (not to include any creeks or canals) to the flag pole near Survey Station 80 at York Point, thence 175 degrees to Day Marker No. 14 and returning to Hunts Point Survey Taylor.
- C. The Back River Shellfish Management Area shall consist of all current public clamming grounds bounded by a line from corner 3 on Shell Plant 115 through corner 17, a daymarker, on Shell Plant 115, 237.42 feet to a point being the point of beginning; thence southeasterly to corner number 1 Public Clamming Ground (PCG#12); thence southeasterly to corner number 3A Public Clamming Ground (PCG#12); thence northeasterly to corner number 3 Public Clamming Ground (PCG#12); thence northwesterly to corner number 2 Public Clamming Ground (PCG#12); thence southwesterly to the POB. Also, for a period of one year, throughout 1994, Shell Plant 115 will also be included in the Back River Shellfish Management Area.
- D. The James River Broodstock Management Area is located inside Public Ground No. 1, Warwick County, south of the James River Bridge, further described as follows: Beginning at a corner number 611 (State Plane Coordinates North 249766.12 East 2596017.56); thence Grid Azimuth 308-39-51, 1074.35' to a corner number 613 (State Plane Coordinates North 250437.32 East 2595178.68); thence Grid Azimuth 28-15-00, 366.30' to a corner number 614 (State Plane

Coordinates North 250759.99 East 2595352.06); thence Grid Azimuth 132-36-45, 1114.51' to a corner number 612 (State Plane Coordinates North 250005.43 East 2596172.28); thence Grid Azimuth 212-53-03, 284.97' to a corner number 611, being the point of beginning, containing 8.04 acres.

- E. The York River Broodstock Management Area shall consist of the area under any portion of the George P. Coleman Memorial Bridge, in addition to the area within 300 feet of the eastern, or downstream, side of the George P. Coleman Memorial Bridge and the area within 300 feet of the western, or upstream, side of the George P. Coleman Memorial Bridge.
- F. The Newport News Shellfish Management Area shall consist of all current public clamming grounds bounded by a line beginning at the intersection of the James River Bridge and Public Ground No. 1, Warwick County, downstream side; thence east southeasterly along the boundary to corner #5, Public Ground No. 1, Warwick County; thence southeast along the boundary to a corner (249,066.55/2,595,681.74); thence northeast along the boundary to the intersection of a line between the James River Bridge and the northwest corner of Newport News Shipbuilding and Drydock Company shipyard near station "HELO," said line being perpendicular to the James River Bridge; thence southeast along the defined line to the northwest corner of the shipyard; downstream to the offshore end of the floating drydock; thence to the offshore end of shipyard pier #6 just south of "Stack"; thence to the offshore end of pier #2 (F R Priv); thence to FI Y "A" off the end of the pier just south of 23rd Street: thence to the offshore end of pier #9 (2 F Y siren); thence to the offshore end of the old coal pier downstream of pier #9; thence to navigational aid FI G "13"; thence to the northeast corner of the Fan Building on the south island of the Monitor Merrimac Bridge Tunnel; thence southerly along the downstream side of the Monitor Merrimac Bridge Tunnel to the first overhead light structure on the bridge tunnel north of the small boat channel hump; thence northwesterly to corner #3, lease #10091 (Hazelwood); thence northwesterly along the boundary to corner #2, lease #10091 (Hazelwood); thence southwesterly to corner #1, Public Ground No. 2, Nansemond County; thence northwesterly along the boundary to corner #6, at the intersection of Public Ground No. 2, Nansemond County, and Public Ground No. 6, Isle of Wight County; thence north northwesterly along the boundary to corner #614, Public Ground No. 6, Isle of Wight County; thence north northwesterly along the boundary to corner #2, Public Ground No. 6, Isle of Wight County; northwesterly along the boundary to the intersection of the James River Bridge and Public Ground No. 6, Isle of Wight County; thence northeasterly along the downstream side of the James River Bridge to the intersection with Public Ground No. 1, Warwick County, at the point of beginning.
- G. The Back River Reef Broodstock Management Area shall consist of the area within a 2000' radius of the center buoy, with a position of 37° 08' 12" north, 76° 13' 54" west.
- H. The Hampton Roads Shellfish Relay Area shall consist of all condemned clamming grounds bounded by a line beginning at the upstream side of the large fishing pier on the southeast side of Old Point Comfort; thence upstream along the shoreline to Newport News Creek; thence to the

- southeast corner of the Monitor Merrimac Bridge Tunnel island along the downstream side, thence to F1 R "12"; thence to the northeast corner of the Fan Building on the southern island of the bridge tunnel; thence southerly along the downstream side of the bridge tunnel to the south line of Public Ground Number 1, Nansemond County; then easterly along the Public Ground to Craney Island Disposal Area; thence clockwise around the boundaries of the disposal area to its intersection with the shore; thence along the shore to the northeast corner of Craney Island; thence through navigational aid F1 G "21" to the point where it intersects a line drawn from the shoreward end of pier number 6 at Lamberts Point to the southeast corner of Tanner Point; thence along the shore to the point of intersection with the riprapped shoreline of the Hampton Roads Bridge-Tunnel island at Fort Wool; thence easterly around this island to its easternmost point; thence north northwesterly to the intersection of the shoreline and the upstream side of the large fishing pier on the east side of Old Point Comfort at the point of beginning.
- ← H. The Middle Ground Light Broodstock Management Area shall consist of the area within a 1000' radius of the navigational light, with a position of 36° 56.7' north, 76° 23.5' west.
- J. I. The York Spit Reef Broodstock Management Area shall consist of the area contained within the defined latitudes and longitudes: northwest corner 37° 14' 75' N--076° 14' 20"W, northeast corner 37° 14' 75"N--076° 13' 30"W, southwest corner 37° 14' 05"N--076° 14' 20"W, southeast corner 37° 14' 05"N--076° 13' 30"W.

4 VAC 20-560-40. Patent tong season.

- A. The lawful season for the harvest of clams by patent tong from the York River Shellfish Management Area shall be August 15 through November 30.
- B. The lawful season for the harvest of clams by patent tong from the Poquoson River Shellfish Management Area shall be March 15 through May 1.
- C. The lawful season for the harvest of clams by patent tong from the Back River Shellfish Management Area shall be January 1 through March 31.
- D. It shall be unlawful for any person to harvest clams by patent tong from either the York River, Poquoson River, or Back River Shellfish Management Area except as provided in subsections A, B, and C of this section.
- E. Shell planting area 115 in Back River will be closed at the end of the 1994 season for evaluation by the VMRC Fisheries Management Division.
- F. E. The lawful season for the harvest of clams by patent tong from the Newport News Shellfish Management Area shall be December 1 through March 15 April 30, except that if the catch of clams per tong-hour for the previous season is less than 174 clams per tong-hour, the lawful season shall be December 1 through March 31.
- G. F. It shall be unlawful for any person to harvest clams by patent tong from the Newport News Shellfish Management Area from April 1 May 1 through November 30, except that if

the catch of clams per tong-hour for the previous season is less than 174 clams per tong-hour, it shall be unlawful for any person to harvest clams by patent tong from the Newport News Shellfish Management Area from April 1 through November 30.

4 VAC 20-560-50. Time of day and harvest restrictions.

- A. It shall be unlawful for any person to harvest clams by patent tong from either the York River or Poquoson River Shellfish Management Area before sunrise or after 2 p.m.
- B. It shall be unlawful for any person to harvest clams by patent tong from the Back River Shellfish Management Area before sunrise or after 4 p.m.
- C. It shall be unlawful for any person to harvest clams by patent tong from either the York River, Poquoson River, Newport News or Back River Shellfish Management Area on Saturday or Sunday.
- D. It shall be unlawful for any person to harvest any shellfish from the James River Broodstock Management Area, Back River Reef Broodstock Management Area, Middle Ground Light Broodstock Management Area, York Spit Reef Broodstock Management Area, or York River Broodstock Management Area at any time.
- E. It shall be unlawful for any person to harvest clams by patent tong from the Newport News Shellfish Management Area before sunrise or after 2 p.m.
- F. It shall be unlawful for any person to possess any amount of hard clams from the Newport News Shellfish Management Area or the Hampton Roads Shellfish Relay Area which that consists of more than 2.0% by number of clams, which can be passed through a 1-3/8 inch inside diameter culling ring. The 2.0% allowance shall be measured by the marine patrol officer from each container or pile of clams.

VA.R. Doc. No. R06-228; Filed April 28, 2006, 9:40 a.m.

<u>Title of Regulation:</u> 4 VAC 20-1100. Pertaining to Shellfish Handling (adding 4 VAC 20-1100-10 through 4 VAC 20-1100-30).

Statutory Authority: §§ 28.2-201 and 28.2-801 of the Code of Virginia.

Effective Date: July 1, 2006.

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 debbie.cawthon@mrc.virginia.gov.

Summary:

The regulation establishes sanitary control requirements for harvesting and transporting molluscan shellfish for human consumption.

CHAPTER 1100. PERTAINING TO SHELLFISH HANDLING.

4 VAC 20-1100-10. Purpose.

The purpose of this regulation is to ensure the safe and sanitary control of the harvesting and transporting of molluscan shellfish for human consumption.

4 VAC 20-1100-20. Disposal of sewage from vessels.

- A. Any boat or vessel engaged in harvesting or transporting shellfish shall have on board an approved Type III marine sanitation device (holding tank), portable toilet or other sewage disposal receptacle. Portable toilets shall:
 - 1. Be constructed of high quality plastic that is durable, easy to clean, and will not spill;
 - 2. Be used only for the purpose intended;
 - 3. Be secured while on board the vessel and located to prevent contamination of shellstock by spillage or leakage;
 - 4. Be emptied only into an approved sewage disposal system;
 - 5. Be cleaned before being returned to the boat; and
 - 6. Not be cleaned with equipment used for washing or processing food.
- B. Use of other receptacles for sewage disposal are approved if the receptacles are constructed of impervious, cleanable materials, have tight-fitting lids, and meet the requirements of subdivisions A1 through A6 of this section.

4 VAC 20-1100-30. Penalty.

As set forth in § 28.2-821 of the Code of Virginia, any person violating the provisions of this regulation shall be guilty of a Class I misdemeanor.

VA.R. Doc. No. R06-229; Filed April 28, 2006, 9:39 a.m.

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: 12 VAC 30-120. Waivered Services: Home and Community-Based Services Mental Retardation Waiver (amending 12 VAC 30-120-211, 12 VAC 30-120-213, 12 VAC 30-120-215, 12 VAC 30-120-217, 12 VAC 30-120-219, 12 VAC 30-120-221, 12 VAC 30-120-223, 12 VAC 30-120-225, 12 VAC 30-120-227, 12 VAC 30-120-229, 12 VAC 30-120-231, 12 VAC 30-120-233, 12 VAC 30-120-237, 12 VAC 30-120-241, 12 VAC 30-120-245, 12 VAC 30-120-247, 12 VAC 30-120-249; repealing 12 VAC 30-120-243).

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Effective Date: June 28, 2006.

Agency Contact: Teja Stokes, Project Manager, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-0527, FAX (804) 786-1680, or e-mail teja.stokes@dmas.virginia.gov.

Summary:

The Department of Medical Assistance Services (DMAS) was directed by the 2004 Virginia Appropriation Act to renew the Mental Retardation (MR) Waiver by submitting a home and community-based waiver application to the Centers for Medicare and Medicaid Services (CMS). DMAS formed an MR Waiver Advisory Committee consisting of family members, advocates, providers and state agencies to assist with completing the renewal process. The final regulations reflect the changes to the MR Waiver Application as approved by CMS in July 2004. In general the changes include (i) reorganization of individual eligibility section to present information in chronological order; (ii) clarification of definitions, service descriptions and and individual eligibility and provider limitations. requirements; (iii) revision of criteria for crisis stabilization and the due date for submission of paperwork for preauthorization; (iv) change in the limit for individual models of supported employment to reflect an accurate limit for hourly units; (v) clarification of education requirements for providers of day support, prevocational, and supported employment services; and (vi) the addition of definitions of center-based and noncenter-based services under prevocational services and criteria for prevocational services at an intensive level.

The proposed regulation was amended to clarify certain points, and add detail to the descriptions of services such as crisis stabilization, skilled nursing and prevocational services. The amendments also revise the limit for individual supported employment to conform to the practicalities of the workplace, and sort out the details transferring certain six-year-old children into another more appropriate Waiver program.

<u>Summary of Public Comments and Agency's Response:</u> 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 30-120-211. Definitions.

"Activities of daily living" or "ADL" means personal care tasks, e.g., bathing, dressing, toileting, transferring, and eating/feeding. An individual's degree of independence in performing these activities is a part of determining appropriate level of care and service needs.

"Appeal" means the process used to challenge adverse actions regarding services, benefits and reimbursement provided by Medicaid pursuant to 12 VAC 30-110 and 12 VAC 30-20-500 through 12 VAC 30-20-560.

"Assistive technology" or "AT" means specialized medical equipment and supplies to include devices, controls, or appliances, specified in the consumer service plan but not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or

communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and nondurable medical equipment not available under the Medicaid State Plan.

"Behavioral health authority" or "BHA" means the local agency, established by a city or county under Chapter [45 1] (§ [37.1-242 et seq. 37.2-100]) of Title [37.1 37.2] of the Code of Virginia that plans, provides, and evaluates mental health, mental retardation, and substance abuse services in the locality that it serves.

"CMS" means the Centers for Medicare and Medicaid Services, which is the unit of the federal Department of Health and Human Services that administers the Medicare and Medicaid programs.

"Case management" means the assessing and planning of services; linking the individual to services and supports identified in the consumer service plan; assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources; coordinating services and service planning with other agencies and providers involved with the individual; enhancing community integration; making collateral contacts to promote the implementation of the consumer service plan and community integration; monitoring to assess ongoing progress and ensuring services are delivered; and education and counseling that guides the individual and develops a supportive relationship that promotes the consumer service plan.

"Case manager" means the individual on behalf of the community services board or behavioral health authority possessing a combination of mental retardation work experience and relevant education that indicates that the individual possesses the knowledge, skills and abilities, at entry level, as established by the Department of Medical Assistance Services in 12 VAC 30-50-450.

"Community services board" or "CSB" means the local agency, established by a city or county or combination of counties or cities er cities and counties under Chapter [40 5] (§ [37.1-194 37.2-500] et seq.) of Title [37.1 37.2] of the Code of Virginia, that plans, provides, and evaluates mental health, mental retardation, and substance abuse services in the jurisdiction or jurisdictions it serves.

"Companion" means, for the purpose of these regulations, a person who provides companion services.

"Companion services" means nonmedical care, support, and socialization, provided to an adult (age 18 and over). The provision of companion services does not entail hands-on nursing care. It is provided in accordance with a therapeutic goal in the consumer service plan and is not purely diversional in nature.

"Comprehensive assessment" means the gathering of relevant social, psychological, medical and level of care information by the case manager and is used as a basis for the development of the consumer service plan.

"Consumer-directed services model" means services for which the individual [er and the individual's] family/caregiver [, as

appropriate,] is responsible for hiring, training, supervising, and firing of the staff.

"Consumer-directed (CD) services facilitator" means the DMAS-enrolled provider who is responsible for supporting the individual and [the individual's] family/caregiver [, as appropriate,] by ensuring the development and monitoring of the Consumer-Directed Services Individual Service Plan, providing employee management training, and completing ongoing review activities as required by DMAS for consumer-directed companion, personal assistance, and respite services.

"Consumer service plan" or "CSP" means documents addressing needs in all life areas of individuals who receive mental retardation waiver services, and is comprised of individual service plans as dictated by the individual's health care and support needs. The individual service plans are incorporated in the CSP by the case manager.

"Crisis stabilization" means direct intervention to persons with mental retardation who are experiencing serious psychiatric or behavioral challenges that jeopardize their current community living situation, by providing temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement. This service shall be designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period.

"DMAS" means the Department of Medical Assistance Services.

"DMAS staff" means persons employed by the Department of Medical Assistance Services.

"DMHMRSAS" means the Department of Mental Health, Mental Retardation and Substance Abuse Services.

"DMHMRSAS staff" means persons employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

"DRS" means the Department of Rehabilitative Services.

"DSS" means the Department of Social Services.

"Day support" means training, assistance, and specialized supervision in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills, which typically take place outside the home in which the individual resides. Day support services shall focus on enabling the individual to attain or maintain his maximum functional level.

"Developmental risk" means the presence before, during or after an individual's birth of conditions typically identified as related to the occurrence of a developmental disability and for which no specific developmental disability is identifiable through existing diagnostic and evaluative criteria.

"Direct marketing" means either (i) conducting directly or indirectly door-to-door, telephonic or other "cold call" marketing of services at residences and provider sites; (ii) mailing directly; (iii) paying "finders' fees"; (iv) offering financial incentives, rewards, gifts or special opportunities to eligible individuals [er and the individual's] family/caregivers [, as

appropriate,] as inducements to use the providers' services; (v) continuous, periodic marketing activities to the same prospective individual [efficient and the individual's] family/caregiver [, as appropriate], for example, monthly, quarterly, or annual giveaways as inducements to use the providers' services; or (vi) engaging in marketing activities that offer potential customers rebates or discounts in conjunction with the use of the providers' services or other benefits as a means of influencing the individual's [efficient and the individual's] family/caregiver's [, as appropriate,] use of the providers' services.

"Enroll" means that the individual has been determined by the case manager to meet the eligibility requirements for the MR Waiver and DMHMRSAS has verified the availability of a MR Waiver slot for that individual [, and DSS has determined the individual's Medicaid eligibility for home and community-based services].

"Entrepreneurial model" means a small business employing eight or fewer individuals who have disabilities on a shift and usually involves interactions with the public and with coworkers without disabilities.

"Environmental modifications" means physical adaptations to a house, place of residence, er primary vehicle or work site (when the work site modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act) that are necessary to ensure the individual's health and safety or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to the individual.

"EPSDT" means the Early Periodic Screening, Diagnosis and Treatment program administered by DMAS for children under the age of 21 according to federal guidelines that prescribe preventive and treatment services for Medicaid-eligible children as defined in 12 VAC 30-50-130.

"Facilitator" means the DMAS enrolled provider who is responsible for supporting the individual and family/caregiver by ensuring the development and monitoring of the Consumer-Directed Services Individual Service Plan, providing employee management training, and completing ongoing review activities as required by DMAS for consumer-directed companion, personal assistance, and respite services.

"Fiscal agent" means an agency or organization within DMAS or contracted by DMAS to handle employment, payroll, and tax responsibilities on behalf of individuals who are receiving consumer-directed personal assistance, respite, and companion services.

"Health Planning Region" or "HPR" means the federally designated geographical area within which health care needs assessment and planning takes place, and within which health care resource development is reviewed.

"Health, welfare, and safety standard" means that an individual's right to receive a waiver service is dependent on a finding that the individual needs the service, based on appropriate assessment criteria and a written individual

service plan and that services can safely be provided in the community.

"Home and community-based waiver services" or "waiver services" means the range of community support services approved by the Centers for Medicare and Medicaid Services (CMS) pursuant to § 1915(c) of the Social Security Act to be offered to persons with mental retardation and children younger than age six who are at developmental risk who would otherwise require the level of care provided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR.)

"ICF/MR" means a facility or distinct part of a facility certified by the Virginia Department of Health, as meeting the federal certification regulations for an Intermediate Care Facility for the Mentally Retarded and persons with related conditions. These facilities must address the total needs of the residents, which include physical, intellectual, social, emotional, and habilitation, and must provide active treatment.

"Individual" means the person receiving the services or evaluations established in these regulations.

"Individual service plan" or "ISP" means the service plan related solely to the specific waiver service. Multiple ISPs help to comprise the overall consumer service plan.

"Instrumental activities of daily living" or "IADLs" means tasks such as meal preparation, shopping, housekeeping, laundry, and money management.

"ISAR" means the Individual Service Authorization Request and is the DMAS form used by providers to request prior authorization for MR waiver services.

"Mental retardation" or "MR" means mental retardation as defined by the American Association on Mental Retardation (AAMR).

"Participating provider" means an entity that meets the standards and requirements set forth by DMAS and DMHMRSAS, and has a current, signed provider participation agreement with DMAS.

"Pend" means delaying the consideration of an individual's request for services until all required information is received by DMHMRSAS.

"Personal assistance services" means assistance with activities of daily living, instrumental activities of daily living, access to the community, self-administration of medication, or other medical needs, and the monitoring of health status and physical condition.

"Personal assistant" means a person who provides personal assistance services.

"Personal emergency response system (PERS)" is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. PERS services are limited to those individuals who live alone or are alone for significant parts of the day and who have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

"Preauthorized" means that an individual service has been approved by DMHMRSAS prior to commencement of the

service by the service provider for initiation and reimbursement of services.

"Prevocational services" means services aimed at preparing an individual for paid or unpaid employment. The services do not include activities that are specifically job-task oriented but focus on concepts such as accepting supervision, attendance, task completion, problem solving and safety. Compensation, if provided, is less than 50% of the minimum wage.

["Primary caregiver" means the primary person who consistently assumes the role of providing direct care and support of the individual to live successfully in the community without compensation for providing such care.]

"Qualified mental retardation professional" means a professional possessing: (i) at least one year of documented experience working directly with individuals who have mental retardation or developmental disabilities; (ii) a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology; and (iii) the required Virginia or national license, registration, or certification in accordance with his profession, if applicable.

"Residential support services" means support provided in the individual's home by a DMHMRSAS-licensed residential provider or a DSS-approved provider of adult foster care services. This service is one in which training, assistance, and supervision is routinely provided to enable individuals to maintain or improve their health, to develop skills in activities of daily living and safety in the use of community resources, to adapt their behavior to community and home-like environments, to develop relationships, and participate as citizens in the community.

"Respite services" means services provided to individuals who are unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those unpaid persons normally providing the care.

"Services facilitator" means the DMAS-enrolled provider who is responsible for supporting the individual and [the individual's] family/caregiver [, as appropriate,] by ensuring the development and monitoring of the Consumer-Directed Services Individual Service Plan, providing employee management training, and completing ongoing review activities as required by DMAS for services with an option of a consumer-directed model. These services include companion, personal assistance, and respite services.

"Skilled nursing services" means services that are ordered by a physician and required to prevent institutionalization, that are not otherwise available under the State Plan for Medical Assistance and that are provided by a licensed registered professional nurse, or by a licensed practical nurse under the supervision of a licensed registered professional nurse, in each case who is licensed to practice in the Commonwealth.

"Slot" means an opening or vacancy of waiver services for an individual.

"State Plan for Medical Assistance" or "Plan" means the regulations Commonwealth's legal document approved by CMS identifying the covered groups, covered services and

their limitations, and provider reimbursement methodologies as provided for under Title XIX of the Social Security Act.

"Supported employment" means work in settings in which persons without disabilities are typically employed. It includes training in specific skills related to paid employment and the provision of ongoing or intermittent assistance and specialized supervision to enable an individual with mental retardation to maintain paid employment.

"Support plan" means the report of recommendations resulting from a therapeutic consultation.

"Therapeutic consultation" means activities to assist the individual [, family/caregivers and the individual's family/caregiver, as appropriate], staff of residential support, day support, and any other providers in implementing an individual service plan.

12 VAC 30-120-213. General coverage and requirements for MR waiver services.

- A. Waiver service populations. Home and community-based waiver services shall be available through a § 1915(c) of the Social Security Act waiver for the following individuals who have been determined to require the level of care provided in an ICF/MR.
 - 1. Individuals with mental retardation; or
 - 2. Individuals younger than the age of six who are at developmental risk. At the age of six years, these individuals must have a diagnosis of mental retardation to continue to receive home and community-based waiver services specifically under this program.

Mental Retardation (MR) Waiver recipients who attain the age of six years of age, who are determined to not have a diagnosis of mental retardation, and who meet all IFDDS Waiver eligibility criteria, shall be eligible for transfer to the IFDDS Waiver effective up to their seventh birthday. Psychological evaluations [(or standardized developmental assessment for children under six years of age) confirming diagnoses must be completed less than one year prior to transferring to the IFDDS Waiver. These recipients transferring from the MR Waiver will automatically be assigned a slot in the IFDDS Waiver, subject to the approval of the slot by CMS. The case manager will submit the current Level of Functioning Survey, CSP and psychological evaluation [(or standardized developmental assessment for children under six years of age) 1 to DMAS for review. Upon determination by DMAS that the individual is appropriate for transfer to the IFDDS Waiver, the case manager will provide the family with a list of IFDDS Waiver case managers. The case manager will work with the selected IFDDS Waiver case manager to determine an appropriate transfer date and submit a DMAS-122 to the local DSS. The MR Waiver slot will be held by the CSB until the child has successfully transitioned to the IFDDS Waiver. Once the child has successfully transitioned, the CSB will reallocate the slot.

- B. Covered services.
 - 1. Covered services shall include: residential support services, day support, supported employment, personal

- assistance (both consumer and agency-directed), respite services (both consumer and agency-directed), assistive technology, environmental modifications, skilled nursing services, therapeutic consultation, crisis stabilization, prevocational services, personal emergency response systems (PERS), and companion services (both consumer and agency-directed.)
- 2. These services shall be appropriate and necessary to maintain the individual in the community. Federal waiver requirements provide that the average per capita fiscal year expenditures under the waiver must not exceed the average per capita expenditures for the level of care provided in Intermediate Care Facilities for the Mentally Retarded under the State Plan that would have been provided had the waiver not been granted.
- 3. Waiver services shall not be furnished to individuals who are inpatients of a hospital, nursing facility, ICF/MR, or inpatient rehabilitation facility. Individuals with mental retardation who are inpatients of these facilities may receive case management services as described in 12 VAC 30-50-450. The case manager may recommend waiver services that would promote exiting from the institutional placement; however, these services shall not be provided until the individual has exited the institution.
- 3. 4. Under this § 1915(c) waiver, DMAS waives § 1902(a)(10)(B) of the Social Security Act related to comparability.
- C. Requests for increased services. All requests for increased waiver services by MR Waiver recipients will be reviewed under the health, welfare, and safety standard. This standard assures that an individual's right to receive a waiver service is dependent on a finding that the individual needs the service, based on appropriate assessment criteria and a written ISP and that services can safely be provided in the community.
- D. Appeals. Individual appeals shall be considered pursuant to 12 VAC 30-110-10 through 12 VAC 30-110-380. Provider appeals shall be considered pursuant to 12 VAC 30-10-1000 and 12 VAC 30-20-500 through 12 VAC 30-20-560.
- E. Urgent criteria. The CSB/BHA will determine, from among the individuals included in the urgent category, who should be served first, based on the needs of the individual at the time a slot becomes available and not on any predetermined numerical or chronological order.
 - 1. The urgent category will be assigned when the individual is in need of services because he is determined to meet one of the criteria established in subdivision 2 of this subsection [and services are needed within 30 days]. Assignment to the urgent category may be requested by the individual, his legally responsible relative, or primary caregiver. The urgent category may be assigned only when the individual, the individual's spouse, or the parent of an individual who is a minor child would accept the requested service if it were offered. Only after all individuals in the Commonwealth who meet the urgent criteria have been served can individuals in the nonurgent category are those who meet the diagnostic and functional criteria for the waiver, including the need for services within 30 days, but who do not meet the urgent

criteria. In the event that a CSB/BHA has a vacant slot and does not have an individual who meets the urgent criteria, the slot can be held by the CSB/BHA for 90 days from the date it is identified as vacant, in case someone in an urgent situation is identified. If no one meeting the urgent criteria is identified within 90 days, the slot will be made available for allocation to another CSB/BHA in the Health Planning Region (HPR). If there is no urgent need at the time that the HPR is to make a regional reallocation of a waiver slot, the HPR shall notify DMHMRSAS. DMHMRSAS shall have the authority to reallocate said slot to another HPR or CSB/BHA where there is unmet urgent need. Said authority must be exercised, if at all, within 30 days from receiving such notice.

- 2. Satisfaction of one or more of the following criteria shall indicate that the individual should be placed on the urgent need of waiver services list:
 - a. Both primary caregivers are 55 years of age or older, or if there is one primary caregiver, that primary caregiver is 55 years of age or older:
 - b. The individual is living with a primary caregiver, who is providing the service voluntarily and without pay, and the primary caregiver indicates that he can no longer care for the individual with mental retardation;
 - c. There is a clear risk of abuse, neglect, or exploitation;
 - d. One A primary caregiver, or both caregivers, has a chronic or long-term physical or psychiatric condition or conditions which significantly limits the abilities of the primary caregiver or caregivers to care for the individual with mental retardation:
 - e. Individual is aging out of publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school); or
 - f. The individual with mental retardation lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individual living in the home due to either of the following conditions:
 - (1) The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the primary caregiver even with generic or specialized support arranged or provided by the CSB/BHA; or
 - (2) There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided by the CSB/BHA.
- F. Reevaluation of service need and utilization review. Case managers shall complete reviews and updates of the CSP and level of care as specified in 12 VAC 30-120-215 D. Providers shall meet the documentation requirements as specified in 12 VAC 30-120-217 B.
 - 1. The consumer service plan (CSP).
 - a. The CSP shall be developed by the case manager mutually with the individual, the individual's

family/caregiver, other service providers, consultants, and other interested parties based on relevant, current assessment data. The CSP development process identifies the services to be rendered to individuals, the frequency of services, the type of service provider or providers, and a description of the services to be offered. The ISP from each waiver service provider shall be incorporated into the CSP. Only services authorized on the CSP by DMHMRSAS according to DMAS policies will be reimbursed by DMAS.

b. The case manager is responsible for continuous monitoring of the appropriateness of the individual's services and revisions to the CSP as indicated by the changing needs of the individual. At a minimum, the case manager must review the CSP every three months to determine whether service goals and objectives are being met and whether any modifications to the CSP are necessary.

c. Any modification to the amount or type of services in the CSP must be authorized by DMHMRSAS or DMAS.

2. Review of level of care.

a. The case manager shall complete a comprehensive assessment annually, in coordination with the individual, family/caregiver, and service providers. If warranted, the case manager shall coordinate a medical examination and a psychological evaluation for the individual. The reassessment shall include an update of the level of care and functional assessment instrument and any other appropriate assessment data. The CSP shall be revised as appropriate.

b. A medical examination must be completed for adults based on need identified by the individual, family/caregiver, provider, case manager, or DMHMRSAS staff. Medical examinations and screenings for children must be completed according to the recommended frequency and periodicity of the EPSDT program.

c. A psychological evaluation or standardized developmental assessment for children under six years of age must reflect the current psychological status (diagnosis), adaptive level of functioning, and cognitive abilities. A new psychological evaluation shall be required whenever the individual's functioning has undergone significant change and is no longer reflective of the past psychological evaluation.

3. Case manager must request an updated DMAS-122 form from DSS annually and forward a copy of the updated DMAS-122 form to all service providers when obtained.

12 VAC 30-120-215. Individual eligibility requirements.

A. Individuals receiving services under this waiver must meet the following requirements. Virginia will apply the financial eligibility criteria contained in the State Plan for the categorically needy. Virginia has elected to cover the optional categorically needy groups under 42 CFR 435.211, 435.217, and 435.230. The income level used for 42 CFR 435.211, 435.217 and 435.230 is 300% of the current Supplemental Security Income payment standard for one person.

- 1. Under this waiver, the coverage groups authorized under § 1902(a)(10)(A)(ii)(VI) of the Social Security Act will be considered as if they were institutionalized for the purpose of applying institutional deeming rules. All recipients under the waiver must meet the financial and nonfinancial Medicaid eligibility criteria and meet the institutional level of care criteria. The deeming rules are applied to waiver eligible individuals as if the individual were residing in an institution or would require that level of care.
- 2. Virginia shall reduce its payment for home and community-based waiver services provided to an individual who is eligible for Medicaid services under 42 CFR 435.217 by that amount of the individual's total income (including amounts disregarded in determining eligibility) that remains after allowable deductions for personal maintenance needs, deductions for other dependents, and medical needs have been made, according to the guidelines in 42 CFR 435.735 and § 1915(c)(3) of the Social Security Act as amended by the Consolidated Omnibus Budget Reconciliation Act of 1986. DMAS will reduce its payment for home and community-based waiver services by the amount that remains after the deductions listed below:
 - a. For individuals to whom § 1924(d) applies and for whom Virginia waives the requirement for comparability pursuant to § 1902(a)(10)(B), deduct the following in the respective order:
 - (1) The basic maintenance needs for an individual, which is equal to the SSI payment for one person. As of January 1, 2002, due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than 5.0% of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus quardianship fees) for the individual exceed 300% of SSI. (The guardianship fee is not to exceed 5.0% of the individual's total monthly income.)
 - (2) For an individual with only a spouse at home, the community spousal income allowance determined in accordance with § 1924(d) of the Social Security Act.
 - (3) For an individual with a family at home, an additional amount for the maintenance needs of the family determined in accordance with § 1924(d) of the Social Security Act.
 - (4) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and

- necessary medical or remedial care recognized under state law but not covered under the plan.
- b. For individuals to whom § 1924(d) does not apply and for whom Virginia waives the requirement for comparability pursuant to § 1902(a)(10)(B), deduct the following in the respective order:
 - (1) The basic maintenance needs for an individual, which is equal to the SSI payment for one person. As of January 1, 2002, due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than 5.0% of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus guardianship fees) for the individual exceed 300% of SSI. (The guardianship fee is not to exceed 5.0% of the individual's total monthly income.)
 - (2) For an individual with a dependent child or children, an additional amount for the maintenance needs of the child or children, which shall be equal to the Title XIX medically needy income standard based on the number of dependent children.
 - (3) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and necessary medical or remedial care recognized under state law but not covered under the State Medical Assistance Plan.
- 3. The following four criteria shall apply to all mental retardation waiver services:
 - a. Individuals qualifying for mental retardation waiver services must have a demonstrated elinical need for the service resulting in significant functional limitations in major life activities. The need for the service must arise from either (i) an individual having a diagnosed condition of mental retardation or (ii) a child younger than six years of age being at developmental risk of significant functional limitations in major life activities;
 - b. The CSP and services that are delivered must be consistent with the Medicaid definition of each service;
 - c. Services must be recommended by the case manager based on a current functional assessment using a DMHMRSAS approved assessment instrument and a demonstrated need for each specific service; and
 - d. Individuals qualifying for mental retardation waiver services must meet the ICF/MR level of care criteria.

- B. Assessment and authorization of home and community-based waiver services enrollment.
 - 1. To ensure that Virginia's home and community-based waiver programs serve only individuals who would otherwise be placed in an ICF/MR, home and community-based waiver services shall be considered only for individuals who are eligible for admission to an ICF/MR with a diagnosis of mental retardation, or who are under six years of age and at developmental risk. For the case manager to make a recommendation for waiver services, MR Waiver services must be determined to be an appropriate service alternative to delay or avoid placement in an ICF/MR, or promote exiting from either an ICF/MR placement or other institutional placement. Home and community-based waiver services shall be the critical service that enables the individual to remain at home and in the community rather than being placed in an ICF/MR.
 - 2. The case manager shall recommend the individual for home and community-based waiver services after completion of a comprehensive assessment of the individual's needs and available supports. This assessment process for home and community-based waiver services by the case manager is mandatory before Medicaid will assume payment responsibility of home and community-based waiver services. The comprehensive assessment includes:
 - a. Relevant medical information based on a medical examination completed no earlier than 12 months prior to the initiation of waiver services:
 - b. The case manager's functional assessment that demonstrates a need for each specific service. The functional assessment must be a DMHMRSAS approved assessment completed no earlier than 12 months prior to enrollment:
 - c. The level of care required by applying the existing DMAS ICF/MR criteria (12 VAC 30-130-430 et seq.) completed no more than six months prior to enrollment. The case manager determines whether the individual meets the ICF/MR criteria with input from the individual [, family/caregivers, and the individual's family/caregiver, as appropriate,] and service and support providers involved in the individual's support in the community; and
 - d. A psychological evaluation [or standardized developmental assessment for children under six years of age] that reflects the current psychological status (diagnosis), current cognitive abilities, and current adaptive level of functioning of the individuals. The comprehensive assessment includes relevant medical, social, level of care and psychological data, and identifies all services received by the individual. Medical examinations and social assessments shall be current, completed prior to the individual's entry to the waiver, and no earlier than 12 months prior to beginning waiver services. Psychological evaluations or standardized developmental evaluations for children under the age of six years must reflect the current psychological status

- (diagnosis), current cognitive abilities, and current adaptive level of functioning of the individuals.
- 3. An essential part of the case manager's assessment process shall be determining the level of care required by applying the existing DMAS ICF/MR criteria (12 VAC 30-130-430 et seq.).
- 4. The case manager shall complete the assessment, determine whether the individual meets the ICF/MR criteria and develop the CSP with input from the individual, family/caregivers, and service and support providers involved in the individual's support in the community. Completion of this assessment process for home and community-based waiver services by the case manager is mandatory before Medicaid will assume payment responsibility of home and community-based waiver services. For the case manager to make a recommendation for waiver services, MR Waiver services must be determined to be an appropriate service alternative to delay or avoid placement in an ICF/MR, or promote exiting from either an ICF/MR placement or inappropriate institutional placement.
- 5. 3. The case manager shall provide the individual and [the individual's] family/caregiver [, as appropriate,] with the choice of MR waiver services or ICF/MR placement, choice of needed services available under the MR waiver, including agency or consumer-directed services, and explore alternative settings and services to provide the services needed by the individual. A CSP shall be developed for the individual based on the assessment of needs as reflected in the level of care and functional assessment instruments and the individual's, family/caregiver's preferences.
- 4. The case manager shall send the appropriate forms to DMHMRSAS to enroll the individual in the MR Waiver or. if no slot is available, to place the individual on the waiting list. DMHMRSAS shall only enroll the individual if a slot is available. If no slot is available, the individual's name will be placed on either the urgent or nonurgent statewide waiting list until such time as a slot becomes available. Once notification has been received from DMHMRSAS that the individual has been placed on either the urgent or nonurgent waiting list, the case manager must notify the individual in writing within 10 [working business] days of his placement on either list, and offer appeal rights. The case manager will contact the individual [or and the individual's j family/caregiver [, as appropriate,] at least annually to provide the choice between institutional placement and waiver services while the individual is on the waiting list.
- 6. The case manager must submit the results of the comprehensive assessment and a recommendation to the DMHMRSAS staff for final determination of ICF/MR level of care and authorization for community based services. DMHMRSAS will communicate in writing to the case manager whether the recommended services have been approved and the amounts and type of services authorized or if any have been denied. Medicaid will not pay for any home and community based waiver services delivered prior

- to the authorization date approved by DMHMRSAS if prior authorization is required.
- 7. Mental retardation waiver services may be recommended by the case manager only if:
 - a. The individual is Medicaid eligible as determined by the local office of the Department of Social Services;
 - b. The individual has a diagnosis of mental retardation as defined by the American Association on Mental Retardation, or is a child under the age of six at developmental risk, who would in the absence of waiver services, require the level of care provided in an ICF/MR facility the cost of which would be reimbursed under the Plan;
 - c. The contents of the individual service plans are consistent with the Medicaid definition of each service; and
 - d. The individual requesting waiver services is not receiving such services while an inpatient of a nursing facility, an ICF/MR, or hospital.
- 8. All consumer service plans are subject to approval by DMAS. DMAS shall be the single state agency authority responsible for the supervision of the administration of the MR waiver and is responsible for conducting utilization review activities. DMAS has contracted with DMHMRSAS for recommendation of preauthorization of waiver services.
- C. Waiver approval process: authorizing and accessing services.
 - 1. Once the case manager has determined an individual meets the functional criteria for mental retardation (MR) waiver services, has determined that a slot is available, and that the individual has chosen this service MR waiver services, the case manager shall submit enrollment information to DMHMRSAS to confirm level of care eligibility and the availability of a slot. DMHMRSAS shall only enroll the individual if a slot is available.
 - 2. If no slot is available, the individual's name will be placed on either the urgent or nonurgent statewide waiting list until such time as a slot becomes available. Once notification has been received from DMHMRSAS that the individual has been placed on either the urgent or nonurgent waiting list, the case manager must notify the individual in writing within 40 working days of his placement on either list, and offer appeal rights.
 - 3. 2. Once the individual has been enrolled by DMHMRSAS, the case manager will submit a DMAS-122 along with a written confirmation from DMHMRSAS of level of care eligibility, to the local DSS to determine financial eligibility for the waiver program and any patient pay responsibilities.
 - 3. After the case manager has received written notification of Medicaid eligibility by DSS and written *confirmation of* enrollment from DMHMRSAS, the case manager shall inform the individual [er and the individual's] family/caregiver [, as appropriate,] so that the CSP can be developed. The individual [er individual's and the

- individual's | family/caregiver [, as appropriate,] will meet with the case manager within 30 calendar days to discuss the individual's needs and existing supports, and to develop a CSP that will establish and document the needed services. The case manager shall provide the individual and [the individual's] family/caregiver[, as appropriate,] with choice of needed services available under the MR Waiver, alternative settings and providers. A CSP shall be developed for the individual based on the assessment of needs as reflected in the level of care and functional assessment instruments and the individual's and [the individual's] family/caregiver's [, as appropriate,] preferences. The CSP development process identifies the services to be rendered to individuals, the frequency of services, the type of service provider or providers, and a description of the services to be offered.
- 4. The individual or case manager shall contact chosen service providers so that services can be initiated within 60 days of receipt of enrollment confirmation from DMHMRSAS. The service providers in conjunction with the individual [¬, and the] individual's family/caregiver [¬, as appropriate,] and case manager will develop ISPs for each service. A copy of these plans will be submitted to the case manager. The case manager will review and ensure the ISP meets the established service criteria for the identified needs prior to submitting to DMHMRSAS for prior authorization. The ISP from each waiver service provider shall be incorporated into the CSP. Only [MR Waiver] services authorized on the CSP by DMHMRSAS according to DMAS policies [will may] be reimbursed by DMAS.
- [5. If services are not initiated by the previder within 60 days, the case manager must submit written information to DMHMRSAS requesting more time to initiate services. A copy of the request must be provided to the individual or the individual's family/caregiver. DMHMRSAS has the authority to approve the request in 30-day extensions or deny the request to retain the waiver slot for that individual. DMHMRSAS shall provide a written response to the case manager indicating denial or approval of the extension. DMHMRSAS shall submit this response within 10 working days of the receipt of the request for extension.
- 4. The service providers will develop Individual Service Plans (ISP) for each service and will submit a copy of these plans to the case manager. The case manager will review and ensure the ISP meets the established service criteria for the identified needs and forward the required documentation to DMHMRSAS for prior authorization. DMHMRSAS shall, within 10 working days of receiving all supporting documentation, review and approve, pend for more information, or deny the individual service requests.
- 5. The case manager will monitor the service providers' ISPs to ensure that all providers are working toward the identified goals of the affected individuals.
- 6. Case managers will be required to conduct monthly onsite visits for all MR waiver individuals residing in DSS-licensed assisted living facilities or approved adult foster care placements.

- [6. 5.] The case manager must submit the results of the comprehensive assessment and a recommendation to the DMHMRSAS staff for final determination of ICF/MR level of care and authorization for community-based services. DMHMRSAS shall, within 10 working days of receiving all supporting documentation, review and approve, pend for more information, or deny the individual service requests. DMHMRSAS will communicate in writing to the case manager whether the recommended services have been approved and the amounts and type of services authorized or if any have been denied. Medicaid will not pay for any home and community-based waiver services delivered prior to the authorization date approved by DMHMRSAS if prior authorization is required.
- [7. 6.] MR Waiver services may be recommended by the case manager only if:
 - a. The individual is Medicaid eligible as determined by the local office of the Department of Social Services;
 - b. The individual has a diagnosis of mental retardation as defined by the American Association on Mental Retardation, Mental Retardation: Definition, Classification, and System of Supports, 10th Edition, 2002, or is a child under the age of six at developmental risk, and would in the absence of waiver services, require the level of care provided in an ICF/MR the cost of which would be reimbursed under the Plan; and [7]
 - c. The contents of the individual service plans are consistent with the Medicaid definition of each service.
- [& 7.] All consumer service plans are subject to approval by DMAS. DMAS is the single state agency authority responsible for the supervision of the administration of the MR Waiver.
- [8. If services are not initiated by the provider within 60 days, the case manager must submit written information to DMHMRSAS requesting more time to initiate services. A copy of the request must be provided to the individual and individual's family/caregiver, as appropriate. the DMHMRSAS has the authority to approve the request in 30-day extensions, up to a maximum of four consecutive extensions, or deny the request to retain the waiver slot for that individual. DMHMRSAS shall provide a written response to the case manager indicating denial or approval of the extension, DMHMRSAS shall submit this response within 10 working days of the receipt of the request for extension.]
- D. Reevaluation of service need.
 - 1. The consumer service plan (CSP).
 - a. The CSP shall be developed annually by the case manager with the individual [, the individual's and the individual's] family/caregiver, [as appropriate,] other service providers, consultants, and other interested parties based on relevant, current assessment data.
 - b. The case manager is responsible for continuous monitoring of the appropriateness of the individual's services and revisions to the CSP as indicated by the changing needs of the individual. At a minimum, the case

- manager must review the CSP every three months to determine whether service goals and objectives are being met and whether any modifications to the CSP are necessary.
- c. Any modification to the amount or type of services in the CSP must be preauthorized by DMHMRSAS or DMAS.
- 2. Review of level of care.
 - a. The case manager shall complete a reassessment annually in coordination with the individual [7] and the individual's] family/caregiver [7], as appropriate,], and service providers. The reassessment shall include an update of the level of care and functional assessment instrument and any other appropriate assessment data. If warranted, the case manager shall coordinate a medical examination and a psychological evaluation for the individual. The CSP shall be revised as appropriate.
 - b. A medical examination must be completed for adults based on need identified by the individual [, and the individual's] family/caregiver, [as appropriate,] provider, case manager, or DMHMRSAS staff. Medical examinations and screenings for children must be completed according to the recommended frequency and periodicity of the EPSDT program.
 - c. A new psychological evaluation shall be required whenever the individual's functioning has undergone significant change and is no longer reflective of the past psychological evaluation. A psychological evaluation or standardized developmental assessment for children under six years of age must reflect the current psychological status (diagnosis), adaptive level of functioning, and cognitive abilities.
- 3. The case manager will monitor the service providers' ISPs to ensure that all providers are working toward the identified goals of the affected individuals.
- 4. Case managers will be required to conduct monthly onsite visits for all MR waiver individuals residing in DSS-licensed assisted living facilities or approved adult foster care placements.
- 5. The case manager must obtain an updated DMAS-122 form from DSS annually, designate a collector of patient pay when applicable and forward a copy of the updated DMAS-122 form to all service providers and the consumer-directed fiscal agent if applicable.

12 VAC 30-120-217. General requirements for home and community-based participating providers.

- A. Providers approved for participation shall, at a minimum, perform the following activities:
 - 1. Immediately notify DMAS and DMHMRSAS, in writing, of any change in the information that the provider previously submitted to DMAS and DMHMRSAS;
 - 2. Assure freedom of choice to individuals in seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services

required and participating in the Medicaid program at the time the service or services were performed;

- Assure the individual's freedom to refuse medical care, treatment and services;
- Accept referrals for services only when staff is available to initiate services and perform such services on an ongoing basis;
- 5. Provide services and supplies to individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d et seq.), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (§ 51.5-1 et seq. of the Code of Virginia); § 504 of the Rehabilitation Act of 1973, as amended (29 USC§ 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act, as amended (42 USC§ 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications;
- 6. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public;
- 7. Submit charges to DMAS for the provision of services and supplies to individuals in amounts not to exceed the provider's usual and customary charges to the general public and accept as payment in full the amount established by DMAS payment methodology from the individual's authorization date for the waiver services;
- 8. Use program-designated billing forms for submission of charges;
- 9. Maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the services provided;
 - a. In general, such records shall be retained for at least five six years from the last date of service or as provided by applicable state or federal laws, whichever period is longer. However, if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception resolved. Records of minors shall be kept for at least five years after such minor has reached the age of 18 years.
 - b. Policies regarding retention of records shall apply even if the provider discontinues operation. DMAS shall be notified in writing of storage location and procedures for obtaining records for review should the need arise. The location, agent, or trustee shall be within the Commonwealth of Virginia.
- 10. The provider agrees Agree to furnish information on request and in the form requested to DMAS, DMHMRSAS, the Attorney General of Virginia or his authorized representatives, federal personnel, and the state Medicaid Fraud Control Unit. The Commonwealth's right of access to provider agencies and records shall survive any termination of the provider agreement:

- 11. Disclose, as requested by DMAS, all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions, or other legal entities providing any form of health care services to recipients of Medicaid;
- 12. Pursuant to 42 CFR Part 431, Subpart F, 12 VAC 30-20-90, and any other applicable state *or federal* law, all providers shall hold confidential and use for authorized DMAS or DMHMRSAS purposes only all medical assistance information regarding individuals served. A provider shall disclose information in his possession only when the information is used in conjunction with a claim for health benefits [τ or] the data is necessary for the functioning of the DMAS in conjunction with the cited laws;
- 13. *Notify DMAS of* change of ownership. When ownership of the provider changes, DMAS shall be notified at least 15 calendar days before the date of change;
- 14. For all facilities covered by § 1616(e) of the Social Security Act in which home and community-based waiver services will be provided shall, be in compliance with applicable standards that meet the requirements for board and care facilities. Health and safety standards shall be monitored through the DMHMRSAS' licensure standards or through DSS-approved standards for adult foster care providers;
- 15. Suspected abuse or neglect. Pursuant to §§ 63.2-1509 and 63.2-1606 of the Code of Virginia, if a participating provider knows or suspects that a home and community-based waiver service individual is being abused, neglected, or exploited, the party having knowledge or suspicion of the abuse, neglect, or exploitation shall report this immediately from first knowledge to the local DSS adult or child protective services worker and to DMHMRSAS Offices of Licensing and Human Rights as applicable; and
- 16. Adherence Adhere to the provider participation agreement and the DMAS provider service manual. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their individual provider participation agreements and in the DMAS provider manual.
- B. Documentation requirements.
 - 1. The case manager must maintain the following documentation for utilization review by DMAS for a period of not less than five six years from each individual's last date of service:
 - a. The comprehensive assessment and all CSPs completed for the individual;
 - b. All ISPs from every provider rendering waiver services to the individual:
 - c. All supporting documentation related to any change in the CSP;
 - d. All related communication with the individual [, and the individual's] family/caregiver, [as appropriate,]

- consultants, providers, DMHMRSAS, DMAS, DSS, DRS or other related parties; and
- e. An ongoing log that documents all contacts made by the case manager related to the individual and [the individual's] family/caregiver [, as appropriate].
- 2. The service providers must maintain, for a period of not less than five six years from the individual's last date of service, documentation necessary to support services billed. Utilization review of individual-specific documentation shall be conducted by DMAS staff. This documentation shall contain, up to and including the last date of service, all of the following:
 - a. All assessments and reassessments.
 - All ISP's developed for that individual and the written reviews.
 - c. [An attendance log that documents Documentation of] the date services were rendered and the amount and type of services rendered.
 - d. Appropriate data, contact notes, or progress notes reflecting an individual's status and, as appropriate, progress or lack of progress toward the goals on the ISP.
 - e. Any documentation to support that services provided are appropriate and necessary to maintain the individual in the home and in the community.
- C. An individual's case manager shall not be the direct staff person or the immediate supervisor of a staff person who provides MR Waiver services for the individual.

12 VAC 30-120-219. Participation standards for home and community-based waiver services participating providers.

- A. Requests for participation will be screened to determine whether the provider applicant meets the basic requirements for participation.
- B. For DMAS to approve provider agreements with home and community-based waiver providers, the following standards shall be met:
 - 1. For services that have licensure and certification requirements, licensure and certification requirements pursuant to 42 CFR 441.302;
 - 2. Disclosure of ownership pursuant to 42 CFR 455.104 and 455.105; and
 - 3. The ability to document and maintain individual case records in accordance with state and federal requirements.
- C. The case manager must inform the individual of all available waiver providers in the community in which he desires services and he shall have the option of selecting the provider of his choice from among those providers meeting the individual's needs.
- D. DMAS shall be responsible for assuring continued adherence to provider participation standards. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies and periodically recertify each provider for participation agreement renewal

- with DMAS to provide home and community-based waiver services. A provider's noncompliance with DMAS policies and procedures, as required in the provider's participation agreement, may result in a written request from DMAS for a corrective action plan that details the steps the provider must take and the length of time permitted to achieve full compliance with the plan to correct the deficiencies that have been cited.
- E. A participating provider may voluntarily terminate his participation in Medicaid by providing 30 days' written notification. DMAS may terminate at will a provider's participation agreement on 30 days written notice as specified in the DMAS participation agreement. DMAS may also immediately terminate a provider's participation agreement if the provider is no longer eligible to participate in the program. Such action precludes further payment by DMAS for services provided to individuals subsequent to the date specified in the termination notice.
- F. [A provider shall have the right to appeal adverse action taken by DMAS. | Provider appeals shall be considered pursuant to 12 VAC 30-10-1000 and 12 VAC 30-20-500 through 12 VAC 30-20-560 Adverse actions may include, but shall not be limited to, termination of the provider agreement by DMAS, and retraction of payments from the provider by DMAS for noncompliance with applicable law, regulation, policy, or procedure. All disputes regarding provider reimbursement or termination of the agreement by DMAS for any reason shall be resolved through administrative proceedings conducted at the office of DMAS in Richmond, Virginia. These administrative proceedings and judicial review of such administrative proceedings shall be conducted pursuant to the Virginia Administrative Process Act, Chapter 40 (§ 2.2-4000 et seq.) of Title 2.2 of the Code of Virginia, the State Plan for Medical Assistance provided for in § 32.1-325 of the Code of Virginia, and duly promulgated regulations. Court review of final agency determinations concerning provider reimbursement shall be made in accordance with the Administrative Process Act.
- G. Section 32.1-325 of the Code of Virginia mandates that "any such Medicaid agreement or contract shall terminate upon conviction of the provider of a felony." A provider convicted of a felony in Virginia or in any other of the 50 states or Washington, DC, must, within 30 days, notify the Medicaid Program of this conviction and relinquish its provider agreement. In addition, termination of a provider participation agreement will occur as may be required for federal financial participation.
- H. Case manager's responsibility for the Individual Information Form (DMAS-122). It shall be the responsibility of the case management provider to notify DMHMRSAS and DSS, in writing, when any of the following circumstances occur. Furthermore, it shall be the responsibility of DMHMRSAS to update DMAS, as requested, when any of the following events occur:
 - 1. Home and community-based waiver services are implemented.
 - 2. A recipient dies.
 - 3. A recipient is discharged from all MR waiver services.

- 4. Any other circumstances (including hospitalization) that cause home and community-based waiver services to cease or be interrupted for more than 30 days.
- 5. A selection by the individual [er and the individual's] family/caregiver [, as appropriate,] of a different community services board/behavioral health authority providing case management services.
- I. Changes or termination of services. It is the DMHMRSAS staff's responsibility to shall authorize changes to an individual's CSP based on the recommendations of the case management provider. Providers of direct service are responsible for modifying their individual service plans ISPs with the involvement of the individual [or and the individual's] family/caregiver, [as appropriate,] and submitting it ISPs to the case manager any time there is a change in the individual's condition or circumstances which may warrant a change in the amount or type of service rendered. The case manager will review the need for a change and may recommend a change to the ISP to the DMHMRSAS staff. DMHMRSAS will review and approve, deny, or pend for additional information regarding the requested change to the individual's ISP, and communicate this to the case manager within 10 [working business] days of receiving all supporting documentation regarding the request for change or in the case of an emergency, within 72 hours three working days of receipt of the request for change.

The individual [er and the individual's] family/caregiver [, as appropriate,] will be notified, in writing, of the right to appeal the decision or decisions to reduce, terminate, suspend or deny services pursuant to DMAS client appeals regulations, Part I (12 VAC 30-110-10 et seq.) of 12 VAC 30-110. The case manager must submit this notification to the individual in writing within [42 10 business] days of the decision. All CSPs are subject to approval by the Medicaid agency.

- 1. In a nonemergency situation, the participating provider shall give the individual [er and the individual's] family/caregiver [, as appropriate,] and case manager [42 10 business] days written notification of the provider's intent to discontinue services. The notification letter shall provide the reasons and the effective date the provider is discontinuing services. The effective date shall be at least 12 days from the date of the notification letter. The individual is not eligible for appeal rights in this situation and may pursue services from another provider.
- 2. In an emergency situation when the health and safety of the individual, other individuals in that setting, or provider personnel is endangered, the case manager and DMHMRSAS must be notified prior to discontinuing services. The [42- 10 business] day written notification period shall not be required. If appropriate, the local DSS adult protective services or child protective services and DMHMRSAS Offices of Licensing and Human Rights must be notified immediately.
- 3. In the case of termination of home and community-based waiver services by the CSB/BHA, DMHMRSAS or DMAS staff, individuals shall be notified of their appeal rights by the case manager pursuant to Part I (12 VAC 30-110-10 et seq.) of 12 VAC 30-110. The case manager shall have the

responsibility to identify those individuals who no longer meet the level of care criteria or for whom home and community-based waiver services are no longer an appropriate alternative.

12 VAC 30-120-221. Assistive technology.

- A. Service description. Assistive technology (AT) is the specialized medical equipment and supplies including those devices, controls, or appliances, specified in the consumer service plan but not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items.
- B. Criteria. In order to qualify for these services, the individual must have a demonstrated need for equipment or modification for remedial or direct medical benefit primarily in the individual's home, vehicle, community activity setting, or day program to specifically serve to improve the individual's personal functioning. This shall encompass those items not otherwise covered under the State Plan for Medical Assistance. AT shall be covered in the least expensive, most cost-effective manner.
- C. Service units and service limitations. Assistive technology is available to individuals who are receiving at least one other waiver service and may be provided in a residential or nonresidential setting. A maximum limit of \$5,000 may be reimbursed per CSP year. The combined total of assistive technology items and labor related to these items may not exceed \$5,000 per CSP year. Costs for assistive technology cannot be carried over from year to year and must be preauthorized each CSP year. AT shall not be approved for purposes of convenience of the caregiver or restraint of the individual. An independent professional consultation must be obtained from staff knowledgeable of that item for each AT request prior to approval by DMHMRSAS. All AT must be preauthorized by DMHMRSAS each CSP year. Any Equipment/supplies/technology not available through a as durable medical equipment provider through the State Plan may be purchased and billed to DMAS for Medicaid reimbursement as assistive technology as long as the request for equipment/supplies/technology is documented and justified in the individual's ISP, recommended by the case manager, and authorized by DMHMRSAS preauthorized DMHMRSAS, and provided in the least expensive, most costeffective manner.
- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, assistive technology shall be provided by a DMAS-enrolled Durable Medical Equipment provider or a DMAS-enrolled CSB/BHA with a MR Waiver provider agreement to provide assistive technology. The provider documentation requirements are as follows:
 - 1. The appropriate ISAR form, to be completed by the case manager, may serve as the ISP, provided it adequately documents the need for the service, the process to obtain

this service (contacts with potential vendors or contractors, or both, of service, costs, etc.), and the time frame during which the service is to be provided. This includes a separate notation of evaluation or design, or both, labor, and supplies or materials, or both. The ISP/ISAR must include documentation of the reason that a rehabilitation engineer is needed, if one is to be involved. A rehabilitation engineer may be involved if disability expertise is required that a general contractor will not have. The ISAR must be submitted to DMHMRSAS for authorization to occur:

- Written documentation regarding the process and results of ensuring that the item is not covered by the State Plan for Medical Assistance as durable medical equipment and supplies and that it is not available from a DME-provider when purchased elsewhere;
- 3. Documentation of the recommendation for the item by a qualified professional;
- 4. Documentation of the date services are rendered and the amount of service needed;
- 5. Any other relevant information regarding the device or modification;
- 6. Documentation in the case management record of notification by the designated individual or individual's representative of satisfactory completion or receipt of the service or item; and
- 7. Instructions regarding any warranty, repairs, complaints, or servicing that may be needed.

12 VAC 30-120-223. Companion services (agency-directed model).

A. Service description. Companion services provide nonmedical care, socialization, or support to an adult (age 18 or older). Companions may assist or support the individual with such tasks as meal preparation, community access and activities, laundry and shopping, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks. This service is provided in accordance with a therapeutic goal in the CSP and is not purely diversional in nature. This service may be provided either through an agency-directed or a consumer-directed model.

B. Criteria.

- 1. In order to qualify for companion services, the individual shall have demonstrated a need for assistance with IADLs, light housekeeping, community access, reminders for medication self-administration or support to assure safety. The provision of companion services does not entail handson nursing care.
- 2. Individuals choosing the consumer-directed option must receive support from a CD services facilitator and meet requirements for consumer direction as described in 12 VAC 30-120-225.
- C. Service units and service limitations.
 - 1. The unit of service for companion services is one hour and the amount that may be included in the ISP shall not

- exceed eight hours per 24-hour day. There is a limit of 8 hours per 24-hour day for companion services, either agency or consumer-directed or combined.
- 2. A companion shall not be permitted to provide the care associated with ventilators, continuous tube feedings, or suctioning of airways.
- 3. The hours authorized are based on individual need. No more than two unrelated individuals who [are receiving waiver services and] live in the same home are permitted to share the authorized work hours of the companion.
- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, companion service providers must meet the following qualifications:
 - 1. Companion services provider shall include providers.
 - a. Agency-directed model: must be licensed by DMHMRSAS-licensed as a residential services providers, DMHMRSAS-licensed service provider, supportive [inhome] residential services provider, day support service providers, DMHMRSAS-licensed provider, or respite service providers, and DMAS-enrolled provider or meet the DMAS criteria to be a personal care/respite care providers provider.
 - b. Consumer-directed model: a [service services] facilitator meeting the requirements found in 12 VAC 30-120-225.
 - 2. Companion qualifications. Providers must employ staff to provide companion services who Companions must meet the following requirements:
 - a. Be at least 18 years of age;
 - b. [Possess basic reading, writing, and math skills Be able to read and write English and possess basic math skills]:
 - c. Be capable of following an ISP with minimal supervision;
 - d. Submit to a criminal history record check *within* [*five* 15] days from the date of employment. The companion will not be compensated for services provided to the individual if the records check verifies the companion has been convicted of crimes described in § [37.1-183.3 37.2-416] of the Code of Virginia;
 - e. Possess a valid Social Security number; [and]
 - f. Be capable of aiding in instrumental activities of daily living [-; and]
 - [g. Receive an annual tuberculosis (TB) screening.]
 - 3. Companion service providers may not be the parents of individuals who are minors or the individual's spouse. Other family members living under the same roof as the individual being served may not provide companion services unless there is objective written documentation as to why there are no other providers available to provide the service.

Companion services shall not be provided by adult foster care [<code>#family care</code>] providers or any other paid caregivers [for an individual residing in that home]. [This service shall not be provided in congregate settings by staff employed by the congregate provider.]

- Family members who are reimbursed to provide companion services must meet the companion qualifications.
- 5. For the agency-directed model, companions will be employees of providers that will have participation agreements with DMAS to provide companion services. Providers will be required to have a companion services supervisor to monitor companion services. The supervisor must have a bachelor's degree in a human services field and at least one year of experience working in the mental retardation field, or be an LPN or an RN with at least one year of experience working in the mental retardation field. An LPN or RN must have a current license or certification to practice nursing in the Commonwealth within his or her profession.
- 6. The provider supervisor or services facilitator must conduct an initial home visit prior to initiating companion services to document the efficacy and appropriateness of services and to establish an individual service plan for the individual. The provider supervisor or services facilitator must provide follow-up home visits to monitor the provision of services quarterly under the agency-directed model and semi-annually (every six months) under the consumer-directed model or as often as needed.
- 7. Required documentation in the individual's record. The provider *or services facilitator* must maintain a record of each individual receiving companion services. At a minimum these records must contain:
 - a. An initial assessment completed prior to or on the date services are initiated and subsequent reassessments and changes to the supporting documentation;
 - b. The ISP goals, objectives, and activities. An ISP containing the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports, or both;
 - (2) The services to be rendered and the schedule of services to accomplish the above outcomes;
 - c. Documentation that the ISP goals, objectives, and activities must be have been reviewed by the provider or services facilitator quarterly, annually, and more often as needed, modified as appropriate, and results of these reviews submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual [example and the individual's] family/caregiver [, as appropriate].
 - e. d. All correspondence to the individual [, and the individual's] family/caregiver, [as appropriate] case manager, DMAS, and DMHMRSAS;

- e. Contacts made with family/caregiver, physicians, formal and informal service providers, and all professionals concerning the individual;
- e. f. The companion services supervisor or services facilitator must document in the individual's record in a summary note following significant contacts with the companion and quarterly home visits with the individual that occur at least quarterly under the agency-directed model and at least semi-annually under the consumer-directed model:
 - (1) Whether companion services continue to be appropriate;
 - (2) Whether the plan is adequate to meet the individual's needs or changes are indicated in the plan;
 - (3) The individual's satisfaction with the service; and
 - (4) The presence or absence of the companion during the supervisor's visit.;
 - (5) Any suspected abuse, neglect, or exploitation and to whom it was reported; and
 - (6) Any hospitalization or change in medical condition, functioning, or cognitive status.
- g. A copy of the most recently completed DMAS-122. The provider or services facilitator must clearly document efforts to obtain the completed DMAS-122 from the case manager.
- f. All h. Agency-directed provider companion records. The In addition to the above requirements, the companion record for agency-directed providers must contain:
 - (1) The specific services delivered to the individual by the companion, dated the day of service delivery, and the individual's responses;
 - (2) The companion's arrival and departure times;
 - (3) The companion's weekly comments or observations about the individual to include observations of the individual's physical and emotional condition, daily activities, and responses to services rendered; and
 - (4) The companion's and individual's [er and the individual's] family/caregiver's [, as appropriate,] weekly signatures recorded on the last day of service delivery for any given week to verify that companion services during that week have been rendered.
- g. A copy of the most recently completed DMAS-122. The provider must clearly document efforts to obtain the completed DMAS-122 from the case manager.
- i. Consumer-directed model companion record. In addition to the above requirements [outlined in subdivisions D 7 a through g of this section], the companion record for [service facilitation providers services facilitators] must contain:
 - (1) The services facilitator's dated notes documenting any contacts with the individual [, and the individual's]

family/caregiver [, as appropriate], and visits to the individual's home;

- (2) Documentation of all training provided to the companion on behalf of the individual [et and the individual's] family/caregiver [, as appropriate];
- (3) Documentation of all employee management training provided to the individual [or and the individual's] family/caregiver, [as appropriate,] including the individual's [or and the individual's] family/caregiver's [, as appropriate,] receipt of training on their responsibility for the accuracy of the companion's timesheets; and
- (4) All documents signed by the individual [er and] the individual's family/caregiver [, as appropriate,] that acknowledge the responsibilities as the employer.

12 VAC 30-120-225. Consumer-directed services: personal assistance, companion, and respite model of service delivery.

A. Service definition.

- 1. Consumer-directed personal assistance services is hands-on care of either a supportive or health-related nature and may include, but is not limited to, assistance with activities of daily living, access to the community, monitoring of self-administration of medication or other medical needs, monitoring health status and physical condition, and work-related personal assistance. When specified, such supportive services may include assistance with instrumental activities of daily living (IADLs). Personal assistance does not include either practical or professional nursing services or those practices regulated in Chapters 30 (§ 54.1-3000 et seq.) and 34 (§ 54.1-3400 et seq.) of Subtitle III of Title 54.1 of the Code of Virginia, as appropriate.
- 2. Consumer-directed respite services are specifically designed to provide temporary, periodic, or routine relief to the unpaid primary caregiver of an individual. Respite services include, but are not limited to, assistance with personal hygiene, nutritional support, and environmental support. This service may be provided in the individual's home or other community settings.
- 3. Consumer-directed companion services provide nonmedical care, socialization, or support to an adult (age 18 and older). Companions may assist or support the individual with such tasks as meal preparation, community access and activities, laundry and shopping, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks. This service is provided in accordance with a therapeutic goal in the CSP and is not purely diversional in nature.
- 4. DMAS shall either provide for fiscal agent services or contract for the services of a fiscal agent for consumer-directed personal assistance services, consumer-directed companion services, and consumer-directed respite services. The fiscal agent will be reimbursed by DMAS to perform certain tasks as an agent for the individual/employer who is receiving consumer-directed services. The fiscal agent will handle

responsibilities for the individual for employment taxes. The fiscal agent will seek and obtain all necessary authorizations and approvals of the Internal Revenue Services in order to fulfill all of these duties.

A. Criteria.

- 1. The MR Waiver has three services, companion, personal assistance, and respite, which may be provided through a consumer-directed model.
- 2. Individuals who choose the consumer-directed model must have the capability to hire and train their own personal assistants or companions and supervise the assistant's or companion's performance. If an individual is unable to direct his own care or is under 18 years of age, a family/caregiver may serve as the employer on behalf of the individual.
- 3. The individual, or if the individual is unable, then family/caregiver, shall be the employer in this service, and therefore shall be responsible for hiring, training, supervising, and firing assistants and companions. Specific employer duties include checking of references of personal personal assistants/companions. determining that assistants/companions meet basic qualifications, training assistants/companions. supervisina assistant's/companion's performance. and submittina timesheets to the fiscal agent on a consistent and timely The individual [or and the individual's] basis. family/caregiver [, as appropriate,] must have a back-up plan in case the assistant/companion does not show up for work as expected or terminates employment without prior notice.
- 5. 4. Individuals choosing consumer-directed models of service delivery services must receive support from a CD services facilitator. This is not a separate waiver service, but is required in conjunction with consumer-directed personal assistance, respite, or companion services. The CD service [services] facilitator will be responsible for assessing the individual's particular needs for a requested CD service, assisting in the development of the ISP, providing training to the individual and [the individual's] family/caregiver [, as appropriate, on his responsibilities as an employer, and providing ongoing support of the consumer-directed models of services. The CD service services facilitator cannot be the individual, the individual's case manager, direct service provider, spouse, or parent of the individual who is a minor family/caregiver child, or employing assistant/companion. If an individual enrolled in consumerdirected services has a lapse in [service facilitation services facilitator] for more than [60 90] consecutive days, the case manager must notify DMHMRSAS and the consumerdirected services will be discontinued.
- 5. DMAS shall provide for fiscal agent services for consumer-directed personal assistance services, consumer-directed companion services, and consumer-directed respite services. The fiscal agent will be reimbursed by DMAS to perform certain tasks as an agent for the individual/employer who is receiving consumer-directed services. The fiscal agent will handle the responsibilities of employment taxes for the individual. The fiscal agent will

seek and obtain all necessary authorizations and approvals of the Internal Revenue Services in order to fulfill all of these duties.

B. Criteria.

- 1. In order to qualify for consumer-directed personal assistance services, the individual must demonstrate a need for personal assistance in activities of daily living, community access, self-administration of medication, or other medical needs, or monitoring health status or physical condition.
- 2. Consumer directed respite services may only be offered to individuals who have an unpaid caregiver living in the home that requires temporary relief to avoid institutionalization of the individual. Respite services are designed to focus on the need of the unpaid caregiver for temporary relief and to help prevent the breakdown of the unpaid caregiver due to the physical burden and emotional stress of providing continuous support and care to the individual.
- 3. The inclusion of consumer-directed companion services in the CSP shall be appropriate when the individual has a demonstrated need for assistance with IADLs, community access and activities, self-administration of medication, or support to assure safety.
- 4. Individuals who are eligible for consumer-directed services must have the capability to hire and train their own personal assistants or companions and supervise the assistant's or companion's performance. If an individual is unable to direct his own care or is under 18 years of age, a family/caregiver may serve as the employer on behalf of the individual.
- 5. The individual, or if the individual is unable, then a family/caregiver, shall be the employer in this service, and therefore shall be responsible for hiring, training, supervising, and firing assistants and companions. Specific employer duties include checking of references of personal assistants/companions, determining that personal assistants/companions meet basic qualifications, training assistants/companions, supervising the assistant/s/companion's performance, and submitting timesheets to the fiscal agent on a consistent and timely basis. The individual or family/caregiver must have a back-up plan in case the assistant/companion does not show up for work as expected or terminates employment without prior notice.

C. Service units and service limitations.

- 1. The unit of service for consumer-directed respite services is one hour. Consumer-directed respite services are limited to a maximum of 720 hours per calendar year. Individuals who receive consumer-directed respite and agency-directed respite services may not receive more than 720 hours combined.
- 2. No more than two unrelated individuals who live in the same home are permitted to share the authorized work hours of the assistant or companion.

- 3. The unit of service for consumer-directed personal assistance services is one hour. Each individual must have a back-up plan in case the assistant does not show up for work as expected or terminates employment without prior notice. Consumer-directed personal assistance is not available to individuals who receive congregate residential services or live in assisted living facilities.
- 4. The unit of service for consumer-directed companion services is one hour. The amount of consumer-directed companion time must be included in the ISP. The amount of companion services included in the ISP may not exceed eight hours per 24-hour day. There is a limit of 8 hours per 24-hour day for consumer-directed services, either as a stand-alone service or combined with agency-directed services. A companion shall not be permitted to provide the care associated with ventilators, tube feedings, or suctioning of airways.
- D. B. Provider qualifications. In addition to meeting the general conditions and requirements for home and community-based services participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, the CD services facilitator must meet the following qualifications:
 - 1. To be enrolled as a Medicaid CD services facilitator and maintain provider status, the CD services facilitator shall have sufficient resources to perform the required activities. In addition, the CD services facilitator must have the ability to maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the services provided.
 - 2. It is preferred that the CD services facilitator possess a minimum of an undergraduate degree in a human services field or be a registered nurse currently licensed to practice in the Commonwealth. In addition, it is preferable that the CD services facilitator have two years of satisfactory experience in a human service field working with persons with mental retardation. The facilitator must possess a combination of work experience and relevant education that indicates possession of the following knowledge, skills, and abilities. Such knowledge, skills, and abilities must be documented on the provider's application form, found in supporting documentation, or be observed during a job interview. Observations during the interview must be documented. The knowledge, skills, and abilities include:

a. Knowledge of:

- (1) Types of functional limitations and health problems that may occur in persons with mental retardation, or persons with other disabilities, as well as strategies to reduce limitations and health problems;
- (2) Physical assistance that may be required by people with mental retardation, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
- (3) Equipment and environmental modifications that may be required by people with mental retardation that reduces reduce the need for human help and improve safety;

- (4) Various long-term care program requirements, including nursing home and ICF/MR placement criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal assistance, respite, and companion services;
- (5) MR waiver requirements, as well as the administrative duties for which the services facilitator will be responsible;
- (6) Conducting assessments (including environmental, psychosocial, health, and functional factors) and their uses in service planning;
- (7) Interviewing techniques;
- (8) The individual's right to make decisions about, direct the provisions of, and control his consumer-directed personal assistance, companion, and respite services, including hiring, training, managing, approving time sheets, and firing an assistant/companion;
- (9) The principles of human behavior and interpersonal relationships; and
- (10) General principles of record documentation.

b. Skills in:

- (1) Negotiating with individuals [, and the individual's] family/caregivers, [as appropriate,] and service providers:
- (2) Assessing, supporting, observing, recording, and reporting behaviors;
- (3) Identifying, developing, or providing services to individuals with mental retardation; and
- (4) Identifying services within the established services system to meet the individual's needs.

c. Abilities to:

- (1) Report findings of the assessment or onsite visit, either in writing or an alternative format for individuals who have visual impairments;
- (2) Demonstrate a positive regard for individuals and their families;
- (3) Be persistent and remain objective;
- (4) Work independently, performing position duties under general supervision;
- (5) Communicate effectively, orally and in writing; and
- (6) Develop a rapport and communicate with persons of diverse cultural backgrounds.
- 3. If the CD services facilitator is not a RN, the CD services facilitator must inform the primary health care provider that services are being provided and request *skilled nursing or other* consultation as needed.
- 4. Initiation of services and service monitoring.
 - a. For consumer-directed services, the CD services facilitator must make an initial comprehensive home visit

- to collaborate with the individual and [the individual's] family/caregiver [, as appropriate,] to identify the needs, assist in the development of the ISP with the individual [er and the individual's] family/caregiver, [as appropriate,] and provide employee management training. The initial comprehensive home visit is done only once upon the individual's entry into [the] service consumer-directed [medels model] of service regardless of the number [or type] of consumer-directed [medels ef] services that an individual chooses to receive. If a waiver an individual changes CD services facilitators, the new CD services facilitator must complete a reassessment visit in lieu of a comprehensive visit.
- b. After the initial visit, the CD services facilitator will continue to monitor the companion or [personal] assistant ISP quarterly and on an as-needed basis. The CD services facilitator will review the utilization of consumer-directed respite services, either every six months or upon the use of 300 respite services hours, whichever comes first.
- c. A face-to-face meeting with the individual must be conducted at least every six months to *reassess the individual's needs and to* ensure appropriateness of any CD services received by the individual.
- 5. During visits with the individual, the CD services facilitator must observe, evaluate, and consult with the individual [er and the individual's] family/caregiver, [as appropriate,] and document the adequacy and appropriateness of consumer-directed services with regard to the individual's current functioning and cognitive status, medical needs, and social needs. The CD services facilitator's written summary of the visit must include, but is not necessarily limited to:
 - a. Discussion with the individual or family/caregiver whether the service is adequate to meet the individual's needs:
 - b. Any suspected abuse, neglect, or exploitation and who it was reported to;
 - c. Any special tasks performed by the assistant/companion and the assistant's/companion's qualifications to perform these tasks;
 - d. Individual's or family/caregiver's satisfaction with the service:
 - e. Any hospitalization or change in medical condition, functioning, or cognitive status; and
 - f. The presence or absence of the assistant/companion in the home during the CD services facilitator's visit.
- 6. The CD services facilitator must be available to the individual by telephone.
- 7. The CD services facilitator must submit a criminal record check pertaining to the assistant/companion on behalf of the individual and report findings of the criminal record check to the individual [ef and] the [individual's] family/caregiver [, as appropriate,] and the program's fiscal agent. If the individual is a minor, the assistant/companion must also be screened through the DSS Child Protective Services

Central Registry. Assistants/companions will not be reimbursed for services provided to the individual effective the date that the criminal record check confirms an assistant/companion has been found to have been convicted of a crime as described in § [37.1-183.3 37.2-416] of the Code of Virginia or if the assistant/companion has a confirmed record on the DSS Child Protective Services Central Registry. The criminal record check and DSS Child Protective Services Central Registry finding must be requested by the CD services facilitator prior to beginning CD services within [five 15] calendar days of employment. [The services facilitator must maintain evidence that a criminal record check was obtained and must make such evidence available for DMAS review.]

- 8. The CD services facilitator shall review timesheets during the face-to-face visits or more often as needed to ensure that the number of ISP-approved hours are is not exceeded. If discrepancies are identified, the CD services facilitator must discuss these with the individual to resolve discrepancies and must notify the fiscal agent.
- The CD services facilitator must maintain a list of persons who are available to provide consumer-directed personal assistance, consumer-directed companion, or consumerdirected respite services.
- 10. The CD services facilitator must maintain records of each individual as described in 12 VAC 30-120-223 and 12 VAC 30-120-233. At a minimum these records must contain:
 - a. Results of the initial comprehensive home visit completed prior to or on the date services are initiated and subsequent reassessments and changes to the supporting documentation;
 - b. The ISP geals and activities. The companion or personal assistance ISP geals, objectives, and activities must be reviewed by the provider quarterly, annually, and more often as needed, modified as appropriate, and the results of these reviews submitted to the case manager. Respite ISP goals, objectives, and activities must be reviewed by the provider annually and every six months or when 300 service hours have been used. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual;
 - c. CD services facilitator's dated notes documenting any contacts with the individual, family/caregiver, and visits to the individual's home;
 - d. All correspondence to the individual, case manager, DMAS, and DMHMRSAS;
 - e. Records of contacts made with family/caregiver, physicians, formal and informal service providers, and all professionals concerning the individual:
 - f. All training provided to the assistants/companions on behalf of the individual or family/caregiver:
 - g. All employee management training provided to the individual or family/caregiver, including the individual's or family/caregiver's receipt of training on their responsibility

- for the accuracy of the assistant's/companion's timesheets;
- h. All documents signed by the individual or the individual's family/caregiver that acknowledge the responsibilities as the employer; and
- i. A copy of the most recently completed DMAS-122. The facilitator must clearly document efforts to obtain the completed DMAS-122 from the case manager.
- 11. For consumer-directed personal assistance, consumer-directed companion, and consumer-directed respite services, individuals or family/caregivers will hire their own personal assistants/companions and manage and supervise their performance. The assistant/companion must meet the following requirements:
 - a. Be 18 years of age or older;
 - b. Have the required skills to perform consumer-directed services as specified in the individual's supporting documentation;
 - c. Possess basic math, reading, and writing skills;
 - d. Possess a valid Social Security number;
 - e. Submit to a criminal records check and, if the individual is a minor, consent to a search of the DSS Child Protective Services Central Registry. The assistant/companion will not be compensated for services provided to the individual if either of these records checks verifies the assistant/companion has been convicted of crimes described in § 37.1-183.3 of the Code of Virginia or if the assistant/companion has a founded complaint confirmed by the DSS Child Protective Services Central Registry;
 - f. Be willing to attend training at the individual's or family/caregiver's request;
 - g. Understand and agree to comply with the DMAS MR waiver requirements; and
 - h. Receive periodic tuberculosis (TB) screening, cardiopulmonary resuscitation (CPR) training and an annual flu shot (unless medically contraindicated).
- 42. Assistants/companions may not be the parents of individuals who are minors or the individuals' spouses. Payment may not be made for services furnished by other family/caregivers living under the same roof as the individual being served unless there is objective written documentation as to why there are no other providers available to provide the care. Companion services shall not be provided by adult foster care/family care providers or any other paid caregivers. This service shall not be provided in congregate settings by staff employed by the congregate provider.
- 13. Family members who are reimbursed to provide consumer-directed services must meet the assistant/companion qualifications.
- 44. 11. Upon the individual's request, the CD services facilitator shall provide the individual [er and the individual's] family/caregiver [, as appropriate,] with a list

of persons who can provide temporary assistance until the assistant/companion returns or the individual is able to select and hire a new personal assistant/companion. If an individual is consistently unable to hire and retain the employment of an assistant/companion to provide consumer-directed personal assistance, companion, or respite services, the CD services facilitator will make arrangements with the case manager to have the services transferred to an agency-directed services provider or to discuss with the individual [er and the individual's] family/caregiver [, as appropriate,] other service options.

12 VAC 30-120-227. Crisis stabilization services.

A. Crisis stabilization services involve direct interventions that provide temporary intensive services and support that avert psychiatric hospitalization or institutional placement of persons with mental retardation who are experiencing serious psychiatric or behavioral problems that jeopardize their current community living situation. Crisis stabilization services will include, as appropriate. neuro-psychiatric, psychiatric, psychological, and other functional assessments and stabilization techniques. and medication management monitoring, behavior assessment and positive behavioral support, and intensive service coordination with other agencies and providers. This service is designed to stabilize the individual and strengthen the current living situation, so that the individual remains in the community during and beyond the crisis period. These services shall be provided to:

- 1. Assist with planning and delivery of services and supports to enable the individual to remain in the community;
- 2. Train family/caregivers and service providers in positive behavioral supports to maintain the individual in the community; and
- 3. Provide temporary crisis supervision to ensure the safety of the individual and others.

B. Criteria.

- 1. In order to receive crisis stabilization services, the individual must meet at least one of the following criteria:
 - a. The individual is experiencing a marked reduction in psychiatric, adaptive, or behavioral functioning;
 - b. The individual is experiencing extreme increase in emotional distress;
 - c. The individual needs continuous intervention to maintain stability; or
 - d. The individual is causing harm to self or others.
- 2. The individual must be at risk of at least one of the following:
 - a. Psychiatric hospitalization;
 - b. Emergency ICF/MR placement;
 - c. Disruption of community status (living arrangement, day placement, or school) Immediate threat of loss of a community service due to a severe situational reaction; or

- d. Causing harm to self or others.
- C. Service units and service limitations. Crisis stabilization services may only be authorized following a documented face-to-face assessment conducted by a qualified mental retardation professional.
 - 1. The unit for each component of the service is one hour. This service may only be authorized in 15-day increments but no more than 60 days in a calendar year may be used. The actual service units per episode shall be based on the documented clinical needs of the individual being served. Extension of services, beyond the 15-day limit per authorization, may only be authorized following a documented face-to-face reassessment conducted by a qualified mental retardation professional.
 - 2. Crisis stabilization services may be provided directly in the following settings (examples below are not exclusive):
 - a. The home of an individual who lives with family, friends, or other primary caregiver or caregivers;
 - b. The home of an individual who lives independently or semi-independently to augment any current services and supports;
 - c. A community-based residential program to augment current services and supports;
 - d. A day program or setting to augment current services and supports; or
 - e. A respite care setting to augment current services and supports.
 - 3. Crisis supervision is an optional component of crisis stabilization in which one-to-one supervision of the individual in crisis is provided by agency staff in order to ensure the safety of the individual and others in the environment. Crisis supervision may be provided as a component of crisis stabilization only if clinical or behavioral interventions allowed under this service are also provided during the authorized period. Crisis supervision must be provided one-to-one and face-to-face with the individual. Crisis supervision, if provided as a part of this service, shall be separately billed in hourly service units.
 - 4. Crisis stabilization services shall not be used for continuous long-term care. Room, board, and general supervision are not components of this service.
 - 5. If appropriate, the assessment and any reassessments, shall be conducted jointly with a licensed mental health professional or other appropriate professional or professionals.
- D. Provider requirements. In addition to the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, the following crisis stabilization provider qualifications apply:
 - 1. Crisis stabilization services shall be provided by providers licensed by DMHMRSAS as a provider of outpatient services, residential, or supportive [in-home] residential services, or day support services. The provider must

employ or utilize qualified mental retardation professionals, licensed mental health professionals or other qualified personnel competent to provide crisis stabilization and related activities to individuals with mental retardation who are experiencing serious psychiatric or behavioral problems. The qualified mental retardation professional shall have: (i) at least one year of documented experience working directly with individuals who have mental retardation or developmental disabilities; (ii) a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology; and (iii) the required Virginia or national license, registration, or certification in accordance with his profession;

- 2. To provide the crisis supervision component, agencies providers must be licensed by DMHMRSAS as providers of residential services, supportive [in-home] residential services, or day support services;
- 3. Required documentation in the individual's record. The provider must maintain a record regarding each individual receiving crisis stabilization services. At a minimum, the record must contain the following:
 - a. Documentation of the face-to-face assessment and any reassessments completed by a qualified mental retardation professional;
 - b. An ISP which that contains, at a minimum, the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports;
 - (2) The individual's goals;
 - (3) Services to be rendered and the frequency of services to accomplish the above goals and objectives;
 - (4) A timetable for the accomplishment of the individual's goals and objectives;
 - (5) The estimated duration of the individual's needs for services; and
 - (6) The provider staff responsible for the overall coordination and integration of the services specified in the ISP.
 - c. An ISP must be developed or revised and submitted to the case manager for submission to DMHMRSAS within 72 hours of assessment or reassessment the requested start date for authorization;
 - d. Documentation indicating the dates and times of crisis stabilization services, the amount and type of service or services provided, and specific information regarding the individual's response to the services and supports as agreed to in the ISP objectives; and
 - e. Documentation of qualifications of providers must be maintained for review by DMHMRSAS and DMAS staff.

12 VAC 30-120-229. Day support services.

A. Service description. Day support services shall include a variety of training, assistance, support, and specialized

- supervision for the acquisition, retention, or improvement of self-help, socialization, and adaptive skills. These services are typically offered in a nonresidential setting that allows peer interactions and community and social integration.
- B. Criteria. For day support services, individuals must demonstrate the need for functional training, assistance, and specialized supervision offered primarily in settings other than the individual's own residence that allows an opportunity for being productive and contributing members of communities.
- C. Levels Types of day support. The amount and type of day support included in the individual's service plan is determined according to the services required for that individual. There are two types of day support: center-based, which is provided primarily at one location/building, or noncenter-based, which is provided primarily in community settings. Both types of day support may be provided at either intensive or regular levels.
- D. Intensive level criteria. Levels of day support. There are two levels of day support, intensive and regular. To be authorized at the intensive level, the individual must meet at least one of the following criteria: (i) requires physical assistance to meet the basic personal care needs (toileting, feeding, etc); (ii) has extensive disability-related difficulties and requires additional, ongoing support to fully participate in programming and to accomplish his service goals; or (iii) requires extensive constant supervision to reduce or eliminate behaviors that preclude full participation in the program. In this case, written behavioral objectives are required to address behaviors such as, but not limited to, withdrawal, self-injury, aggression, or self-stimulation.
- E. Service units and service limitations. Day support services are billed in units. *Units shall be defined as:*
 - 1. One unit is 1 to 3.99 hours of service a day.
 - 2. Two units are 4 to 6.99 hours of service a day.
 - 3. Three units are 7 or more hours of service a day.

Day support cannot be regularly or temporarily provided in an individual's home or other residential setting (e.g., due to inclement weather or individual illness) without prior written approval from DMHMRSAS. Noncenter-based day support services must be separate and distinguishable from either residential support services or personal assistance services. There must be separate supporting documentation for each service and each must be clearly differentiated in documentation and corresponding billing. The supporting documentation must provide an estimate of the amount of day support required by the individual. Service providers are reimbursed only for the amount and type of level [4 of] day support services included in the individual's approved ISP based on the setting, intensity, and duration of the service to be delivered. This service, either as a stand-alone service or in combination with prevocational and supported employment services shall be limited to 780 units per CSP year. If this service is used in combination with prevocational and [/or group | supported employment services, the combined total units for these services cannot exceed 780 units per CSP

F. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based

participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, day support providers need to meet additional requirements.

- 1. The provider of day support services must be licensed by DMHMRSAS as a provider of day support services.
- 2. In addition to licensing requirements, day support staff must also have training in the characteristics of mental retardation and appropriate interventions, training strategies, and support methods for persons with mental retardation and functional limitations. All providers of day support services must pass an objective, standardized test of skills, knowledge, and abilities approved by DMHMRSAS and administered according to DMHMRSAS' defined procedures.
- 3. Required documentation in the individual's record. The provider [agency] must maintain records of each individual receiving services. At a minimum, these records must contain the following:
 - 2. a. A functional assessment must be conducted by the provider to evaluate each individual in the day support environment and community settings.
 - 3. b. An ISP must be developed which that contains, at a minimum, the following elements:
 - a. (1) The individual's strengths, desired outcomes, required or desired supports and training needs;
 - b. (2) The individual's goals and [, for a training goal, a sequence of] measurable objectives to meet the above identified outcomes;
 - e. (3) Services to be rendered and the frequency of services to accomplish the above goals and objectives;
 - et. (4) A timetable for the accomplishment of the individual's goals and objectives as appropriate;
 - e. (5) The estimated duration of the individual's needs for services; and
 - f. (6) The provider staff responsible for the overall coordination and integration of the services specified in the ISP.
 - 4. c. Documentation must eenfirm confirming the individual's attendance and amount of time in services and previde specific information regarding the individual's response to various settings and supports as agreed to in the ISP objectives. An attendance log or similar document must be maintained that indicates the date, type of services rendered, and the number of hours and units provided.
 - a. The ISP goals, objectives, and activities must be reviewed by the provider quarterly, annually, and more often as needed with the individual receiving the services or his family/caregiver, and the results of the review submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual or family/caregiver.

- b. An attendance log or similar document must be maintained that indicates the date, type of services rendered, and the number of hours and units previded.
- e. d. Documentation must indicate indicating whether the services were center-based or noncenter-based.
- e. Documentation regarding transportation. In instances where day support staff are required to ride with the individual to and from day support, the day support staff time can be billed as day support, provided that the billing for this time does not exceed 25% of the total time spent in the day support activity for that day. Documentation must be maintained to verify that billing for day support staff coverage during transportation does not exceed 25% of the total time spent in the day support for that day.
- e. f. If intensive day support services are requested, documentation must be present in the individual's record to indicate indicating the specific supports and the reasons they are needed. For ongoing intensive day support services, there must be clear documentation of the ongoing needs and associated staff supports.
- g. Documentation indicating that the ISP goals, objectives, and activities have been reviewed by the provider quarterly, annually, and more often as needed. The results of the review must be submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual [er and the individual's] family/caregiver [, as appropriate].
- f. h. Copy of the most recently completed DMAS-122 form. The provider must clearly document efforts to obtain the completed DMAS-122 form from the case manager.

12 VAC 30-120-231. Environmental modifications.

- A. Service description. Environmental modifications shall be defined as those physical adaptations to the home or vehicle. required by the individual's CSP, that are necessary to ensure the health, welfare, and safety of the individual, or which enable the individual to function with greater independence which the individual would require without institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. All services shall be provided in the individual's home in accordance with applicable federal, state, and local building codes and laws. Modifications can be made to an automotive vehicle if it is the primary vehicle being used by the individual. Modifications may be made to an individual's work site when the modification exceeds the reasonable accommodation requirements of the Americans with Disabilities Act.
- B. Criteria. In order to qualify for these services, the individual must have a demonstrated need for equipment or modifications of a remedial or medical benefit offered in an individual's primary home er, primary vehicle used by the individual, community activity setting, or day program to

specifically improve the individual's personal functioning. This service shall encompass those items not otherwise covered in the State Plan for Medical Assistance or through another program.

- C. Service units and service limitations. Environmental modifications shall be available to individuals who are receiving at least one other waiver service in addition to targeted mental retardation case management. A maximum limit of \$5,000 may be reimbursed per CSP year. Costs for environmental modifications shall not be carried over from CSP year to CSP year and must be prior authorized by DMHMRSAS for each CSP year. Modifications may not be used to bring a substandard dwelling up to minimum habitation standards. Excluded are those adaptations or improvements to the home that are of general utility, such as carpeting, roof repairs, central air conditioning, etc., and are not of direct medical or remedial benefit to the individual. Also excluded modifications are that are reasonable accommodation requirements of the Americans Disabilities Act, the Virginians with Disabilities Act, and the Rehabilitation Act. Adaptations that add to the total square footage of the home shall be excluded from this service.
- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, environmental modifications must be provided in accordance with all applicable federal, state or local building codes and laws by contractors of the CSB/BHA or providers who have a participation agreement with DMAS who shall be reimbursed for the amount charged by said contractors. The following are provider documentation requirements:
 - 1. An ISP that documents the need for the service, the process to obtain the service, and the time frame during which the services are to be provided. The ISP must include documentation of the reason that a rehabilitation engineer or specialist is needed, if one is to be involved;
 - 2. Documentation of the time frame involved to complete the modification and the amount of services and supplies;
 - 3. Any other relevant information regarding the modification;
 - 4. Documentation of notification by the individual [er and the individual's] family/caregiver [, as appropriate,] of satisfactory completion of the service; and
 - 5. Instructions regarding any warranty, repairs, complaints, and servicing that may be needed.

12 VAC 30-120-233. Personal assistance and respite services (agency-directed model).

- A. Service description. Services may be provided either through an agency-directed or consumer-directed model.
 - 1. Personal assistance services are provided to individuals in the areas of activities of daily living, instrumental activities of daily living, access to the community, monitoring of self-administered medications or other medical needs, and the monitoring of health status and physical condition, and work-related personal assistance. It They may be provided in home and community settings to enable an individual to

maintain the health status and functional skills necessary to live in the community or participate in community activities. When specified, such supportive services may include assistance with instrumental activities of daily living (IADLs). Personal assistance does not include either practical or professional nursing services or those practices regulated in Chapters 30 (§ 54.1-3000 et seq.) and 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia, as appropriate. This service does not include skilled nursing services with the exception of skilled nursing tasks that may be delegated pursuant to 18 VAC 90-20-420 through 18 VAC 90-20-460.

2. Respite services are supports for that which is normally provided by the family or other unpaid primary caregiver of an individual. These services are furnished on a short-term basis because of the absence or need for relief of those unpaid caregivers normally providing the care for the individuals.

B. Criteria.

- 1. In order to qualify for these personal assistance services, the individual must demonstrate a need for assistance with activities of daily living, community access, self-administration of medications or other medical needs, or monitoring of health status or physical condition.
- 2. Respite services may only be offered to individuals who have an unpaid primary caregiver [living in the home] who requires temporary relief to avoid institutionalization of the individual.
- C. Service units and service limitations.
 - 1. The unit of service for personal assistance services is one hour.
 - 2. Each individual must have a back-up plan in case the personal assistant does not show up for work as expected or terminates employment without prior notice.
 - 3. Personal assistance is not available to individuals: (i) who receive *congregate* residential services or live in assisted living facilities; (ii) who would benefit from personal assistance training and skill development; or (iii) who receive comparable services provided through another program or service.
 - 4. Respite services shall not be provided to relieve group home or assisted living facility staff where residential care is provided in shifts. Respite services shall not be provided by adult foster care [<code>/family care</code>] providers for an individual residing in that home. Training of the individual is not provided with respite services.
 - 5. Respite services shall be limited to a maximum of 720 hours per calendar year. Individuals who are receiving services through both the agency-directed and consumer-directed model cannot exceed 720 hours per calendar year combined.
 - 6. The hours authorized are based on individual need. No more than two unrelated individuals who live in the same home are permitted to share the authorized work hours of the assistant.

- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, personal assistance and respite providers must meet additional provider requirements:
 - 1. Personal assistance Services shall be provided by:
 - a. For the agency-directed model, an enrolled DMAS personal care/respite care provider or by DMHMRSAS-licensed residential support services provider. In addition, respite services may be provided by a DMHMRSAS-licensed respite services provider or a DSS-approved foster care home for children or adult foster home provider. All personal assistants must pass the DMHMRSAS an objective standardized test of skills, knowledge, and abilities developed approved by DMHMRSAS and administered according to **DMHMRSAS** DMHMRSAS' defined procedures. DMHMRSAS-licensed residential support providers, a residential supervisor will provide ongoing supervision of all personal assistants.
 - b. For consumer-directed model, a [service facilitation provider services facilitator] meeting the requirements found in 12 VAC 30-120-225.
 - 2. For DMHMRSAS-licensed residential or respite services providers, a residential [or respite] supervisor will provide ongoing supervision of all assistants.
 - 2. 3. For DMAS-enrolled personal care/respite care providers, the personal assistance provider must employ or subcontract with and directly supervise a RN or an a LPN who will provide ongoing supervision of all personal assistants. The supervising RN or LPN must be currently licensed to practice nursing in the Commonwealth and have at least two years of related clinical nursing experience that may include work in an acute care hospital, public health clinic, home health agency, ICF/MR or nursing facility.
 - a. 4. The supervisor or services facilitator must make a home visit to conduct an initial assessment prior to the start of services for all individuals requesting personal assistance or respite services. The supervisor or services facilitator must also perform any subsequent reassessments or changes to the supporting documentation.
 - b. 5. The supervisor or services facilitator must make supervisory home visits as often as needed to ensure both quality and appropriateness of services. The minimum frequency of these visits is every 30 to 90 days under the agency-directed model and semi-annually (every six months) under the consumer-directed model depending on the individual's needs.
 - a. When respite services are not received on a routine basis, but are episodic in nature, the supervisor or services facilitator is not required to conduct a supervisory visit every 30 to 90 days. Instead, the supervisor or services facilitator must conduct the initial home visit with the respite assistant immediately preceding the start of services and make a second home visit within the respite period.

- b. When respite services are routine in nature and offered in conjunction with personal assistance, the supervisory visit conducted for personal assistance may serve as the supervisory visit for respite services. However, the supervisor [or services facilitator] must document supervision of respite services separately. For this purpose, the same individual record can be used with a separate section for respite services documentation.
- e. 6. Based on continuing evaluations of the assistant's performance and individual's needs, the supervisor *or services facilitator* shall identify any gaps in the assistant's ability to function competently and shall provide training as indicated.
- d. 7. Qualification of assistants.
 - a. The personal assistance provider must employ and directly supervise personal assistants who will provide direct service to individuals receiving personal assistance. Each assistant hired by the provider shall be evaluated by the provider to ensure compliance with minimum qualifications as required by the DMAS. Each assistant must:
 - (1) Be 18 years of age or older and possess a valid social security number,
 - (2) [For agency-directed model,] Be able to read and write English to the degree necessary to perform the tasks expected [For the consumer directed model, and] possess basic math [Freading and writing] skills; and
 - (3) Have the required skills to perform services as specified in the individual's ISP.
 - b. Additional requirements for DMAS-enrolled personal care/respite care providers.
 - (1) Complete Assistants must complete a training curriculum consistent with DMAS requirements. Prior to assigning an assistant to an individual, the provider must obtain documentation that the assistant has satisfactorily completed a training program consistent with DMAS requirements. DMAS requirements may be met in one of three ways;:
 - (a) Registration as a certified nurse aide;
 - (b) Graduation from an approved educational curriculum that offers certificates qualifying the student as a nursing assistant, geriatric assistance, or home health aide:
 - (c) Completion of provider-offered training, which is consistent with the basic course outline approved by DMAS; and

(4) Be physically able to do the work;

(5) (2) Assistants must have a satisfactory work record, as evidenced by two references from prior job experiences, including no evidence of possible abuse, neglect, or exploitation of aged or incapacitated adults or children; and.

- c. Additional requirements for the consumer-directed option. The assistant must:
 - (1) Submit to a criminal records check and, if the individual is a minor, consent to a search of the DSS Child Protective Services Central Registry. The assistant will not be compensated for services provided to the individual if either of these records checks verifies the assistant has been convicted of crimes described in §[37.1-183.3] 37.2-416] of the Code of Virginia or if the assistant has a founded complaint confirmed by the DSS Child Protective Services Central Registry;
 - (2) Be willing to attend training at the individual [er and the individual's] family/caregiver [, as appropriate,] request;
 - (3) Understand and agree to comply with the DMAS MR Waiver requirements; and
 - (4) Receive an annual tuberculosis (TB) screening [; cardiopulmonary resuscitation (CPR) training and flushot (unless medically contraindicated].
- 3. Personal 8. Assistants may not be the parents of individuals who are minors, or the individuals' spouses. Payment may not be made for services furnished by other family members living under the same roof as the individual receiving services unless there is objective written documentation as to why there are no other providers available to provide the service. Family members who are approved to be reimbursed for providing this service must meet the personal assistant qualifications.
- 4. 9. Provider inability to render services and substitution of assistants (agency-directed model).
 - a. When a personal an assistant is absent, the provider is responsible for ensuring that services continue to be provided to individuals. The provider may either provide another assistant, obtain a substitute assistant from another provider, if the lapse in coverage is to be less than two weeks in duration, or transfer the individual's services to another provider. The personal assistance provider that has the authorization to provide services to the individual must contact the case manager to determine if additional preauthorization is necessary.
 - b. If no other provider is available who can supply a substitute assistant, the provider shall notify the individual [, and the individual's] family/caregiver [, as appropriate,] and case manager so that the case manager may find another available provider of the individual's choice.
 - c. During temporary, short-term lapses in coverage not to exceed two weeks in duration, the following procedures must apply:
 - (1) The preauthorized personal assistance provider must provide the supervision for the substitute assistant:
 - (2) The provider of the substitute assistant must send a copy of the assistant's daily documentation signed by

- the individual [er and the individual's] family/caregiver [, as appropriate,] on his behalf and the assistant to the personal assistance provider having the authorization; and
- (3) The preauthorized provider must bill DMAS for services rendered by the substitute assistant.
- d. If a provider secures a substitute assistant, the provider agency is responsible for ensuring that all DMAS requirements continue to be met including documentation of services rendered by the substitute assistant and documentation that the substitute assistant's qualifications meet DMAS' requirements. The two providers involved are responsible for negotiating the financial arrangements of paying the substitute assistant.
- 5. 10. Required documentation in the individual's record. The provider must maintain records regarding each individual receiving personal assistance services. At a minimum these records must contain:
 - a. An initial assessment completed by the supervisor *or services facilitator* prior to or on the date services are initiated:
 - b. An ISP, that contains, at a minimum, the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports;
 - (2) The individual's goals and objectives to meet the above identified outcomes;
 - (3) Services to be rendered and the frequency of services to accomplish the above goals and objectives; and
 - (4) For the agency-directed model, the provider staff responsible for the overall coordination and integration of the services specified in the ISP.
 - c. The ISP goals, objectives, and activities must be reviewed by the provider supervisor or services facilitator quarterly [for personal assistance only], annually, and more often as needed modified as appropriate and results of these reviews submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual.
 - d. Dated notes of any contacts with the personal assistant, individual and [the individual's] family/caregiver [, as appropriate,] during supervisory or services facilitator visits to the individual's home. The written summary of the supervision or services facilitation visits must include:
 - (1) Whether personal assistance services continue to be appropriate and whether the ISP is adequate to meet the need or if changes are indicated in the ISP;
 - (2) Whether the ISP is adequate to meet the need or if changes are indicated in the ISP Any suspected abuse, neglect, or exploitation and to whom it was reported;
 - (3) Any special tasks performed by the assistant and the assistant's qualifications to perform these tasks;

- (4) The individual's satisfaction with the service;
- (5) Any hospitalization or change in medical condition or functioning status;
- (6) Other services received and their amount; and
- (7) The presence or absence of the assistant in the home during the supervisor's visit.
- e. All correspondence to the individual [er and the individual's] family/caregiver [, as appropriate,] case manager, DMAS, and DMHMRSAS;
- f. Reassessments and any changes to supporting documentation made during the provision of services;
- g. Contacts made with [the individual,] family/caregivers, physicians, formal and informal service providers, and all professionals concerning the individual;
- h. Copy of the most recently completed DMAS-122 form. The provider [or services facilitator] must clearly document efforts to obtain the completed DMAS-122 form from the case manager.
- h. i. For the agency-directed model, [all] personal [assistant records.] the personal assistant record must contain:
 - (1) The specific services delivered to the individual by the assistant, dated the day of service delivery, and the individual's responses;
 - (2) The assistant's arrival and departure times;
 - (3) The assistant's weekly comments or observations about the individual to include observations of the individual's physical and emotional condition, daily activities, and responses to services rendered; and
 - (4) The assistant's and [individual family/caregiver or individual's and the individual's family/caregiver's, as appropriate,] weekly signatures recorded on the last day of service delivery for any given week to verify that personal assistance services during that week have been rendered.
- i. Copy of the most recently completed DMAS-122 form. The provider must clearly document efforts to obtain the completed DMAS-122 form from the case manager.
- [j. For individuals receiving personal assistance and respite services in a congregate residential setting, because services that are training in nature are currently or no longer appropriate or desired, the record must contain:
 - (1) The specific services delivered to the individual, dated the day services were provided, the number of hours as outlined in the ISP, the individual's responses, and observations of the individual's physical and emotional condition; and
 - (2) At a minimum, monthly verification by the residential supervisor of the services and hours and quarterly verification as outlined in 12 VAC 30-120-241.]

- [; k.] For the consumer-directed model [, the assistant record must contain]:
 - (1) Documentation of all training provided to the assistants on behalf of the individual [er and the individual's] family/caregiver [, as appropriate];
 - (2) Documentation of all employee management training provided to the individual [eff and the individual's] family/caregiver [, as appropriate,] including the [individual's or family/caregiver's individual and the individual's family/caregiver, as appropriate,] receipt of training on their responsibility for the accuracy of the assistant's timesheets;
 - (3) All documents signed by the individual [eff and the individual's] family/caregiver [, as appropriate,] that acknowledge the responsibilities as the employer.

12 VAC 30-120-237. Prevocational services.

- A. Service description. Prevocational services are services aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Prevocational services are provided to individuals who are not expected to be able to join the general work force without supports or to participate in a transitional sheltered workshop within one year of beginning waiver services, (excluding supported employment programs). Activities included in this service are not primarily directed at teaching specific job skills but at underlying habilitative goals such as accepting supervision, attendance, task completion, problem solving, and safety.
- B. Criteria. In order to qualify for prevocational services, the individual shall have a demonstrated need for support in skills that are aimed toward preparation of paid employment that may be offered in a variety of community settings.
- C. Service units and service limitations. Billing is for one unit of service.
 - 1. Units shall be defined as:
 - a. One unit is 1 to 3.99 hours of service a day.
 - b. Two units are 4 to 6.99 hours of service a day.
 - c. Three units are 7 or more hours of service a day.

This service, either as a stand-alone service or in combination with day support and supported employment services is limited to 780 units per CSP year. If this service is used in combination with day support and [/or] group-supported employment services, the combined total units for these services cannot exceed 780 units per CSP year.

- 2. Prevocational services can be provided in center- or noncenter-based settings. Center-based means services are provided primarily at one location/building and noncenter-based means services are provided primarily in community settings. Both center-based or noncenter-based prevocational services may be provided at either regular or intensive levels.
- 3. Prevocational services can be provided at either a regular or intensive level. For prevocational services to be authorized at the intensive level, the individual must meet at least one of the following criteria: (i) require physical

- assistance to meet the basic personal care needs (toileting, feeding, etc); (ii) have extensive disability-related difficulties and require additional, ongoing support to fully participate in programming and to accomplish service goals; or (iii) require extensive constant supervision to reduce or eliminate behaviors that preclude full participation in the program. In this case, written behavioral objectives are required to address behaviors such as, but not limited to, withdrawal, self-injury, aggression, or self-stimulation.
- 4. There must be documentation regarding whether prevocational services are available in vocational rehabilitation agencies through § 110 of the Rehabilitation Act of 1973 or through the Individuals with Disabilities Education Act (IDEA). If the individual is not eligible for g services through the IDEA, documentation is required only for lack of DRS funding. When services are provided through these sources, the ISP shall not authorize them as a waiver expenditure.
- 5. Prevocational services can only be provided when the individual's compensation is less than 50% of the minimum wage.
- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based services participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, prevocational providers must also meet the following qualifications:
 - 1. The provider of prevocational services must be a vendor of extended employment services, long-term employment services, or supported employment services for DRS, or be licensed by DMHMRSAS as a provider of day support services.
 - 2. Providers must ensure and document that persons providing prevocational services have training in the characteristics of mental retardation and appropriate interventions, training strategies, and support methods for persons with mental retardation and functional limitations. All providers of prevocational services must pass an objective, standardized test of skills, knowledge, and abilities approved by DMHMRSAS and administered according to DMHMRSAS' defined procedures.
 - 2. 3. Required documentation in the individual's record. The provider must maintain a record regarding each individual receiving prevocational services. At a minimum, the records must contain the following:
 - a. A functional assessment conducted by the provider to evaluate each individual in the prevocational environment and community settings.
 - b. An ISP, which contains, at a minimum, the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports, and training needs;
 - (2) The individual's goals and [, for a training goal, a sequence of] measurable objectives to meet the above identified outcomes;

- (3) Services to be rendered and the frequency of services to accomplish the above goals and objectives;
- (4) A timetable for the accomplishment of the individual's goals and objectives;
- (5) The estimated duration of the individual's needs for services; and
- (6) The provider staff responsible for the overall coordination and integration of the services specified in the ISP.
- 3. c. Documentation indicating that the ISP goals, objectives, and activities must be have been reviewed by the provider quarterly, annually, and more often as needed, modified as appropriate, and that the results of these reviews have been submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual [erand the individual's] family/caregiver [, as appropriate].
- 4. d. Documentation must eenfirm confirming the individual's attendance, amount of time spent in services, and type of services rendered, and provide specific information regarding the individual's response to various settings and supports as agreed to in the ISP objectives. An attendance log or similar document must be maintained that indicates the date, type of services rendered, and the number of hours and units provided.
- e. Documentation indicating whether the services were center-based or noncenter-based.
- 5. f. Documentation regarding transportation. In instances where prevocational staff are required to ride with the individual to and from prevocational services, the prevocational staff time can be billed for prevocational services, provided that billing for this time does not exceed 25% of the total time spent in prevocational services for that day. Documentation must be maintained to verify that billing for prevocational staff coverage during transportation does not exceed 25% of the total time spent in the prevocational services for that day.
- g. If intensive prevocational services are requested, documentation indicating the specific supports and the reasons they are needed. For ongoing intensive prevocational services, there must be clear documentation of the ongoing needs and associated staff supports.
- h. Documentation indicating whether prevocational services are available in vocational rehabilitation agencies through § 110 of the Rehabilitation Act of 1973 or through the Individuals with Disabilities Education Act (IDEA).
- 6. i. A copy of the most recently completed DMAS-122. The provider must clearly document efforts to obtain the completed DMAS-122 form from the case manager.

12 VAC 30-120-241. Residential support services.

A. Service description. Residential support services consist of training, assistance or specialized supervision provided primarily in an individual's home or in a licensed or approved

residence to enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Service providers shall be reimbursed only for the amount and type of residential support services included in the individual's approved ISP. Residential support services shall be authorized in the ISP only when the individual requires these services and these services exceed the services included in the individual's room and board arrangements for individuals residing in group homes, or, for other individuals, if these services exceed supports provided by the family/caregiver. Services will not be routinely reimbursed for a continuous 24-hour period.

B. Criteria.

- 1. In order for Medicaid to reimburse for residential support services, the individual shall have a demonstrated need for supports to be provided by staff who are paid by the residential support provider.
- 2. In order to qualify for this service in a congregate setting, the individual shall have a demonstrated need for continuous training, assistance, and supervision for up to 24 hours per day provided by a DMHMRSAS-licensed residential provider.
- A functional assessment must be conducted to evaluate each individual in his home environment and community settings.
- 4. The residential support ISP must indicate the necessary amount and type of activities required by the individual, the schedule of residential support services, and the total number of projected hours per week of waiver reimbursed residential support.
- C. Service units and service limitations. Residential supports shall be reimbursed for time the residential support staff is working directly with the individual. Total billing cannot exceed the authorized amount in the ISP. The provider must maintain documentation of the date and times that services were provided, and specific circumstances that prevented provision of all of the scheduled services.
 - 1. This service must be provided on an individual-specific basis according to the ISP and service setting requirements;
 - 2. Congregate residential support services may not be provided to any individual who receives personal assistance services under the MR Waiver or other residential services that provide a comparable level of care. Respite services may be provided in conjunction with in-home residential support services to unpaid caregivers.
 - 3. Room, board, and general supervision shall not be components of this service;
 - 4. This service shall not be used solely to provide routine or emergency respite for the family/caregiver with whom the individual lives; and
 - 5. Medicaid reimbursement is available only for residential support services provided when the individual is present and when a qualified provider is providing the services.

D. Provider requirements.

- 1. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, the provider of residential services must have the appropriate DMHMRSAS residential license.
- 2. Residential support services may also be provided in adult foster care homes approved by local DSS offices pursuant to state DSS regulations.
- 3. In addition to licensing requirements, persons providing residential support services are required to participate in training in the characteristics of mental retardation and appropriate interventions, training strategies, and support methods for individuals with mental retardation and functional limitations. All persons providing providers of residential support services must pass an objective, standardized test of skills, knowledge, and abilities developed approved by DMHMRSAS and administered according to DMHMRSAS policies DMHMRSAS' defined procedures.
- 4. Required documentation in the individual's record. The provider agency must maintain records of each individual receiving residential support services. At a minimum these records must contain the following:
 - a. A functional assessment conducted by the provider to evaluate each individual in the residential environment and community settings.
 - b. An ISP containing the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports, or both, and training needs;
 - (2) The individual's goals and [, for a training goal, a sequence of] measurable objectives to meet the above identified outcomes:
 - (3) The services to be rendered and the schedule of services to accomplish the above goals, objectives, and desired outcomes;
 - (4) A timetable for the accomplishment of the individual's goals and objectives;
 - (5) The estimated duration of the individual's needs for services; and
 - (6) The provider staff responsible for the overall coordination and integration of the services specified in the ISP.
 - c. The ISP goals, objectives, and activities must be reviewed by the provider quarterly, annually, and more often as needed, modified as appropriate, and results of these reviews submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual [er and the individual's] family/caregiver [, as appropriate.]
 - d. Documentation must confirm attendance, the amount of time in services, and provide specific information

regarding the individual's response to various settings and supports as agreed to in the ISP objectives.

e. A copy of the most recently completed DMAS-122. The provider must clearly document efforts to obtain the completed DMAS-122 form from the case manager.

12 VAC 30-120-243. Respite services (agency-directed model). (Repealed.)

A. Service description. Respite services are supports for that which is normally provided by the family or other unpaid primary caregiver of an individual. These services are furnished on a short-term basis because of the absence or need for relief of those unpaid caregivers normally providing the care for the individuals.

B. Criteria. Respite services may only be offered to individuals who have an unpaid primary caregiver living in the home who requires temporary relief to avoid institutionalization of the individual. Respite services are designed to focus on the need of the unpaid caregiver for temporary relief and to help prevent the breakdown of the unpaid caregiver due to the physical burden and emotional stress of providing continuous support and care to the individual.

C. Service units and service limitations. The unit of service is one hour. Respite services shall be limited to a maximum of 720 hours per calendar year. This service shall not be provided to relieve group home or assisted living facility staff where residential care is provided in shifts. Respite services shall not be provided by adult foster care/family care providers for an individual residing in that home. Training of the individual is not provided with respite services. Individuals who are receiving consumer-directed respite and agency-directed respite services cannot exceed 720 hours per calendar year combined.

- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, respite providers must meet the following qualifications:
 - 1. Respite services shall be provided by a DMAS enrolled personal care/respite care provider, a DMHMRSAS-licensed residential provider, a DMHMRSAS-licensed respite services provider, or a DSS-approved foster care home for children or adult foster home provider. For DMHMRSAS-licensed residential or respite services providers, a residential supervisor will provide ongoing supervision of all respite assistants.
 - 2. For DMAS enrolled personal care/respite care providers, the respite services provider must employ or subcontract with and directly supervise a RN or an LPN who will provide engoing supervision of all respite assistants. The supervising RN or LPN must be currently licensed to practice nursing in the Commonwealth and have at least two years of related clinical nursing experience that may include work in an acute care hospital, public health clinic, home health agency, ICF/MR or nursing facility.
 - a. The supervisor must make an initial assessment visit prior to the start of care for any individual requesting respite services. The supervisor must also perform any

subsequent reassessments or changes to the supporting documentation; and

b. The supervisor must make supervisory visits as often as needed to ensure both quality and appropriateness of services:

- (1) When respite services are received on a routine basis, the minimum acceptable frequency of these supervisory visits shall be every 30 to 90 days based on the needs of the individual;
- (2) When respite services are not received on a routine basis, but are episodic in nature, the supervisor is not required to conduct a supervisory visit every 30 to 90 days. Instead, the supervisor must conduct the initial home visit with the respite assistant immediately preceding the start of services and make a second home visit within the respite period;
- (3) When respite services are routine in nature and offered in conjunction with personal assistance, the 30-to 90-day supervisory visit conducted for personal assistance may serve as the supervisory visit for respite services. However, the supervisor must document supervision of respite services separately. For this purpose, the same individual record can be used with a separate section for respite services documentation:
- c. Based on continuing evaluations of the assistants' performances and individuals' needs, the supervisor shall identify any gaps in the assistants' ability to function competently and shall provide training as indicated;
- d. Basic qualifications for respite assistants include:
 - (1) Be at least 18 years of age or older;
 - (2) Be physically able to do the work;
 - (3) Have the ability to read and write in English to the degree necessary to perform the tasks expected;
 - (4) Have completed a training curriculum consistent with DMAS requirements. Prior to assigning an assistant to an individual, the provider must obtain documentation that the assistant has satisfactorily completed a training program consistent with DMAS requirements. DMAS requirements may be met in one of three ways:
 - (a) Registration as a certified nurse aide;
 - (b) Graduation from an approved educational curriculum which offers certificates qualifying the student as a nursing assistant, geriatric assistance, or home health aide; or
 - (c) Completion of provider-offered training, which is consistent with the basic course outline approved by DMAS.
 - (5) Have a satisfactory work record, as evidenced by two references from prior job experiences, including no evidence of possible abuse, neglect, or exploitation of aged or incapacitated adults or children;

- 3. Respite assistants may not be the parents of individuals who are minors, or the individuals' spouses. Payment may not be made for services furnished by other family members living under the same roof as the individual receiving services unless there is objective written documentation as to why there are no other providers available to provide the care. Family members who are approved to provide paid respite services must meet the qualifications for respite assistants.
- 4. Inability to provide services and substitution of assistants.
 - a. When a respite assistant is absent, the provider is responsible for ensuring that services continue to individuals. The provider may provide another assistant, obtain a substitute assistant from another provider if the lapse in coverage is to be less than two weeks in duration, or transfer the individual's services to another provider. The respite provider that has the authorization to provide services to the individual must contact the case manager to determine if additional preauthorization is necessary.
 - b. If no other provider is available who can supply an assistant, the provider shall notify the individual, family/caregiver, and case manager so that the case manager can locate another available provider of the individual's choice.
 - c. During temporary, short-term lapses in coverage, not to exceed two weeks in duration, a substitute assistant may be secured from another respite provider. Under these circumstances, the following requirements apply:
 - (1) The preauthorized respite services provider is responsible for providing the supervision for the substitute assistant;
 - (2) The provider of the substitute assistant must send a copy of the assistant's records signed by the individual or family/caregiver on his behalf and the substitute assistant to the respite provider having the authorization. All documentation of services rendered by the substitute assistant must be in the individual's record. The documentation of the substitute assistant's qualifications must also be obtained and recorded in the personnel files of the provider having individual care responsibility. The two providers involved are responsible for negotiating the financial arrangements of paying the substitute assistant; and
 - (3) Only the provider authorized for services may bill DMAS for services rendered by the substitute assistant.
 - d. Substitute assistants obtained from other providers may be used only in cases where no other arrangements can be made for individual respite services coverage and may be used only on a temporary basis. If a substitute assistant is needed for more than two weeks, the case must be transferred to another respite services provider that has the assistant capability to serve the individual or individuals.
- Required documentation for individual's record. The provider must maintain records of each individual receiving respite services. These records must be separated from

- those of other services. At a minimum these records must contain:
 - a. Initial assessment completed prior to or on the date services are initiated and subsequent reassessments and changes to supporting documentation by the supervisor, if required:
 - b. An ISP, which contains, at a minimum, the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports;
 - (2) The individual's goals;
 - (3) The estimated duration of the individual's needs for services and the amount of hours needed; and
 - (4) The provider staff responsible for the overall coordination and integration of the services specified in the ISP:
 - c. Dated notes documenting contacts with the respite services assistant and of supervisory visits to the individual's home when required. The supervisor must document in a summary note of the supervision visit:
 - (1) Whether respite services continue to be appropriate;
 - (2) Whether the service is adequate to meet the individual's needs or if changes need to be made;
 - (3) The individual's or family/caregiver's satisfaction with the service:
 - (4) Any hospitalization or change in medical condition or functioning status;
 - (5) Other services received and the amount;
 - (6) The presence or absence of the assistant in the home during the supervisor's visit; and
 - (7) Any special tasks performed by the assistant (e.g., assistance with bowel/bladder programs, range of motion exercises, etc.) and the assistant's qualifications to perform these tasks.
 - d. All correspondence to the individual, family/caregiver, case manager, DMAS, and DMHMRSAS;
 - e. Significant contacts made with family/caregiver, physicians, formal and informal service providers, and all professionals concerning the individual:
 - f. A copy of the most recently completed DMAS-122. The provider must clearly document efforts to obtain the completed DMAS-122 from the case manager; and
 - g. Respite assistant record of services rendered and individual's responses. The assistant record must contain:
 - (1) The specific services delivered to the individual by the respite assistant and the individual's response;
 - (2) The arrival and departure time of the assistant for respite services only;

- (3) Comments or observations about the individual. Assistant comments must include, at a minimum, observation of the individual's physical and emotional condition, daily activities, and the individual's responses to services rendered; and
- (4) The signature of the assistant, individual, or family/caregiver as appropriate, for each respite event to verify that respite services have been rendered.

12 VAC 30-120-245. Skilled nursing services.

- A. Service description. Skilled nursing services [that do not meet home health criteria] shall be provided for individuals with serious medical conditions and complex health care [who do not meet home health criteria] needs that require specific skilled nursing services that cannot be provided by non-nursing personnel. Skilled nursing may be provided in the individual's home or other community setting on a regularly scheduled or intermittent need basis. It may include consultation, nurse delegation as appropriate, oversight of direct care staff as appropriate, and training for other providers.
- B. Criteria. In order to qualify for these services, the individual shall have demonstrated complex health care needs that require specific skilled nursing services ordered by a physician and that cannot be otherwise accessed under the Title XIX State Plan for Medical Assistance. The CSP must indicate that the service is necessary in order to prevent institutionalization and is not available under the State Plan for Medical Assistance.
- C. Service units and service limitations. Skilled nursing services to be rendered by either registered or licensed practical nurses are provided in hourly units. The services must be explicitly detailed in an ISP and must be specifically ordered by a physician as medically necessary to prevent institutionalization.
- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, participating skilled nursing providers must meet the following qualifications:
 - 1. Skilled nursing services shall be provided by either a DMAS-enrolled home care organization provider or home health provider, or by a registered nurse licensed by the Commonwealth or licensed practical nurse licensed by the Commonwealth (under the supervision of a registered nurse licensed by the Commonwealth), contracted or employed by DMHMRSAS-licensed day support, respite, or residential providers.
 - 2. Skilled nursing services providers may not be the parents of individuals who are minors, or the individual's spouse. Payment may not be made for services furnished by other family members living under the same roof as the individual receiving services unless there is objective written documentation as to why there are no other providers available to provide the care. Family members who provide skilled nursing services must meet the skilled nursing requirements.

- 3. Foster care providers may not be the skilled nursing services providers for the same individuals to whom they provide foster care.
- 4. Required documentation. The provider must maintain a record that contains:
 - a. An ISP that contains, at a minimum, the following elements:
 - (1) The individual's strengths, desired outcomes, required or desired supports;
 - (2) The individual's goals;
 - (3) Services to be rendered and the frequency of services to accomplish the above goals and objectives;
 - (4) The estimated duration of the individual's needs for services; and
 - (5) The provider staff responsible for the overall coordination and integration of the services specified in the ISP;
 - b. Documentation of any training of family/caregivers or staff, or both, to be provided, including the person or persons being trained and the content of the training, consistent with the Nurse Practice Act:
 - c. Documentation of the determination of medical necessity by a physician prior to services being rendered;
 - d. Documentation of nursing license/qualifications of providers;
 - e. Documentation indicating the dates and times of nursing services and the amount and type of service or training provided;
 - f. Documentation that the ISP was reviewed by the provider quarterly, annually, and more often as needed, modified as appropriate, and results of these reviews submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual.
 - g. Documentation that the ISP has been reviewed by a physician within 30 days of initiation of services, when any changes are made to the ISP, and also reviewed and approved annually by a physician; and
 - h. A copy of the most recently completed DMAS-122. The provider must clearly document efforts to obtain the completed DMAS-122 form from the case manager.

12 VAC 30-120-247. Supported employment services.

- A. Service description.
 - 1. Supported employment services is are provided in work in settings in which where persons without disabilities are employed. It is especially designed for individuals with developmental disabilities, including individuals with mental retardation, who face severe impediments to employment due to the nature and complexity of their disabilities, irrespective of age or vocational potential.

- 2. Supported employment services are available to individuals for whom competitive employment at or above the minimum wage is unlikely without ongoing supports and who because of their disability need ongoing support to perform in a work setting.
- 3. Supported employment can be provided in one of two models. Individual supported employment shall be defined as intermittent support, usually provided one-on-one by a job coach to an individual in a supported employment position. Group supported employment shall be defined as continuous support provided by staff to eight or fewer individuals with disabilities in an enclave, work crew, bench work, or entrepreneurial model. The individual's assessment and CSP must clearly reflect the individual's need for training and supports.

B. Criteria.

- 1. Only job development tasks that specifically include the individual are allowable job search activities under the MR waiver supported employment and only after determining this service is not available from DRS.
- 2. In order to qualify for these services, the individual shall have demonstrated that competitive employment at or above the minimum wage is unlikely without ongoing supports, and [who that] because of his disability, [he] needs ongoing support to perform in a work setting.
- 3. A functional assessment must be conducted to evaluate the individual in his work environment and related community settings.
- 4. The ISP must document the amount of supported employment required by the individual. Service providers are reimbursed only for the amount and type of supported employment included in the individual's ISP based on the intensity and duration of the service delivered.
- C. Service units and service limitations.
 - 1. Supported employment for individual job placement is provided in one hour units. This service, when in combination with prevocational and day support, is limited to 780 units per CSP year 40 hours per week.
 - 2. Group models of supported employment (enclaves, work crews, bench work and entrepreneurial model of supported employment) will be billed at the unit rate. For group models of supported employment, units shall be defined as:
 - a. One unit is 1 to 3.99 hours of service a day.
 - b. Two units are 4 to 6.99 hours of service a day.
 - c. Three units are 7 or more hours of service a day.

This service is limited to 780 units per CSP year. This service, either as a stand-alone service or in combination with prevocational and day support, is limited to 780 units per CSP year. If [this service is] used in combination with prevocational and day support services, the combined total units for these services cannot exceed 780 units per CSP year.

3. For the individual job placement model, reimbursement of supported employment will be limited to actual documented

- interventions or collateral contacts by the provider, not the amount of time the individual is in the supported employment situation.
- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, supported employment provider qualifications include:
 - 1. Supported employment shall be provided only by agencies that are DRS vendors of supported employment services:
 - 2. Required documentation in the individual's record. The provider must maintain a record regarding each individual receiving supported employment services. At a minimum, the records must contain the following:
 - a. A functional assessment conducted by the provider to evaluate each individual in the supported employment environment and related community settings.
 - b. Documentation indicating individual ineligibility for supported employment services through DRS or IDEA must be documented in the individual's record, as applicable. If the individual is not eligible through IDEA, documentation is required only for the lack of DRS funding;
 - 3. There must be c. An ISP that contains, at a minimum, the following elements:
 - a. (1) The individual's strengths, desired outcomes, required/desired supports and training needs;
 - b. (2) The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes:
 - e. (3) Services to be rendered and the frequency of services to accomplish the above goals and objectives;
 - d. (4) A timetable for the accomplishment of the individual's goals and objectives;
 - e. (5) The estimated duration of the individual's needs for services; and
 - f. (6) Provider staff responsible for the overall coordination and integration of the services specified in the plan.
 - 4. d. The ISP goals, objectives, and activities must be reviewed by the provider quarterly, annually, and more often as needed, modified as appropriate, and the results of these reviews submitted to the case manager. For the annual review and in cases where the ISP is modified, the ISP must be reviewed with the individual [er and the individual's] family/caregiver [, as appropriate].
 - 6. e. In instances where supported employment staff are required to ride with the individual to and from supported employment activities, the supported employment staff time can be billed for supported employment provided that the billing for this time does not exceed 25% of the total time spent in supported employment for that day. Documentation must be maintained to verify that billing

for supported employment staff coverage during transportation does not exceed 25% of the total time spent in supported employment for that day.

6- f. There must be a copy of the completed DMAS-122 in the record. Providers must clearly document efforts to obtain the DMAS-122 form from the case manager.

12 VAC 30-120-249. Therapeutic consultation.

- A. Service description. Therapeutic consultation provides expertise, training and technical assistance in any of the following specialty areas to assist family members, caregivers, and other service providers in supporting the individual. The specialty areas are (i) psychology, (ii) behavioral consultation, (iii) therapeutic recreation, (iv) speech and language pathology, (v) occupational therapy, (vi) physical therapy, and (vii) rehabilitation engineering. The need for any of these services, is based on the individual's CSP, and provided to those individuals for whom specialized consultation is clinically necessary and who have additional challenges restricting their ability to function in the community. Therapeutic consultation services may be provided in the individual's home, and in appropriate community settings and are intended to facilitate implementation of the individual's desired outcomes as identified in his CSP.
- B. Criteria. In order to qualify for these services, the individual shall have a demonstrated need for consultation in any of these services. Documented need must indicate that the CSP cannot be implemented effectively and efficiently without such consultation from this service.
 - 1. The individual's therapeutic consultation ISP must clearly reflect the individual's needs, as documented in the social assessment, for specialized consultation provided to family/caregivers and providers in order to implement the ISP effectively.
 - 2. Therapeutic consultation services may not include direct therapy provided to waiver individuals or monitoring activities, and may not duplicate the activities of other services that are available to the individual through the State Plan for Medical Assistance.
- C. Service units and service limitations. The unit of service shall equal one hour. The services must be explicitly detailed in the ISP. Travel time, written preparation, and telephone communication are in-kind expenses within this service and are not billable as separate items. Therapeutic consultation may not be billed solely for purposes of monitoring. Only behavioral consultation may be offered in the absence of any other waiver service when the consultation is determined to be necessary to prevent institutionalization.
- D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based participating providers as specified in 12 VAC 30-120-217 and 12 VAC 30-120-219, professionals rendering therapeutic consultation services shall meet all applicable state [or national] licensure [, endorsement] or certification requirements. Persons providing rehabilitation consultation shall be rehabilitation engineers or certified rehabilitation specialists. Behavioral consultation may be performed by

professionals based on the professionals' work experience, education, and demonstrated knowledge, skills, and abilities.

The following documentation is required for therapeutic consultation:

- 1. An ISP, that contains at a minimum, the following elements:
 - a. Identifying information:
 - b. Targeted objectives, time frames, and expected outcomes; and
 - c. Specific consultation activities; and.
- et. 2. A written support plan detailing the recommended interventions or support strategies [for providers and family/caregivers to use to better support the individual in the service].
- 2. 3. Ongoing documentation of consultative services rendered in the form of contact-by-contact or monthly notes that identify each contact.
- 3. 4. If the consultation service extends beyond the one year, the ISP must be reviewed by the provider with the individual receiving the services and the case manager, and this written review must be submitted to the case manager, at least annually, or more as needed. If the consultation services extend three months or longer, written quarterly reviews are required to be completed by the service provider and are to be forwarded to the case manager. Any changes to the ISP must be reviewed with the individual [exand the individual's] family/caregiver [, as appropriate].
- 4. 5. A copy of the most recently completed DMAS-122. The provider must clearly document efforts to obtain a copy of the completed DMAS-122 from the case manager.
- 5. [6. A written support plan, detailing the interventions and strategies for providers and family/caregivers to use to better support the individual in the service; and]
- [6. ∠] A final disposition summary that must be forwarded to the case manager within 30 days following the end of this service.

DOCUMENTS INCORPORATED BY REFERENCE

AAMR Definition of Mental Retardation, Mental Retardation: Definition, Classification, and Systems of Supports, 10th Edition, 2002, American Association on Mental Retardation.

VA.R. Doc. No. R05-55; Filed May 10, 2006, 10:18 a.m.

GENERAL NOTICES/ERRATA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Total Maximum Daily Load (TMDL) - Knox Creek and Pawpaw Creek

Announcement of a second public comment period for a revised study to restore water quality in Knox Creek and Pawpaw Creek in Hurley, Virginia.

Purpose of notice: To seek public comment on the revised draft "Fecal Bacteria and General Standard Total Maximum Daily Load Development for Knox Creek and Pawpaw Creek" water quality improvement study by the Virginia Department of Environmental Quality, Department of Mines, Minerals and Energy and the Department of Conservation and Recreation.

Description of study: The Knox Creek "impaired" stream segment includes the entire stream length in Virginia, from its headwaters to the Kentucky State Line. This segment is approximately 16.9 miles long. The stream is impaired for failing to meet the Aquatic Life Use based on violations of the general standard for aquatic organisms and failure to meet the Recreational Use because of fecal coliform bacteria violations.

Pawpaw Creek is impaired from the Kentucky State Line to its confluence with Knox Creek, about 4.5 miles of stream reach. This stream is impaired due to failing to meet the Aquatic Life Use based on violations of the general standard for aquatic organisms only.

The study reports the pollutants impairing the aquatic community and recommends total maximum daily loads, or TMDLs, for total dissolved solids (TDS) on Knox Creek and Sediment and total dissolved solids on Pawpaw Creek. A TMDL is the total amount of a pollutant a water body can contain and still meet water quality standards. The study also presents the sources of bacteria contamination and a TMDL for bacteria for Knox Creek. To restore water quality, contamination levels have to be reduced to the TMDL amount.

How a decision is made: The development of a TMDL includes a public comment period, including public meetings. The draft document was revised after the final public meeting and it is the revised document that is available for public review and comment. After public comments have been considered and addressed, DEQ will submit the TMDL report to the U.S. Environmental Protection Agency for approval.

How to comment: DEQ accepts written comments by e-mail, fax or postal mail. Written comments should include the name, address and telephone number of the person commenting and be received by DEQ during the comment period, May 29, 2006, to June 27, 2006.

To review draft TMDL report: The revised draft TMDL report on the impaired waters is available from the contact below or on the DEQ website at www.deq.virginia.gov/tmdl.

Contact for additional information: Nancy T. Norton, P.E., Regional TMDL Coordinator, Department of Environmental Quality, Southwest Regional Office, 355 Deadmore Street, P.O. Box 1688, Abingdon, VA 24212-1688, telephone (276) 676-4807, FAX (276) 676-4899, or e-mail ntnorton@deq.virginia.gov.

Total Maximum Daily Load (TMDL) - Potomac River

Announcement of a total maximum daily load (TMDL) study to restore water quality in the tidal Potomac River, including selected tributaries to the tidal Potomac River in Maryland, Washington, D.C. and Virginia, that are impaired by the pollutant Polychlorinated Biphenyl (PCB).

Public Meetings:

(Washington D.C. Meeting) Metropolitan Washington Council of Governments, 777 North Capitol Street, NE, Washington, DC 20002-4239 on June 12, 2006, from 7 p.m. to 9 p.m.

(Virginia Meeting) Occoquan Town Hall, 314 Mill Street, Occoquan, VA 22125 on June 22, 2006, from 7 p.m. to 9 p.m.

(Maryland Meeting) Charles County Public Library, 2 Garrett Ave, La Plata, MD, 20646 on June 29, 2006, from 7 p.m. to 9 p.m.

Purpose of Notice: The Virginia Department of Environmental Quality, Washington D.C. Department of Health, Maryland Department of the Environment, and Interstate Commission for the Potomac River Basin are announcing public meetings to introduce the TMDL study and provide an opportunity for the public to comment on the study to restore water quality in the tidal Potomac River and its tributaries.

Meeting Description: This series of public meetings are the first round of meetings to introduce this project to the public. The TMDL study addresses elevated levels of polychlorinated biphenyls (PCBs) in the Potomac River estuary.

Description of Study: Virginia, Maryland, and Washington D.C. agencies are working to understand the nature of the PCB contamination in the tidal waters of the Potomac River. This study aims to identify the sources of PCBs into the estuary, understand the fate and transport of the pollutants and determine the reductions in PCB loadings needed to achieve compliance with water quality standards. These load reductions are know as total maximum daily loads, or TMDLs. A TMDL is the total amount of a pollutant a water body can contain and still meet water quality standards. To restore water quality, PCB levels have to be reduced to the TMDL amount.

How a decision is made: The development of a TMDL includes a public comment period, including public meetings. After public comments have been considered and addressed, the TMDL report will be submitted to the U.S. Environmental Protection Agency for review and approval.

How to comment: Comments can be made by e-mail, fax or postal mail. Written comments should include the name, address and telephone number of the person commenting and be sent to the appropriate contacts below during the comment period, June 12, 2006, to July 29, 2006. Written and oral comments will also be accepted at the public meetings announced in this notice.

Contact for additional information:

General Notices/Errata

Mark Richards, Virginia Department of Environmental Quality, 629 East Main Street, Richmond, VA 23240, telephone (804) 698-4392, FAX (804) 698-4116, or e-mail marichards@deq.virginia.gov.

Monir Chowdhury, DC Department of Health, Environmental Health Administration, 51 N Street, NE, Washington, DC 20002, telephone (202) 727-9367, or e-mail monir.chowdhury@dc.gov.

Scott Macomber, Maryland Department of the Environment, 1800 Washington Blvd., Suite 540, Baltimore, MD 21230-1718, telephone (410)-537-3077, or e-mail smacomber@mde.state.md.us.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Notice of Periodic Review of Regulations

Pursuant to Executive Order Number 21, the Department of Mental Health, Mental Retardation and Substance Abuse Services and the State Mental Health, Mental Retardation and Substance Abuse Board will review its regulation 12 VAC 35-190, Regulations Establishing Procedures for Voluntarily Admitting Persons Who are Mentally Retarded to State Mental Retardation Facilities, to determine whether it should be terminated, amended, or retained in its current form. The review will be guided by the principles listed in Executive Order Number 21.

The department seeks public comment on any issue related to the review of the regulation, including whether (i) the regulation is effective in achieving its goals; (ii) the regulation is essential to the health, safety and welfare of citizens; (iii) there are less burdensome and intrusive alternatives to the regulation; and (iv) the regulation is clearly written and easily understandable.

Written comments may be submitted until June 23, 2006, to Wendy Brown, Agency Regulatory Coordinator, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23219-1797, by email to wendy.brown@co.dmhmrsas.virginia.gov, facsimile to (804) 371-0092. Please include your full name and address with your comments.

Pursuant to Executive Order 21 (2002), the Department of Mental Health, Mental Retardation and Substance Abuse Services and the State Mental Health, Mental Retardation and Substance Abuse Services Board will review its regulation, 12 VAC 35-200, Regulations for Respite and Emergency Care Admissions to Mental Retardation Facilities, to determine whether it should be terminated, amended or retained in its current form. The review will be guided by the principles listed in Executive Order Number 21.

The department seeks public comment on any issue related to the review of the regulations, including whether (i) the regulation is effective in achieving its goals; (ii) the regulation is essential to the health, safety and welfare of citizens; (ii) there are less burdensome and intrusive alternatives to the regulation; and (iv) the regulation is clearly written and understandable.

Written comments may be submitted until June 23, 2006, to Wendy Brown, Agency Regulatory Coordinator, Office of Planning and Development, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218-1797, by e-mail wendy.brown@co.dmhmrsas.virginia.gov, or facsimile to (804) 371-0092. Please include your full name and address with your comments.

STATE WATER CONTROL BOARD

Proposed Consent Special Order - Construction Materials Company Trading as Conrock-Lexington

Purpose of notice: To invite citizens to comment on a proposed consent order for a facility in Rockbridge County, Virginia.

Public comment period: May 29, 2006, through June 30, 2006.

Consent order description: The State Water Control Board proposes to issue a consent order to Construction Materials Company trading as Conrock-Lexington to address an unpermitted discharge. The location where the violation occurred is in Rockbridge County, Virginia. The consent order describes a settlement to resolve these violations.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period. The public may review the proposed consent order at the DEQ office named below or on the DEQ website at www.deq.virginia.gov.

Contact for public comments, document requests and additional information: Michael Faulkner, Department of Environmental Quality, Valley Regional Office, 4411 Early Road, Harrisonburg, VA 22801, telephone (540) 574-7901, FAX (540) 574-7884, or email msfaulkner@deq.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

General Notices/Errata

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*Location accessible to persons with disabilities

Teletype (TTY)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the *Virginia Register* deadline may preclude a notice of such cancellation. 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 website's Legislative Information System (http://leq1.state.va.us/lis.htm) and select "Meetings."

VIRGINIA CODE COMMISSION

EXECUTIVE

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

† June 2, 2006 - 10 a.m. -- Open Meeting Oliver W. Hill Building, 102 Governor Street, 220 Board Room, Richmond, Virginia.

A meeting of the Beekeeper Study workgroup to (i) discuss plans for conducting a study of the plight of beekeepers and examine the regulation of honey production by small beekeeping operations; (ii) hear recommendations for remedies to problems identified by the study to be provided to the Commissioner of the Department of Agriculture and Consumer Services. The workgroup will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person desiring to attend the meeting, and requiring special accommodation in order to participate in the meeting, should contact Keith R. Tignor at least two days before the meeting date so that suitable arrangements can be made.

Contact: Keith R. Tignor, State Apiarist, Department of Agriculture and Consumer Services, Oliver Hill Bldg. 102 Governor Street, Lower Level Floor, Richmond, VA 23219, telephone (804) 786-3515, FAX (804) 371-7793, (800) 828-1120/TTY ☎, e-mail keith.tignor@vdacs.virginia.gov.

Virginia Aquaculture Advisory Board

† June 1, 2006 - 10 a.m. -- Open Meeting Virginia Farm Bureau Federation, 12580 West Creek Parkway, 3rd Floor, Conference 3-C, Richmond, Virginia.

A meeting to discuss issues related to Virginia aquaculture. For directions, call 800-768-8323, extension 1155. 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 T. Robins Buck at

least five days before the meeting date so that suitable arrangements can be made.

Contact: T. Robins Buck, Board Secretary, Department of Agriculture and Consumer Services, Oliver Hill Bldg., 102 Governor St., 2nd Floor, Richmond, VA 23219, telephone (804) 371-6094, FAX (804) 371-2945, e-mail robins.buck@vdacs.virginia.gov.

Virginia Small Grains Board

† July 19, 2006 - 8 a.m. -- Open Meeting Doubletree Hotel Richmond Airport, 5501 Eubank Road, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to (i) review FY 2005-06 project reports and receive and approve the 2006-07 project proposals, (ii) hear and approve minutes from the last board meeting and a current financial statement, and (iii) take action 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 Philip T. Hickman at least five days before the meeting date so that suitable arrangements can be made.

Contact: Philip T. Hickman, Program Director, Department of Agriculture and Consumer Services, 102 Governor St., 3rd Floor, Room 316, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786, e-mail phil.hickman@vdacs.virginia.gov.

Virginia Wine Board

† June 20, 2006 - 11 a.m. -- Open Meeting Virginia Department of Forestry, 900 Natural Resources Drive, Charlottesville, Virginia.

A meeting to (i) approve the minutes of the last meeting held on March 2, 2006, (ii) review the board's financial statement, and (iii) discuss old business arising from the last meeting and any new business to come before the board. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact David Robishaw at least five days before the meeting date so that suitable arrangements can be made.

Contact: David Robishaw, Secretary, Virginia Wine Board, 900 Natural Resources Dr., Suite 300, Charlottesville, VA 22903, telephone (434) 984-0573, FAX (434) 984-4156, e-mail david.robishaw@vdacs.virginia.gov.

STATE AIR POLLUTION CONTROL BOARD

June 21, 2006 - 9:30 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional
Office, 4949-A Cox Road, Glen Allen, Virginia.

A regular meeting. The agenda and minibook will be posted no later than June 9, 2006.

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.virginia.gov.

ALCOHOLIC BEVERAGE CONTROL BOARD

June 5, 2006 - 9 a.m. -- Open Meeting
June 19, 2006 - 9 a.m. -- Open Meeting
July 10, 2006 - 9 a.m. -- Open Meeting
July 17, 2006 - 9 a.m. -- Open Meeting
August 7, 2006 - 9 a.m. -- Open Meeting
† August 21, 2006 - 9 a.m. -- Open Meeting
Department of Alcoholic Beverage Control, 2901 Hermitage
Road, Richmond, Virginia.

An executive staff meeting to receive and discuss reports and activities from staff members and to discuss other matters not yet determined.

Contact: W. Curtis Coleburn, III, Secretary to the Board, Department of Alcoholic Beverage Control, 2901 Hermitage Rd., Richmond, VA 23220, telephone (804) 213-4409, FAX (804) 213-4411, (804) 213-4687/TTY ☎, e-mail curtis.coleburn@abc.virginia.gov.

ALZHEIMER'S DISEASE AND RELATED DISORDERS COMMISSION

June 13, 2006 - 10 a.m. -- Open Meeting Department for the Aging, 1610 Forest Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting.

Contact: Cecily Slasor, I and R Specialist, Department for the Aging, 1610 Forest Ave., Ste. 100, Richmond, VA 23229, telephone (804) 662-9338, FAX (804) 662-9354, toll-free (800) 552-3402, (804) 662-9333/TTY

☐ e-mail cecily.slasor@vda.virginia.gov.

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

† June 12, 2006 - 10 a.m. -- Open Meeting
June 14, 2006 - 2:30 p.m. -- Open Meeting
June 16, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, 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 15, 2006 - 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. 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 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 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or e-mail apelscidla@dpor.virginia.gov.

July 26, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia.

A meeting of the Architects Section to conduct board business. 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 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 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or e-mail apelscidla@dpor.virginia.gov.

August 2, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia.

A meeting of the Professional Engineers Section to conduct board business. 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 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 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or e-mail apelscidla@dpor.virginia.gov.

August 3, 2006 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting of the Landscape Architects Section to conduct board business. 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 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 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or e-mail apelscidla@dpor.virginia.gov.

August 9, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia.

A meeting of the Land Surveyors Section to conduct board business. 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 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 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or e-mail apelscidla@dpor.virginia.gov.

August 10, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia.

A meeting of the Interior Designers Section to conduct board business. 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 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 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or e-mail apelscidla@dpor.virginia.gov.

ART AND ARCHITECTURAL REVIEW BOARD

June 2, 2006 - 10 a.m. -- Open Meeting
July 7, 2006 - 10 a.m. -- Open Meeting
August 4, 2006 - 10 a.m. -- Open Meeting
Science Museum of Virginia, 2500 West Broad Street, Forum
Room, Richmond, Virginia. (Interpreter for the deaf provided

upon request)

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 Center at www.dgs.virginia.gov. Request form #DGS-30-905 or submittal instructions #DGS-30-906. The deadline for submitting project datasheets and other required information is two weeks prior to the meeting date.

Contact: Richard L. Ford, AIA, Chairman, Art and Architectural Review Board, 101 Shockoe Slip, 3rd Floor, Richmond, VA 23219, telephone (804) 648-5040, FAX (804) 225-0359, (804) 786-6152/TTY ☎, or e-mail rford@comarchs.com.

VIRGINIA COMMISSION FOR THE ARTS

June 6, 2006 - 8:30 a.m. -- Open Meeting June 7, 2006 - 8:30 a.m. -- Open Meeting Martha Washington Inn, Abingdon, Virginia.

The final commission meeting of the fiscal year. The meeting is scheduled to last until 5 p.m. on June 6 and until 2:30 p.m. on June 7.

Contact: Peggy Baggett, Executive Director, Virginia Commission for the Arts, 223 Governor Street, Richmond, VA 23219, telephone (804) 225-3132, FAX (804) 225-4327, (804) 225-3132/TTY **☎**, e-mail peggy.baggett@arts.virginia.gov.

VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS

† August 16, 2006 - 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. 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: 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) 367-2475, (804) 367-9753/TTY **2**, e-mail alhi@dpor.virginia.gov.

AUCTIONEERS BOARD

† June 12, 2006 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

An informal fact-finding conference.

Contact: Marian H. Brooks, Regulatory Board Administrator, Auctioneers Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ★, e-mail auctioneers@dpor.virginia.gov.

July 6, 2006 - 10 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting 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. 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: Marian H. Brooks, Regulatory Board Administrator, Auctioneers Board, 3600 W. Broad St. Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ★, e-mail auctioneers@dpor.virginia.gov.

BOARD FOR BARBERS AND COSMETOLOGY

August 7, 2006 - 9 a.m. -- Open Meeting

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

A general business meeting to include 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 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 barbercosmo@dpor.virginia.gov.

BOARD FOR THE BLIND AND VISION IMPAIRED

† July 11, 2006 - 1 p.m. -- Open Meeting

Department for the Blind and Vision Impaired, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to review information regarding the Department for the Blind and Vision Impaired's activities and operations, review expenditures from the board endowment fund, and discuss other issues brought before the board.

Contact: Katherine C. Proffitt, Administrative Assistant, Department for the Blind and Vision Impaired, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3145, FAX (804) 371-3157, toll-free (800) 622-2155, (804) 371-3140/TTY **2**, e-mail kathy.proffitt@dbvi.virginia.gov.

DEPARTMENT FOR THE BLIND AND VISION IMPAIRED

Rehabilitation Council for the Blind

June 10, 2006 - 10 a.m. -- Open Meeting Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A quarterly meeting to advise the Department for the Blind and Vision Impaired on matters related to vocational rehabilitation services for the blind and visually impaired citizens of the Commonwealth. Public comments will be received at the end of the meeting.

Contact: Susan D. Payne, VR Program Director, Department for the Blind and Vision Impaired, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3184, FAX (804) 371-3390, toll-free (800) 622-2155, (804) 371-3140/TTY ☎, e-mail susan.payne@dbvi.virginia.gov.

BOARD FOR BRANCH PILOTS

July 27, 2006 - 8:30 a.m. -- Open Meeting Virginia Port Authority, 600 World Trade Center, Norfolk, Virginia

A meeting of the Examination Administrators 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. All meetings are subject to cancellation. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board 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: Mark N. Courtney, Executive Director, Board for Branch Pilots, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY **3**, e-mail branchpilots@dpor.virginia.gov.

July 28, 2006 - 9:30 a.m. -- Open Meeting

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

A meeting 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. All meetings are subject to cancellation. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board 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: Mark N. Courtney, Executive Director, Board for Branch Pilots, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ★ e-mail branchpilots@dpor.virginia.gov.

CEMETERY BOARD

June 7, 2006 - 9 a.m. -- Open Meeting

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

A meeting to discuss board business.

Contact: Christine Martine, Executive Director, Cemetery Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY ☎, e-mail cemetery@dpor.virginia.gov.

CHARITABLE GAMING BOARD

June 7, 2006 - 10 a.m. -- Open Meeting

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

A regular board meeting.

Contact: Clyde E. Cristman, Director, Department of Charitable Gaming, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 786-1681, FAX (804) 786-1079, e-mail clyde.cristman@dcg.virginia.gov.

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

June 19, 2006 - 10 a.m. -- Open Meeting Location to be announced.

A regular business meeting.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

August 15, 2006 - 10 a.m. -- Open Meeting

James Monroe Building, 101 North 14th Street, 17th Floor Conference Room, Richmond, Virginia.

A regular meeting of the Northern Area Review Committee to review local programs.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

August 15, 2006 - 2 p.m. -- Open Meeting

James Monroe Building, 101 North 14th Street, 17th Floor Conference Room, Richmond, Virginia.

A regular meeting of the Southern Area Review Committee to review local programs.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

STATE CHILD FATALITY REVIEW TEAM

July 11, 2006 - 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: Rae Hunter-Havens, Coordinator, State Child Fatality Review, 400 East Jackson St., Richmond, VA 23219, telephone (804) 786-1047, FAX (804) 371-8595, toll-free (800) 447-1708, e-mail rae.hunter-havens@vdh.virginia.gov.

COMPENSATION BOARD

† June 21, 2006 - 11 a.m. -- Open Meeting Compensation Board, 830 East Main Street, 2nd Floor, Richmond, Virginia.

A monthly board meeting.

Contact: Cindy P. Waddell, 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 1, 2006 - 1 p.m. -- Open Meeting

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

A regular meeting of the Virginia Invasive Species Council.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

June 8, 2006 - Noon -- Open Meeting July 13, 2006 - Noon -- Open Meeting August 10, 2006 - Noon -- Open Meeting

Richmond City Hall, 900 East Broad Street, 5th Floor, Planning Commission Conference Room, Richmond, Virginia.

A regular meeting of the Falls of the James Scenic River Advisory Committee to discuss river issues.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

† June 13, 2006 - 9 a.m. -- Open Meeting

Department of Forestry, Fontaine Research Park, 900 Natural Resources Drive, 1st Floor, Training Room, Charlottesville, Virginia.

A meeting of the Technical Advisory Committee to assist the department in considering revisions to the Virginia Soil and Water Conservation Board's Impounding Structure (Dam Safety) Regulations.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

Virginia Land Conservation Foundation

June 7, 2006 - 10 a.m. -- Open Meeting
Department of Forestry, New Kent Conference Center, Route
60 between Richmond and Williamsburg.

A regular meeting of the Board of Trustees.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

Virginia Soil and Water Conservation Board

July 20, 2006 - 9:30 a.m. -- Open Meeting Location to be announced.

A regular board meeting.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

BOARD FOR CONTRACTORS

† June 6, 2006 - 9 a.m. -- Open Meeting † June 27, 2006 - 2 p.m. -- Open Meeting Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

An informal fact-finding conference.

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.

June 27, 2006 - 9 a.m. -- Open Meeting
July 25, 2006 - 9 a.m. -- Open Meeting
† August 22, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia

A regular meeting to address policy and procedural issues and review and render 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. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to this meeting so that suitable arrangements can be made. 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.

† August 22, 2006 - 11:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulations,
3600 West Broad Street, Conference Room 4 West,
Richmond, Virginia.

A quarterly meeting of the Board for Contractors Committee to follow the regular board meeting.

Contact: Kevin Hoeft, Regulatory Boards Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY , e-mail contractors@dpor.virginia.gov.

BOARD OF CORRECTIONS

July 18, 2006 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, 3rd Floor
Board Room, Richmond, Virginia.

A meeting of the Liaison Committee to discuss correctional matters of interest to the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail barbara.woodhouse@vadoc.virginia.gov.

July 18, 2006 - 1 p.m. -- Open Meeting

Department of Corrections, 6900 Atmore Drive, 3rd Floor, Board Room, Richmond, Virginia.

A meeting of the Correctional Services/Policy and Regulations Committee to discuss correctional services and policy/regulation matters to be considered by the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail barbara.woodhouse@vadoc.virginia.gov.

July 19, 2006 - 9:30 a.m. -- Open Meeting

Department of Corrections, 6900 Atmore Drive, 3rd Floor, Room 3054, Richmond, Virginia.

A meeting of the Administration Committee to discuss administrative matters to be considered by the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail barbara.woodhouse@vadoc.virginia.gov.

July 19, 2006 - 10 a.m. -- Open Meeting

Department of Corrections, 6900 Atmore Drive, 3rd Floor Board Room, Richmond, Virginia.

A regular meeting of the full board to review and discuss all matters considered by board committees that require presentation to and action by the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail barbara.woodhouse@vadoc.virginia.gov.

BOARD OF COUNSELING

June 8, 2006 - 9:30 a.m. -- Open Meeting

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

A meeting of the Credentials Committee to review applications for licensure.

Contact: Evelyn B. Brown, Executive Director, Board of Counseling, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9912, FAX (804) 662-9943, (804) 662-7197/TTY **2**, e-mail evelyn.brown@dhp.virginia.gov.

June 9, 2006 - 9:30 a.m. -- Open Meeting

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

A quarterly board meeting to conduct general business.

Contact: Evelyn B. Brown, Executive Director, Board of Counseling, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9912, FAX (804) 662-9943, (804) 662-7197/TTY **2**, e-mail evelyn.brown@dhp.virginia.gov.

† July 7, 2006 - 9:30 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, Richmond, Virginia.

An informal fact-finding conference of the Discipline Committee to determine if possible violations of the regulations that govern the practice of counseling in Virginia have occurred.

Contact: Evelyn B. Brown, Executive Director, Board of Counseling, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9912, FAX (804) 662-9943, (804) 662-7197/TTY **2**, e-mail evelyn.brown@dhp.virginia.gov.

CRIMINAL JUSTICE SERVICES BOARD

† June 8, 2006 - 11 a.m. -- Open Meeting

General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A general meeting.

Contact: Leon D. Baker, Jr., Division Director, Criminal Justice Services Board, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, e-mail leon.baker@dcjs.virginia.gov.

BOARD OF DENTISTRY

June 8, 2006 - 9 a.m. -- Open Meeting

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

June 16, 2006 - 9 a.m. -- Open Meeting

Hilton Springfield, 6550 Loisdale Road, Springfield, Virginia.

Formal hearings. There will not be a public comment period.

Contact: Cheri Emma-Leigh, Operations Manager, Board of Dentistry, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY **2**, e-mail cheri.emma-leigh@dhp.virginia.gov.

June 9, 2006 - 9 a.m. -- Open Meeting

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

A meeting to discuss general business matters. There will be a public comment period during the first 15 minutes of the meeting.

Contact: Sandra Reen, Executive Director, Board of Dentistry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY ☎, e-mail sandra.reen@dhp.virginia.gov.

June 23, 2006 - 9 a.m. -- Open Meeting Hilton Springfield, 6550 Loisdale Road, Springfield, Virginia.

July 7, 2006 - 9 a.m. -- Open Meeting
July 21, 2006 - 9 a.m. -- Open Meeting
† August 18, 2006 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia.

A meeting of the Special Conference Committee to 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 15, 2006 - 11 a.m. -- Open Meeting
July 20, 2006 - 11 a.m. -- Open Meeting
† August 17, 2006 - 11 a.m. -- Open Meeting
Department of General Services, 202 North Ninth Street,
Room 412, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A monthly meeting to review requests submitted by localities to use the design build or construction management type contracts. Contact the Division of Engineering and Buildings to confirm this meeting. Board rules and regulations can be obtained on-line at www.dgs.virginia.gov under DGS Forms, Form #DGS-30-904

Contact: Rhonda M. Bishton, Administrative Assistant, Division of Engineering and Buildings, Department of General Services, 202 N. Ninth St., Richmond, VA 23219, telephone (804) 786-3263, FAX (804) 371-7934, (804) 786-6152/TTY **2**, e-mail rhonda.bishton@dgs.virginia.gov.

VIRGINIA ECONOMIC DEVELOPMENT PARTNERSHIP

† June 12, 2006 - Noon -- Open Meeting Dulles Hyatt, 2300 Dulles Corner Boulevard, Herndon, Virginia.

A meeting of the Finance Committee.

Contact: Kimberly M. Ellett, Senior Executive Assistant, Virginia Economic Development Partnership, P.O. Box 798, Richmond, VA 23218, telephone (804) 545-5610, FAX (804) 545-5611, e-mail kellett@yesvirginia.org.

June 12, 2006 - 2 p.m. -- Open Meeting

Dulles Hyatt, 2300 Dulles Corner Boulevard, Herndon,

Virginia.

A meeting of the Board of Directors to discuss issues pertaining to the Virginia Economic Development Partnership.

Contact: Kimberly M. Ellett, Senior Executive Assistant, Virginia Economic Development Partnership, P.O. Box 798, Richmond, VA 23218-0798, telephone (804) 545-5610, FAX (804) 545-5611, e-mail kellett@yesvirginia.org.

BOARD OF EDUCATION

June 28, 2006 - 9 a.m. -- Open Meeting July 26, 2006 - 9 a.m. -- Open Meeting

James Monroe Building, 101 North 14th Street, Main Lobby Level, Conference Rooms C and D, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular business meeting of the board. Public comment will be received. 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. 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.

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 margaret.roberts@doe.virginia.gov.

DEPARTMENT OF ENVIRONMENTAL QUALITY

June 8, 2006 - 4 p.m. -- Open Meeting
Alleghany County Governmental Complex, 9212 Winterberry
Avenue, Board of Supervisors Room, Low Moor, Virginia.

A public meeting on the development of TMDLs in the Jackson River watershed to address dissolved oxygen levels and biological impairments. The stream segments are located in Alleghany and Botetourt Counties and in Covington. The public comment period begins on June 8, 2006, and ends on July 8, 2006. The public notice appears in the Virginia Register of Regulations on May 15, 2006.

Contact: Jason R. Hill, Department of Environmental Quality, 3019 Peters Creek Rd., Roanoke, VA 24019, telephone (540) 562-6724, FAX (540) 562-6860, e-mail jrhill@deq.virginia.gov.

† June 13, 2006 - 7 p.m. -- Public Hearing Patrick County Branch Library, 116 West Blueridge Street, Stuart, Virginia.

A public hearing on a modification to the Patrick County Landfill permit that would allow implementation of a groundwater corrective plan. The comment period began on May 10 and ends on June 28, 2006.

Contact: Larry Syverson, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4271, e-mail lwsyverson@deq.virginia.gov.

† June 16, 2006 - 9:30 a.m. -- Open Meeting Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

The department is announcing, on behalf of the Secretary of Natural Resources, a meeting of an advisory committee considering appropriate revisions to make to the Secretary's September 2005 Grant Guidelines for the Water Quality Improvement Fund Point Source Program prior to release for public review and comment, including revisions necessitated by amendments to the Water Quality Improvement Act made by the 2006 General Assembly.

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 jmkennedy@deq.virginia.gov.

BOARD FOR GEOLOGY

July 19, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia.

A meeting to conduct any and all board business. The meeting is open to the public; however, a portion of the board's business may be conducted 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 this meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: David E. Dick, Executive Director, Board for Geology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail geology@dpor.virginia.gov.

DEPARTMENT OF HEALTH

June 9, 2006 - 10 a.m. -- Open Meeting Virginia Hospital and Healthcare Association, 4200 Innslake Drive, Glen Allen, Virginia.

A meeting of the Virginia Early Hearing Detection and Intervention Program Advisory Committee to assist the Department of Health in the implementation of the Virginia Early Hearing Detection and Intervention Program. The advisory committee meets four times a year.

Contact: Pat T. Dewey, Program Manager, Department of Health, 109 Governor St., 8th Floor, Richmond, VA 23219, telephone (804) 864-7713, FAX (804) 864-7721, toll-free (866) 493-1090, e-mail pat.dewey@vdh.virginia.gov.

June 14, 2006 - 10 a.m. -- Open Meeting Department of Health, 109 Governor Street, 5th Floor Conference Room, Richmond, Virginia.

A meeting of the Sewage Handling and Disposal Regulations Advisory Committee to make recommendations to the commissioner regarding sewage handling and disposal policies, procedures and programs of the department.

Contact: Donald Alexander, Division Director, DOSWS, Department of Health, 109 Governor St., 5th Floor, Richmond, VA 23219, telephone (804) 864-7452, FAX (804) 864-7476, e-mail donald.alexander@vdh.virginia.gov.

BOARD FOR HEARING AID SPECIALISTS

July 12, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, 4th Floor, Richmond, Virginia.

A regular meeting. 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. Person 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, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY \$\mathbb{\alpha}\$, e-mail hearingaidspec@dpor.virginia.gov.

DEPARTMENT OF HISTORIC RESOURCES

June 8, 2006 - 10 a.m. -- Open Meeting Science Museum of Virginia, 2500 West Broad Street, Discovery Room, Richmond, Virginia.

A joint meeting of the Historic Resources Board and State Review Board to consider proposed nominations to the Virginia Landmarks Register, proposed Historic Highway Markers and proposed Historic Preservation Easements. The State Review Board will consider proposed nominations to the National Register of Historic Places. They will convene in an informal afternoon session (about 1:30 p.m. at the same location) to consider preliminary information forms (first step of Register process where owners get informal advice and guidance). Pending draft nominations may be reviewed at www.dhr.virginia.gov/homepage_features/board_activities.htm.

Contact: Marc Wagner, State and National Registers 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.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

State Building Code Technical Review Board

† June 16, 2006 - 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 concerning state building and fire codes and issue interpretations of the codes as recommendations to the Board of Housing and Community Development for future amendment or repeal of problematic code provisions.

Contact: Vernon Hodge, Secretary, State Building Code Technical Review Board, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7150.

VIRGINIA COUNCIL ON HUMAN RESOURCES

† July 20, 2006 - 9:30 a.m. -- Open Meeting James Monroe Building, 101 North 14th Street, PDS 4, Richmond, Virginia.

A quarterly meeting.

Contact: Charles Reed, Associate Director, Department of Human Resource Management, James Monroe Bldg., 13th Floor, 101 N. 14th St., Richmond, VA 23219, telephone (804) 786-3124, FAX (804) 371-2505, e-mail charles.reed@dhrm.virginia.gov.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY

June 1, 2006 - 1 p.m. -- Open Meeting June 2, 2006 - 9 a.m. -- Open Meeting

Sheraton Park South, 9901 Midlothian Turnpike, Alandale/Castlewood Room, Richmond, Virginia.

A meeting of the PSAP Grant Guidelines Committee.

Contact: Dorothy Spears-Dean, Public Safety Communications Analyst, Virginia Information Technologies Agency, 411 E. Franklin St., 5th Floor, Suite 500, Richmond, VA 23219, telephone (804) 786-3166, FAX (804) 371-2277, toll-free (866) 482-3911, e-mail dorothy.spearsdean@vita.virginia.gov.

Wireless E-911 Services Board

June 7, 2006 - 10 a.m. -- Open Meeting July 12, 2006 - 10 a.m. -- Open Meeting

Richmond Plaza Building, 110 South 7th Street, 4th Floor Auditorium, Richmond, Virginia.

A regular board meeting.

Contact: Steve Marzolf, Public Safety Communications Coordinator, Virginia Information Technologies Agency, 411 E. Franklin St., 5th Floor, Suite 500, Richmond, VA 23219, telephone (804) 371-0015, FAX (804) 371-2277, toll-free (866) 482-3911, e-mail steve.marzolf@vita.virginia.gov.

JAMESTOWN-YORKTOWN FOUNDATION

May 31, 2006 - Noon -- Open Meeting

Alexandria, Virginia. (call for specific location) (Interpreter for the deaf provided upon request)

June 7, 2006 - 2 p.m. -- Open Meeting

July 12, 2006 - Noon -- Open Meeting

Richmond, Virginia. (call for specific location) (Interpreter for the deaf provided upon request)

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

Contact: Judith Leonard, Administrative Office Manager, Jamestown-Yorktown Foundation, 410 West Francis Street, Williamsburg, VA 23185, telephone (757) 253-4253, FAX (757) 253-4950, e-mail judith.leonard@jyf.virginia.gov.

STATE BOARD OF JUVENILE JUSTICE

June 14, 2006 - 9 a.m. -- Open Meeting Culpeper Juvenile Correctional Center, 12240 Coffeewood Drive, Mitchells, Virginia.

Meeting details will be provided closer to the meeting date.

Contact: 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 don.carignan@djj.virginia.gov.

DEPARTMENT OF LABOR AND INDUSTRY

† June 15, 2006 - 10 a.m. -- Open Meeting

J. Sargeant Reynolds Community College, 1630 East Parham Road, Richmond, Virginia.

A regular business meeting of the Virginia Apprenticeship Council.

Contact: Beverley Donati, 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 bev.donati@doli.virginia.gov.

Safety and Health Codes Board

June 19, 2006 - 10 a.m. -- Open Meeting

State Corporation Commission, Tyler Building, 1300 East Main Street, 2nd Floor, Court Room A, Richmond, Virginia.

A regular meeting.

Contact: Regina P. Cobb, Agency Management Analyst Senior, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-0610, FAX (804) 786-8418, (804) 786-2376/TTY , e-mail rlc@doli.virginia.gov.

LIBRARY BOARD

June 12, 2006 - 8:15 a.m. -- Open Meeting

The Library of Virginia, 800 East Broad Street, Richmond, Virginia.

Meetings of the board to discuss matters pertaining to the Library of Virginia and the board. Committees of the board will meet as follows:

8:15 a.m. - Public Library Development Committee, Orientation Room

Publications and Educational Services Committee, Conference Room B

Records Management Committee, Conference Room C

9:30 a.m. - Archival and Information Services Committee, Orientation Room

Collection Management Services Committee, Conference Room B

Legislative and Finance Committee, Conference Room C

10:30 a.m. - Library Board, Conference Room 2M

Contact: Jean H. Taylor, Executive Secretary to the Librarian, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219-8000, telephone (804) 692-3535, FAX (804) 692-3594, (804) 692-3976/TTY ☎, e-mail jtaylor@lva.lib.va.us.

COMMISSION ON LOCAL GOVERNMENT

† July 10, 2006 - 11 a.m. -- Open Meeting

The Jackson Center, 501 North Second Street, First Floor Board Room, Richmond, Virginia.

A regular meeting to consider matters as may be presented.

Contact: Ted McCormack, Associate Director, Commission on Local Government, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 786-6508, FAX (804) 371-7090, (804) 371-089/TTY ☎, e-mail ted.mccormack@dhcd.virginia.gov.

BOARD OF LONG-TERM CARE ADMINISTRATORS

July 11, 2006 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia.

A meeting to discuss general business matters. There will be a 15-minute public comment period at the beginning of the meeting.

Contact: Sandra Reen, Executive Director, Board of Long-Term Care Administrators, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7457, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail sandra.reen@dhp.virginia.gov.

LONGWOOD UNIVERSITY

† June 15, 2006 - 11 a.m. -- Open Meeting Berry Hill Plantation Resort, 3105 River Road, South Boston, Virginia.

A meeting to conduct routine business.

Contact: Jeanne Hayden, Administrative Staff Assistant, Office of the President, Longwood University, 201 High St., Farmville, VA 23909, telephone (434) 395-2004.

† June 16, 2006 - 8:30 a.m. -- Open Meeting Berry Hill Plantation Resort, 3105 River Road, South Boston, Virginia.

A retreat for Board of Visitors self-assessment.

Contact: Jeanne Hayden, Administrative Staff Assistant, Office of the President, Longwood University, 201 High St., Farmville, VA 23909, telephone (434) 395-2004.

MARINE RESOURCES COMMISSION

June 27, 2006 - 9:30 a.m. -- Open Meeting
† August 22, 2006 - 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) 247-2215, FAX (757) 247-8101, toll-free (800) 541-4646, (757) 247-2292/TTY **☎**, e-mail jane.mccroskey@mrc.virginia.gov.

BOARD OF MEDICAL ASSISTANCE SERVICES

June 13, 2006 - 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) 786-8096, FAX (804) 371-4981, (800) 343-0634/TTY **2**, e-mail nancy.malczewski@dmas.virginia.gov.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

June 2, 2006 -- 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 Services. The purpose of the proposed action is to implement a new supplemental payment for hospitals that do not otherwise receive an enhanced IME payment and provide additional indirect medical education (IME) payment to qualifying hospitals.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Contact: Carla Russell, Provider Reimbursement Division, Department of Medical Assistance Services, 600 E. Broad St.,

Suite 1300, Richmond, VA 23219, telephone (804) 225-4586, FAX (804) 786-1680 or e-mail carla.russell@dmas.virginia.gov.

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June 2, 2006 -- 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 30-141, Family Access to Medical Insurance Security. The purpose of the proposed action is to implement a revised employer-sponsored health insurance component under the FAMIS program.

Statutory Authority: § 32.1-351 of the Code of Virginia.

Contact: Linda Nablo, Maternal and Child Health Division, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680 or e-mail linda.nablo@dmas.virginia.gov.

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June 16, 2006 -- 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 30-50, Amount, Duration, and Scope of Medical and Remedial Care Services, and 12 VAC 30-141, Family Access to Medical Insurance Security Plan. The purpose of the proposed action is to modify regulations related to outpatient psychiatric services to make the prior authorization process more efficient, and to clarify the rules regarding certain scan procedures.

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

Contact: Adrienne Fegans, Administration/Director's Office, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4112, FAX (804) 786-1680 or e-mail adrienne.fegans@dmas.virginia.gov.

June 21, 2006 - 1 p.m. -- Open Meeting † August 16, 2006 - 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 Medicaid transportation issues with the committee and the community.

Contact: Bob Knox, Transportation Supervisor, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8854, FAX (804) 786-6035, (800) 343-0634/TTY ☎, e-mail robert.knox@dmas.virginia.gov.

June 26, 2006 - 9 a.m. -- Open Meeting

Department of Medical Assistance Services, 600 East Broad Street, Richmond, Virginia.

A meeting of the Pharmacy and Therapeutics Committee to review new drugs.

Contact: Katina Goodwyn, Pharmacy Contract Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-0428, FAX (804) 786-0973, (800) 343-0634/TTY ☎, e-mail pdlinput@dmas.virginia.gov.

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† July 28, 2006 -- 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 30-141, Family Access to Medical Insurance Security. The purpose of the proposed action is to provide FAMIS medical coverage for a larger class of pregnant women.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Contact: Linda Nablo, Maternal and Child Health Division, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680 or e-mail linda.nablo@dmas.virginia.gov.

† August 17, 2006 - 2 p.m. -- Open Meeting Department of Medical Assistance Services, 600 East Broad Street, 13th Floor, Board Room, Richmond, Virginia.

A meeting of the Drug Utilization Review Board to discuss Medicaid pharmacy issues related to this committee.

Contact: Rachel Cain, Pharmacist, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-2873, FAX (804) 786-5799, (800) 343-0634/TTY , e-mail rachel.cain@dmas.virginia.gov.

BOARD OF MEDICINE

May 31, 2006 - 9:30 a.m. -- Open Meeting
Williamsburg Marriott, 50 Kingsmill Road, Williamsburg,
Virginia.

A special conference committee will convene informal conferences to inquire into allegations that certain practitioners of medicine or other healing arts may have violated certain laws and regulations governing the practice of medicine. Further, the committee may review cases with board staff for case disposition, including consideration of consent orders for settlement. The committee will meet in open and closed sessions pursuant to the Code of Virginia. Public comment will not be received.

Contact: Renee S. Dixson, Discipline Case Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-7009, FAX

(804) 662-9517, (804) 662-7197/TTY ☎, e-mail renee.dixson@dhp.virginia.gov.

June 22, 2006 - 8 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A regular meeting of the board 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 22, 2006 - 1 p.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting of the Credentials Committee to consider applicants' eligibility for licensure. No public comment will be received.

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 **3**, e-mail william.harp@dhp.virginia.gov.

August 11, 2006 - 8 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting of the Executive Committee 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 **3**, e-mail william.harp@dhp.virginia.gov.

Advisory Board on Acupuncture

June 7, 2006 - 9 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulations of acupuncture. 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.

Advisory Board on Athletic Training

June 8, 2006 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulations of athletic training. 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.

Advisory Board on Midwifery

June 9, 2006 - 10 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulations of midwifery. 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 7, e-mail william.harp@dhp.virginia.gov.

Advisory Board on Occupational Therapy

NOTE: CHANGE IN MEETING TIME June 6, 2006 - 10 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulations of occupational therapy. 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.

Advisory Board on Physician Assistants

June 8, 2006 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulations of physician assistants. 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 **27**, e-mail william.harp@dhp.virginia.gov.

Advisory Board on Radiologic Technology

June 7, 2006 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulations of radiologic technologists and radiologic technologist-limited. 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.

Advisory Board on Respiratory Care

June 6, 2006 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulations of respiratory care. 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 **2**, e-mail william.harp@dhp.virginia.gov.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

June 28, 2006 - 10 a.m. -- Open Meeting

Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Virginia Mental Health Planning Council to review the MHBG plan, review the MHBG implementation report, develop a plan for 2006 issues, and monitor and evaluate mental health programs.

Contact: Will Ferriss, LCSW, Director, Planning and Evaluation, Office of Mental Health, Department of Mental Health, Mental Retardation and Substance Abuse Services, 1220 Bank St., Richmond, VA 23218, telephone (804) 371-0363, FAX (804) 371-0091, e-mail will.ferriss@co.dmhmrsas.virginia.gov.

June 3, 2006 - 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 Mines, Minerals and Energy intends to amend regulations entitled 4 VAC 25-130, Coal Surface Mining Reclamation Regulations. The purpose of the proposed action is to require coal mine permit boundary markers located on steep slopes above

private dwellings or occupied buildings to be made of or marked with fluorescent or reflective paint and requires persons conducting blasting operations on coal mines within 1,000 feet of a dwelling or occupied building to conduct seismic monitoring of the blasting.

Statutory Authority: §§ 45.1-161.3, 45.1-230 and 45.1-242 of the Code of Virginia.

Contact: Stephen A. Walz, Regulatory Coordinator, Department of Mines, Minerals and Energy, 202 N. 9th St., 8th Floor, Richmond, VA 23219-3402, telephone (804) 692-3211, FAX (804) 692-3237 or e-mail stephen.walz@dmme.virginia.gov.

VIRGINIA MUSEUM OF FINE ARTS

June 15, 2006 - 9 a.m. -- Open Meeting

Virginia Museum of Fine Arts, The Pauley Center Parlor, 200 North Boulevard, Richmond, Virginia.

A meeting of the Joint Executive and Fiscal Oversight Committee for staff to update the 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, telephone (804) 340-1503, FAX (804) 340-1502, toll-free (800) 943-8632, (804) 340-1401/TTY ☎, e-mail suzanne.broyles@vmfa.museum.

BOARD OF NURSING

June 1, 2006 - 9 a.m. -- Open Meeting

June 5, 2006 - 9 a.m. -- Open Meeting

June 8, 2006 - 9 a.m. -- Open Meeting

June 12, 2006 - 9 a.m. -- Open Meeting

June 20, 2006 - 9 a.m. -- Open Meeting

June 27, 2006 - 9 a.m. -- Open Meeting

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

A Special Conference Committee comprised of two or three members of the Virginia Board of Nursing or agency subordinate will conduct informal conferences with licensees and 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 **2**, e-mail nursebd@dhp.virginia.gov.

June 30, 2006 - 10 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, Richmond, Virginia.

A meeting of the Medication Aide Curriculum Development Subcommittee to continue development of the curriculum for medication aide programs.

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 **\$\rightarrow{\text{T}}{\text{g}}\$, e-mail jay.douglas@dhp.virginia.gov.**

July 17, 2006 - 9 a.m. -- Open Meeting July 19, 2006 - 9 a.m. -- Open Meeting July 20, 2006 - 9 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A panel of the board will conduct formal hearings 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 **2**, e-mail nursebd@dhp.virginia.gov.

July 18, 2006 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 2, Richmond, Virginia.

A meeting to conduct general business including receipt of committee reports, and consideration of regulatory action and discipline 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.

JOINT BOARDS OF NURSING AND MEDICINE

June 21, 2006 - 9 a.m. -- Open Meeting
† August 23, 2006 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia.

A regular meeting.

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.

OLD DOMINION UNIVERSITY

June 16, 2006 - 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. Public comment will not be received by the board.

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

BOARD FOR OPTICIANS

† August 18, 2006 - 9:30 a.m. -- Open Meeting Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, 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. Person 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 Opticians, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY **☎**, e-mail opticians@dpor.virginia.gov.

VIRGINIA OUTDOORS FOUNDATION

June 21, 2006 - 1 p.m. -- Open Meeting June 22, 2006 - 9 a.m. -- Open Meeting Charlottesville, Virginia (location to be announced).

A meeting to discuss policy and easement. Public comment will be received.

Contact: Trisha Cleary, Administrative Assistant, Department of Conservation and Recreation, 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 225-2147, FAX (804) 371-4810, e-mail tcleary@vofonline.org.

VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

June 15, 2006 - 8:30 a.m. -- Open Meeting
Wyndham Richmond Airport Hotel, 4700 South Laburnum
Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Community Integration Committee that is part of the Virginia Board for People with Disabilities quarterly board meeting.

Contact: Katherine Lawson, Outreach Manager, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-9376, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY **2**, e-mail katherine.lawson@vbpd.virginia.gov.

June 15, 2006 - 8:30 a.m. -- Open Meeting
Wyndham Richmond Airport Hotel, 4700 South Laburnum
Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Community Living and Transportation Committee that is part of the Virginia Board for People with Disabilities quarterly board meeting.

Contact: Teri Barker-Morgan, Programs Manager, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor,

Richmond, VA 23219, telephone (804) 786-9371, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY **2**, e-mail teri.barker@vbpd.virginia.gov.

June 15, 2006 - 8:30 a.m. -- Open Meeting

Wyndham Richmond Airport Hotel, 4700 South Laburnum Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Education Committee that is part of the Virginia Board for People with Disabilities quarterly board meeting.

Contact: Linda Redmond, Research, Evaluation and Program Manager, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-7333, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY ☎, e-mail linda.redmond@vbpd.virginia.gov.

June 15, 2006 - 8:30 a.m. -- Open Meeting

Wyndham Richmond Airport Hotel, 4700 South Laburnum Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Employment Committee that is part of the Virginia Board for People with Disabilities quarterly board meeting.

Contact: Lynne Talley, Grants Manager, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-9375 FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY ☎, e-mail lynne.talley@vbpd.virginia.gov.

June 15, 2006 - 8:30 a.m. -- Open Meeting

Wyndham Richmond Airport Hotel, 4700 South Laburnum Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A quarterly board meeting. Public comment will be received from 1:20 p.m. to 1:30 p.m.

Contact: Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-9368, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY ☎, e-mail sandra.smalls@vbpd.virginia.gov.

BOARD OF PHARMACY

† May 31, 2006 - 9 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.

A meeting of the Special Conference Committee to 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.

NOTE: CHANGE IN MEETING DATE

† June 5, 2006 - 9 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.

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

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9911, FAX (804) 662-9313, (804) 662-7197/TTY 7, e-mail scotti.russell@dhp.virginia.gov.

POLYGRAPH EXAMINERS ADVISORY BOARD

June 1, 2006 - 10 a.m. -- Open Meeting

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

A meeting 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 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: Kevin Hoeft, Regulatory Boards Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-0674, (804) 367-9753/TTY **2**, e-mail kevin.hoeft@dpor.virginia.gov.

BOARD OF PSYCHOLOGY

† June 19, 2006 - 10 a.m. -- Open Meeting

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

An informal conference.

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.

July 11, 2006 - 9:30 a.m. -- Open Meeting

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

A meeting to include reports from standing committees and any regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

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 **2**, e-mail evelyn.brown@dhp.virginia.gov.

VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD

June 22, 2006 - 10 a.m. -- Open Meeting
Department for the Aging, 1610 Forest Avenue, Suite 100, Richmond, Virginia.

A quarterly meeting.

Contact: Janet Dingle Brown, Esq., Public Guardianship Coordinator and Legal Services Developer, Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone (804) 662-7049, FAX (804) 662-9354, toll-free (800) 552-3402, (804) 662-9333/TTY , e-mail janet.brown@vda.virginia.gov.

REAL ESTATE APPRAISER BOARD

† June 12, 2006 - 1 p.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: Christine Martine, Executive Director, Real Estate Appraiser Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY , e-mail reappraisers@dpor.virginia.gov.

† August 29, 2006 - 10 a.m. -- Open Meeting

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

A meeting to discuss board business.

Contact: Christine Martine, Executive Director, Real Estate Appraiser Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY ★, e-mail reappraisers@dpor.virginia.gov.

REAL ESTATE BOARD

NOTE: CHANGE IN MEETING TIME † June 2, 2006 - 1 p.m. -- Open Meeting July 12, 2006 - 3:30 p.m. -- Open Meeting

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

Informal fact-finding conferences.

Contact: Christine Martine, Executive Director, Real Estate Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY ☎, e-mail reboard@dpor.virginia.gov.

July 13, 2006 - 9 a.m. -- Open Meeting

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

A meeting to discuss board business.

Contact: Christine Martine, Executive Director, Real Estate Appraiser Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY **3**, e-mail reappraisers@dpor.virginia.gov.

DEPARTMENT OF REHABILITATIVE SERVICES

† August 14, 2006 - 11:30 a.m. -- Open Meeting Department of Rehabilitative Services, 8004 Franklin Farms Dr., Richmond, Virginia.

A quarterly meeting of the Statewide Rehabilitation Council. Public comment will be received at approximately 11:45 a.m.

Contact: Barbara Tyson, Staff Support, Department of Rehabilitative Services, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 662-7010, FAX (804) 662-7644, toll-free (800) 552-5019, (800) 464-9950/TTY ☎, e-mail barbara.tyson@drs.virginia.gov.

Commonwealth Neurotrauma Initiative Trust Fund Advisory Board

June 28, 2006 - 10 a.m. -- Open Meeting
Forest Office Park, 1602 Rolling Hills Drive, Ratcliffe Building,
2nd Floor, Conference Room, Richmond, Virginia.

A quarterly meeting.

Contact: Kristie Chamberlain, CNI Program Administrator, Department of Rehabilitative Services, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 662-7154, FAX (804) 661-7663, toll-free (800) 552-5019, e-mail kristie.chamberlain@drs.virginia.gov.

BOARD OF SOCIAL WORK

† June 16, 2006 - 10 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Conference Room 4, Richmond, Virginia.

A meeting of the Regulatory Committee to discuss regulations regarding supervision necessary for licensure.

Contact: Benjamin Foster, Deputy Executive Director, Board of Social Work, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9575, FAX (804) 662-7250, (804) 662-7197/TTY **27**, e-mail benjamin.foster@dhp.virginia.gov.

July 14, 2006 - 10 a.m. -- Open Meeting Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A regular business meeting.

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.

BOARD FOR PROFESSIONAL SOIL SCIENTISTS AND WETLAND PROFESSIONALS

July 31, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting of the Soil Scientists and Wetland Delineators 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 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 Professional Soil Scientists and Wetland Professionals, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail soilscientist@dpor.virginia.gov.

TREASURY BOARD

June 21, 2006- 9 a.m. -- Open Meeting
July 19, 2006 - 9 a.m. -- Open Meeting
† August 16, 2006 - 9 a.m. -- Open Meeting
101 North 14th Street, 3rd Floor, Richmond, Virginia.

A regular meeting.

Contact: J. Braxton Powell, Treasurer, Department of the Treasury, 101 N. 14th St., 3rd Floor, Richmond, VA 23218, telephone (225) 225-2142, FAX (225) 225-3187, e-mail braxton.powell@trs.virginia.gov.

DEPARTMENT OF VETERANS SERVICES

Veterans Services Foundation

July 26, 2006 - 11 a.m. -- Open Meeting
American Legion Department of Virginia, 1708
Commonwealth Avenue, Richmond, Virginia.

A regular meeting. Public comment will be heard at the conclusion of the meeting.

Contact: Roz J. Trent, Director of Communications, Department of Veterans Services, 900 E. Main St., Richmond, VA 23219, telephone (804) 786-0220, FAX (804) 786-0302, e-mail roz.trent@dvs.virginia.gov.

Board of Veterans Services

July 10, 2006 - 11:30 a.m. -- Open Meeting
Virginia War Memorial, 621 South Belvidere Street,
Richmond, Virginia.

A regular meeting.

Contact: Rhonda Earman, Special Assistant to Commissioner, Department of Veterans Services, 900 E. Main

St., Richmond, VA 23219, telephone (804) 786-0286, e-mail rhonda.earman@dvs.virginia.gov.

BOARD OF VETERINARY MEDICINE

May 31, 2006 - 9 a.m. -- Open Meeting Holiday Inn Oceanside, 2101 Atlantic Avenue, Virginia Beach, Virginia

An informal hearing. Public comment will not be received.

Contact: Terri Behr, Administrative Specialist, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9915, FAX (804) 662-7098, (804) 662-7197/TTY ☎, e-mail terri.behr@dhp.virginia.gov.

COUNCIL ON VIRGINIA'S FUTURE

June 14, 2006 - 10 a.m. -- Open Meeting General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia.

A meeting of the full council.

Contact: Gilbert M. An (Gigi), Executive Assistant to the Director, Council on Virginia's Future, 700 E. Franklin St., Suite 700, Richmond, VA 23219, telephone (804) 371-2346, FAX (804) 371-0234, e-mail gma2n@virginia.edu.

VIRGINIA WASTE MANAGEMENT BOARD

† July 20, 2006 - 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 the department in the development of amendment 6 to the solid waste management regulations.

Contact: Robert G. Wickline, Virginia Waste Management Board, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4213, e-mail rgwickline@deq.virginia.gov.

STATE WATER CONTROL BOARD

May 31, 2006 - 9:30 a.m. -- Open Meeting
July 6, 2006 - 9:30 a.m. -- Open Meeting
August 3, 2006 - 9:30 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional
Office, 4949-A Cox Road, Glen Allen, Virginia.

A meeting of the Advisory Committee established to assist in the development of regulations concerning wastewater reclamation and reuse.

Contact: Valerie Rourke, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4158, e-mail varourke@deq.virginia.gov.

June 1, 2006 - 9:30 a.m. -- Open Meeting General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular meeting. Agenda and minibook will be posted by May 17.

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.virginia.gov.

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June 6, 2006 - 2 p.m. -- Public Hearing

Department of Environmental Quality, Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, Virginia.

June 12, 2006 - 3 p.m. -- Public Hearing
Department of Environmental Quality, Piedmont Regional
Office, 4949-A Cox Road, Glen Allen, Virginia.

June 30, 2006 - Public comments may be submitted until 5 p.m. on this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to adopt regulations entitled 9 VAC 25-820, General Virginia Pollutant Discharge Elimination System (VPDES) Watershed Permit Regulations for Total Nitrogen and Total Phosphorus Discharges and Nutrient Trading in the Chesapeake Bay Watershed in Virginia. The purpose of the proposed action is establish a general VPDES permit for annual maximum VPDES permitted point source discharge limitations for total nitrogen and total phosphorus to the Chesapeake Bay Watershed and nutrient trading mechanism.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

Contact: Kyle Winter, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4182, FAX (804) 698-4032 or e-mail kiwinter@deq.virginia.gov.

† June 29, 2006 - 10 a.m. -- Open Meeting Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

A public meeting on the State Water Control Board's notice of intent to amend the above ground storage tank and pipeline facility financial responsibility requirements. The notice of intent appears in the Virginia Register of Regulations on May 29, 2006. The comment period beings on May 29, 2006, and ends on July 7, 2006.

Contact: Leslie D. Beckwith, State Water Control Board, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4123, e-mail Idbeckwith@deq.virginia.gov.

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

June 21, 2006 - 8:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia.

A meeting 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 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: David E. Dick, Executive Director, Board for Waterworks and Wastewater Works Operators, 3600 W. Broad St. Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail waterwasteoper@dpor.virginia.gov.

INDEPENDENT

VIRGINIA OFFICE FOR PROTECTION AND ADVOCACY

† June 28, 2006 - 10 a.m. -- Open Meeting

Virginia Office for Protection and Advocacy, 1910 Byrd Avenue, Suite 5, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A joint meeting of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council and the Disability Advisory Council (DAC). Public comment by telephone is welcome and will be received at the beginning of the meeting. For information on participating in this conference call or if you wish to provide public comment via telephone, you must call Lisa Shehi, Administrative Assistant, at 1-800-552-3962 (Voice/TTY) or e-mail lisa.shehi@vopa.virginia.gov no later than Monday, June 14, 2006. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period. For further information, please contact Ms. Shehi. If interpreter services or other accommodations are required, please contact Ms. Shehi no later than June 14, 2006.

Contact: Lisa Shehi, Executive Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail lisa.shehi@vopa.virginia.gov.

July 12, 2006 - 9 a.m. -- Teleconference VOPA Conference Room, 1910 Byrd Avenue, Ri

VOPA Conference Room, 1910 Byrd Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A teleconference meeting of the Priorities and Public Awareness Committee. Public comment by telephone is welcome and will be received at the beginning of the meeting. For information on participating in this conference call or if you wish to provide public comment via telephone, you must call Lisa Shehi, Administrative Assistant, at 1-800-552-3962 (Voice/TTY) or e-mail lisa.shehi@vopa.virginia.gov no later than Monday, June 26, 2006. For further information, please contact Ms. Shehi. If interpreter services or other accommodations are required, please contact Ms. Shehi no later than Monday, June 26, 2006.

Contact: Lisa Shehi, Executive Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431,

toll-free (800) 552-3962, (804) 225-2042/TTY **2**, e-mail lisa.shehi@vopa.virginia.gov.

July 17, 2006 - 10 a.m. -- Open Meeting

VOPA Conference Room, 1910 Byrd Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Finance and Resource Development Committee. Public comment is welcome and will be received beginning at 10 a.m. on July 17, 2006. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Lisa Shehi, Administrative Assistant, at 1-800-552-3962 (Voice/TTY) or via e-mail at lisa.shehi@vopa.virginia.gov no later than June 30, 2006. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period. If interpreter services or other accommodations are required, please contact Ms. Shehi no later than June 30, 2006.

Contact: Lisa Shehi, Executive Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail lisa.shehi@vopa.virginia.gov.

† July 19, 2006 - 4 p.m. -- Open Meeting

VOPA Conference Room, 1910 Byrd Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Internal Policy Committee. Public comment is welcome and will be received beginning at 4 p.m. on July 19, 2006. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Lisa Shehi, Administrative Assistant, at 1-800-552-3962 (Voice/TTY) or via e-mail at lisa.shehi@vopa.virginia.gov no later than July 5, 2006. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period. If interpreter services or other accommodations are required, please contact Ms. Shehi no later than July 5, 2006.

Contact: Lisa Shehi, Executive Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY , e-mail lisa.shehi@vopa.virginia.gov.

Disabilities Advisory Council

July 12, 2006 - 10 a.m. - CANCELED

Virginia Office for Protection and Advocacy, Byrd Building, 1910 Byrd Avenue, Suite 5, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The regular meeting is canceled.

Contact: Lisa Shehi, Administrative Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7413, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail lisa.shehi@vopa.virginia.gov.

Board for Protection and Advocacy

July 20, 2006 - 9 a.m. -- Open Meeting

Virginia Office for Protection and Advocacy, Byrd Building, 1910 Byrd Avenue, Suite 5, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Governing Board. Public comment is welcomed by the board and will be received beginning at 9 a.m. on July 20, 2006. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, call Lisa Shehi, Administrative Assistant at 1-800-552-3962 (Voice/TTY) or e-mail lisa.shehi@vopa.virginia.gov no later than July 6, 2006. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period. If interpreter services or other accommodations are required, please contact Ms. Shehi, no later than July 6, 2006.

Contact: Lisa Shehi, Administrative Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7413, toll-free (800) 552-3962, (804) 225-2042/TTY 2, e-mail lisa.shehi@vopa.virginia.gov.

PAIMI Advisory Council

† August 17, 2006 - 10 a.m. -- Open Meeting

Location to be determined (Interpreter for the deaf provided upon request)

Public comment is welcome and will be received at the beginning of the meeting. For those needing interpreter services or other accommodations, please contact Lisa Shehi no later than August 3, 2006.

Contact: Lisa Shehi, Administrative Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail lisa.shehi@vopa.virginia.gov.

VIRGINIA RETIREMENT SYSTEM

June 7, 2006 - 9 a.m. -- Open Meeting

Virginia Retirement System, Investment Department, 1111 East Main Street, 3rd Floor Conference Room, Richmond, Virginia.

A special meeting (Investment Workshop) of the Board of Trustees. No public comment will be received at the meeting.

Contact: LaShaunda 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 **2**, e-mail lking@varetire.org.

June 13, 2006 - Noon -- Open Meeting

Virginia Retirement System Headquarters, 1200 East Main Street, Richmond, Virginia.

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

Contact: Patty Atkins-Smith, Legislative Liaison and Policy Analyst, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 344-3123, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY 34, e-mail psmith@varetire.org.

NOTE: CHANGE IN MEETING TIME June 14, 2006 - 3 p.m. -- Open Meeting Virginia Retirement System Headquarters, 1200 East Main Street, Richmond, Virginia.

The following committees will meet:

3 p.m. - Audit and Compliance 4 p.m. - Benefits and Actuarial

No public comment will be received at the meetings.

Contact: LaShaunda King, Executive Assistant, Virginia Retirement System, 1200 East Main Street, Richmond, VA 23219, telephone (804) 344-3124, FAX (804) 786-1541, tollfree (888) 827-3847, (804) 344-3190/TTY 2, e-mail lking@varetire.org.

June 15, 2006 - 9 a.m. -- Open Meeting Virginia Retirement System, Investment Department, 1111 East Main Street, 3rd Floor, Conference Room, Richmond Virginia.

A meeting of the Investment Advisory Committee. No public comment will be received at the meeting.

Linda Ritchey, Executive Assistant, Virginia Retirement System, 1111 E. Main St., Richmond, VA 23219, telephone (804) 697-6673, FAX (804) 786-1541, toll-free (888) 827-3847, (804)344-3190/TTY e-mail Iritchey@varetire.org.

NOTE: CHANGE IN MEETING DESCRIPTION † June 15, 2006 - 1 p.m. -- Open Meeting Virginia Retirement System Investment Department, 1111 East Main Street, 3rd Floor, Richmond, Virginia.

A regular meeting of the Board of Trustees. There will be a remote location at Stamford Marriott Hotel and Spa, 2 Stamford Forum, 243 Tresser Boulevard, Boardroom 3, Stamford, CT. No public comment will be received at this meetina.

Contact: Harriet Covey, Administrative Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, 344-3190/TTY (804)**2** e-mail hcovey@varetire.org.

LEGISLATIVE

VIRGINIA CODE COMMISSION

June 14, 2006 - 10 a.m. -- Open Meeting July 19, 2006 - 10 a.m. -- Open Meeting † August 23, 2006 - 10 a.m. -- Open Meeting General Assembly Building, 9th and Broad Streets, 6th Floor, Speaker's Conference Room, Richmond, Virginia.

A regularly scheduled meeting.

Contact: Jane D. Chaffin, Registrar of Regulations, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, 692-0624, FAX (804)e-mail jchaffin@leg.state.va.us.

SENATE COMMITTEE ON EDUCATION AND **HEALTH**

† June 14, 2006 - 2 p.m. -- Open Meeting General Assembly Building, 9th and Broad Streets, 4th Floor East Conference Room, Richmond, Virginia.

A regular meeting. For questions regarding scheduling or for individuals requiring interpreter services or other accommodations, telephone Senate Committee Operations at (804) 698-7450, (804) 698-7419/TTY, or write to Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, at least seven days prior to the meeting.

Contact: Hobie Lehman, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

VIRGINIA UNIFORM LAWS COMMISSIONERS

† June 22, 2006 - 10 a.m. -- Open Meeting General Assembly Building, 9th and Broad Streets, 4th Floor West Conference Room, Richmond, Virginia.

A meeting to review of Uniform Acts to be considered by the National Conference of Commissioners on Uniform State Laws at its annual meeting in July.

Contact: Jessica D. French, Senior Attorney, Division of Legislative Services, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-8705, email jfrench@leg.state.va.us.

CHRONOLOGICAL LIST

OPEN MEETINGS

May 31

Jamestown-Yorktown Foundation Medicine, Board of † Pharmacy, Board of Veterinary Medicine, Board of Water Control Board, State

June 1

† Agriculture and Consumer Services, Department of Virginia Aquaculture Advisory Board † Conservation and Recreation, Department of

Information Technologies Agency, Virginia Nursing, Board of Polygraph Examiners Advisory Board

Water Control Board, State

June 2

† Agriculture and Consumer Services, Department of Art and Architectural Review Board Information Technologies Agency, Virginia Real Estate Board

June 5

Alcoholic Beverage Control Board

Nursing, Board of

† Pharmacy, Board of

June 6

Arts, Virginia Commission for the

† Contractors, Board for

Medicine. Board of

- Advisory Board on Occupational Therapy
- Advisory Board on Respiratory Care

June 7

Arts, Virginia Commission for the

Cemetery Board

Charitable Gaming Board

Conservation and Recreation, Department of

- Virginia Land Conservation Foundation

Information Technologies Agency, Virginia

- E-911 Wireless Services Board

Jamestown-Yorktown Foundation

Medicine, Board of

- Advisory Board on Acupuncture
- Advisory Board on Radiologic Technology

Retirement System, Virginia

June 8

Conservation and Recreation, Department of

Counseling, Board of

† Criminal Justice Services Board

Dentistry, Board of

Environmental Quality, Department of

Historic Resources, Department of

Medicine, Board of

- Advisory Board on Athletic Training
- Advisory Board on Physician Assistants

Nursing, Board of

June 9

Counseling, Board of

Dentistry, Board of

Health, Department of

Medicine, Board of

- Advisory Board on Midwifery

June 10

Blind and Vision Impaired, Department for the

- Rehabilitation Council for the Blind

June 12

† Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, Board for

† Auctioneers Board

† Economic Development Partnership, Virginia

Library Board

Nursing, Board of

† Real Estate Appraiser Board

June 13

Alzheimer's Disease and Related Disorders Commission

† Conservation and Recreation, Department of

Medical Assistance Services, Board of

Retirement System, Virginia

June 14

Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, Board for

Code Commission, Virginia

† Education and Health, Committee on

Health, Department of

Juvenile Justice, State Board of

Retirement System, Virginia Virginia's Future, Council on

June 15

Architects, Professional Engineers, Land Surveyors,

Certified Interior Designers and Landscape Architects,

Board for

Design-Build/Construction Management Review Board

† Labor and Industry, Department of

† Longwood University

Museum of Fine Arts, Virginia

People with Disabilities, Virginia Board for

Retirement System, Virginia

June 16

Architects, Professional Engineers, Land Surveyors,

Certified Interior Designers and Landscape Architects,

Board for

Dentistry, Board of

† Environmental Quality, Department of

† Housing and Community Development, Department of

- State Building Code Technical Review Board

† Longwood University

Old Dominion University

† Social Work, Board of

June 19

Alcoholic Beverage Control Board

Chesapeake Bay Local Assistance Board

Labor and Industry, Department of

- Safety and Health Codes Board

† Psychology, Board of

June 20

† Agriculture and Consumer Services, Department of

- Virginia Wine Board

Nursing, Board of

June 21

Air Pollution Control Board, State

† Compensation Board

Medical Assistance Services, Department of

Nursing and Medicine, Joint Boards of

Outdoors Foundation, Virginia

Treasury Board

Waterworks and Wastewater Works Operators, Board for

June 22

Medicine, Board of

Outdoors Foundation, Virginia

Public Guardian and Conservator Advisory Board, Virginia

† Uniform Laws Commissioners, Virginia

June 23

Dentistry, Board of

June 26

Medical Assistance Services, Department of

June 27

† Contractors, Board for

Marine Resources Commission

Nursing, Board of

June 28

Education, Board of

Mental Health, Mental Retardation and Substance Abuse Services, Department of

† Protection and Advocacy, Virginia Office for

Rehabilitative Services, Department of

- Commonwealth Neurotrauma Initiative Trust Fund **Advisory Board**

June 29

† Water Control Board, State

June 30

Nursing, Board of

July 6

Auctioneers Board

Water Control Board, State

July 7

Art and Architectural Review Board

† Counseling, Board of

Dentistry, Board of

July 10

Alcoholic Beverage Control Board

† Local Government, Commission on

Veterans Services, Department of

- Board of Veterans Services

July 11

† Blind and Vision Impaired, Board for

Child Fatality Review Team, State

Long-Term Care Administrators, Board of

Psychology, Board of

July 12

Hearing Aid Specialists, Board for

Information Technologies Agency, Virginia

- E-911 Wireless Services Board

Jamestown-Yorktown Foundation

Protection and Advocacy, Virginia Office for

Real Estate Board

July 13

Conservation and Recreation, Department of

Real Estate Board

July 14

Social Work, Board of

July 17

Alcoholic Beverage Control Board

Nursing, Board of

Protection and Advocacy, Virginia Office for

July 18

Corrections, Board of

Nursing, Board of

July 19

† Agriculture and Consumer Services, Department of

Virginia Small Grains Board

Code Commission, Virginia

Corrections, Board of

Geology, Board for Nursing, Board of

† Protection and Advocacy, Virginia Office for

Treasury Board

July 20

Conservation and Recreation, Department of

- Virginia Soil and Water Conservation Board

Design-Build/Construction Management Review Board

† Human Resources, Virginia Council on

Nursing, Board of

Protection and Advocacy, Virginia Office for

Board for Protection and Advocacy

† Waste Management Board, Virginia

July 21

Dentistry, Board of

July 25

Contractors, Board for

July 26

Architects, Professional Engineers, Land Surveyors,

Certified Interior Designers and Landscape Architects,

Board for

Education, Board of

Veterans Services, Department of

July 27

Branch Pilots, Board for

July 28

Branch Pilots, Board for

July 31

Professional Soil Scientists and Wetland Professionals,

Board for

August 2

Architects, Professional Engineers, Land Surveyors,

Certified Interior Designers and Landscape Architects.

August 3

Architects, Professional Engineers, Land Surveyors,

Certified Interior Designers and Landscape Architects,

Board for

Water Control Board, State

August 4

Art and Architectural Review Board

August 7

Alcoholic Beverage Control Board

Barbers and Cosmetology, Board for

August 9

Architects, Professional Engineers, Land Surveyors,

Certified Interior Designers and Landscape Architects,

August 10

Architects, Professional Engineers, Land Surveyors,

Certified Interior Designers and Landscape Architects,

Conservation and Recreation, Department of

August 11

Medicine, Board of

August 14

† Rehabilitative Services, Department of

August 15

Chesapeake Bay Local Assistance Board

August 16

† Asbestos, Lead, and Home Inspectors, Virginia Board for

† Medical Assistance Services, Department of

† Treasury Board

August 17

† Design-Build/Construction Management Review Board

† Medical Assistance Services, Department of

† Protection and Advocacy, Virginia Office for

August 18

† Dentistry, Board of

† Opticians, Board for

August 21

† Alcoholic Beverage Control Board

August 22

† Contractors, Board for

† Marine Resources Commission

August 23

† Code Commission, Virginia † Nursing and Medicine, Joint Boards of

August 29

† Real Estate Appraiser Board

PUBLIC HEARINGS

June 6

Water Control Board, State

June 12

Water Control Board, State

June 13

† Environmental Quality, Department of

Calendar of Events	
Virginia Register of Regulations	