
THE VIRGINIA REGISTER INFORMATION PAGE

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

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

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

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

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

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

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

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

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

specified, which shall be after the expiration of the 21-day objection period; (ii) the Governor exercises his authority to require the agency to provide for additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the period for which the Governor has provided for additional public comment; (iii) the Governor and the General Assembly exercise their authority to suspend the effective date of a regulation until the end of the next regular legislative session; or (iv) the agency suspends the regulatory process, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 30-day public comment period and no earlier than 15 days from publication of the readopted action.

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

FAST-TRACK RULEMAKING PROCESS

Section 2.2-4012.1 of the Code of Virginia provides an exemption from certain provisions of the Administrative Process Act for agency regulations deemed by the Governor to be noncontroversial. To use this process, Governor's concurrence is required and advance notice must be provided to certain legislative committees. Fast-track regulations will become effective on the date noted in the regulatory action if no objections to using the process are filed in accordance with § 2.2-4012.1.

EMERGENCY REGULATIONS

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

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

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 (§ 2.2-4006 et seq.) of Chapter 40 of Title 2.2 of the Code of Virginia be examined carefully.

CITATION TO THE VIRGINIA REGISTER

The *Virginia Register* is cited by volume, issue, page number, and date. **18:23 VA.R. 2997-3011 July 29, 2002**, refers to Volume 18, Issue 23, pages 2997 through 3011 of the *Virginia Register* issued on July 29, 2002.

The Virginia Register of Regulations is published pursuant to Article 6 (§ 2.2-4031 et seq.) of Chapter 40 of Title 2.2 of the Code of Virginia.

Members of the Virginia Code Commission: **R. Steven Landes**, Chairman; **John S. Edwards**, Vice Chairman; **Ryan T. McDougle**; **Robert Hurt**; **Robert L. Calhoun**; **Frank S. Ferguson**; **E.M. Miller, Jr.**; **Thomas M. Moncure, Jr.**; **James F. Almand**; **S. Bernard Goodwyn**.

Staff of the Virginia Register: **Jane D. Chaffin**, Registrar of Regulations; **June T. Chandler**, Assistant Registrar.

PUBLICATION SCHEDULE AND DEADLINES

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

December 2006 through September 2007

<u>Volume: Issue</u>	<u>Material Submitted By Noon*</u>	<u>Will Be Published On</u>
FINAL INDEX - Volume 22		October 2006
23:7	November 21, 2006 (Tuesday)	December 11, 2006
INDEX 1 Volume 23		January 2007
23:8	December 6, 2006	December 25, 2006
23:9	December 19, 2006 (Tuesday)	January 8, 2007
23:10	January 3, 2007	January 22, 2007
23:11	January 17, 2007	February 5, 2007
23:12	January 31, 2007	February 19, 2007
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23:14	February 28, 2007	March 19, 2007
INDEX 2 Volume 23		April 2007
23:15	March 14, 2007	April 2, 2007
23:16	March 28, 2007	April 16, 2007
23:17	April 11, 2007	April 30, 2007
23:18	April 25, 2007	May 14, 2007
23:19	May 9, 2007	May 28, 2007
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INDEX 3 Volume 23		July 2007
23:21	June 6, 2007	June 25, 2007
23:22	June 20, 2007	July 9, 2007
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23:24	July 18, 2007	August 6, 2007
23:25	August 1, 2007	August 20, 2007
23:26	August 15, 2007	September 3, 2007
FINAL INDEX - Volume 23		October 2007
24:1	August 29, 2007	September 17, 2007

*Filing deadlines are Wednesdays unless otherwise specified.

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 2006 VAC Supplement includes final regulations published through *Virginia Register* Volume 22, Issue 22, dated July 10, 2006). 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 50-10-10 through 1 VAC 50-10-50	Repealed	22:26 VA.R. 4083	10/4/06
1 VAC 50-10-60 through 1 VAC 50-10-150	Added	22:26 VA.R. 4084-4085	10/4/06
1 VAC 50-20-1	Added	22:26 VA.R. 4085	10/4/06
1 VAC 50-20-5	Added	22:26 VA.R. 4085	10/4/06
1 VAC 50-20-10	Amended	22:26 VA.R. 4086	10/4/06
1 VAC 50-20-20	Repealed	22:26 VA.R. 4086	10/4/06
1 VAC 50-20-30	Repealed	22:26 VA.R. 4086	10/4/06
1 VAC 50-20-40	Amended	22:26 VA.R. 4086	10/4/06
1 VAC 50-20-50	Amended	22:26 VA.R. 4086	10/4/06
1 VAC 50-20-60 through 1 VAC 50-20-90	Repealed	22:26 VA.R. 4086-4087	10/4/06
1 VAC 50-20-100	Amended	22:26 VA.R. 4087	10/4/06
1 VAC 50-20-110	Amended	22:26 VA.R. 4087	10/4/06
1 VAC 50-20-120	Repealed	22:26 VA.R. 4087	10/4/06
1 VAC 50-20-130	Repealed	22:26 VA.R. 4087	10/4/06
1 VAC 50-20-140	Amended	22:26 VA.R. 4087	10/4/06
1 VAC 50-20-142	Added	22:26 VA.R. 4087	10/4/06
1 VAC 50-20-150 through 1 VAC 50-20-180	Amended	22:26 VA.R. 4088	10/4/06
1 VAC 50-20-190 through 1 VAC 50-20-220	Repealed	22:26 VA.R. 4088	10/4/06
1 VAC 50-20-230	Amended	22:26 VA.R. 4089	10/4/06
1 VAC 50-20-240	Repealed	22:26 VA.R. 4089	10/4/06
1 VAC 50-20-250	Repealed	22:26 VA.R. 4089	10/4/06
1 VAC 50-20-260	Repealed	22:26 VA.R. 4089	10/4/06
1 VAC 50-20-270	Amended	22:26 VA.R. 4089	10/4/06
1 VAC 50-20-280	Repealed	22:26 VA.R. 4089	10/4/06
1 VAC 50-20-290	Repealed	22:26 VA.R. 4089	10/4/06
1 VAC 50-20-300	Repealed	22:26 VA.R. 4090	10/4/06
1 VAC 50-20-310	Amended	22:26 VA.R. 4090	10/4/06
1 VAC 50-20-320	Repealed	22:26 VA.R. 4090	10/4/06
1 VAC 50-20-330	Repealed	22:26 VA.R. 4090	10/4/06
1 VAC 50-20-340	Repealed	22:26 VA.R. 4090	10/4/06
1 VAC 50-20-350	Amended	22:26 VA.R. 4090	10/4/06
1 VAC 50-20-360	Repealed	22:26 VA.R. 4090	10/4/06
1 VAC 50-20-370	Repealed	22:26 VA.R. 4091	10/4/06
1 VAC 50-20-380	Repealed	22:26 VA.R. 4091	10/4/06
1 VAC 50-20-382	Added	22:26 VA.R. 4091	10/4/06
1 VAC 50-20-384	Added	22:26 VA.R. 4091	10/4/06
1 VAC 50-20-390	Amended	22:26 VA.R. 4091	10/4/06
1 VAC 50-20-400 through 1 VAC 50-20-530	Repealed	22:26 VA.R. 4091-4093	10/4/06
1 VAC 50-20-540 through 1 VAC 50-20-600	Amended	22:26 VA.R. 4093-4098	10/4/06

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
1 VAC 50-20-601	Added	22:26 VA.R. 4098	10/4/06
1 VAC 50-20-605	Added	22:26 VA.R. 4099	10/4/06
1 VAC 50-20-610	Amended	22:26 VA.R. 4100	10/4/06
1 VAC 50-20-612	Added	22:26 VA.R. 4101	10/4/06
1 VAC 50-20-614	Added	22:26 VA.R. 4101	10/4/06
1 VAC 50-20-616	Added	22:26 VA.R. 4102	10/4/06
1 VAC 50-20-620 through 1 VAC 50-20-670	Amended	22:26 VA.R. 4102-4105	10/4/06
1 VAC 50-20-680	Repealed	22:26 VA.R. 4105	10/4/06
1 VAC 50-20-690	Repealed	22:26 VA.R. 4105	10/4/06
1 VAC 50-20-700	Repealed	22:26 VA.R. 4105	10/4/06
1 VAC 55-30-10 through 1 VAC 55-30-90	Added	23:3 VA.R. 334-337	
Title 2. Agriculture			
2 VAC 5-195-10 through 2 VAC 5-195-180	Added	22:25 VA.R. 3872-3876	8/21/06
2 VAC 5-210-10	Amended	22:24 VA.R. 3579	7/19/06
2 VAC 5-210-20	Amended	22:24 VA.R. 3579	7/19/06
2 VAC 5-210-30	Amended	22:24 VA.R. 3579	7/19/06
2 VAC 5-210-40	Repealed	22:24 VA.R. 3580	7/19/06
2 VAC 5-210-41	Added	22:24 VA.R. 3580	7/19/06
2 VAC 5-210-50	Repealed	22:24 VA.R. 3580	7/19/06
2 VAC 5-210-60	Amended	22:24 VA.R. 3581	7/19/06
2 VAC 5-330-30	Amended	22:24 VA.R. 3587	9/7/06
2 VAC 20-40-10	Amended	22:26 VA.R. 4105	10/5/06
2 VAC 20-40-20	Amended	22:26 VA.R. 4106	10/5/06
2 VAC 20-40-40	Amended	22:26 VA.R. 4107	10/5/06
2 VAC 20-40-60	Amended	22:26 VA.R. 4107	10/5/06
2 VAC 20-40-65	Added	22:26 VA.R. 4107	10/5/06
2 VAC 20-40-70 through 2 VAC 20-40-110	Amended	22:26 VA.R. 4107-4109	10/5/06
2 VAC 20-40-120	Repealed	22:26 VA.R. 4109	10/5/06
Title 4. Conservation and Natural Resources			
4 VAC 5-36-50	Amended	23:6 VA.R. 845	1/1/07
4 VAC 5-36-60	Amended	23:6 VA.R. 848	1/1/07
4 VAC 5-36-70	Amended	23:6 VA.R. 849	1/1/07
4 VAC 5-36-90 through 4 VAC 5-36-120	Amended	23:6 VA.R. 850-856	1/1/07
4 VAC 5-36-150	Amended	23:6 VA.R. 856	1/1/07
4 VAC 5-36-170	Amended	23:6 VA.R. 857	1/1/07
4 VAC 5-36-200	Amended	23:6 VA.R. 858	1/1/07
4 VAC 5-36-210	Amended	23:6 VA.R. 862	1/1/07
4 VAC 20-20-20	Amended	23:4 VA.R. 574	10/1/06
4 VAC 20-20-50	Amended	23:4 VA.R. 574	10/1/06
4 VAC 20-150-70	Amended	22:23 VA.R. 3277	6/28/06
4 VAC 20-252-30	Amended	22:23 VA.R. 3277	7/1/06
4 VAC 20-252-50	Amended	22:23 VA.R. 3278	7/1/06
4 VAC 20-252-115	Added	22:23 VA.R. 3278	7/1/06
4 VAC 20-566-30	Amended	22:25 VA.R. 3877	8/1/06
4 VAC 20-610-30	Amended	23:4 VA.R. 575	10/1/06
4 VAC 20-610-40	Amended	23:4 VA.R. 576	10/1/06
4 VAC 20-610-60	Amended	23:4 VA.R. 576	10/1/06
4 VAC 20-720-20	Amended	23:4 VA.R. 578	10/1/06
4 VAC 20-720-40	Amended	23:4 VA.R. 579	10/1/06
4 VAC 20-720-50	Amended	23:4 VA.R. 579	10/1/06
4 VAC 20-720-60	Amended	23:4 VA.R. 580	10/1/06

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 20-720-70	Amended	23:4 VA.R. 580	10/1/06
4 VAC 20-720-75	Amended	23:4 VA.R. 580	10/1/06
4 VAC 20-720-80	Amended	23:4 VA.R. 580	10/1/06
4 VAC 20-720-100	Amended	23:4 VA.R. 581	10/1/06
4 VAC 20-900-10 through 4 VAC 20-900-30	Amended	22:23 VA.R. 3279-3280	7/1/06
4 VAC 20-910-45	Amended	23:6 VA.R. 865	11/1/06
4 VAC 20-1090-20	Repealed	23:4 VA.R. 581	10/1/06
4 VAC 20-1090-30	Amended	23:4 VA.R. 582	10/1/06
4 VAC 25-130-816.11	Amended	22:24 VA.R. 3587	9/6/06
4 VAC 25-130-816.64	Amended	22:24 VA.R. 3588	9/6/06
Title 6. Criminal Justice and Corrections			
6 VAC 20-120-80	Amended	22:20 VA.R. 2704	7/12/06
6 VAC 20-190-10 through 6 VAC 20-190-200	Repealed	22:10 VA.R. 1556-1559	2/22/06
6 VAC 20-210-10 through 6 VAC 20-210-110	Repealed	22:10 VA.R. 1561-1562	2/22/06
6 VAC 20-220-20 through 6 VAC 20-220-80	Repealed	22:10 VA.R. 1559-1560	2/22/06
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 35-10-10 through 6 VAC 35-10-50	Amended	23:1 VA.R. 25-26	10/18/06
6 VAC 35-10-60	Repealed	23:1 VA.R. 26	10/18/06
6 VAC 35-10-70 through 100	Amended	23:1 VA.R. 26-27	10/18/06
6 VAC 35-10-105	Added	23:1 VA.R. 27	10/18/06
6 VAC 35-10-110	Amended	23:1 VA.R. 28	10/18/06
6 VAC 35-10-120 through 6 VAC 35-10-150	Added	23:1 VA.R. 28	10/18/06
6 VAC 35-10-120	Amended	23:1 VA.R. 28	10/18/06
6 VAC 40-10-10 through 6 VAC 40-10-90	Added	22:24 VA.R. 3746-3747	10/25/06
6 VAC 40-50-10 through 6 VAC 40-50-80 emer	Added	22:23 VA.R. 3406-3407	7/1/06-6/30/07
Title 8. Education			
8 VAC 20-21-10 through 8 VAC 20-21-730	Repealed	23:3 VA.R. 337	11/28/06
8 VAC 20-22-10 through 8 VAC 20-22-760	Added	23:3 VA.R. 344-376	11/28/06
8 VAC 20-131-5	Added	22:24 VA.R. 3589	9/7/06
8 VAC 20-131-10	Amended	22:24 VA.R. 3590	9/7/06
8 VAC 20-131-20	Amended	22:24 VA.R. 3591	9/7/06
8 VAC 20-131-30	Amended	22:24 VA.R. 3591	9/7/06
8 VAC 20-131-40	Repealed	22:24 VA.R. 3592	9/7/06
8 VAC 20-131-50 through 8 VAC 20-131-110	Amended	22:24 VA.R. 3592-3598	9/7/06
8 VAC 20-131-140	Amended	22:24 VA.R. 3598	9/7/06
8 VAC 20-131-150	Amended	22:24 VA.R. 3598	9/7/06
8 VAC 20-131-160	Repealed	22:24 VA.R. 3599	9/7/06
8 VAC 20-131-170 through 8 VAC 20-131-210	Amended	22:24 VA.R. 3599-3600	9/7/06
8 VAC 20-131-240	Amended	22:24 VA.R. 3600	9/7/06
8 VAC 20-131-260 through 8 VAC 20-131-310	Amended	22:24 VA.R. 3601-3607	9/7/06
8 VAC 20-131-315	Added	22:24 VA.R. 3607	9/7/06
8 VAC 20-131-320	Repealed	22:24 VA.R. 3608	9/7/06
8 VAC 20-131-325	Amended	22:24 VA.R. 3608	9/7/06
8 VAC 20-131-330	Repealed	22:24 VA.R. 3608	9/7/06
8 VAC 20-131-340	Amended	22:24 VA.R. 3608	9/7/06
8 VAC 20-131-350	Added	22:24 VA.R. 3609	9/7/06
8 VAC 20-131-360	Added	22:24 VA.R. 3609	9/7/06
8 VAC 20-131, Appendix I	Repealed	22:24 VA.R. 3609	9/7/06
8 VAC 20-521-30	Amended	22:26 VA.R. 4110	10/4/06

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
8 VAC 20-541-10 through 8 VAC 20-541-60	Repealed	23:3 VA.R. 376	11/29/06
8 VAC 20-542-10 through 8 VAC 20-542-600	Added	23:3 VA.R. 376-434	11/29/06
8 VAC 40-30	Repealed	22:23 VA.R. 3281	8/24/06
8 VAC 40-31-10 through 8 VAC 40-31-320	Added	22:23 VA.R. 3281-3298	8/24/06
Title 9. Environment			
9 VAC 5-20-21	Amended	22:26 VA.R. 4111	10/4/06
9 VAC 5-20-21	Erratum	23:5 VA.R. 791	--
9 VAC 5-20-203	Amended	22:23 VA.R. 3299	9/1/06
9 VAC 5-20-204	Amended	22:23 VA.R. 3299	9/1/06
9 VAC 5-20-206	Amended	22:26 VA.R. 4114	10/4/06
9 VAC 5-40-250	Amended	23:5 VA.R. 737	12/15/06
9 VAC 5-40-300	Amended	22:26 VA.R. 4115	10/4/06
9 VAC 5-40-300	Repealed	23:5 VA.R. 737	12/15/06
9 VAC 5-40-310	Repealed	23:5 VA.R. 738	12/15/06
9 VAC 5-40-311	Repealed	23:5 VA.R. 739	12/15/06
9 VAC 5-40-5060	Amended	22:26 VA.R. 4115	10/4/06
9 VAC 5-40-5200	Amended	22:26 VA.R. 4116	10/4/06
9 VAC 5-40-5600	Amended	23:1 VA.R. 29	10/18/06
9 VAC 5-40-5610	Amended	23:1 VA.R. 29	10/18/06
9 VAC 5-40-5620	Amended	23:1 VA.R. 31	10/18/06
9 VAC 5-40-5630	Amended	23:1 VA.R. 31	10/18/06
9 VAC 5-40-5631	Amended	23:1 VA.R. 33	10/18/06
9 VAC 5-40-5641	Amended	23:1 VA.R. 33	10/18/06
9 VAC 5-40-5641	Erratum	23:5 VA.R. 791	--
9 VAC 5-40-5700	Amended	22:26 VA.R. 4116	10/4/06
9 VAC 5-40-5720	Amended	22:26 VA.R. 4117	10/4/06
9 VAC 5-40-5750	Amended	22:26 VA.R. 4118	10/4/06
9 VAC 5-40-6970	Amended	22:26 VA.R. 4118	10/4/06
9 VAC 5-40-7050	Amended	22:26 VA.R. 4118	10/4/06
9 VAC 5-40-7120	Amended	22:26 VA.R. 4119	10/4/06
9 VAC 5-40-7130	Amended	22:26 VA.R. 4119	10/4/06
9 VAC 5-40-7140	Amended	22:26 VA.R. 4122	10/4/06
9 VAC 5-40-7140	Erratum	23:5 VA.R. 791	--
9 VAC 5-40-7210	Amended	22:26 VA.R. 4124	10/4/06
9 VAC 5-40-7240	Amended	22:26 VA.R. 4124	10/4/06
9 VAC 5-40-7250	Amended	22:26 VA.R. 4124	10/4/06
9 VAC 5-40-7260	Amended	22:26 VA.R. 4125	10/4/06
9 VAC 5-40-7260	Erratum	23:5 VA.R. 791	--
9 VAC 5-40-7270	Amended	22:26 VA.R. 4136	10/4/06
9 VAC 5-40-7300	Amended	22:26 VA.R. 4139	10/4/06
9 VAC 5-40-7330	Amended	22:26 VA.R. 4140	10/4/06
9 VAC 5-40-7360	Amended	22:26 VA.R. 4140	10/4/06
9 VAC 5-40-7370 through 9 VAC 5-40-7540	Added	23:5 VA.R. 740-745	12/15/06
9 VAC 5-40-7800	Amended	22:26 VA.R. 4141	10/4/06
9 VAC 5-40-7880	Amended	22:26 VA.R. 4141	10/4/06
9 VAC 5-50-250	Amended	22:23 VA.R. 3301	9/1/06
9 VAC 5-50-270	Amended	22:23 VA.R. 3302	9/1/06
9 VAC 5-50-280	Amended	22:23 VA.R. 3302	9/1/06
9 VAC 5-80-1100	Amended	22:23 VA.R. 3302	9/1/06
9 VAC 5-80-1110	Amended	22:23 VA.R. 3303	9/1/06
9 VAC 5-80-1310	Repealed	22:23 VA.R. 3308	9/1/06

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 5-80-1605	Added	22:23 VA.R. 3309	9/1/06
9 VAC 5-80-1615	Added	22:23 VA.R. 3310	9/1/06
9 VAC 5-80-1625	Added	22:23 VA.R. 3321	9/1/06
9 VAC 5-80-1635	Added	22:23 VA.R. 3321	9/1/06
9 VAC 5-80-1645	Added	22:23 VA.R. 3322	9/1/06
9 VAC 5-80-1655	Added	22:23 VA.R. 3322	9/1/06
9 VAC 5-80-1665	Added	22:23 VA.R. 3322	9/1/06
9 VAC 5-80-1675	Added	22:23 VA.R. 3322	9/1/06
9 VAC 5-80-1685	Added	22:23 VA.R. 3322	9/1/06
9 VAC 5-80-1695	Added	22:23 VA.R. 3323	9/1/06
9 VAC 5-80-1700	Repealed	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1705	Added	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1710	Repealed	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1715	Added	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1720	Repealed	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1725	Added	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1730	Repealed	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1735	Added	22:23 VA.R. 3324	9/1/06
9 VAC 5-80-1740	Repealed	22:23 VA.R. 3325	9/1/06
9 VAC 5-80-1745	Added	22:23 VA.R. 3325	9/1/06
9 VAC 5-80-1750	Repealed	22:23 VA.R. 3325	9/1/06
9 VAC 5-80-1755	Added	22:23 VA.R. 3325	9/1/06
9 VAC 5-80-1760	Repealed	22:23 VA.R. 3325	9/1/06
9 VAC 5-80-1765	Added	22:23 VA.R. 3325	9/1/06
9 VAC 5-80-1770	Repealed	22:23 VA.R. 3327	9/1/06
9 VAC 5-80-1775	Added	22:23 VA.R. 3327	9/1/06
9 VAC 5-80-1780	Repealed	22:23 VA.R. 3328	9/1/06
9 VAC 5-80-1785	Added	22:23 VA.R. 3328	9/1/06
9 VAC 5-80-1790	Repealed	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1795	Added	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1800	Repealed	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1805	Added	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1810	Repealed	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1815	Added	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1820	Repealed	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1825	Added	22:23 VA.R. 3329	9/1/06
9 VAC 5-80-1830	Repealed	22:23 VA.R. 3330	9/1/06
9 VAC 5-80-1835	Added	22:23 VA.R. 3330	9/1/06
9 VAC 5-80-1840	Repealed	22:23 VA.R. 3332	9/1/06
9 VAC 5-80-1845	Added	22:23 VA.R. 3332	9/1/06
9 VAC 5-80-1850	Repealed	22:23 VA.R. 3334	9/1/06
9 VAC 5-80-1855	Added	22:23 VA.R. 3334	9/1/06
9 VAC 5-80-1860	Repealed	22:23 VA.R. 3335	9/1/06
9 VAC 5-80-1865	Added	22:23 VA.R. 3335	9/1/06
9 VAC 5-80-1870 through 9 VAC 5-80-1920	Repealed	22:23 VA.R. 3340	9/1/06
9 VAC 5-80-1925	Added	22:23 VA.R. 3340	9/1/06
9 VAC 5-80-1930	Repealed	22:23 VA.R. 3341	9/1/06
9 VAC 5-80-1935	Added	22:23 VA.R. 3341	9/1/06
9 VAC 5-80-1940	Repealed	22:23 VA.R. 3341	9/1/06
9 VAC 5-80-1945	Added	22:23 VA.R. 3341	9/1/06

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 5-80-1950	Repealed	22:23 VA.R. 3342	9/1/06
9 VAC 5-80-1955	Added	22:23 VA.R. 3342	9/1/06
9 VAC 5-80-1960	Repealed	22:23 VA.R. 3342	9/1/06
9 VAC 5-80-1965	Added	22:23 VA.R. 3342	9/1/06
9 VAC 5-80-1970	Repealed	22:23 VA.R. 3342	9/1/06
9 VAC 5-80-1975	Added	22:23 VA.R. 3342	9/1/06
9 VAC 5-80-1985	Added	22:23 VA.R. 3343	9/1/06
9 VAC 5-80-1995	Added	22:23 VA.R. 3343	9/1/06
9 VAC 5-80-2000 through 9 VAC 5-80-2020	Amended	22:23 VA.R. 3343-3355	9/1/06
9 VAC 5-80-2040 through 9 VAC 5-80-2070	Amended	22:23 VA.R. 3355-3358	9/1/06
9 VAC 5-80-2090	Amended	22:23 VA.R. 3358	9/1/06
9 VAC 5-80-2091	Added	22:23 VA.R. 3358	9/1/06
9 VAC 5-80-2110 through 9 VAC 5-80-2140	Amended	22:23 VA.R. 3359-3362	9/1/06
9 VAC 5-80-2141 through 9 VAC 5-80-2143	Added	22:23 VA.R. 3362-3366	9/1/06
9 VAC 5-80-2144	Added	22:23 VA.R. 3367	9/1/06
9 VAC 5-80-2180	Amended	22:23 VA.R. 3372	9/1/06
9 VAC 5-80-2200 through 9 VAC 5-80-2240	Amended	22:23 VA.R. 3373-3375	9/1/06
9 VAC 20-60-18	Amended	22:23 VA.R. 3375	8/23/06
9 VAC 20-85-20	Amended	23:4 VA.R. 584	11/29/06
9 VAC 20-85-30	Amended	23:4 VA.R. 585	11/29/06
9 VAC 20-85-40	Amended	23:4 VA.R. 585	11/29/06
9 VAC 20-85-60 through 9 VAC 20-85-170	Amended	23:4 VA.R. 585-589	11/29/06
9 VAC 25-31-10	Amended	22:24 VA.R. 3610	9/6/06
9 VAC 25-31-30	Amended	22:24 VA.R. 3619	9/6/06
9 VAC 25-31-80	Amended	22:24 VA.R. 3620	9/6/06
9 VAC 25-31-100	Amended	22:24 VA.R. 3620	9/6/06
9 VAC 25-31-165	Added	22:24 VA.R. 3637	9/6/06
9 VAC 25-31-220	Amended	22:24 VA.R. 3651	9/6/06
9 VAC 25-31-290	Amended	22:24 VA.R. 3656	9/6/06
9 VAC 25-31-770	Amended	22:24 VA.R. 3657	9/6/06
9 VAC 25-31-780	Amended	22:24 VA.R. 3658	9/6/06
9 VAC 25-31-790	Amended	22:24 VA.R. 3662	9/6/06
9 VAC 25-31-800	Amended	22:24 VA.R. 3667	9/6/06
9 VAC 25-31-840	Amended	22:24 VA.R. 3670	9/6/06
9 VAC 25-31-870	Amended	22:24 VA.R. 3677	9/6/06
9 VAC 25-260-5	Amended	23:1 VA.R. 41	*
9 VAC 25-260-30	Amended	22:26 VA.R. 4142	*
9 VAC 25-260-30	Amended	23:1 VA.R. 38	*
9 VAC 25-260-50	Amended	23:1 VA.R. 42	*
9 VAC 25-260-187	Added	23:1 VA.R. 42	*
9 VAC 25-260-310	Amended	23:1 VA.R. 44	*
9 VAC 25-260-480	Amended	23:1 VA.R. 46	*
9 VAC 25-660-90	Erratum	22:23 VA.R. 3424	--
9 VAC 25-680-70	Erratum	22:23 VA.R. 3424	--
9 VAC 25-680-90	Erratum	22:23 VA.R. 3424	--
9 VAC 25-690-70	Erratum	22:23 VA.R. 3424	--
9 VAC 25-720-70	Amended	23:6 VA.R. 869	2/26/07
9 VAC 25-820-10 through 9 VAC 25-820-70	Added	23:2 VA.R. 231-251	11/1/06

* Upon filing notice of EPA approval with the Registrar of Regulations.

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 11. Gaming			
11 VAC 5-20-200	Amended	22:25 VA.R. 3907	11/6/06
11 VAC 5-20-210 through 11 VAC 5-20-520	Repealed	22:25 VA.R. 3907-3914	11/6/06
11 VAC 10-70-20	Amended	22:25 VA.R. 3916	11/4/06
11 VAC 10-70-20	Amended	22:26 VA.R. 4144	9/4/06-11/3/06
11 VAC 10-70-30	Amended	22:25 VA.R. 3917	11/4/06
11 VAC 10-70-30	Amended	22:26 VA.R. 4144	9/4/06-11/3/06
11 VAC 10-70-40	Amended	22:25 VA.R. 3917	11/4/06
11 VAC 10-70-40	Amended	22:26 VA.R. 4144	9/4/06-11/3/06
11 VAC 10-70-50	Repealed	22:25 VA.R. 3917	11/4/06
11 VAC 10-70-50	Repealed	22:26 VA.R. 4144	9/4/06-11/3/06
11 VAC 10-70-60 through 11 VAC 10-70-90	Amended	22:25 VA.R. 3917-3918	11/4/06
11 VAC 10-70-60	Amended	22:26 VA.R. 4144	9/4/06-11/3/06
11 VAC 10-70-70	Amended	22:26 VA.R. 4145	9/4/06-11/3/06
11 VAC 10-70-80	Amended	22:26 VA.R. 4146	9/4/06-11/3/06
11 VAC 10-70-90	Amended	22:26 VA.R. 4146	9/4/06-11/3/06
11 VAC 10-70-170	Amended	22:25 VA.R. 3918	11/4/06
11 VAC 10-70-170	Amended	22:26 VA.R. 4146	9/4/06-11/3/06
11 VAC 10-90-10	Amended	22:25 VA.R. 3919	11/4/06
11 VAC 10-90-10	Amended	22:26 VA.R. 4146	9/4/06-11/3/06
11 VAC 10-90-30	Amended	22:25 VA.R. 3919	11/4/06
11 VAC 10-90-30	Amended	22:26 VA.R. 4146	9/4/06-11/3/06
11 VAC 10-90-50	Amended	22:25 VA.R. 3919	11/4/06
11 VAC 10-90-50	Amended	22:26 VA.R. 4146	9/4/06-11/3/06
Title 12. Health			
12 VAC 5-31-10	Amended	23:6 VA.R. 870	12/13/06
12 VAC 5-31-50	Amended	23:6 VA.R. 876	12/13/06
12 VAC 5-31-60	Amended	23:6 VA.R. 876	12/13/06
12 VAC 5-31-110	Amended	23:6 VA.R. 877	12/13/06
12 VAC 5-31-140	Amended	23:6 VA.R. 877	12/13/06
12 VAC 5-31-190	Amended	23:6 VA.R. 877	12/13/06
12 VAC 5-31-220	Amended	23:6 VA.R. 878	12/13/06
12 VAC 5-31-230	Amended	23:6 VA.R. 878	12/13/06
12 VAC 5-31-1610	Amended	23:5 VA.R. 745	12/13/06
12 VAC 5-31-2000 through 12 VAC 5-31-2260	Repealed	23:6 VA.R. 879-888	12/13/06
12 VAC 5-60-10 through 12 VAC 5-60-260	Repealed	23:5 VA.R. 745	12/13/06
12 VAC 5-480-10 through 12 VAC 5-480-8920	Repealed	22:25 VA.R. 3877	9/20/06
12 VAC 5-481-10 through 12 VAC 5-481-3670	Added	22:25 VA.R. 3877	9/20/06
12 VAC 5-585-70	Amended	23:3 VA.R. 438	11/9/06
12 VAC 5-585-510	Amended	23:3 VA.R. 438	11/9/06
12 VAC 5-585-600 through 12 VAC 5-585-630	Amended	23:3 VA.R. 442-450	11/9/06
12 VAC 5-590-10	Amended	22:24 VA.R. 3677	9/6/06
12 VAC 5-590-370	Amended	22:24 VA.R. 3683	9/6/06
12 VAC 5-590-410	Amended	22:24 VA.R. 3708	9/6/06
12 VAC 5-590-440	Amended	22:24 VA.R. 3711	9/6/06
12 VAC 5-590-505	Added	23:1 VA.R. 47	10/18/06
12 VAC 5-590, Appendix N	Amended	22:24 VA.R. 3717	9/6/06
12 VAC 5-590-545	Amended	22:24 VA.R. 3712	9/6/06
12 VAC 5-590-820	Amended	22:24 VA.R. 3717	9/6/06
12 VAC 30-40-10	Amended	22:23 VA.R. 3376	8/23/06

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
12 VAC 30-40-290	Amended	22:23 VA.R. 3377	8/23/06
12 VAC 30-40-300	Amended	22:23 VA.R. 3379	8/23/06
12 VAC 30-40-360	Added	22:23 VA.R. 3385	8/23/06
12 VAC 30-50-190	Amended	22:23 VA.R. 3386	8/23/06
12 VAC 30-70-221 emer	Amended	22:26 VA.R. 4183	9/4/06-9/3/07
12 VAC 30-70-291	Amended	22:23 VA.R. 3388	8/23/06
12 VAC 30-70-301	Amended	22:25 VA.R. 3921	11/6/06
12 VAC 30-70-425	Amended	22:23 VA.R. 3389	8/23/06
12 VAC 30-70-426	Repealed	22:23 VA.R. 3390	8/23/06
12 VAC 30-80-20	Amended	22:23 VA.R. 3390	8/23/06
12 VAC 30-80-30	Amended	22:23 VA.R. 3393	8/23/06
12 VAC 30-90-19	Amended	22:23 VA.R. 3395	8/23/06
12 VAC 30-110-90	Amended	22:26 VA.R. 4168	11/20/06
12 VAC 30-110-370	Amended	22:26 VA.R. 4168	11/20/06
12 VAC 30-110-710	Amended	22:23 VA.R. 3385	8/23/06
12 VAC 30-110-960	Amended	22:23 VA.R. 3385	8/23/06
12 VAC 30-120-215	Amended	22:24 VA.R. 3718	9/6/06
12 VAC 30-120-280	Amended	22:26 VA.R. 4170	11/20/06
12 VAC 30-120-290	Amended	22:26 VA.R. 4172	11/20/06
12 VAC 30-120-310	Amended	22:26 VA.R. 4172	11/20/06
12 VAC 30-120-320	Amended	22:26 VA.R. 4173	11/20/06
12 VAC 30-120-380	Amended	22:23 VA.R. 3386	8/23/06
12 VAC 30-120-720	Amended	22:24 VA.R. 3721	9/6/06
12 VAC 30-120-920	Amended	22:24 VA.R. 3724	9/6/06
12 VAC 30-141-10	Amended	22:26 VA.R. 4147	10/4/06
12 VAC 30-141-40	Amended	22:26 VA.R. 4149	10/4/06
12 VAC 30-141-100	Amended	22:26 VA.R. 4150	10/4/06
12 VAC 30-141-160	Amended	22:26 VA.R. 4151	10/4/06
12 VAC 30-141-170	Repealed	22:26 VA.R. 4152	10/4/06
12 VAC 30-141-175	Added	22:26 VA.R. 4153	10/4/06
12 VAC 30-141-200	Amended	22:23 VA.R. 3387	8/23/06
12 VAC 30-141-200	Amended	22:26 VA.R. 4155	10/4/06
12 VAC 30-141-500	Amended	22:16 VA.R. 2385	7/3/06
12 VAC 30-141-500	Amended	22:23 VA.R. 3387	8/23/06
12 VAC 30-150-40	Amended	22:25 VA.R. 3924	11/6/06
12 VAC 30-150-50	Amended	22:25 VA.R. 3925	11/6/06
12 VAC 30-150-70	Amended	22:25 VA.R. 3925	11/6/06
12 VAC 30-150-80	Amended	22:25 VA.R. 3926	11/6/06
12 VAC 30-150-90	Amended	22:25 VA.R. 3926	11/6/06
12 VAC 35-115-10 through 12 VAC 35-115-150	Amended	23:1 VA.R. 50-79	10/18/06
12 VAC 35-115-145	Added	23:1 VA.R. 76	10/18/06
12 VAC 35-115-146	Added	23:1 VA.R. 77	10/18/06
12 VAC 35-115-160	Repealed	23:1 VA.R. 79	10/18/06
12 VAC 35-115-170 through 12 VAC 35-115-250	Amended	23:1 VA.R. 79-91	10/18/06
Title 13. Housing			
13 VAC 10-50-10 through 13 VAC 10-50-100	Repealed	23:5 VA.R. 746	11/1/06
13 VAC 10-120-10 through 13 VAC 10-120-80	Amended	23:5 VA.R. 746-748	11/1/06
Title 14. Insurance			
14 VAC 5-30-20	Erratum	22:24 VA.R. 3755	--
14 VAC 5-30-80	Erratum	22:24 VA.R. 3755	--
14 VAC 5-260 (Forms)	Erratum	22:24 VA.R. 3756	--

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
14 VAC 5-260-10	Amended	23:2 VA.R. 253	10/2/06
14 VAC 5-260-20	Repealed	23:2 VA.R. 253	10/2/06
14 VAC 5-260-30 through 14 VAC 5-260-60	Amended	23:2 VA.R. 253-257	10/2/06
14 VAC 5-260-80	Amended	23:2 VA.R. 257	10/2/06
14 VAC 5-260-90	Amended	23:2 VA.R. 257	10/2/06
14 VAC 5-260-110	Added	23:2 VA.R. 258	10/2/06
Title 16. Labor and Employment			
16 VAC 25-60-10	Amended	22:25 VA.R. 3878	9/21/06
16 VAC 25-60-30	Amended	22:25 VA.R. 3879	9/21/06
16 VAC 25-60-40	Amended	22:25 VA.R. 3879	9/21/06
16 VAC 25-60-80	Amended	22:25 VA.R. 3879	9/21/06
16 VAC 25-60-90	Amended	22:25 VA.R. 3880	9/21/06
16 VAC 25-60-100	Amended	22:25 VA.R. 3881	9/21/06
16 VAC 25-60-120 through 16 VAC 25-60-150	Amended	22:25 VA.R. 3882-3883	9/21/06
16 VAC 25-60-190	Amended	22:25 VA.R. 3883	9/21/06
16 VAC 25-60-260	Amended	22:25 VA.R. 3884	9/21/06
16 VAC 25-60-300	Amended	22:25 VA.R. 3885	9/21/06
16 VAC 25-60-320	Amended	22:25 VA.R. 3885	9/21/06
16 VAC 25-60-340	Amended	22:25 VA.R. 3886	9/21/06
16 VAC 25-90-1910.95	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.134	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.178	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.266	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.441	Repealed	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1000	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1001	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1017	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1018	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1020	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1025	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1027	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1028	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1029	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1030	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1043	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1045	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1047	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1048	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1050	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1051	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1052	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-90-1910.1450	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-100-1915.1001	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-175-1926.60	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-175-1926.62	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-175-1926.754	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-175-1926.1092	Repealed	22:23 VA.R. 3396	9/1/06
16 VAC 25-175-1926.1101	Amended	22:23 VA.R. 3396	9/1/06
16 VAC 25-175-1926.1127	Amended	22:23 VA.R. 3396	9/1/06
Title 18. Professional and Occupational Licensing			

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 10-20-10	Amended	23:1 VA.R. 96	2/1/07
18 VAC 10-20-15	Amended	23:1 VA.R. 97	2/1/07
18 VAC 10-20-17	Added	23:1 VA.R. 97	2/1/07
18 VAC 10-20-20	Amended	23:1 VA.R. 97	2/1/07
18 VAC 10-20-25	Added	23:1 VA.R. 98	2/1/07
18 VAC 10-20-30	Repealed	23:1 VA.R. 98	2/1/07
18 VAC 10-20-60	Repealed	23:1 VA.R. 99	2/1/07
18 VAC 10-20-35 through 18 VAC 10-20-55	Amended	23:1 VA.R. 98-99	2/1/07
18 VAC 10-20-70	Amended	23:1 VA.R. 99	2/1/07
18 VAC 10-20-75	Amended	23:1 VA.R. 99	2/1/07
18 VAC 10-20-80	Repealed	23:1 VA.R. 99	2/1/07
18 VAC 10-20-85	Added	23:1 VA.R. 99	2/1/07
18 VAC 10-20-90 through 18 VAC 10-20-420	Amended	23:1 VA.R. 99-110	2/1/07
18 VAC 10-20-440 through 18 VAC 10-20-560	Amended	23:1 VA.R. 110-113	2/1/07
18 VAC 10-20-565	Repealed	23:1 VA.R. 114	2/1/07
18 VAC 10-20-570 through 18 VAC 10-20-620	Amended	23:1 VA.R. 113-116	2/1/07
18 VAC 10-20-625	Repealed	23:1 VA.R. 116	2/1/07
18 VAC 10-20-630 through 18 VAC 10-20-660	Amended	23:1 VA.R. 116-117	2/1/07
18 VAC 10-20-665	Repealed	23:1 VA.R. 117	2/1/07
18 VAC 10-20-670 through 18 VAC 10-20-795	Amended	23:1 VA.R. 117-122	2/1/07
18 VAC 15-20-20	Amended	23:3 VA.R. 451	12/1/06
18 VAC 15-20-30	Repealed	23:3 VA.R. 453	12/1/06
18 VAC 15-20-31	Added	23:3 VA.R. 454	12/1/06
18 VAC 15-20-32	Added	23:3 VA.R. 454	12/1/06
18 VAC 15-20-33	Added	23:3 VA.R. 457	12/1/06
18 VAC 15-20-33	Erratum	23:5 VA.R. 791	--
18 VAC 15-20-34	Added	23:3 VA.R. 458	12/1/06
18 VAC 15-20-40	Repealed	23:3 VA.R. 459	12/1/06
18 VAC 15-20-50	Repealed	23:3 VA.R. 459	12/1/06
18 VAC 15-20-51	Added	23:3 VA.R. 459	12/1/06
18 VAC 15-20-52	Added	23:3 VA.R. 459	12/1/06
18 VAC 15-20-53	Added	23:3 VA.R. 459	12/1/06
18 VAC 15-20-60	Amended	23:3 VA.R. 460	12/1/06
18 VAC 15-20-70	Amended	23:3 VA.R. 460	12/1/06
18 VAC 15-20-80 through 18 VAC 15-20-150	Repealed	23:3 VA.R. 461	12/1/06
18 VAC 15-20-250 through 18 VAC 15-20-361	Repealed	23:3 VA.R. 461-463	12/1/06
18 VAC 15-20-400 through 18 VAC 15-20-451	Amended	23:3 VA.R. 464-466	12/1/06
18 VAC 15-20-453	Amended	23:3 VA.R. 466	12/1/06
18 VAC 15-20-456	Amended	23:3 VA.R. 466	12/1/06
18 VAC 15-20-459.6 through 18 VAC 15-20-460	Repealed	23:3 VA.R. 466-468	12/1/06
18 VAC 15-20-461	Added	23:3 VA.R. 468	12/1/06
18 VAC 15-20-462	Added	23:3 VA.R. 468	12/1/06
18 VAC 15-20-463	Added	23:3 VA.R. 469	12/1/06
18 VAC 15-20-464	Added	23:3 VA.R. 469	12/1/06
18 VAC 15-20-470	Amended	23:3 VA.R. 469	12/1/06
18 VAC 15-30-30	Repealed	23:3 VA.R. 471	12/1/06
18 VAC 15-30-40	Repealed	23:3 VA.R. 471	12/1/06
18 VAC 15-30-50	Repealed	23:3 VA.R. 471	12/1/06
18 VAC 15-30-51 through 18 VAC 15-30-54	Added	23:3 VA.R. 472-475	12/1/06
18 VAC 15-30-100 through 18 VAC 15-30-330	Repealed	23:3 VA.R. 475-481	12/1/06
18 VAC 15-30-161 through 18 VAC 15-30-167	Added	23:3 VA.R. 477-479	12/1/06

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 15-30-332	Added	23:3 VA.R. 481	12/1/06
18 VAC 15-30-334	Added	23:3 VA.R. 481	12/1/06
18 VAC 15-30-420	Amended	23:3 VA.R. 481	12/1/06
18 VAC 15-30-510	Amended	23:3 VA.R. 482	12/1/06
18 VAC 15-30-810	Amended	23:3 VA.R. 483	12/1/06
18 VAC 15-30-820	Amended	23:3 VA.R. 484	12/1/06
18 VAC 25-21-70	Amended	22:26 VA.R. 4155	11/1/06
18 VAC 25-21 (Forms)	Amended	22:26 VA.R. 4155	--
18 VAC 30-20-80 emer	Amended	22:26 VA.R. 4186	9/1/06-8/31/07
18 VAC 30-20-170 emer	Amended	22:26 VA.R. 4186	9/1/06-8/31/07
18 VAC 30-20-171 emer	Added	22:26 VA.R. 4186	9/1/06-8/31/07
18 VAC 41-30-10 through 18 VAC 41-30-250	Added	23:1 VA.R. 124-131	11/1/06
18 VAC 41-50-10 through 18 VAC 41-50-420	Added	22:25 VA.R. 3887-3900	10/1/06
18 VAC 50-22-40 emer	Amended	23:1 VA.R. 131	8/21/06-8/20/07
18 VAC 50-22-50 emer	Amended	23:1 VA.R. 132	8/21/06-8/20/07
18 VAC 50-22-60 emer	Amended	23:1 VA.R. 133	8/21/06-8/20/07
18 VAC 50-22-300 through 18 VAC 50-22-350 emer	Added	23:1 VA.R. 134	8/21/06-8/20/07
18 VAC 60-20-10	Amended	22:23 VA.R. 3397	8/23/06
18 VAC 60-20-20	Amended	22:23 VA.R. 3398	8/23/06
18 VAC 60-20-71	Added	22:23 VA.R. 3399	8/23/06
18 VAC 60-20-100	Amended	22:24 VA.R. 3749	10/23/06
18 VAC 60-20-105	Amended	22:23 VA.R. 3399	8/23/06
18 VAC 60-20-106	Amended	22:23 VA.R. 3399	8/23/06
18 VAC 60-20-108	Amended	22:26 VA.R. 4175	11/18/06
18 VAC 60-20-210	Amended	22:23 VA.R. 3400	8/23/06
18 VAC 60-20-230	Amended	22:23 VA.R. 3400	8/23/06
18 VAC 70-20-30	Amended	22:26 VA.R. 4156	11/1/06
18 VAC 70-20-50	Amended	22:26 VA.R. 4156	11/1/06
18 VAC 70-20 (Forms)	Amended	22:26 VA.R. 4156	--
18 VAC 76-20-10	Amended	22:23 VA.R. 3402	8/23/06
18 VAC 76-20-20	Amended	22:23 VA.R. 3402	8/23/06
18 VAC 76-20-30	Amended	22:23 VA.R. 3402	8/23/06
18 VAC 76-20-50	Amended	22:23 VA.R. 3402	8/23/06
18 VAC 76-20-60	Amended	22:23 VA.R. 3402	8/23/06
18 VAC 76-20-70	Added	22:23 VA.R. 3403	8/23/06
18 VAC 85-20-22 emer	Amended	22:26 VA.R. 4187	9/1/06-8/31/07
18 VAC 85-20-122	Amended	22:26 VA.R. 4157	10/4/06
18 VAC 85-20-226 emer	Added	22:26 VA.R. 4188	9/1/06-8/31/07
18 VAC 85-20-330	Amended	22:25 VA.R. 3901	9/20/06
18 VAC 85-40-35 emer	Amended	22:26 VA.R. 4189	9/1/06-8/31/07
18 VAC 85-40-67 emer	Added	22:26 VA.R. 4190	9/1/06-8/31/07
18 VAC 85-50-35 emer	Amended	22:26 VA.R. 4190	9/1/06-8/31/07
18 VAC 85-50-61 emer	Added	22:26 VA.R. 4191	9/1/06-8/31/07
18 VAC 85-80-26 emer	Amended	22:26 VA.R. 4191	9/1/06-8/31/07
18 VAC 85-80-73 emer	Added	22:26 VA.R. 4191	9/1/06-8/31/07
18 VAC 85-101-25 emer	Amended	22:26 VA.R. 4192	9/1/06-8/31/07
18 VAC 85-101-153 emer	Added	22:26 VA.R. 4192	9/1/06-8/31/07
18 VAC 85-110-35 emer	Amended	22:26 VA.R. 4193	9/1/06-8/31/07
18 VAC 85-110-161 emer	Added	22:26 VA.R. 4193	9/1/06-8/31/07
18 VAC 90-25-15 through 18 VAC 90-25-80	Amended	23:3 VA.R. 487-492	11/14/06

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 90-25-71	Added	23:3 VA.R. 491	11/14/06
18 VAC 90-25-72	Added	23:3 VA.R. 491	11/14/06
18 VAC 90-25-81	Added	23:3 VA.R. 492	11/14/06
18 VAC 90-25-100 through 18 VAC 90-25-130	Amended	23:3 VA.R. 492-494	11/14/06
18 VAC 90-30-10 emer	Amended	22:26 VA.R. 4194	9/1/06-8/31/07
18 VAC 90-30-80	Amended	22:26 VA.R. 4177	11/18/06
18 VAC 90-30-120 emer	Amended	22:26 VA.R. 4195	9/1/06-8/31/07
18 VAC 90-30-121 emer	Added	22:26 VA.R. 4195	9/1/06-8/31/07
18 VAC 95-20-220	Amended	22:26 VA.R. 4157	10/4/06
18 VAC 95-20-221	Added	22:26 VA.R. 4158	10/4/06
18 VAC 95-20-310	Amended	22:26 VA.R. 4158	10/4/06
18 VAC 95-20-330	Amended	22:26 VA.R. 4158	10/4/06
18 VAC 95-20-340	Amended	22:26 VA.R. 4159	10/4/06
18 VAC 95-20-380	Amended	22:26 VA.R. 4159	10/4/06
18 VAC 95-20-390	Amended	22:26 VA.R. 4159	10/4/06
18 VAC 105-20-20	Amended	22:26 VA.R. 4159	10/4/06
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 110-20-20	Amended	22:24 VA.R. 3726	9/6/06
18 VAC 110-20-20	Erratum	22:25 VA.R. 3935	--
18 VAC 110-20-20	Amended	23:4 VA.R. 635	11/29/06
18 VAC 110-20-70	Amended	22:24 VA.R. 3751	10/23/06
18 VAC 110-20-630	Amended	22:24 VA.R. 3728	9/6/06
18 VAC 110-20-640	Repealed	22:24 VA.R. 3728	9/6/06
18 VAC 110-20-660	Repealed	22:24 VA.R. 3728	9/6/06
18 VAC 110-20-670	Repealed	22:24 VA.R. 3728	9/6/06
18 VAC 110-20-720	Amended	23:4 VA.R. 634	11/29/06
18 VAC 110-30-15	Amended	23:4 VA.R. 637	11/29/06
18 VAC 110-50-10 through 18 VAC 110-50-150	Added	22:24 VA.R. 3729-3735	9/6/06
18 VAC 110-50-20	Amended	23:4 VA.R. 637	11/29/06
18 VAC 112-20-50	Amended	22:23 VA.R. 3404	8/23/06
18 VAC 112-20-65	Amended	22:23 VA.R. 3404	8/23/06
18 VAC 120-30-100	Amended	23:3 VA.R. 497	12/11/06
18 VAC 155-20-10	Amended	22:26 VA.R. 4160	11/1/06
18 VAC 155-20-110	Amended	22:26 VA.R. 4161	11/1/06
18 VAC 155-20-120	Amended	22:26 VA.R. 4161	11/1/06
18 VAC 155-20-160	Amended	22:26 VA.R. 4162	11/1/06
18 VAC 155-20-220	Amended	22:26 VA.R. 4163	11/1/06
18 VAC 155-20-280	Amended	22:26 VA.R. 4166	11/1/06
18 VAC 155-20 (Forms)	Amended	22:26 VA.R. 4166	--
18 VAC 160-20-10	Amended	23:1 VA.R. 136	12/1/06
18 VAC 160-20-74	Amended	23:1 VA.R. 137	12/1/06
18 VAC 160-20-76	Amended	22:26 VA.R. 4179	12/1/06
18 VAC 160-20-90	Amended	22:26 VA.R. 4180	12/1/06
18 VAC 160-20-95	Added	23:1 VA.R. 137	12/1/06
18 VAC 160-20-104	Amended	23:1 VA.R. 137	12/1/06
18 VAC 160-20-106	Amended	23:1 VA.R. 137	12/1/06
18 VAC 160-20-109	Amended	23:1 VA.R. 138	12/1/06
18 VAC 160-20-140	Amended	23:1 VA.R. 139	12/1/06
Title 20. Public Utilities and Telecommunications			
20 VAC 5-315 (Form)	Amended	23:4 VA.R. 639	--

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
20 VAC 5-315-10	Amended	23:3 VA.R. 500	9/26/06
20 VAC 5-315-20	Amended	23:3 VA.R. 500	9/26/06
20 VAC 5-315-30	Amended	23:3 VA.R. 500	9/26/06
20 VAC 5-315-40	Amended	23:3 VA.R. 501	9/26/06
20 VAC 5-413-5	Added	23:3 VA.R. 504	12/1/06
20 VAC 5-413-10	Amended	23:3 VA.R. 504	12/1/06
20 VAC 5-413-20	Amended	23:3 VA.R. 505	12/1/06
20 VAC 5-413-25	Added	23:3 VA.R. 505	12/1/06
20 VAC 5-413-30	Amended	23:3 VA.R. 505	12/1/06
20 VAC 5-413-35	Added	23:3 VA.R. 506	12/1/06
20 VAC 5-413-40	Amended	23:3 VA.R. 506	12/1/06
20 VAC 5-413-50	Added	23:3 VA.R. 506	12/1/06
Title 22. Social Services			
22 VAC 40-35-10 emer	Amended	22:26 VA.R. 4196	9/1/06-8/31/07
22 VAC 40-35-80 emer	Amended	22:26 VA.R. 4198	9/1/06-8/31/07
22 VAC 40-35-90 emer	Amended	22:26 VA.R. 4198	9/1/06-8/31/07
22 VAC 40-35-100 emer	Amended	22:26 VA.R. 4199	9/1/06-8/31/07
22 VAC 40-71	Repealed	23:6 VA.R. 892	12/28/06
22 VAC 40-72-10 through 22 VAC 40-72-1160	Added	23:6 VA.R. 893-952	12/28/06
22 VAC 40-72-789	Erratum	22:26 VA.R. 4207	--
22 VAC 40-72-1060	Erratum	22:26 VA.R. 4207	--
22 VAC 40-80-60	Amended	23:6 VA.R. 952	12/28/06
22 VAC 40-80-120	Amended	23:6 VA.R. 952	12/28/06
22 VAC 40-80-340	Amended	23:6 VA.R. 953	12/28/06
22 VAC 40-80-345	Added	23:6 VA.R. 954	12/28/06
22 VAC 40-80-370	Amended	23:6 VA.R. 955	12/28/06
22 VAC 40-80-430	Amended	23:6 VA.R. 955	12/28/06
22 VAC 40-325-10	Amended	22:25 VA.R. 3901	10/1/06
22 VAC 40-325-20	Amended	22:25 VA.R. 3902	10/1/06
22 VAC 40-745-10 through 22 VAC 40-745-70	Amended	23:1 VA.R. 140-145	11/1/06
22 VAC 40-745-90	Amended	23:1 VA.R. 145	11/1/06
22 VAC 40-745-100	Amended	23:1 VA.R. 145	11/1/06
22 VAC 40-745-110	Amended	23:1 VA.R. 145	11/1/06
22 VAC 40-901-10	Amended	22:25 VA.R. 3903	10/1/06
22 VAC 40-901-40 through 22 VAC 40-901-90	Added	22:25 VA.R. 3903-3905	10/1/06
Title 23. Taxation			
23 VAC 10-70	Repealed	23:6 VA.R. 956	2/10/07
23 VAC 10-75-30 through 23 VAC 10-75-60	Repealed	23:6 VA.R. 958-959	2/10/07
23 VAC 10-112-50 through 23 VAC 10-112-90	Repealed	23:6 VA.R. 960-961	2/10/07
23 VAC 10-115-30	Repealed	23:6 VA.R. 962	2/10/07
23 VAC 10-115-120	Repealed	23:6 VA.R. 962	2/10/07
23 VAC 10-115-130	Repealed	23:6 VA.R. 962	2/10/07
23 VAC 10-140-20	Repealed	23:6 VA.R. 963	2/10/07
23 VAC 10-140-30	Repealed	23:6 VA.R. 964	2/10/07
23 VAC 10-140-80	Repealed	23:6 VA.R. 964	2/10/07
23 VAC 10-140-90	Repealed	23:6 VA.R. 964	2/10/07
23 VAC 10-140-120	Repealed	23:6 VA.R. 964	2/10/07
23 VAC 10-140-140 through 23 VAC 10-140-180	Repealed	23:6 VA.R. 964-965	2/10/07
23 VAC 10-140-210	Repealed	23:6 VA.R. 965	2/10/07
23 VAC 10-140-220	Repealed	23:6 VA.R. 965	2/10/07

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
23 VAC 10-140-240 through 23 VAC 10-140-270	Repealed	23:6 VA.R. 965	2/10/07
23 VAC 10-220-80 and 23 VAC 10-220-90	Repealed	23:6 VA.R. 967	2/10/07
23 VAC 10-230-50	Repealed	23:6 VA.R. 968	2/10/07
23 VAC 10-310-10	Repealed	23:6 VA.R. 970	2/10/07
23 VAC 10-310-40	Repealed	23:6 VA.R. 970	2/10/07
23 VAC 10-350-50	Repealed	23:6 VA.R. 971	2/10/07
23 VAC 10-350-60	Repealed	23:6 VA.R. 973	2/10/07
23 VAC 10-350-90	Repealed	23:6 VA.R. 974	2/10/07
23 VAC 10-350-100	Repealed	23:6 VA.R. 974	2/10/07
23 VAC 10-360	Repealed	23:6 VA.R. 975	2/10/07
23 VAC 10-370-50	Repealed	23:6 VA.R. 977	2/10/07
23 VAC 10-370-60	Repealed	23:6 VA.R. 977	2/10/07
23 VAC 10-370-150	Repealed	23:6 VA.R. 977	2/10/07
23 VAC 10-390-10	Repealed	23:6 VA.R. 979	2/10/07
23 VAC 10-390-30	Repealed	23:6 VA.R. 979	2/10/07
23 VAC 10-390-50	Repealed	23:6 VA.R. 979	2/10/07
Title 24. Transportation and Motor Vehicles			
24 VAC 30-271-10	Amended	23:2 VA.R. 259	11/1/06
24 VAC 30-271-20	Amended	23:2 VA.R. 259	11/1/06
24 VAC 30-550	Repealed	22:24 VA.R. 3736	9/6/06
24 VAC 30-551-10 through 24 VAC 30-551-100	Added	22:24 VA.R. 3736-3744	9/6/06
24 VAC 30-600	Repealed	22:24 VA.R. 3736	9/6/06

NOTICES OF INTENDED REGULATORY ACTION

Symbol Key

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

TITLE 9. ENVIRONMENT

STATE WATER CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to consider amending regulations entitled **9 VAC 25-120, General Virginia Pollutant Discharge Elimination System (VPDES) Permit for Discharges from Petroleum Contaminated Sites and Hydrostatic Tests**. The purpose of the proposed action is to amend, as necessary, and reissue the general VPDES permit covering point source discharges for petroleum contaminated sites and hydrostatic tests, which expires on February 26, 2008.

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

Statutory Authority: § 62.1-44.15 of the Code of Virginia; § 402 of the Clean Water Act (33 USC 1251 et seq.); 40 CFR Parts 122, 123, and 124.

Public comments may be submitted until 5 p.m. on December 13, 2006.

Contact: James Barnett, State Lead Program Manager, Department of Environmental Quality, P.O. Box 1105, 629 E. Main St., Richmond, VA 23218, telephone (804) 698-4289, FAX (804) 698-4266, or email jsbarnett@deq.virginia.gov.

VA.R. Doc. No. R07-21; Filed October 19, 2006, 9:25 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to consider amending regulations entitled **9 VAC 25-193, General Virginia Pollutant Discharge Elimination System (VPDES) Permit for Concrete Products Facilities**. The purpose of the proposed action is to amend, as necessary, and reissue the general VPDES permit covering point source discharges for concrete products facilities.

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

Statutory Authority: § 62.1-44.15 of the Code of Virginia; § 402 of the Clean Water Act (33 USC 1251 et seq.); 40 CFR Parts 122, 123, and 124.

Public comments may be submitted until 5 p.m. on December 28, 2006.

Contact: Michael B. Gregory, Department of Environmental Quality, P.O. Box 1105, 629 E. Main St., Richmond, VA 23218, telephone (804) 698-4065, FAX (804) 698-4032, or email mbgregory@deq.virginia.gov.

VA.R. Doc. No. R07-33; Filed November 7, 2006, 9:45 a.m.

TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-80, Methods and Standards for Establishing Payment Rates; Other Types of Care**. The purpose of the proposed action is to implement new methodology for school division reimbursement.

The agency does not intend to hold a public hearing on the proposed action 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 January 11, 2007.

Contact: William Lessard, Provider Reimbursement Division, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4593, FAX (804) 786-1680 or email william.lessard@dmas.virginia.gov.

VA.R. Doc. No. R07-50; Filed November 21, 2006, 11:39 a.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

DEPARTMENT OF HEALTH PROFESSIONS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Health Professions intends to consider amending regulations entitled **18 VAC 76-30, Public Participation Guidelines**. The purpose of the

Notices of Intended Regulatory Action

proposed action is to follow recommendations of a periodic review of regulations to update and clarify the regulations.

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

Statutory Authority: §§ 2.2-4007 and 54.1-2400 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on December 13, 2006.

Contact: Elaine J. Yeatts, Senior Policy Analyst, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114, or email elaine.yeatts@dhp.virginia.gov.

VA.R. Doc. No. R07-28; Filed October 26, 2006, 3:42 p.m.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Funeral Directors and Embalmers intends to consider amending regulations entitled **18 VAC 65-10, Public Participation Guidelines**. The purpose of the proposed action is to clarify and update the guidelines for public participation in the promulgation of regulations.

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

Statutory Authority: §§ 2.2-4007 and 54.1-2400 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on December 13, 2006.

Contact: Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9943, or email elizabeth.young@dhp.virginia.gov.

VA.R. Doc. No. R07-27; Filed October 26, 2006, 3:42 p.m.

TITLE 23. TAXATION

DEPARTMENT OF TAXATION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Taxation intends to consider amending regulations entitled **23 VAC 10-210, Retail Sales and Use Tax**. The purpose of the proposed

action is to clarify the sales tax application to health care purchases, including prescription and nonprescription drugs, proprietary medicines, controlled drugs, and medical supplies and devices.

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

Statutory Authority: § 58.1-203 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on January 10, 2007.

Contact: Mark Haskins, Director, Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

VA.R. Doc. No. R07-49; Filed November 14, 2006, 11:48 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Taxation intends to consider amending regulations entitled **23 VAC 10-210, Retail Sales and Use Tax**. The purpose of the proposed action is to include as exempt tangible personal property that is purchased by churches for use in recording and reproducing religious worship services.

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

Statutory Authority: § 58.1-203 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on January 10, 2007.

Contact: Mark Haskins, Director, Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

VA.R. Doc. No. R07-48; Filed November 14, 2006, 11:48 a.m.

REGULATIONS

For information concerning the different types of regulations, see the Information Page.

Symbol Key

Roman type indicates existing text of regulations. Underscored language indicates proposed new text. Language that has been stricken indicates proposed text for deletion. Brackets are used in final regulations to indicate changes from the proposed regulation.

TITLE 8. EDUCATION

STATE BOARD OF EDUCATION

Proposed Regulation

Title of Regulation: 8 VAC 20-160. Regulations Governing Secondary School Transcripts (amending 8 VAC 20-160-10 through 8 VAC 20-160-60).

Statutory Authority: § 22.1-16 of the Code of Virginia.

Public Hearing Date: January 10, 2007 - 11 a.m.

Public comments may be submitted until 5 p.m. on February 12, 2007.

(See Calendar of Events section for additional information)

Agency Contact: Dr. Margaret N. Roberts, Office of Policy and Communications, Department of Education, P.O. Box 2120, 101 N. 14th Street, 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, or email margaret.roberts@doe.virginia.gov.

Basis: Section 22.1-16 of the Code of Virginia vests the Board of Education with the authority to adopt bylaws for its own government and promulgate such regulations as may be necessary to carry out its powers and duties and the provisions of Title 22.1 of the Code of Virginia.

Purpose: This action is essential to protect the welfare of the Commonwealth's school-age population. The goals of the proposed revisions are to strengthen the transcript regulations and to bring the regulations into conformity with amended or new state and federal laws as well as the needs of higher education. The revised regulations contain provisions for documenting diploma types and career and technical certifications, advanced-level programs, weighting of courses, and options in reporting class rank. The revisions also provide a basis on which the future goal of a digital data exchange format for electronic transcript transmission can be developed.

Substance: The amendments make the following changes to the secondary school transcript regulations:

1. The definitions section is amended to ensure that terms are defined in the same manner as other Board of Education regulations.
2. The effective date section is amended.
3. The requirements are revised to ensure that school divisions include type of diploma and career and technical

industry certification on the student's secondary school transcript.

4. The requirements are revised to ensure that the different types of diplomas are reflected, but that the inclusion of the information does not violate the Family Educational Rights and Privacy Act.

5. The requirement regarding a student's rank in class is amended to reflect whether the school or program chooses to rank students.

6. The sections concerning advanced-level courses and the elements of weighting courses are amended to ensure that they comport with other state requirements.

7. The local student identification number is changed to a state student testing identifier so that data can be collected and analyzed on students from grades PK-16.

Issues: The proposed amendments are advantageous to the public, the agency, higher education institutions and the Commonwealth at large. There are no disadvantages.

The changes are necessary to align the transcript requirements with the needs of the education system in documenting student performance. The proposed regulatory action includes revisions that better define the requirements of the secondary school transcript with the needs of students, school divisions, and institutions of higher education. In addition, the revisions will allow for the future development of the secondary school transcripts in a digital data exchange format for electronic transcript transmission.

Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Amendments to Regulation. The Regulations Governing Secondary School Transcripts provide definitions, format options for transcripts and profile data sheets, and the elements for weighting courses.

The Board of Education (board) proposes to update these regulations.

The board proposes: 1) changes to the definitions section to ensure that terms are defined in the same manner as other board regulations, 2) changes to the effective date section of the regulations, 3) revisions to the requirements to ensure that school divisions include type of diploma and career and technical industry certification on the student's secondary school transcript, 4) revisions to the requirements to ensure that the different types of diplomas are reflected, but that the inclusion of the information does not violate the Family

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Educational Rights and Privacy Act, 5) changes to the requirement regarding a student's rank in class to reflect whether the school or program chooses to rank students, 6) changes to the sections concerning advanced-level courses and the elements of weighting courses to ensure that they comport with other state requirements, and 7) changes from a local student identification number to a state student testing identifier so that data can be collected and analyzed on students from grades PK-16.

Result of Analysis. The benefits likely exceed the costs for all proposed changes.

Estimated Economic Impact. The proposed changes to the definitions section to ensure that terms are defined in the same manner as other board regulations is beneficial in that localities and the public will be less likely to be confused by similar terms being used to indicate different concepts. Changing the effective date of the regulations as applying starting with "students, who take secondary courses for credit in 2007-2008" can perhaps be beneficial in that it allows local school divisions some time to adjust to the new required format.

To the extent that some local school divisions may not have included all such relevant information on transcripts, the proposed revisions to the requirements to ensure that school divisions include type of diploma and career and technical industry certification on the student's secondary school transcript can potentially be significantly beneficial for students who, for example, earn a technical industry certification in high school. Having such a certification indicated on their transcripts could be potentially useful in the labor market.

The proposal to require that the state student testing identifier be used rather than a local student identification number will in the long run provide significant benefits. Compared to some other states, Virginia policymakers have had less-detailed information concerning student performance and attributes available to use for analysis. The development of a consistent dataset on student performance and attributes statewide will permit better analysis to be performed. Better information can potentially be used to better evaluate state programs and the status of education in the state.

Businesses and Entities Affected. The proposed regulations affect the Commonwealth's 132 school divisions, their staff, and students.

Localities Particularly Affected. The proposed regulations affect all Virginia localities.

Projected Impact on Employment. In the short run the proposed amendments may have a small beneficial effect on employment in that employers will be better able to verify some achievements by students such as industry certification credentials. In the long run policymakers will have better data upon which to make decisions. This could potentially

result in better education in the long term, resulting in improved labor skills and work opportunities.

Effects on the Use and Value of Private Property. Some employers may find it less costly to ascertain applicant qualifications due to the proposed improvement of information on secondary school transcripts.

Small Businesses: Costs and Other Effects. Some small businesses may find it less costly to ascertain applicant qualifications due to the proposed improvement of information on secondary school transcripts.

Small Businesses: Alternative Method that Minimizes Adverse Impact. The proposed amendments do not produce adverse impact.

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 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 agrees with the economic impact analysis done by DPB on the proposed Regulations Governing Secondary School Transcripts (8 VAC 20-160). The agency will continue to examine the economic and administrative impact of the regulations as they progress through the Administrative Process Act process.

Summary:

The proposed amendments remove the 1988-89 effective date provision, revise the definitions as necessary to comport with those in other Board of Education regulations, and revise the format options for the transcript and profile data sheets to reflect both Board of Education

regulations and state law. The sections concerning class ranking, advanced placement courses and the elements of weighting are revised to ensure that they comport with best instructional practices, as well as other state requirements.

**PART I
DEFINITION.**

8 VAC 20-160-10. Definitions.

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

"Accelerated course" means a course that can be completed in less than the normal amount of time; the process of progressing through the school grades at a rate faster than that of the average student, either by skipping grades or by rapidly mastering the work of one course and moving on to the next higher course.

~~"Advanced course" means a course that presents material and concepts beyond the introductory or the elementary; a course that carries on from an introductory or elementary course given in the same school.~~

"Advanced-level courses/programs" means those academic, career/technical, fine and performing arts, or interdisciplinary high school courses/programs that enable students to acquire and master advanced knowledge. Such courses may be suitable for weighted credit in order to encourage students to take these courses and to be rewarded for the extra endeavor and academic performance these courses/programs require.

~~"Advanced placement Placement (AP) course" means a an advanced-level course with a syllabus equivalent to the relevant advanced placement Advanced Placement syllabus disseminated by the Educational Testing Service College Board.~~

"Assessment component" means any of the means by which one obtains information on the progress of the learner and the effectiveness of instruction; quantitative data, objective measures, subjective impressions, tests, and observations may all serve as instruments for deciding whether instructional objectives have been attained.

"Certificate of Program Completion award date" means the date when a Certificate of Program Completion is awarded. A Certificate of Program Completion is not to be included as a diploma option.

"Commonwealth College Course Collaborative (CCCC)" means a set of approved courses taken in high school that fully transfer as core requirements and degree credits at Virginia colleges and universities.

"Credit" means a standard or a verified credit as specified in Regulations Establishing Standards for Accrediting Public Schools in Virginia (8 VAC 20-131).

"Credit summary" means the number of courses successfully completed in each discipline as required for graduation.

"Curriculum" means an official guide prepared for use by administrators, supervisors, and teachers of a particular school or school system as an aid to teaching in a given subject or area of study for a given grade; includes the goals and objectives of the course, the expected outcomes, assessment component, and the scope and nature of the materials to be studied.

"Dual enrollment course" means a course that carries both high school and college credit.

"Grade point average" means a measure of average scholastic success in all ~~school subjects~~ high school credit-bearing courses taken by a student during a certain term or semester, or accumulated for several terms or semesters; obtained by dividing grade points by ~~hours~~ number of course work courses taken.

"Graduation date" means the date when diploma requirements have been met and a diploma is awarded.

~~"Honors course" means a course, at the high school level, that limits enrollment to exceptionally capable students; provides for independent or tutorial work, places the responsibility for student progress more on the student than on the teachers, emphasizes reading and self instruction offered to academically advanced students to provide opportunities to study and learn with other advanced students and to accelerate their learning in a specific content area. These courses are designed to be more challenging by covering additional topics or some topics in greater depth.~~

"Industry certification credential" means a career and technical education credential that is earned by successfully completing a Board of Education-approved industry certification examination, a state-issued professional license, or an occupational competency examination.

"International Baccalaureate (IB) course" means an advanced-level course with a syllabus approved by the International Baccalaureate Organization (IBO) and meeting the criteria offered through the IBO program.

~~"Secondary course" means a course of study planned especially for people of ages approximately 12 to 17, in which the emphasis tends to shift from mastery of basic tools of learning, expression, and understanding to the use and extension of the tools in exploring areas of thought and living, and in exploring and acquiring information, concepts, intellectual skills, attitudes, social, physical, and intellectual ideas, and habits, understanding, and appreciation high school-level course of study that awards high school credits to meet graduation requirements. In addition to providing content and knowledge, secondary courses encourage students to develop higher level thinking skills such as problem solving, critical analyses and syntheses of ideas.~~

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Students are encouraged to understand, appreciate, and formulate ideas related to scientific, technical and social concepts.

"Secondary school profile data" means information given in a summary format of a particular secondary school, such as location; description; achievement data; definition of curriculum; grading scale, grade distribution; weighted grades; rank in class, if a ranking procedure is used; graduation requirements; and an explanation of advanced-level, accelerated, advanced placement, and honors courses, industry certifications, and other specialized programs.

"Secondary school transcript" means an official list of secondary courses taken by a student, except those purged from a middle school record in accordance with 8 VAC 20-131, Regulations Establishing Standards for Accrediting Public Schools in Virginia, showing the final grade received for each course, with definitions of the various grades given.

"Weighted course" means ~~advanced placement, advanced or honors level courses~~ an advanced-level course in which credit is increased ~~usually by reason of quality of work accomplished~~ as determined by local school board policies and defined on the school profile.

PART II. GENERAL REGULATIONS.

8 VAC 20-160-20. Effective date.

The secondary school transcript regulations shall become effective ~~with seventh grade~~ for students who take secondary courses for credit beginning in the 1988-89 school year 2007-2008.

8 VAC 20-160-30. Format options.

Localities have ~~two~~ options for the secondary school transcript format. They may use the Department of Education model or develop their own following board regulations. ~~Transcripts developed locally shall be approved by the Department of Education. No standard format is required.~~ Localities may also use a digital data exchange format for electronic transcript transmission at such time as one is adopted by the Department of Education. The accreditation status of a high school shall not be included on the student transcript provided to colleges, universities, or employers.

The required information is as follows:

1. Name of school division;
2. Student legal name;
- ~~3. Student number;~~
3. State Testing Identifier (STI);
4. Birthdate;
5. ~~Sex~~ Gender;

6. Home address;
7. Home telephone number;
8. Graduation date;
9. Type of diploma, to include "Advanced Studies," "Standard," or "Other Diplomas Authorized by the Board of Education";
10. Type of industry certification credential and date of completion, if applicable;
11. Certificate of Program Completion and award date, if applicable;
12. Notation of Early College Scholar Designation;
- ~~10.~~ 13. Name, address, and telephone number of schools student attended each year;
- ~~11.~~ 14. Number of days absent within given school year;
- ~~12.~~ 15. Course work listed by year with grades;
- ~~13.~~ 16. Total credits earned by year;
- ~~14.~~ 17. Total A list of verified credits earned;
- ~~15.~~ 18. Credits to date;
- ~~16.~~ 19. Grade point average;
- ~~17.~~ 20. Credit summary for entire school experience;
- ~~18.~~ 21. Key to symbols and abbreviations used to denote accelerated, advanced-level courses, advanced placement Commonwealth College Course Collaborative course, honors courses, and summer school courses;
- ~~19.~~ 22. Notification of whether school/program ranks students; if so, the rank in class with given number of semesters used for computation;
- ~~20.~~ 23. Final driver education grade;
- ~~21.~~ 24. Test record, to include results highest score earned on college performance-related standardized tests such as College Entrance Examination Board or equivalent SAT and ACT, excluding Standards of Learning (SOL) test scores;
- ~~22.~~ 25. Signature and title of school official;
- ~~23.~~ 26. Date of school official signature;
- ~~24.~~ 27. School name;
- ~~28.~~ School address;
- ~~25.~~ 29. Telephone number of school;
- ~~30.~~ Fax number of school;
- ~~26.~~ 31. The school's Department of Education 7-digit code number.

8 VAC 20-160-40. Profile data sheet.

A secondary school profile data sheet, ~~that includes the required information, for each school reflected on the transcript~~ shall be attached to each student transcript sent to colleges, universities, and prospective employers. Schools may furnish additional information. The accreditation status of a high school shall not be included on the school profile data sheet. No standard format is required. ~~The required information is as follows~~ profile data sheet must contain the following information:

1. Name of ~~guidance~~ school counseling director or school counselor;
2. Name, address, and telephone number of school;
3. Description - school/community;
4. Achievement data to include ~~College Entrance Examination Board/Scholastic Aptitude Test code, mean Scholastic Aptitude Test score for the graduating class, average Scholastic Aptitude Test/American College Test scores for the school~~ SAT and/or ACT scores using the most recent data available in comparison with Virginia and the nation;
5. ~~Definition~~ Description of curriculum;
6. Grading scale;
7. Grade distribution;
8. Explanation of ~~advanced-placement, advanced-level, accelerated, and honors~~ courses;
9. Weighted grades, explanation of weighting courses and the computation;
10. ~~Rank~~ Explanation of rank in class, if applicable:
 - a. List courses excluded from computation;
 - b. Explanation of computation of pass/fail courses;
 - c. Student groups included/excluded from ranking in class;
11. Graduation requirements.

8 VAC 20-160-50. AP Weight of advanced-level courses.

~~All advanced placement (AP) courses shall be weighted for computing the student's grade point average. Advanced Placement (AP) and International Baccalaureate (IB) courses shall be weighted. Local school boards shall determine which other courses/programs are to receive weighted credits, the amount of weight such courses shall receive, and how those weighted credits will be used in the determination of grade point averages in the school or school division.~~

8 VAC 20-160-60. Elements for weighting.

~~Advanced, accelerated, advanced placement, and honors level courses~~ If the course is to be weighted shall, it must have the following elements:

1. ~~Defined~~ Specified curriculum approved by local board or outside agency meeting criteria of program and/or organization;
2. Standards that exceed normal course requirements; and
3. Defined assessment component.

VA.R. Doc. No. R06-111; Filed November 21, 2006, 10:04 a.m.

VIRGINIA MUSEUM OF FINE ARTS

Final Regulation

REGISTRAR'S NOTICE: The Virginia Museum of Fine Arts is exempt from the Administrative Process Act in accordance with § 2.2-4002 A 6 of the Code of Virginia, which exempts educational institutions operated by the Commonwealth. The museum is required, however, to publish proposed and final regulations.

Title of Regulation: **8 VAC 103-20. Parking Regulations, Appeals and Fines (adding 8 VAC 103-20-10 through 8 VAC 103-20-50).**

Statutory Authority: § 23-9.2:3 of the Code of Virginia.

Effective Date: December 11, 2006.

Agency Contact: Charles Baker, Manager, Parking Services, Virginia Museum of Fine Arts, 200 North Boulevard, Richmond, VA 23220, telephone (804) 340-1569, FAX (804) 340-1646 or email charles.baker@vmfa.museum.

Summary:

These regulations allow the Virginia Museum of Fine Arts to (i) provide safe and convenient parking for visitors, guests and employees of the museum; (ii) provide parking relief for Museum District residents and institutions; (iii) operate facilities ethically and in full compliance with state and local codes of law; and (iv) better operate facilities in a financially self-sustaining manner.

CHAPTER 20.

PARKING REGULATIONS, APPEALS AND FINES.

8 VAC 103-20-10. Definitions.

A. The following words or terms when used in this regulation shall have the following [~~meaning~~ meanings] unless the context clearly indicates otherwise.

"Employee" means any individual retained for services rendered to the Virginia Museum of Fine Arts (including the employees of the Foundation, Food Services, Special Events,

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Membership and volunteers) but does not include employees of contractor companies retained by any museum entity.

"Motor vehicle" means any automobile, bus, truck, van, motorcycle or motorized scooter requiring a license or registration for legal street operation.

"Parking Services Manager" means the employee(s) of the agency designated by the Chief Operating Officer of the museum and operating under the authority of the Board of Trustees to enforce this regulation.

"Virginia Museum of Fine Arts" or "VMFA" or "agency" means the educational institutional and all associated entities as defined by § 23-253.4 of the Code of Virginia.

"Visitor" means any person who is legally present on Virginia Museum of Fine Arts property and who is not presently and directly employed by the museum or by a company under contract with the museum.

B. Applicability. This regulation applies to the use and operation of all parking facilities on the VMFA campus, including properties owned or leased by the VMFA Foundation and, with the consent of the property owner, any properties that may be rented, loaned or otherwise provided to any VMFA entity in support of any event or other purpose where motor vehicle parking is to be provided.

8 VAC 103-20-20. General provisions.

A. Registration requirements.

1. All employees parking motorized vehicles on the Virginia Museum of Fine Arts campus must display a parking permit issued by the Parking Services Manager, unless the employee has parked in a designated visitor parking area and is paying the going daily rate.

2. Failure to properly register employee vehicles and to display the permit may result in a fine for the parking violation and possible immobilization of the vehicle.

B. Eligibility for permanent parking permits.

1. A current VMFA ID card, or other evidence of eligibility (authorizing signature on a ID card request form or a letter of employment) will be required when registering for a permanent parking permit.

2. Employees may register motorcycles, mopeds, or motorized scooters in addition to passenger vehicles. No more than one registered employee vehicle may be parked in the designated staff parking area at any time.

3. All vehicles registered must be owned by the registrant or a member of the registrant's family.

4. Each trustee will be automatically issued an ID card that serves as a permanent parking pass for the term of his appointment to the board. Trustees unable to produce their

electronic ID card will pay the going daily visitor rate to exit the parking facility.

C. Volunteer and intern parking.

1. Departments using the services of volunteer staff may register with the Parking Services Manager for parking privileges at no charge for their use of a limited number of designated parking spaces. Volunteer permits are valid for no more than a single year (12 months).

2. Departments using the services of interns should direct such persons to visit the Parking Services Office to obtain a temporary parking permit. No fee will be collected for the temporary permit assigned for the terms and duration of the assignment. Availability of permits is limited. Interns will be permitted to park in designated areas as space is available.

3. All permits will be recovered and returned to the Parking Services Manager at the termination of the respective agreement.

D. Visitor parking.

1. Visitors may park in the park and pay facilities or pay-by-the-hour parking areas. All visitors are subject to receiving fines or being immobilized or towed for unauthorized parking in permit only or nonparking areas.

2. Only the Parking Services Office may authorize a visitor to park in an area not designated for visitors.

E. Temporary permits/museum guest parking.

1. Departments receiving guests may purchase from the Parking Services Office a temporary parking permit at a reduced daily rate.

2. Employees of companies involved in construction or similar projects on campus may park in a designated job site without a permit. This area should be defined in cooperation with the Parking Services Manager. When parking outside the designated zone, a permit is required and must be purchased from the Parking Services Office.

F. Permit usage and requirement.

1. A permanent parking permit or a temporary permit displayed from the rearview mirror of a passenger vehicle (or in the wind screen of vehicles without rearview mirrors), is required for parking on the VMFA campus in any area other than park and pay and pay-by-the-hour areas. Convertibles, jeeps, or other open top vehicles that may leave a temporary permit unsecured may be issued special decals to be affixed to the windshield.

2. Motorcycles and similar vehicles shall have the parking permit permanently affixed to the vehicle on the front or back fender for visibility. Motorcycles are prohibited from parking in bicycle racks, fire lanes, yellow zones,

sidewalks, decks, handicap spaces, access zones, or any other unauthorized space.

3. While permits may be transferred to any vehicle driven by the permit holder, the registered permit holder is responsible for all citations issued to that permit. Permits are not transferable from person to person. No permit is considered legal unless it is purchased directly from the Parking Services Office by the individual and the individual is currently eligible for the permit issued. Vehicles displaying illegal permits will be issued a citation in addition to being immobilized or towed at owner's expense.

4. It is the responsibility of the registrant to remove permanent parking permits from a vehicle when it is sold, transferred or otherwise disposed of.

5. Failure to obtain and display a valid permit may result in parking fines or immobilization of the vehicle until fines are paid.

G. Refunds on parking permits.

1. Employees terminating employment must turn in their permit in order to receive a prorated refund. Employees will be charged from the time the permit was issued through the full month in which they are requesting a refund. Refunds are issued after any remaining debts are paid to the department.

2. No refunds will be given on temporary permits.

H. Replacement of permits.

1. If a hangtag malfunctions, the permit holder may obtain a replacement at no charge by returning the defective permit to the Parking Services Office. If a windshield decal stops adhering, the permit holder may obtain a replacement at no charge by returning the defective permit to the Parking Services Office.

2. If a permanent permit is lost, stolen, or nonreturnable, a charge of \$5.00 will be assessed for a replacement.

I. Short-term parking.

1. Metered spaces are provided for the short-term parking convenience of persons visiting the ticket office, museum restaurants or VMFA shop. When the ticket office, restaurants and the shop are normally open, the metered spaces will be limited to short-term parking only.

2. Enforcement.

a. Meter parking is enforced: 7 a.m. until 9:30 p.m. everyday.

b. Persons with a valid DMV-issued handicap license plate or hangtag may use the metered parking spaces at no charge for the first four hours. After four hours the standard rate for the parking space applies.

c. A VMFA parking permit is not valid as payment at meters.

d. Parking or standing at an expired meter is not allowed and will result in a fine.

J. Missing or inoperable meters.

1. Inoperable meters are considered closed spaces; vehicles parked in these spaces are subject to a parking violation. Missing and inoperable meters should be reported to the Parking Services Office immediately for replacement or repair.

2. Cases of meter vandalism may be tried in a Virginia court of law as destruction of property or larceny, in addition to any violation issued.

3. Valid currency.

a. Only United States currency may be used in parking meters.

b. Federal law prohibits the use of other currency, altered U.S. currency, or other objects.

K. Loading and unloading spaces.

1. Loading and unloading is permitted only in designated areas and in accordance with the signing of that space. Prohibited and restricted areas, handicapped spaces, fire lanes, and meters are not designated for loading and unloading.

2. Any vehicle loading or unloading in these areas is subject to a fine, or towing, at owner's risk and expense.

3. Use of loading/unloading spaces.

a. A valid VMFA permit must be displayed in order to park in a loading/unloading space.

b. Loading/unloading parking is limited to the posted time limit unless the Parking Services Office grants an exception for special circumstances. Vehicles exceeding the posted time limit are subject to a fine.

L. Parking space availability. The purchase of a parking permit gives the permit holder the right to park in a designated area only when there is space available in that location. The purchase of a parking permit does not guarantee the purchaser access to a parking space at all times.

M. Liability disclaimer. VMFA, the Commonwealth of Virginia, and agents of VMFA do not assume responsibility for any vehicle or its contents when parked on museum property. The museum and the state do not assume responsibility for damage to vehicles that are booted, immobilized, or towed due to violations incurred or as a result of other violations.

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8 VAC 103-20-30. Enforcement of parking regulations.

A. Enforcement in general.

1. The chief operating officer of the agency has the overall responsibility for monitoring the enforcement of parking regulations and to direct the creation of new or revision of existing regulations, enforcement procedures, and appeals processes.

2. The agency's Protective Services Department and specified licensed security officers employed by private security companies that are contracted by the agency have the authority and duty to enforce the museum's parking regulations through issuing parking permits, issuing parking citations, coordinating lawful vehicle removal/transfer, immobilization of vehicles, collection of fines, and to provide a fair method for appealing citations issued.

3. No vehicle operator, including museum employees, shall park a vehicle that violates any of these rules and regulations. Any vehicle found violating these regulations is subject to a fine.

B. Limitations on enforcement. Only regulations pertaining to the parking of motor vehicles enacted by the Commonwealth of Virginia in this regulation are to be enforced within the jurisdiction described in 8 VAC 103-20-10 B. Operators of vehicles in violation of the rules and regulations may only be subject to citation, fine, immobilization of the vehicle, or towing of the vehicle at the owner's risk and expense.

C. Payment of fines for parking violations.

1. Unless otherwise specified, tickets must be paid within 10 days of citation issue date.

2. Delinquencies are referred to a collection agency, the Virginia Department of Taxation Division of Set-Off Debt Collection, and credit bureaus. If the account remains unpaid, the individual becomes responsible for the payment of all additional agency costs. Collection costs may be as much as one-third of the balance due to the agency.

D. Parking offenses and enforcement actions.

1. Multiple citations. A vehicle may be issued multiple citations and fines for multiple violations at one time. A vehicle may be issued additional citations for the continued noncompliance of parking regulations, not to exceed one citation per four-hour period for the same violation.

2. Towing.

a. A vehicle may be towed from one area to another for violations of certain restrictions. Vehicles may be moved to an appropriate location or to an impoundment location. All towing arising from enforcement actions is at the owner's risk and expense. Any vehicle impeding the flow

of traffic, whether in a roadway or parking lot, is subject to towing at the owner's risk and expense. Towing without notification can occur under certain circumstances.

b. Towing tickets cannot be appealed. All towing tickets must be paid within 10 days of citation issue date.

3. Booting.

a. A vehicle may be immobilized (booted) if its registered driver or owner accrues \$300 or more of unpaid fines, has outstanding late fines in excess of 10 days, or the vehicle has been determined to be abandoned.

b. Tampering with a booted vehicle, without payment and release by an authorized museum staff member, may result in additional action(s) being taken by the museum in accordance and compliance with all applicable laws.

c. All booting arising from enforcement actions is at the owner's risk and expense. Booting without notification can occur under certain circumstances.

d. Booting tickets cannot be appealed. All booting tickets must be paid within 10 days of citation issue date.

4. Fire lane violation. A vehicle parked in a fire lane or a roadway is subject to towing at the owner's risk and expense.

5. Handicapped space violation. A vehicle improperly parked in a handicapped area is subject to towing at the owner's risk and expense without notice.

6. Reserved space violation. A vehicle improperly parked in a reserved space is subject to towing at the owner's risk and expense without notice.

7. Blocking of egress or ingress. Any vehicle that blocks, impedes, or restricts another vehicle's ability of egress or ingress as a result of violating a parking regulation is subject to towing, at the owner's risk and expense without notice.

8. Overnight parking.

a. Parking facilities at the museum are intended solely for the use of persons with business at the museum during established hours.

b. Overnight parking is permitted for staff on official travel and members and guests on council sponsored excursions only; no other overnight parking is permitted. Those requiring overnight parking for established purposes are to contact the Parking Services Office to make arrangements.

c. Vehicles parked overnight without authorization may be subject to a fine or towing at the owner's risk and expense without notice.

8 VAC 103-20-40. Parking citation appeals.

A. Appeals in general.

1. The procedures provided herein apply to all Virginia Museum of Fine Arts staff, volunteers, contractors, visitors, and others who use agency parking facilities. This procedure is designed to assist the museum's chief operating officer in evaluating the parking program, to highlight problem areas, to provide an avenue to correct enforcement errors, and to provide a means of redress.

2. The chief operating officer has the responsibility of monitoring the policy and directing creation of new or revision of existing policies and procedures.

B. Appeals procedure.

1. Requests for an appeal may be done in person within 10 calendar days of the issue date of the citation.

2. Head, Risk Management and Protective Services will normally function as the appeals officer, the chief operating officer in his absence.

3. The appeals officer will carefully review each appeal. The appeals officer will base his decision on this regulation and on the information presented. The appeals officer may approve the appeal (dismiss the citation), deny the appeal (uphold the citation), or downgrade the violation to an appropriate lesser violation.

4. The appellant can appeal the decision of the hearing officer (see subsection G of this section, Parking Appeals Board). Any fines due after the appeal has been heard must be paid within 15 days of notice of the decision.

5. Failure to pay will result in the accumulation of late fees and the individual's outstanding account being turned over to a collection agency, the Virginia Department of Taxation Division of Set-Off Debt Collection, and credit bureaus. If the account remains unpaid, the individual becomes responsible for the payment of all additional agency costs. Collection costs may be as much as one-third of the balance due.

6. Any staff, volunteer, or visitor may appeal in person or fill out a parking citation appeal form within 10 calendar days of the citation. Forms are available from the Parking Services Manager. Contact the Parking Services Office for office hours and location of hearing officer.

7. Fines associated with appealed citations need not be paid until the appellant is advised of the decision. All appeals must be submitted with the appellant's name, address, and telephone number. Appeals submitted without this information will not be processed.

C. Hearing officer decision guidelines.

1. The citation and fine is presumed valid. It is the obligation of the appellant to present information that would invalidate the ticket.

2. Reasons that might warrant invalidation of the ticket are evidence of illness that necessitated the violation, mechanical breakdowns that were handled in a reasonably expeditious manner, documented erroneous information given by a Parking Services Office employee, or other circumstances that are unusual enough to warrant special consideration.

3. Reason to warrant a downgrade of the ticket are when further information that was not readily available to the citing officer is provided to the reviewer as a justification for the downgrade, valid misunderstandings regarding ambiguous parking areas in the judgment of the reviewer, etc.

4. A specific reason for denial need not be given. A general statement can be made that a sufficient reason for reversal was not made.

D. Time limit on filing appeals. Failure to file an appeal in 10 calendar days of the issue date of the citation will result in the addition of a late fee of \$10 to the fine in accordance with this regulation. No appeals will be considered more than 30 calendar days from the issue of the citation.

E. Final appeal, parking board of appeals. Hearing officer determinations may be appealed to the appeals board. Notification of a determination will provide information stating if an additional appeal process is available as an option. A request for reconsideration of denied appeals to an appeals board must be made within 10 calendar days from the time a decision was made by the hearing officer. For an appeal to be reconsidered by the appeals board, the appellant must schedule a hearing and be present at that hearing. The appellant will have the opportunity to present his case directly to the board members. The decision of the board members is final.

F. Parking citation and fine liability. Ultimately, the registered owner of a vehicle is responsible for all citations and fines issued to said vehicle whether or not the owner was in fact the driver. In addition to the registered owner of the vehicle, the holder of a VMFA parking permit may also be held financially responsible for citations and fines issued to the vehicle for which the permit is registered.

G. Parking appeals board. A parking appeals board will be appointed monthly and convene twice a month to hear parking citation appeals and advise the chief operating officer on parking related matters. The board consists of three VMFA staff members rotationally selected by the Office of Human Resources.

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8 VAC 103-20-50. Schedule of fines.

Citation	Definition	Fine
<u>No permit</u>	<u>No permit on file or displayed</u>	<u>\$25</u>
<u>Parking overtime</u>	<u>Parking time limit exceeded</u>	<u>\$10</u>
<u>Fire lane</u>	<u>Parking at yellow curbing or signing</u>	<u>\$85</u>
<u>Restricted area</u>	<u>Not adhering to signage or restrictions</u>	<u>\$35</u>
<u>Prohibited zone</u>	<u>Not authorized for parking area</u>	<u>\$25</u>
<u>Loading zone</u>	<u>Improper/unauthorized use of loading area</u>	<u>\$35</u>
<u>Handicapped area</u>	<u>Violation of policy and procedure</u>	<u>\$100</u>
<u>Blocking handicapped access</u>	<u>Restricting ability to access in or out</u>	<u>\$100</u>
<u>Parking in a reserved space/area</u>	<u>No permit for restricted area</u>	<u>\$50</u>
<u>Fraudulent display</u>	<u>Use of lost/stolen/counterfeit permit</u>	<u>\$75</u>
<u>Booting and Immobilization</u>	<u>Restricting ability of moving car by device</u>	<u>\$50</u>
<u>Improper display</u>	<u>Noncompliance with policy display requirements</u>	<u>\$15</u>
<u>Parking over the lines</u>	<u>Exceeding parameter of designated space control</u>	<u>\$15</u>
<u>Double parking</u>	<u>Parking side by side in a vertical parking area</u>	<u>\$15</u>

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TITLE 12. HEALTH

STATE BOARD OF HEALTH

Proposed Regulation

Titles of Regulations: 12 VAC 5-190. State Plan for the Provision of Children's Specialty Services (repealing 12 VAC 5-190-10 through 12 VAC 5-190-690).

12 VAC 5-191. State Plan for the Children with Special Health Care Needs Program (adding 12 VAC 5-191-10 through 12 VAC 5-191-320).

Statutory Authority: §§ 32.1-12 and 32.1-77 of the Code of Virginia.

Public Hearing Date: N/A -- Public comments may be submitted until February 9, 2007.

(See Calendar of Events section for additional information)

Agency Contact: Nancy Bullock, Director, Children with Special Health Care Needs Program, Division of Child and Adolescent Health, Department of Health, 109 Governor Street, 8th Floor, Richmond, VA 23219, telephone (804) 864-7706, FAX (804) 864-7722, or email nancy.bullock@vdh.virginia.gov.

Basis: Section 32.1-12 of the Code of Virginia authorizes the Board of Health to make, adopt, promulgate and enforce regulations.

Section 32.1-77 of the Code of Virginia authorizes the Board of Health to prepare, amend, and submit state plans for maternal and child health services and children's specialty services to the U.S. Secretary of Health and Human Services pursuant to Title V of the United States Social Security Act. Section 32.1-77 authorizes the State Health Commissioner to administer the plan and to receive and expend federal funds for the administration of the plan in accordance with applicable federal and state laws and regulations.

Purpose: Repeal of the current regulation, 12 VAC 5-190, State Plan for the Provision of Children's Specialty Services, is necessary because this regulation does not adequately address the existing model for providing services.

The proposed regulation, 12 VAC 5-191, State Plan for the Children with Special Health Care Needs Program, is an extensive revision necessary for adequate and current program governance. Although the program is not an entitlement or federal/state/local public benefit, it offers certain services and assistance contingent upon adequate funding, which may affect the rights of individuals.

The purpose of the proposed regulation is to provide a State Plan for the administration, eligibility, and scope of services provided through the Department of Health for residents of the Commonwealth with special health care needs. The Children with Special Health Care Needs Program encompasses various initiatives to serve individuals with special health care needs including the Care Connection for Children network, Child Development Services program, and the Virginia Bleeding Disorders Program. Following a federally-mandated comprehensive needs assessment in 1999, the previous Children's Specialty Services program was phased out and replaced with the Care Connection for Children network. The current program operates very differently, and therefore needs new regulations.

Other state-mandated initiatives, such as the Virginia Newborn Screening System, Virginia Congenital Anomalies Reporting and Education System, Virginia Sickle Cell Awareness Program, and Pediatric Comprehensive Sickle Cell Clinic Network also identify and serve children with

special health care needs. These programs, several of which have separate regulations, are now referenced in this regulation as well.

The proposed regulation is designed to ensure that program services are made available to eligible residents within available appropriations, are able to respond to changing needs of the population, and can qualify for federal Title V and other available funds for plan administration. It is intended to support consistent program administration statewide, and assure that resources are expended and distributed fairly across the Commonwealth.

This regulation is necessary to create policy that promotes public health and addresses needs for children with special health care needs participating in programs administered by the department.

Substance: Due to the extensive nature of the changes needed, the current regulation is proposed for repeal and a replacement regulation is proposed.

The proposed regulation reflects changes that have occurred in the program's service delivery model for children with special health care needs since the 1990s. The service delivery model has changed from a diagnosis-based direct clinic service to a model emphasizing care coordination, network services, and financial assistance for eligible uninsured and underinsured clients. Despite these changes, the program remains a nonentitlement program subject to limitations of the federal Maternal and Child Health block grant and matching state appropriations. Eligibility requirements remain unchanged and the range of conditions served has not declined but has in fact expanded with the new federal definition of children with special health care needs.

The proposed regulation differs from the existing regulation on the following substantive items:

1. The Care Connection for Children component of the program focuses on enabling services such as parent-to-parent support, care coordination, and information and referral. Direct clinical services have been phased out in most areas of the state where adequate private and public sector pediatric specialty resources exist.
2. The program places an emphasis on helping families obtain, understand, and access health insurance coverage.
3. The annual fee charged to clients has been eliminated. Care coordination services are provided to all participants free of charge.
4. The program operates a Pool of Funds for Care Connection and Bleeding Disorders to help for services for uninsured and underinsured clients who meet financial eligibility requirements. Preauthorization is required for all expenditures. Details of what may be covered under the Pool of Funds is not detailed in the regulation but is

available through a guidance document that is reviewed and revised at least annually. In the previous regulation, available clinical services were detailed and only large purchases, such as hospitalizations required preauthorization.

5. The proposed regulation now describes linkages and referrals with other screening, surveillance, and service initiatives: Virginia Newborn Screening System, Virginia Congenital Anomalies Reporting and Education System, Virginia Sickle Cell Awareness Program, and Pediatric Comprehensive Sickle Cell Clinic Network. These are all administered by the Department of Health and identify infants and children who may benefit from follow up or other services available through the Children with Special Health Care Needs Program.

6. Sections describing services provided for specific diseases or conditions are not part of the proposed regulation. The new federal definition of children with special health care needs is used. This definition focuses on a higher degree of service need and impact of the physical condition to identify the target population.

The proposed replacement regulation keeps some provisions from the current regulation such as the authority to suspend services in an emergency, operate demonstration projects, and the right to use paraprofessionals in service delivery.

The proposed regulation describes the scope of services, goals, and eligibility requirements for major program components including Care Connection for Children network (new service in this regulation), Child Development Services (continued service), and the Virginia Bleeding Disorders Program (formerly known as the Hemophilia Program).

The proposed regulation also:

1. Provides authority to contract for needed services.
2. Updates applicable federal and state requirements relating to privacy; confidentiality of medical records; contractual assurances and certifications; access to minor's health records; minor's authority to consent to surgical and medical treatment; surveillance, investigation, sharing, and security of data; and allowable uses of federal funds for the program and its contractors.
3. Establishes the authority to operate program-specific pool of funds contingent upon available funds. Designed to pay for health care services for eligible uninsured and underinsured persons, the Pool of Funds is considered the payor of last resort and not an entitlement. Providers accepting Pool of Funds must meet certain requirements, including acceptance of payment at the Medicaid rate.
4. Acknowledges that the Commissioner of Health may interpret and implement this regulation or components in a Guidance Document. This is necessary to respond to

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changes in population needs, funding levels, and federal goals and requirements on a time-sensitive basis.

5. Outlines program appeal rights and processes, with the Commissioner of Health, or designee, rendering a final decision.

Issues: The primary advantages of the proposed regulation to the public and the agency are clarification of the current program, eligibility requirements, and services available to children with special health care needs and their families through the Department of Health and its contractors such as:

1. Availability of family support and care coordination services to families with resident children who have special health care needs of physical origin regardless of income. These services help families understand and fully utilize health insurance benefits, as well as assist families with applications to public and other appropriate assistance programs (e.g. Medicaid);
2. Availability of financial assistance, contingent upon available funding, to obtain medical services for eligible uninsured and underinsured persons in the Care Connection for Children network and the Virginia Bleeding Disorders Program;
3. Availability of evaluation services regarding potential developmental and psychosocial delays through Child Development Services provided on a sliding fee scale in accordance with Department of Health eligibility regulations (12 VAC 5-200 and 12 VAC 5-210);
4. Availability of care coordination and insurance case management for all residents with bleeding disorders; and
5. Definition of a two-tiered appeals process.

The primary disadvantages of the proposed regulation to the public and agency are:

1. Services are not an entitlement. Services are subject to availability of funds and program capacity. The program is financed primarily through federal Maternal and Child Health Block Grant funds (Title V) and matching state general funds.
2. Some services require financial screening and have income eligibility requirements. The pool of funds is available only for income-eligible uninsured and underinsured persons and is subject to fund availability. Some persons who apply may not receive financial assistance.
3. Not all services are eligible for financial assistance through a designated pool of funds. A program-specific pool of funds may be limited to certain services to assure and maintain financial viability. Some medically necessary services may be needed by individuals but not able to be paid for through a Pool of Funds.

Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Regulation. The proposed amendments will update the regulations to reflect the changes already occurred in phases since the late 1990s.

Result of Analysis. The costs and benefits of the proposed changes are not expected to be significant upon promulgation as they have already occurred in phases since the late 1990s.

Estimated Economic Impact. These regulations establish the state plan for the Children with Special Health Care Needs Program. This program provides enabling services, case management services, and population based services to children with special needs; assesses the community health status and available resources; and supports and encourages better health. The networks and sub-programs operate under this program include: Care Connection for Children, Child Development Services, Virginia Bleeding Disorders Program, Pediatric Screening and Genetics Services, Virginia Sickle Cell Awareness Program, Pediatric Comprehensive Sickle Cell Clinic Network. These programs provide services to over 100,000 newborns and adults through a network of over 100 local government agencies, non-profit, and for-profit organizations.

According to Virginia Department of Health (VDH), the Children with Special Health Care Needs Program has already been operating under the proposed version of the rules implemented in phases since the late 1990s. Thus, the proposed changes will merely reflect the changes already occurred in practice and are not expected to create any significant economic effects upon promulgation. However, eliminating the discrepancy between the regulatory language and the way the program operates in practice could prevent or reduce potential confusions and exposure of VDH to litigation risks.

The major changes in this program that were implemented in practice includes: 1) shifting available resources from providing direct care to providing case management services such as providing help to uninsured recipients to obtain health coverage from available sources, 2) no longer requiring Children's Specialty Services recipients to pay a \$120 annual fee to participate in the costs of services provided, 3) removing the details of what may be purchased by the Pool of Funds, and 4) requiring prior authorization for expenditures instead of requiring prior authorization only for large vendor purchases. The remaining changes are simply clarifications of current language and requirements to reflect the operation of the plan in practice.

In general, implementing operational or procedural changes without going through the regulatory process and then updating the regulations to reflect what is already implemented in practice is a problematic approach as the agency would be operating contrary to its regulation. The

lack of authority to enforce regulatory provisions combined with discrepancies between regulations and procedures followed in practice creates a potential for costly litigation expenses.

Also, the lack of pre-established priority order to receive services in the event that the resources are not enough to serve all applicants may be a shortcoming of the proposed regulations and may need to be explored for planning purposes. Currently, all applicants are provided services regardless of their income. Providing services to high income applicants would mean taking resources away from low income applicants if the resources fall short of the need. VDH indicates that the Commissioner has the authority to take actions to address this issue should the resources become exhausted. However, there appears to be no plan outlining how this would be done. It is not uncommon for regulatory agencies to have a plan of action to allocate services when the resources are not enough for all applicants. For example, the Department of Rehabilitative Services regulations, 12 VAC 30-20, stipulate activating an order of selection system that prioritizes among individuals eligible for vocational rehabilitation services in the event that resources are not sufficient to provide services to all.

Businesses and Entities Affected. The Children with Special Health Care Needs Program provides services to more than 100,000 newborns and individuals annually through over 100 entities including local government agencies, non-profit and for-profit organizations.

Localities Particularly Affected. The proposed regulations apply throughout the Commonwealth.

Projected Impact on Employment. The proposed regulations are not expected to create any significant effect on employment.

Effects on the Use and Value of Private Property. The proposed regulations are not expected to have any significant effect on the use and value of private property.

Small Businesses: Costs and Other Effects. The proposed regulations are not likely to significantly affect any providers including small businesses.

Small Businesses: Alternative Method that Minimizes Adverse Impact. The proposed regulations are not expected 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 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: Virginia Department of Health (VDH) generally concurs with the Virginia Department of Planning and Budget's (DPB) EIA, except that important details reflecting the complex history of this regulatory action have not been sufficiently detailed.

DPB states that the "Children with Special Health Care Needs Program has already been operating under the proposed version of the rules implemented in phases since the late 1990s." While DPB is correct in acknowledging that program operations have changed, the first program transition actually commenced in 2001. DPB also states that "implementing operational changes without going through the regulatory process and then updating the regulations to reflect what is already implemented in practice is a problematic approach as the agency would be operating contrary to its regulation. The lack of authority to enforce regulatory provisions combined with discrepancies between regulations and procedures followed in practice creates a potential for costly litigation expenses." With this statement DPB fails to acknowledge two key points:

1. VDH has been following the established regulatory process to act on this regulation since 1994. Changes over four administrations significantly contributed to the delays experienced in resolving this regulatory action.
2. VDH followed model of care changes promoted by the federal government--the primary funding source for the program.

VDH started appropriate regulatory action to repeal 12 VAC 5-190 beginning in 1994. It was not until 2004, ten years later, that it was definitively established by the Office of the Attorney General that this entire regulation must continue to exist in its entirety. VDH has followed regulatory processes to develop and maintain separate regulations for state-mandated services for specific special needs populations.

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Provision of services to special needs children in the broadest definition is not a state mandate.

Provision of services to children with special health care needs (CSHCN) is neither a federal nor state mandate per se. The state receives federal funds under the Social Security Act (Title V) for maternal and child health services, which does require an annual plan, and stipulates that 30% of funds be spent on CSHCN. Section 32.1-77 of the Code of Virginia authorizes, but does not require, the Board of Health to submit a state plan for maternal and child health services. Other more specific programs are mandated by the Code of Virginia to identify and serve children with special health care needs. These include Virginia Newborn Screening Services and Virginia Early Hearing Detection and Intervention Program. These programs are governed by separate regulations.

The history of the regulation for children with special health care needs is complex and involves four administrations with varying opinions of how to handle this matter. In 1994, following Executive Order 15, it was determined that the State Plan for Children's Specialty Services (now known as Children with Special Health Care Needs Program) did not need to exist as a regulation, but that the plan could be operated using guidance documents. Concerns regarding the rights of persons to demand services and appeal decisions arose, however, and were debated through subsequent administrations. Changes were made to the VDH general eligibility regulations (12 VAC 5-200) to address these concerns. VDH continued with regulatory action to repeal the State Plan (Pre-NOIRA and NOIRA) with complete Executive Branch approval up through the Governor's Office. In 1999, however, the Office of the Secretary of Health and Human Resources decided against the repeal of the regulations following advice by the OAG, due to concerns about the annual fee then charged to participants. VDH temporarily withdrew from the regulatory action stage to consider which specific components of the plan needed to exist as a regulation.

During this time period, tremendous changes transpired in the health care system with direct impact on VDH programs. VDH conducted a comprehensive needs assessment of CSHCN in 1999, as mandated by the U.S. Department of Health and Human Services in order to receive federal Title V Maternal and Child Health funds. This assessment conducted by Health Systems Research, Inc. (HSR) revealed that (in 1998):

1. Primary care capacity is strong.
2. Medical specialty capacity is excellent, however significant unmet needs in accessing durable medical equipment, prescription drugs, and/or nutritional supplements persisted.

3. Families are generally ill supported by the system as evidenced by a lack of information, advocacy and support services.

4. Insurance coverage and benefits are not equitably and consistently available to all CSHCN families.

5. Systems of care for CSHCN are not adequately coordinated and integrated.

6. Systems designed to serve families with CSHCN do not sufficiently and consistently value the experience and input of family members.

The following recommendations were made by HSR to address unmet needs:

1. Organize and convene a State Interagency Public/Private Council for CSHCN.

2. Strengthen Virginia's Centers of Excellence for CSHCN (to enhance capacity and broaden the role of specialty hospitals for children).

3. Establish Regional Resource Centers for CSHCN (to promote development of resource information, advocacy, cross-system referral and coordination, and systems of family support).

4. Create a Statewide Family-to-Family Network.

The assessment also noted that, with the implementation of the federal State Children's Health Insurance Program under Title XXI, up to 70,000 children in low income families would become insured and have greater access to private health care resources. At the same time, Medicaid enrollees were being transitioned to managed care, which opened up significant networks of primary and specialty health care providers. These changes effectively reduced the pressure on the VDH program to function as a third party payer or provider of services to those without insurance.

VDH was under federal obligation to consider these findings and develop a state plan for CSHCN to address identified unmet needs. Section 505 of the Title V Social Security Act requires that a statewide needs assessment be conducted every five years and that each fiscal year states submit a plan for meeting the needs identified by the statewide needs assessment. Had VDH not developed a plan to meet the identified needs, the state may have been at risk of having the plan for CSHCN not approved by the federal government, the primary funding source for serving this population.

The State Health Commissioner was notified in 2001 that the old Children's Specialty Services program would be terminated and replaced by a community based system for care coordination, with retention of some funding to pay for needed services (as identified in the needs assessment) for uninsured or underinsured children. This was done to meet the unmet needs identified from the assessment while most efficiently using finite resources. In 2001, Virginia Secretary

of Health and Human Resources reversed sentiment expressed in 1999 and approved repeal of the regulation.

Throughout all of the changes made to services for CSHCN, VDH has acted in accordance with federal directives. The original 1935 enactment of the Social Security Act authorized federal grants for "Services for Crippled Children" to extend and improve services for locating crippled children and for providing medical, surgical corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare for this population.

The first services for special needs children involving a partnership between the state and children's specialty medical providers began in the late 1930s between the existing Bureau of Crippled Children (State Department of Health) and the Virginia Orthopaedic Society. In 1939 the two organizations met to restructure the state orthopedic clinics and to recommend that hospitalization for crippled children should be available in Roanoke, Lynchburg and Norfolk. State money totaling \$132,626 was matched by federal funds from Title V of the Social Security Act. The initial regulation governing the program 12 VAC 5-190 was first developed 50 years later in 1987. Seven years later it was decided after mandated review (E.O. 15 in 1994) to start the process to repeal the regulation.

In the midst of these regulatory changes, major changes were also transpiring in health care nationwide. Major changes in philosophy and medical care for special health care needs children, which had occurred over decades since the original 1935 Title V enactment, spurred the federal government to make several major revisions to Title V of the Social Security Act. This federal legislative change was made to enable states to better meet needs of maternal and child populations including "crippled children."

The Consolidated Omnibus Budget Reconciliation Act of 1985 removed the terminology of "crippled children," replacing it with "children with special health care needs." This was reflective of the direction being given to states to expand their definitions of special needs children beyond certain diagnoses. Following this change, the Omnibus Budget and Reconciliation Act (OBRA) of 1989 significantly amended Title V of the Social Security Act. It redefined the mission and functions of State CSHCN Programs to:

1. "Provide and promote family-centered, community-based, coordinated care (including care coordination services...) for children with special health care needs" (42 USC § 701 (a) (1) (D)).
2. Care coordination was defined in this legislation as "services to promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families" (42 USC § 701 (b)(3)).

OBRA '89 also incorporated by reference the National Health Promotion and Disease Prevention Objectives for the Year 2000 related to children with special health care needs and their families. OBRA '89 required that the needs assessment be consistent with health status goals and national health objectives, and that states report annually on the extent to which these national health objectives have been met, in order to receive Title V funding. The national health objective (Objective 17.20 Healthy People 2000) related to CSHCN was to "Increase to 50 the number of States that have service systems for children with or at risk of chronic and disabling conditions, as required by Public Law 100-239". The objective further describes service systems as "organized networks of comprehensive, community-based, coordinated, and family-centered services."

In addition, the national agenda for children with special health care needs (2000) called for states to carry out legislative responsibilities to develop these community systems and to provide or arrange for uncovered services. Studies showed that the federally led shift from lengthy hospitalizations for CSHCN to community based systems of care saved from \$1,200 to \$1,500 per month per child. As noted in 1990 by the former Surgeon General of the United States Public Health Service, the federal government helped states move from a "categorical to non-categorical paradigm of service delivery, from medical to more functional definitions of disability...and from isolated to integrated models of providing services."

Based on this paradigm shift, all state CSHCN programs are now evaluated by the federal government on six outcomes:

1. Medical Home (To assure children have a source of ongoing routine health care)
2. Insurance Coverage (To assist children in obtaining and effectively utilizing health insurance)
3. Screening (To identify high risk conditions early)
4. Organization of Services
5. Families' Roles (To assure that families are involved in all aspects of care and that their opinions are valued)
6. Transition to Adulthood (To assure that children with special health care needs are adequately transition to an adult system of care)

Programs are not evaluated on provision of clinical based services governed by specific diagnoses. The old Children's Specialty Services would not efficiently meet the needs of special health care children as identified by the 1999 assessment. The state was required to develop a plan to meet these needs and to be evaluated under newly developed federal definitions and standards.

The new program implemented by VDH since 2000 was designed to satisfy federal expectations, assure continued

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funding, and meet current needs identified by the 1999 assessment. At each step of the process, VDH made every effort to meet the legislative intent of the program as specified in Title V of the Social Security Act, as well as to operate in accordance with regulatory requirements of the Commonwealth. VDH wants the record to note that the regulatory process was followed with good faith, and that the steps to terminate the prior program were initiated while the action to repeal the State Plan was in process. The description of the program and regulatory changes presented here presents a more accurate picture of what has transpired over the last ten years. At no time did VDH act to expose the state to litigation risks, and failure to act may have jeopardized federal funding.

In addition the EIA indicates that providing care coordination services to all applicants regardless of income could result in resources being taken away from low-income applicants, should the demand exceed resources. DPB suggests VDH develop a plan to prioritize resources if necessary. However, as DPB has noted the Commissioner has the authority to take actions to address this issue if necessary. VDH will consider this recommendation and amend the regulation at a later date, but does not wish to see any further delay of this regulatory action. It should also be noted that VDH does maintain details of acceptable purchases under the Pool of Funds in guidance documents.

Summary:

This regulation governs several programs serving individuals with special health care needs administered by the Department of Health.

Due to the need for extensive revisions, this regulatory action is repealing of the current regulation (12 VAC 5-190) State Plan for the Provision of Children's Specialty Services. The current regulation governs a diagnosis-based, direct clinic service model that is no longer operating throughout the Commonwealth due to significant changes in health care coverage among children, federal goals for children with special health care needs, and identified needs of this population and their families.

The proposed regulation, 12 VAC 5-191, State Plan for the Children with Special Health Care Needs Program, identifies current program components, the scope of services provided and eligibility requirements. The regulation establishes the authority to operate a program-specific pool of funds contingent upon available funding, outlines appeals processes and defines relationships and automatic referrals from other state-mandated screening and surveillance programs. The regulation recognizes that the Children with Special Health Care Needs Program is not an entitlement or federal/state/local public benefit program.

CHAPTER 191.

STATE PLAN FOR THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM.

12 VAC 5-191-10. Definitions.

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

"Appeal" means the client's right to seek relief from an unfavorable decision in obtaining services or assistance included in the plan.

"Applicant" means an individual who applies for the services under this regulation. An application may be filed for or on behalf of a minor or person under a legal disability by a parent, legal guardian, and attorney in fact, or an attorney at law.

"Bleeding disorders" means inherited problems in coagulation caused by missing or poorly functioning proteins in the blood such as hemophilia and von Willebrand Disease.

"Board" means the State Board of Health.

"Care coordination" means a process that links individuals and their families to services and resources in a coordinated effort to maximize their potential and provide them with optimal health care.

"Center" means a unit providing Care Connection for Children services.

"CCC" means Care Connection for Children.

"Children and youth with special health care needs" means individuals who are ages birth to their twenty-first birthday and have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

"Client" means an individual who meets all the eligibility criteria for a program and has been accepted for services.

"Commissioner" means the Commissioner of Health.

"Community-based" means a framework within which a variety of programs work together to meet the many, varied needs of children, youth, and families in communities.

"CSHCN" means children with special health care needs.

"Culturally-competent" means the ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes and behaviors and the use of multicultural staff in the policy development, administration, and provision of those services.

"Department" means the state Department of Health and includes the central office, regional offices, health districts, and local health departments.

"Developmental disorder" means a delay(s) in maturation or deviant maturation of physical, language, sensory, motor, cognitive, social, learning or self-help capabilities to the extent that there is a negative impact on a child's ability to adapt to or cope with the typical environmental demands as expected for chronological age.

"Direct health care services" means medically necessary services for the treatment and monitoring of a condition(s) covered by the program. The services are generally delivered one-on-one between a health care professional and a client in an office, home, clinic, outpatient department, or hospital.

"Director" means the Director, Children with Special Health Care Needs Program.

"Division" means the Division of Child and Adolescent Health.

"Enabling services" means support services that allow or provide for access to and the receipt of benefits from an array of basic health care services.

"Family" means the client and other such household members who together constitute one economic unit. An economic unit is one or more individuals who generally reside together and share income.

"Family-centered care" means an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes that families are the ultimate decision makers for their children, with children gradually taking on more and more of this decision-making themselves.

"Family-to-family support" means the provision of information and peer support among families having experience with family members having special health care needs.

"Guardian" means a court-appointed guardian of the person.

"Information and referral services" means assisting clients and their families to find available services, responding to inquiries from the general public, and disseminating information for accessing specific services.

"MCH" means maternal and child health.

"Medical home" means a concept in which the child has an ongoing source of health care from a primary care physician who works together with the family to ensure that the child has accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective medical care.

"Parent" means a biological or adoptive parent or a stepparent.

"Plan" means the State Plan for the Children with Special Health Care Needs Program prepared pursuant to Title V of the United States Social Security Act, as amended.

"Pool of funds" means funds designated for payment of direct health care services. Access to the pool is not an entitlement and is subject to availability of funds and guidelines that govern its eligibility and coverage of services.

"Population-based services" means preventive interventions and personal health services developed and available for the entire MCH population of the Commonwealth rather than for individuals in a one-on-one situation.

"Program" means the Children with Special Health Care Needs Program.

"Provider" means an individual or agency that provides a service under an agreement between the individual or agency and the Children with Special Health Care Needs Program or its contractors.

"Resident" means an individual who resides within the geographical boundaries of the Commonwealth.

"Services" means those activities provided or arranged by the various programs within the Children with Special Health Care Needs Program.

"Sickle cell disease" means any inherited hemoglobin pattern with a predominance of hemoglobin (S) in absence of, or greater than normal hemoglobin (A); or hemoglobin S with another hemoglobin variant such as C, D, or E or beta thalassemia.

"Sickle Cell Program Manager" means an employee of the Pediatric Comprehensive Sickle Cell Clinic Network who is designated to be responsible for the administration of the statewide Pediatric Comprehensive Sickle Cell Clinic Network.

"Transition services" means assisting the client and his family in the process of making necessary changes from life as a youth with special health care needs to life as an adult with special health care needs. Aspects to be addressed include health and wellness; education, vocation, and employment; mobility, transportation, and recreation; and legal, insurance, disability benefits, and housing.

"Underinsured" means having medically necessary service needs that exceed an individual's health insurance coverage limits.

"Uninsured" means having no private health insurance or state or federal medical assistance coverage.

12 VAC 5-191-20. Guidance documents.

The commissioner may issue guidance documents that interpret these regulations and provide guidance for their implementation. Such documents shall be reviewed and

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revised whenever these regulations are reviewed, and may also be amended or revised as needed to meet changing circumstances.

12 VAC 5-191-30. Delegation of authority.

The commissioner hereby delegates the authority to supervise the day-to-day activities required to administer the plan to the Director, Children with Special Health Care Needs Program. The director shall be responsible for the efficient and effective implementation of the plan and shall be accountable to the commissioner or his designee.

12 VAC 5-191-40. Scope and content of the Children with Special Health Care Needs Program.

A. Mission. The Children with Special Health Care Needs Program promotes the optimal health and development of individuals living in the Commonwealth with special health care needs by working in partnership with families, service providers, and communities.

B. Scope. The scope of the Children with Special Health Care Needs Program includes the following:

1. Direct health care services.
2. Enabling services.
3. Population-based services.
4. Assessment of community health status and available resources.
5. Policy development to support and encourage better health.

The Children with Special Health Care Needs Program administers the following networks and services:

1. Care Connection for Children.
2. Child Development Services.
3. Virginia Bleeding Disorders Program.
4. Pediatric Screening and Genetics Services.
 - a. Virginia Newborn Screening System.
 - b. Virginia Congenital Anomalies Reporting and Education System.
5. Virginia Sickle Cell Awareness Program.
6. Pediatric Comprehensive Sickle Cell Clinic Network.

C. Target population. The target population to receive services from the networks and programs within the Children with Special Health Care Needs Program are the following:

1. Residents of the Commonwealth.
2. Individuals between the ages of birth and their twenty-first birthday except that the Virginia Bleeding Disorders

Program and the Virginia Sickle Cell Awareness Program serve individuals of all ages.

3. Individuals diagnosed as having, or are at increased risk for having, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Each network and program within the CSHCN Program has its own specific eligibility criteria.

D. Goals. The Title V national performance measures, as required by the federal Government Performance and Results Act (GPRA-Pub. L. 103-62), are used to establish the program goals.

12 VAC 5-191-50. Availability of funds; no entitlement.

Receipt of federal funds and subsequent administration of the State Plan for the Children with Special Health Care Needs are contingent upon annual federal review, approval, and compliance with other applicable federal law and regulations as outlined in USC §§ 701-710, Subchapter V, Chapter 7, Title 42 and CFR, Secretary of Health and Human Services, Chapter I, Title 42, and Subtitle A, Title 45.

Expenditures shall be limited to available funding. These regulations do not create any legally enforceable right or entitlement to payment for medical services on the part of any person or any right or entitlement to participation.

For those program services and assistance requiring financial eligibility, the funds shall be committed on behalf of the eligible client based on the date that the programs, within the CSHCN Program, receive the original signed financial eligibility application.

12 VAC 5-191-60. Emergency suspension of services.

The commissioner may suspend any portion of the plan, including services provided, to ensure the financial integrity of the Children with Special Health Care Needs Program. The commissioner shall report any action taken under the provisions of this section to the Board of Health at its next scheduled meeting.

12 VAC 5-191-70. Financial requirements.

For those program services and assistance requiring financial eligibility, the determination shall be conducted in accordance with the State Board of Health Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals, 12 VAC 5-200 and its guidance documents that are currently in effect.

Applicants who are eligible for financial assistance under this plan must demonstrate that they are not eligible for other available state and federal medical assistance programs. An application for such state or federal assistance programs must be completed and a denial of eligibility received in order to

qualify for financial assistance under this plan. The Children with Special Health Care Needs Program may limit financial assistance until the appropriate applications for the medical assistance programs have been processed for acceptance or denial.

12 VAC 5-191-80. Appeal process.

A. An applicant for or client in receipt of services or assistance, as defined in this plan, may appeal the following actions:

1. Denial of services or assistance.
2. Termination of services or assistance.
3. Adverse determination regarding financial eligibility.

There are no further rights of appeal except as set forth in this section. Applicants or clients have no right of appeal of a denial of services or assistance because of a lack of funds.

B. The applicant or client has the right to receive a written statement of the reasons for denial and be informed in writing of the appeal process, including time limits.

C. If a client already receiving services or assistance is denied those services or assistance, a written notice of termination including the reason of denial shall be given 30 days in advance of discontinuing services.

D. First level of appeal: An individual or his representative may make a written or oral appeal to the employee designated to be responsible for the administration of the different programs (the Care Connection for Children Program Director, Administrative Director for the Child Development Services, Bleeding Disorders Program Coordinator, or Sickle Cell Program Manager) within 30 days of the denial of service. The respective program director, administrative director, program coordinator, or program manager shall review and make a written decision to the individual or his representative within 15 days from the date of receipt of the appeal.

E. Second level of appeal: If the individual is not satisfied with the decision provided at the first level of appeal, the individual may appeal the decision in writing to the Director of the Children with Special Health Care Needs Program within 30 days of the denial from the individual program.

F. Upon receipt of the appeal, the director shall review and make written recommendations to the commissioner, or the commissioner's designee, within 15 days. The director shall consider all written information and may confer, as deemed necessary, with the department's adjudication officer in the Office of Family Health Services or other relevant experts.

G. Within 45 days following the date on which an appeal is filed, the commissioner, or commissioner's designee, shall make a final decision.

12 VAC 5-191-90. Privacy.

A. The Children with Special Health Care Needs Program and program subcontractors shall protect the privacy of the client's personal health information and the confidentiality of medical records in accordance with §§ 2.2-3700 through 2.2-3705.1, 2.2-3705.5, 2.2-3800 through 2.2-3809, 32.1-40, 32.1-41, 32.1-64.2, 32.1-67.1, 32.1-69, 32.1-69.2, 32.1-127.1:03, and 32.1-127.1:04 of the Code of Virginia; the federal Health Insurance Portability and Accountability Act of 1996 (42 USC §§ 1320 d et seq. and 45 CFR Part 164); and Title V of the Social Security Act (42 USC §§ 701-710, Subchapter V, Chapter 7 and 42 CFR 51a.6).

B. Access to minor's health records and the authority to consent to surgical and medical treatment for certain minors shall be administered in accordance with §§ 20-124.6 and 54.1-2969 of the Code of Virginia, respectively.

C. Surveillance and investigation shall be consistent with §§ 32.1-40, 32.1-41, 32.1-66 and 32.1-39 of the Code of Virginia.

D. The department's children with special health care needs program and its contractors shall maintain security and confidentiality of databases in accordance with applicable federal and state laws and regulations.

12 VAC 5-191-100. Contracts with providers.

A. The program may choose to administer a pool of funds for payment of direct health care services for the uninsured and underinsured clients subject to availability of funds and guidelines that govern its eligibility and coverage of services.

B. The program and its contractors are payors of last resort for direct health care services. All other payment sources, including Title XVIII (Medicare), Title XIX (Medicaid and its EPSDT Program), Title XXI (SCHIP), military health insurance, private health insurance, any other state and federal medical assistance program, or any entity that contracts to pay medical care costs for persons eligible for medical assistance in the Commonwealth shall be exhausted prior to program payment.

C. The program and its contractors will not pay any portion of the bill that is not covered by any insurer, state and federal medical assistance program, or any entity that contracts to pay medical care costs for persons eligible for medical assistance in the Commonwealth unless the service is totally nonreimbursable by them.

D. Providers of direct health care services are limited to those providers who:

1. Have credentials, licensure or certification in the clinical specialty to provide the approved services.
2. Accept the Medicaid fee-for-service rate of reimbursement for the specific service based upon the

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appropriate code set to identify procedures, services, and diagnoses as approved for use by the federal Centers for Medicare and Medicaid Services.

3. Accept the amounts as negotiated by the program, or a contractor on its behalf, as payment in full on behalf of the program, client, and his family or legal guardian.

E. Paraprofessional staff and volunteers may provide services under the direction of a provider who has credentials, licensure, or certification.

12 VAC 5-191-110. Special projects.

A. When approved by the commissioner or his designee, the plan does not preclude establishment of "Demonstration Projects" to test alternate means of service delivery. All such projects shall be relevant to the services for children with special health care needs as provided through the administration of the plan.

B. The plan does not preclude seeking funding from other available funding sources to perform a special project.

12 VAC 5-191-120. Federally required assurances and certifications.

A. The Children with Special Health Care Needs Program is funded by the Title V of the federal Social Security Act, Maternal and Child Health Services Block Grant, which is matched by state funds. The department is required to comply with the following:

1. Civil Rights Assurance (45 CFR Part 80).
2. Assurance concerning the Handicapped (45 CFR Part 84).
3. Assurance concerning Sex Discrimination (45 CFR Part 86).
4. Assurance concerning Age Discrimination (45 CFR Part 90 and 45 CFR Part 91).
5. Human Subjects Certification, when applicable (45 CFR Part 46).
6. Certifications regarding Drug-free Workplace, Debarment and Suspension, Lobbying, Program Fraud Civil Remedies, and Environmental Tobacco Smoke.
7. Regulatory Provisions for Block Grants (45 CFR 96.50 (e)).

B. For funding received from other federal sources, the department is required to comply with the Office of Management and Budget Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments" as published in 67 FR 52558.

12 VAC 5-191-130. Federal stipulations for use and nonuse of funds.

A. The MCH Services Block Grant has, as its general purpose, the improvement of the health of all mothers and children in the nation consistent with the applicable health status goals and national health objectives established by the Secretary of Health and Human Services. The funds enable each state to:

1. Provide and assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services;
2. Reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children;
3. Provide rehabilitative services for blind and disabled individuals under the age of 16 years receiving benefits under Title XVI (Supplemental Security Income), to the extent medical assistance for such services is not provided under Title XIX (Medicaid); and
4. Provide and promote family-centered, community-based, coordinated care for children with special health care needs and to facilitate the development of community-based systems of service for such children and their families.

B. Federal requirements prohibit MCH Services Block Grant funds from being used for the following purposes:

1. Purchase of major medical equipment.
2. Cash payments to intended recipients of health services.
3. Purchase or improvement of land; the purchase, construction or permanent improvement of any building or other facility (other than minor remodeling).
4. Providing funds for research or training to any entity other than a public or nonprofit private entity.
5. Satisfying any requirement for the expenditure of nonfederal funds as a condition for the receipt of federal funds. Further, federal funds from other block grants (e.g., preventive health) may be transferred into the MCH Services Block Grant Program by states, but MCH Block Grant funds may not be transferred to any other program.

C. For funding received from other federal sources, the department is required to comply with the Office of Management and Budget Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments" as published in 67 FR 52558.

12 VAC 5-191-140. Parent, legal guardian and client rights and responsibilities.

The parent, legal guardian, or client rights and responsibilities shall be described in existing program policies and shall be given to the client upon acceptance to the program.

12 VAC 5-191-150. Closure of client to the program.

A. The reasons for closure of a client to the program shall be in accordance with existing department eligibility guidance documents as stated in 12 VAC5-191-70.

B. If, at the time of closure to the program, the client still needs medical care for the condition for which he was in the program and for the service that he has been receiving from the program, the client will be referred to another source. The services may terminate only following notice to the client that such services will be terminated. Medical care services cannot be terminated for clients receiving ongoing care without making a good faith effort to secure alternative care.

12 VAC 5-191-160. Transfer of client.

Transfer of a client geographically among the program's centers or clinics shall be in accordance with existing program policies.

12 VAC 5-191-170. Description of the Care Connection for Children network.

Care Connection for Children is a statewide network of Centers of Excellence for Children with Special Health Care Needs that facilitates access to comprehensive medical and support services that are collaborative, family centered, culturally competent, fiscally responsible, community based, coordinated and outcome oriented to children and youth with special health care needs and their families.

12 VAC 5-191-180. Scope and content of the Care Connection for Children network.

A. Mission. The Care Connection for Children network promotes the optimal health and development of children and youth living in the Commonwealth with special health care needs by working in partnership with families, service providers, and communities.

B. Scope of services. The Care Connection for Children network provides the following enabling services:

1. Assistance in accessing specialty medical services and a medical home.
2. Care coordination.
3. Medical insurance benefits evaluation and coordination that may include services that promote the access to and the understanding of the use of private health insurance and state and federal medical assistance programs.
4. Information and referral.
5. Collaboration with the Virginia Department of Education and its Education in Hospitals Program to provide consultation for families, educators and school administrators.

6. Transition from child to adult-oriented health care system.

7. Family-to-family support.

8. Training and technical assistance for community providers.

9. Promotion of a family-centered, community-based, and culturally-competent service delivery system through advisory councils.

Based on community need, the Care Connection for Children network may provide direct health care services.

C. Criteria to receive services from Care Connection for Children. Children and youth are eligible to receive services from Care Connection for Children if they are:

1. Residents of the Commonwealth.
2. Between the ages of birth and their twenty-first birthday.
3. Diagnosed with a disorder that:
 - a. Has a physical basis;
 - b. Has lasted, or is expected to last, at least 12 months; and
 - c. Produces one of more of the following sequelae:
 - (1) Need for health care and ancillary services over and above the usual for the child's age, or for special ongoing treatments, interventions, or accommodation at home or school;
 - (2) Limitation in function, activities, or social role in comparison with healthy age peers in the general areas of physical, cognitive, emotional, and social growth and development;
 - (3) Dependency on one of the following to compensate for, or minimize limitation of, function, activities, or social role: medications, special diet, medical technology, assistive devices or personal assistance.

No financial eligibility criteria are required for clients to receive the enabling services. However, clients who meet the above criteria must also meet the financial requirements for eligibility for access to a pool of funds for payment of their direct health care services.

D. Goals. The Title V national performance measures, as required by the federal Government Performance and Results Act (GPRA-Pub. L. 103-62), are used to establish the program goals. The following goals shall change as needed to be consistent with the Title V national performance measures:

1. Families of children with special health care needs will partner in decision making at all levels and will be satisfied with the services they receive.

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2. All children with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.

3. All families of children with special health care needs will have adequate private or public insurance or both to pay for the services they need.

4. All children will be screened early and continuously for special health care needs.

5. Community-based service systems will be organized so families can use them easily.

6. All youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

12 VAC 5-191-190. Care Connection for Children Pool of Funds.

Based on availability of funds, the Children with Special Health Care Needs Program may choose to administer a Care Connection for Children Pool of Funds for payment of direct medical care services for the uninsured and underinsured clients. The commissioner or his designee may issue a guidance document that interprets these regulations and provides guidance for their implementation. The guidance document for the pool of funds shall include the financial requirements for eligibility as stated in 12 VAC 5-191-50, the policies for authorization of services, and the contractual assurances as noted in this regulation. The guidance document will assure that the funds are allocated to the children with the greatest financial need after all health insurance, federal, state, and community financial resources have been exhausted. At a minimum, the guidance document shall be reviewed at least annually and revised as needed, whenever the regulations are reviewed, and also may be amended or revised as needed to meet changing circumstances.

12 VAC 5-191-200. Description of the Child Development Services network.

The Child Development Services is a statewide network of Child Development Clinics that facilitates the availability and accessibility of comprehensive, interdisciplinary developmental services for children and youth suspected to have or diagnosed with developmental, learning, or behavioral disorders.

12 VAC 5-191-210. Scope and content of the Child Development Services Program.

A. Mission. The Child Development Services Program promotes the optimal physical, language, cognitive, social, learning, self-help, behavioral, and emotional development and well-being of children.

B. Scope of services. The child development clinics provide pediatric services in the specialty area of developmental and

behavioral pediatrics. This health care field specializes in the diagnosis and treatment of developmental and psychosocial aspects of pediatric health care including developmental disorders and emotional, behavioral, and psychosomatic problems.

Services offered at each clinic location may vary according to the needs of the community, expertise of the professional staff, and the overall goals and objectives for the current program.

The Child Development Services network provides the following direct health care services and enabling services:

1. Interdisciplinary evaluations that may include a pediatric medical examination, nurse evaluation, psychosocial history, psychological assessment, and educational evaluation.

2. Treatment planning that may include the evaluation team developing a written report that integrates their findings, establishes diagnoses, and formulates recommendations for each client.

3. Care coordination.

4. Consultation.

5. Screenings for early identification of persons with developmental disorders.

6. Screening services to assist other agencies in their program implementation as may be described in a contract or memorandum of agreement.

7. Information and referral.

8. Intervention services that may include medical, psychosocial, educational, or interdisciplinary treatment services.

9. Training and technical assistance for community providers.

C. Criteria to receive services from Child Development Services. Children and youth are eligible to receive services from Child Development Services if they are:

1. Residents of the Commonwealth.

2. Between the ages of birth and their twenty-first birthday.

3. Suspected to have or diagnosed with developmental, emotional or behavioral disorder or presence of severe or multiple risk factors for these conditions.

No financial eligibility criteria are required for clients to receive the enabling services. However, clients who meet the above criteria must also meet the financial requirements to receive direct health care services based on a sliding scale charge schedule. The amount of the required charge shall be in accordance with the State Board of Health Regulation

Governing Eligibility Standards and Charges for Health Care Services to Individuals, 12 VAC 5-200.

D. Goals. The Title V national performance measures, as required by the federal Government Performance and Results Act (GPRA-Pub. L. 103-62), are used to establish the program goals. The following goals shall change as needed to be consistent with the Title V national performance measures:

1. Children who are at greatest risk for developmental, emotional and behavioral disorders and in need of related services will receive early screening, diagnosis, and assistance in finding and accessing needed services.
2. Other state and local agencies will receive assistance in providing effective coordinated services for persons with special health care needs.

12 VAC 5-191-220. Description of the Virginia Bleeding Disorders Program.

The Virginia Bleeding Disorders Program supports a statewide network of comprehensive care centers to promote coordinated, family-centered, culturally-competent, multidisciplinary system of care for clients of all ages with inherited bleeding disorders and their families.

12 VAC 5-191-230. Scope and Content of the Virginia Bleeding Disorders Program.

A. Mission. Virginia Bleeding Disorders Program improves the availability and accessibility of comprehensive care for clients with inherited bleeding disorders and their families.

B. Scope of services. In collaboration with a network of comprehensive bleeding disorders clinics in the Commonwealth, services are provided by a multidisciplinary team that focuses on the physical, emotional, social, educational, financial and workplace impact of inherited bleeding disorders. The comprehensive care team collaborates closely with the client's primary care provider within their community.

The Virginia Bleeding Disorders Program provides the following enabling services:

1. Assistance in accessing comprehensive specialty health care services for clients with inherited bleeding disorders and a medical home.
2. Care coordination.
3. Insurance case management that may include a comprehensive resource assessment, consultation, and referral of eligible individuals to third party payers; education and assistance to individuals regarding health care choices relevant to insurance options; procurement of grants for the funding of third party medical coverage; and assistance to eligible individuals in the health insurance

application and enrollment process and procurement of the least costly and beneficial medical coverage.

4. Information and referral.

5. Collaboration with the Virginia Department of Education and its Education in Hospitals Program to provide consultation for families, educators, and school administrators.

6. Transition from child to adult oriented health care system.

7. Family-to-family support.

8. Training and technical assistance for community providers.

9. Promotion of quality assurance and policy development through the Hemophilia Advisory Board.

C. Criteria to receive services of Virginia Bleeding Disorders Program. Individuals are eligible to receive services from the Virginia Bleeding Disorder Program if they are:

1. Residents of the Commonwealth.
2. Any age.
3. Diagnosed as having an inherited bleeding disorder.
4. Clients of a comprehensive bleeding disorder clinic.

No financial eligibility criteria are required for clients to receive the enabling services. However, clients who meet the above criteria must also meet the financial requirements for eligibility for access to a pool of funds for payment of their direct health care services.

D. Goals. The Title V national performance measures, as required by the federal Government Performance and Results Act (GPRA-Pub. L. 103-62), are used to establish the program goals. The following goals shall change as needed to be consistent with the Title V national performance measures:

1. Clients with inherited bleeding disorders will partner in decision making at all levels and will be satisfied with the services they receive.
2. Clients with inherited bleeding disorders will receive coordinated, ongoing, comprehensive specialized care in partnership with their community-based primary care provider.
3. Clients with inherited bleeding disorders will have adequate private or public insurance or both to pay for the services they need.
4. All youth with inherited bleeding disorders will participate in preparing for transition to adult life, including adult health care, work and independence.

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12 VAC 5-191-240. Bleeding disorders pool of funds.

Based on availability of funds, the Children with Special Health Care Needs Program may choose to administer a bleeding disorders pool of funds for payment of direct medical care services for the uninsured and underinsured clients. The commissioner or his designee may issue a guidance document that interprets these regulations and provides guidance for their implementation. The guidance document for the pool of funds shall include the financial requirements for eligibility as stated in 12 VAC 5-191-70, the policies for authorization of services, and the contractual assurances as noted in this regulation. The guidance document will assure that the funds are allocated to the children with the greatest financial need after all health insurance, federal, state, and community financial resources have been exhausted. At a minimum, the guidance document shall be reviewed at least annually and revised as needed, whenever the regulations are reviewed, and also may be amended or revised as needed to meet changing circumstances.

12 VAC 5-191-250. Pediatric Screening and Genetics Services.

The Pediatric Screening and Genetics Services unit works to improve the health of children and families by preventing birth defects and developmental disabilities, promoting optimal child development, and promoting health and wellness among children and adolescents living with disabilities.

Pediatric Screening and Genetics Services include several programs, services, and projects, two of which are the Virginia Newborn Screening System and the Virginia Congenital Anomalies Reporting and Education System.

12 VAC 5-191-260. Scope and content of the Virginia Newborn Screening System.

A. The Virginia Newborn Screening System consists of two components: (i) Virginia Newborn Screening Services and (ii) Virginia Early Hearing Detection and Intervention Program.

B. Virginia Newborn Screening Services.

1. Mission. The Virginia Newborn Screening Services prevents mental retardation, permanent disability, or death through early identification and treatment of infants who are affected by selected inherited disorders.

2. Scope of services. The Virginia Newborn Screening Services provides a coordinated and comprehensive system of services to assure that all infants receive a screening test after birth for selected inherited metabolic, endocrine, and hematological disorders as defined in Regulations Governing the Newborn Screening and Treatment Program, 12 VAC 5-70.

These population-based, direct, and enabling services are provided through:

- a. Biochemical dried bloodspot screening tests.
- b. Follow up of abnormal results.
- c. Diagnosis.
- d. Education to health professionals and families.
- e. Expert consultation on abnormal results, diagnostic testing, and medical and dietary management for health professionals.

Medical and dietary management is provided for the diagnosed cases and includes assistance in accessing specialty medical services and referral to Care Connection for Children.

The screening and management for specified diseases are governed by Regulations Governing the Newborn Screening and Treatment Program, 12 VAC 5-70.

3. Criteria to receive Virginia Newborn Screening Services. All infants born in the Commonwealth are eligible for the screening test for selected inherited disorders.

4. Goal. The Title V national performance measures, as required by the federal Government Performance and Results Act (GPRA-Pub. L. 103-62), are used to establish the program goals. The following goal shall change as needed to be consistent with the Title V national performance measures:

All infants will receive appropriate newborn bloodspot screening, follow up testing, and referral to services.

C. Virginia Early Hearing Detection and Intervention Program.

1. Mission. The Virginia Early Hearing Detection and Intervention Program promotes early detection of and intervention for infants with congenital hearing loss to maximize linguistic and communicative competence and literacy development.

2. Scope of services. The Virginia Early Hearing Detection and Intervention Program provides services to assure that all infants receive a hearing screening after birth, that infants needing further testing are referred to appropriate facilities, that families have the information that they need to make decisions for their children, and that infants and young children diagnosed with a hearing loss receive appropriate and timely intervention services. These population-based and enabling services are provided through:

- a. Technical assistance and education to new parents.
- b. Collaboration with physicians and primary care providers.

c. Technical assistance and education to birthing facilities and those persons performing home births.

d. Collaboration with audiologists.

e. Education to health professionals and general public.

Once diagnosed, the infants are referred to early intervention services. The screening and management for hearing loss are governed by the regulation, Virginia Hearing Impairment Identification and Monitoring System, 12 VAC 5-80.

3. Criteria to receive services from the Virginia Early Hearing Detection and Intervention Program.

a. All infants born in the Commonwealth are eligible for the hearing screening.

b. All infants who are residents of the Commonwealth and their families are eligible for the Virginia Early Hearing Detection and Intervention Program.

4. Goals. The Title V national performance measures, as required by the federal Government Performance and Results Act (GPRA-Pub. L. 103-62), are used to establish the program goals. The following goals shall change as needed to be consistent with the Title V national performance measures:

All infants will receive screening for hearing loss no later than one month of age, achieve identification of congenital hearing loss by three months of age, and enroll in appropriate intervention by six months of age.

12 VAC 5-191-270. Description of the Virginia Congenital Anomalies Reporting and Education System.

The Virginia Congenital Anomalies Reporting and Education System (VaCARES) is a birth registry of children under two years of age diagnosed with congenital anomalies using data from documents such as birth certificates filed with the State Registrar of Vital Records, hospital medical records, and newborn screening system records. It is both a reporting and an education system.

12 VAC 5-191-280. Scope and content of the Virginia Congenital Anomalies Reporting and Education System.

A. Mission. The Virginia Congenital Anomalies Reporting and Education System promotes the evaluation of the possible causes of birth defects, the improvement in the diagnosis and treatment of children with birth defects, and the provision of information to parents and health professionals about the health resources available to aid such children.

B. Scope of services. The Virginia Congenital Anomalies Reporting and Education System provides the following population-based and enabling services:

1. Identification of children having certain birth defects using data from documents such as birth certificates filed

with the State Registrar of Vital Records, hospital medical records, and newborn screening system records.

2. Collection of data to evaluate the possible causes of birth defects.

3. Publication of birth defect surveillance data.

4. Technical assistance and education to health professionals and parents.

5. Referral to Care Connection for Children.

This system is governed by § 32.1-69.1 of the Code of Virginia.

C. Criteria to receive services from VaCARES. Children with selected birth defects who are under two years of age and residents of Virginia are eligible for the services.

D. Goals.

1. Children with birth defects will receive early diagnosis and assistance in finding and accessing health care services.

2. Birth defect surveillance data will be used in making decisions regarding health services planning and to promote scientific collaboration for the prevention of birth defects.

12 VAC 5-191-290. Description of the Virginia Sickle Cell Awareness Program.

The Virginia Sickle Cell Awareness Program (VASCAP) is a statewide program for the education and screening of individuals for the disease of sickle cell anemia or sickle cell trait and for such other genetically related hemoglobinopathies.

12 VAC 5-191-300. Scope and content of the Virginia Sickle Cell Awareness Program.

A. Mission. The Virginia Sickle Cell Awareness Program promotes awareness and provides access to screening and follow-up education for individuals and families identified with sickle cell disease and other genetically related hemoglobinopathies.

B. Scope of services. The Virginia Sickle Cell Awareness Program provides the following enabling services in collaboration with local health departments:

1. Assistance for those unable to pay in accessing screening that includes screening for the purposes of preconceptional counseling, prenatal diagnosis, and the identification of sickle cell disease and related hemoglobinopathies in the child and adult.

2. Individual, community, and professional consultation about sickle cell disease and related hemoglobinopathies.

3. Post-screening counseling regarding carrier status or treatment.

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4. Training and technical assistance for community providers.

5. Collaboration with Virginia Newborn Screening Program to track infants identified with sickle cell disease and related hemoglobinopathies to insure early parent education about the specific hemoglobinopathy, encourage confirmatory testing, and provide information about a network of Pediatric Comprehensive Sickle Cell Clinics located throughout the state.

C. Criteria to receive services from the Virginia Sickle Cell Awareness Program. Individuals are eligible to receive services from the Virginia Sickle Cell Awareness Program if they are:

1. Residents of the Commonwealth.
2. Any age.

No financial eligibility criteria are required for clients to receive enabling services. However, clients being screened for hemoglobin variants through local health departments who meet the above criteria must also meet the financial requirements based on a sliding scale charge schedule. The amount of the required charge shall be in accordance with the State Board of Health Regulation Governing Eligibility Standards and Charges for Health Care Services to Individuals, 12 VAC 5-200.

D. Goal. Individuals with the disease of sickle cell anemia or sickle cell trait and other genetically related hemoglobinopathies will receive early diagnosis and assistance in finding and accessing health care services.

12 VAC 5-191-310. Description of the Pediatric Comprehensive Sickle Cell Clinic Network.

The Pediatric Comprehensive Sickle Cell Clinic Network is a statewide group of clinics, located in major medical centers, that provide comprehensive medical and support services that are collaborative, family centered, culturally competent, community based and outcome oriented for newborns identified from newborn screening, children, and youth living with sickle cell disease.

12 VAC 5-191-320. Scope and content of the Pediatric Comprehensive Sickle Cell Clinic Network.

A. Mission. The Pediatric Comprehensive Sickle Cell Clinic Network promotes the optimal health and development of children and youth living in the Commonwealth with sickle cell disease by working in partnership with families, service providers, community-based sickle cell programs and the Virginia Sickle Cell Awareness Program.

B. Scope of services. The Pediatric Comprehensive Sickle Cell Clinic Network provides the following direct health care services and enabling services:

1. Multidisciplinary evaluation and treatment from a team of professionals that may include physician, nurse, social worker, and educational consultant.

2. Assistance in tracking newborns identified with sickle cell disease to ensure confirmation of newborn screening results and early access to care.

3. Assistance in accessing comprehensive care and a medical home.

4. Educational genetic counseling and diagnostic family studies to insure the accurate diagnosis of sickle cell disease.

5. Parent and client education across the life span.

6. Collaboration with primary care providers.

7. Information and referral to community-based sickle cell support programs.

8. Collaboration with the Virginia Department of Education and its Education in Hospitals Program to provide consultation for families, educators and school administrators.

9. Transition from child to adult oriented health care system.

10. Family-to-family support.

11. Training and technical assistance for community providers.

12. Collection of surveillance data to insure clients are receiving services consistent with their level of risk.

C. Criteria to receive services from the Pediatric Comprehensive Sickle Cell Clinic Network. Children and youth are eligible to receive services from the Pediatric Comprehensive Sickle Cell Clinic Network if they are:

1. Residents of the Commonwealth.

2. Between the ages of birth and their twenty-first birthday.

3. Diagnosed with sickle cell disease.

No financial eligibility criteria are required for clients to receive the enabling services. However, clients receiving direct health care services who meet the above criteria must also meet the financial requirements based on a sliding scale charge schedule of the major medical center.

D. Goals. The Title V national performance measures, as required by the federal Government Performance and Results Act (GPRA-Pub. L. 103-62), are used to establish the program goals. The following goals shall change as needed to be consistent with the Title V national performance measures:

1. Families of children with sickle cell anemia will partner in decision making at all levels and will be satisfied with the services they receive.

2. All children with sickle cell anemia will receive coordinated, ongoing, comprehensive care within a medical home.

3. All families of children with sickle cell anemia will have adequate private or public insurance or both to pay for the services they need.

4. Community-based service systems will be organized so families can use them easily.

5. All youth with sickle cell anemia will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

VA.R. Doc. No. R05-21; Filed November 20, 2006, 12:49 p.m.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Emergency Regulation

Title of Regulation: 12 VAC 30-80. Methods and Standards for Establishing Payment Rates; Other Types of Care (adding 12 VAC 30-80-75).

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

Effective Dates: November 21, 2006 through November 20, 2007.

Agency Contact: William Lessard, Provider Reimbursement Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4593, FAX (804) 786-1680, or email william.lessard@dmas.virginia.gov.

Preamble:

This regulatory action is intended to implement reimbursement changes authorized by the 2006 Appropriation Act. Item 302.NN of the 2006 Appropriation Act changes the methodology for determining reimbursement for special education health services furnished by school division providers. Reimbursement changes were mandated by the Centers for Medicare and Medicaid Services (CMS). CMS is requiring all states to implement cost-based reimbursement effective with the 2006-2007 school year. If DMAS declines to implement this federal mandate, CMS would not provide the federal funding it currently provides to Virginia for 50% of the costs for covered school health services. Without that funding stream Virginia school divisions would be severely hampered in obtaining sufficient resources to maintain school health services, especially for disabled students.

This would have an obvious impact on the health and welfare of school age children in the Commonwealth.

12 VAC 30-80-75. Local Education Agency (LEA) providers.

The following methodology will determine the reimbursement for Local Education Agency (LEA) providers.

A. Medical Services Provided by Local Education Agency Providers for Special Education Students.

1. For each of the IDEA related school based medical services covered under the State Plan other than specialized transportation services, the LEA provider's actual cost of providing the services will be certified and the Federal Financial Participation (FFP) will be paid to LEA providers based on the methodology described in the steps below. All costs to be certified and used subsequently to determine reconciliation and final settlement amounts as well as interim rates are identified on the CMS approved Medical Services Cost Report. Final payment for each school year is based on actual costs as determined by desk review and/or audit for each LEA provider.

2. Step 1: Develop the Personnel Cost Base for Medical Services.

Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's payroll/benefits and financial system. This data will be reported on DMAS Medical Services Cost Report form for all direct service personnel (i.e. all personnel providing medical services covered under the state plan). Personnel costs are reduced by any reimbursement that is not from state or local funding sources. The personnel cost base does not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. The application of Step 1 results in total adjusted salary cost.

3. Step 2: Determine Medical Services Personnel Cost Using Time Study.

A time study which incorporates the CMS-approved time study methodology is used to determine the percentage of time medical service personnel spend on medical services and general and administrative (G&A) time. This time study will assure that there is no duplicate claiming relative to claiming for administrative costs. G&A time is allocated to medical services based on the percentage of time spent on medical services. To reallocate G&A time to medical services, the percentage of time spent on medical services is divided by 100 percent minus the percentage of time spent on G&A. This will result in a percentage that represents the medical services with appropriate allocation of G&A. This percentage is multiplied by the personnel cost base as determined in Step 1 to allocate personnel cost to medical services. The product represents medical

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services personnel cost. A sufficient number of medical service personnel will be sampled to ensure time study results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.

4. Step 3: Develop Medical Services Non-Personnel Costs.

Cost for materials and supplies, employee travel and capital used in the delivery of medical services are obtained from each LEA's financial system. Capital costs must exceed \$5,000 and have a useful life greater than two years. The straight line method of depreciation is used for capital costs. Non-personnel costs are reduced by any reimbursement that is not from state or local funding sources.

5. Step 4: Determine Indirect Costs.

Indirect cost is determined by multiplying each LEA's indirect rate assigned by the cognizant agency (the Department of Education) by total direct cost as determined under Steps 2 and 3. No additional indirect cost is recognized outside of the indirect cost determined by Step 4.

6. Step 5: Total Medical Services Cost.

Total Medical Services Cost is determined by adding costs from steps 2, 3 and 4.

7. Step 6: Allocate Total Medical Services Cost to Medicaid, Medicaid Expansion and FAMIS.

To determine the Medicaid, Medicaid expansion and FAMIS medical services cost to be certified, total medical services cost is multiplied by the ratios of Medicaid, Medicaid expansion and FAMIS recipients with an IEP to all students with an IEP.

B. Special Transportation Services Provided by Local Education Agency Providers for Special Education Students.

1. The participating LEA's actual cost of providing special transportation services will be claimed for Medicaid FFP based on the methodology described in the steps below. Special transportation refers to transportation on buses modified and dedicated for special education. All costs to be certified and used subsequently to determine the reconciliation and final settlement amounts as well as interim rates are identified on the CMS approved Special Transportation Cost Report. Final payment for each school year is based on actual costs as determined by desk review and/or audit for each LEA provider.

2. Step 1: Develop Special Transportation Non-Personnel Cost.

The cost for Special Transportation Fuel, Repairs and Maintenance, Rentals, Contract Vehicle Use Cost, Insurance and Capital are obtained from the LEA's

accounts payable system and reported on the Special Transportation Cost Report form. Non-personnel costs are reduced by any reimbursement that is not from state or local funding sources.

3. Step 2: Develop Special Transportation Personnel Cost.

Total annual salaries and benefits paid as well as contract cost (vendor payments) for special transportation services are obtained from each LEA's payroll/benefits and financial systems. This data will be reported on the Special Transportation Cost Report form for all direct service personnel.

4. Step 3: Determine Indirect Cost.

Indirect cost is determined by multiplying each LEA's unrestricted indirect rate assigned by the cognizant agency (the Department of Education) by total special transportation cost as determined under Steps 1 and 2. No additional indirect cost is recognized outside of the indirect cost determined by Step 3.

5. Step 4: Total Special Transportation Cost.

Total special transportation services cost is determined by adding costs from steps 1, 2 and 3.

6. Step 5: Allocate Total Special Transportation Services Cost to Medicaid, Medicaid Expansion, and FAMIS.

Special transportation drivers or other school personnel shall maintain logs of all students transported on each one-way trip. These logs shall be used to calculate reimbursable percentages for Medicaid, Medicaid Expansion and FAMIS. The denominator will be the total annual one-way trips on special buses. The numerator will be Medicaid, Medicaid Expansion or FAMIS special transportation one way trips. To qualify as a special transportation trip, the student must be eligible for Medicaid, Medicaid Expansion or FAMIS; transportation must be included in the IEP; and the student must have received a covered medical service on the day of the special transportation. To allocate special transportation costs to Medicaid, Medicaid Expansion and FAMIS, total special transportation cost as determined under step 4 is multiplied by the reimbursable percentages described above.

C. Reconciliation of the federal share of LEA Certified Costs and MMIS Paid Claims.

1. Each LEA provider will complete the Medical Services and Special Transportation Cost Reports and submit the cost report(s) no later than 5 months after the end of the LEA's fiscal year. All cost reports shall be reviewed and the total certified expenditures shall be initially settled within 180 days of the receipt of a completed cost report based on a desk review by the agency's audit contractor. DMAS may conduct additional desk or field audits up to two years after the fiscal year end based on risk assessment

developed by DMAS. LEA providers may appeal audit findings in accordance with DMAS appeal procedures.

2. The agency's audit contractor will reconcile the federal financial participation from the Medical Services and Special Transportation cost report(s) against the MMIS paid claims data and DMAS shall issue a notice of reconciliation that denotes the amount due to or from the LEA provider. This reconciliation is inclusive of both medical services and special transportation services provided by the LEA provider.

a. If the interim payments exceed the FFP of the certified costs of an LEA's Medicaid, Medicaid Expansion or FAMIS services, DMAS will recoup the overpayment in one of the following methods:

1) Offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;

2) Recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or

3) Recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

b. If the federal financial participation of the certified costs exceed interim payments, DMAS will pay the difference to the LEA provider.

D. Interim Rates. At the end of each settlement, interim rates for each LEA provider will be determined by dividing total medical services cost and special transportation service cost by an estimate of the number of units of service. For the initial interim rates or for new providers, interim rates will be based on pro forma cost data. Interim rates are provisional in nature pending completion of the cost report.

E. Billing. Each LEA provider will submit claims in accordance with the school division manual and will be paid an interim rate for approved claims.

F. State Monitoring. If DMAS becomes aware of potential instances of fraud, misuse or abuse of services and funds, it will perform timely audits and investigations to identify and take the necessary actions to remedy and resolve the problems.

G. Other Services. Other covered services provided to Medicaid, Medicaid expansion, and FAMIS recipients will be reimbursed according to the agency fee schedule for all providers. These costs are not included on the cost report.

VA.R. Doc. No. R07-51; Filed November 21, 2006, 11:30 a.m.

Proposed Regulation

Title of Regulation: 12 VAC 30-80. **Methods and Standards for Establishing Payment Rates; Other Types of Care (amending 12 VAC 30-80-190).**

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia; Title XIX of the Social Security Act (42 USC § 1396).

Public Hearing Date: N/A -- Public comments may be submitted until February 9, 2007.

(See Calendar of Events section for additional information)

Agency Contact: William Lessard, Provider Reimbursement, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4593, FAX (804) 786-1680 or email william.lessard@dmas.virginia.gov.

Basis: Section 32.1-325 of the Code of Virginia grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance and § 32.1-324 of the Code of Virginia authorizes the Director of DMAS to administer and amend the Plan for Medical Assistance according to the board's requirements. The Medicaid authority as established by § 1902(a) of the Social Security Act (42 USC § 1396a) provides governing authority for payments for services.

Purpose: This regulatory action is intended to implement the mandated physician rate increases included in the 2005 Appropriation Act. Items 326 VVV, WWW, and XXX directed various physician rate increases for an effective date of May 1, 2006. Specifically, the Act mandated a 2.5% increase for obstetrical and gynecological services, a 5.0% increase for pediatric services and a 5.0% increase for adult primary and preventive care services. In order to implement these rate increases, 12 VAC 30-80-190 needs to be amended. This section of the Administrative Code defines the methodology for physician fee schedule rate setting under the Resource Based Relative Value Scale (RBRVS) system.

These rate increases will protect the health, safety and welfare of the citizens of the Commonwealth by helping to ensure access to physician services for Medicaid recipients.

Substance: Item 326 VVV of the 2005 Appropriation Act mandated a 2.5% reimbursement increase to obstetrical and gynecological (OB/GYN) professional services. These same services had been increased based on the Governor's declaration that a threat to public health existed regarding access to OB/GYN care. In response to that public health threat, the Governor directed that rates for OB/GYN physician services be increased by 34% effective September 1, 2004. Since the 34% increase directed by the Governor has already been implemented, 12 VAC 30-80-190 is being

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amended to implement the additional 2.5% increase with an effective date of May 1, 2006.

Item 326 WWW of the 2005 Appropriation Act mandated a 5.0% reimbursement increase to pediatric physician services. The item further directed the department to consult with pediatric provider representatives to determine the procedures most appropriate for inclusion in this rate increase. DMAS has consulted with providers and determined that the Evaluation and Management (E&M) procedure codes delivered to recipients under age 21 represent the most appropriate codes for the pediatric increase. 12 VAC 30-80-190 is being amended to implement the 5.0% increase with an effective date of May 1, 2006.

Item 326 XXX of the 2005 Appropriation Act mandated a 5.0% reimbursement increase for adult preventive and primary care physician services. The item further directed the department to consult with primary care provider representatives to determine the procedures most appropriate for inclusion in this rate increase. DMAS has consulted with providers and determined that the E&M procedure codes delivered to recipients age 21 and over represent the most appropriate codes for the adult preventive and primary care increase. 12 VAC 30-80-190 is being amended to implement the 5.0% with an effective date of May 1, 2006.

Issues: The primary advantage to the Commonwealth is that increases in reimbursement generally may sustain or enhance access to medical services. The primary disadvantage to the Commonwealth is an increased expenditure of funds for medical services without any directly related and measurable increase in access to care.

Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Regulation. Pursuant to Items 326 VVV, WWW, and XXX of the 2005 Acts of Assembly, the proposed regulations permanently increase Medicaid payments for obstetrical and gynecological (OB/GYN) services by 2.5 percent, for pediatric physician services by 5 percent, and for adult primary and preventative care services by 5 percent effective May 1, 2006. The proposed changes have been already in effect under emergency regulations.

Result of Analysis. The benefits likely exceed the costs for most of the proposed changes.

Estimated Economic Impact. Pursuant to Items 326 VVV, WWW, and XXX of the 2005 Acts of Assembly, the proposed regulations permanently increase Medicaid payments for obstetrical and gynecological (OB/GYN) services by 2.5 percent, for pediatric physician services by 5 percent, and for adult primary and preventative care services by 5 percent effective May 1, 2006. The proposed changes have been already in effect under emergency regulations.

The proposed changes are estimated to increase payments to OB/GYN, pediatric, and adult primary and preventative care service providers by approximately \$14.5 million annually. Of these funds, approximately \$7 million is general funds and \$7.4 million is non-general funds.

The impact on approximately 16,200 service providers will be a net increase in their revenues. Increased revenues may or may not improve services as this depends on how the monies are spent. Also, these rate increases may help maintain current level of access to these services.

The net impact on Virginia's economy is likely to be positive because of the federal match. While approximately one half of the funds will come from state resources, the other half will come from the federal government. Thus, the federal match will be a net injection into the state's economy as it does not have a corresponding offset elsewhere and will have a net positive impact on state output.

It appears that physician services category is one of few categories that do not receive periodic rate increases to cope with changes in general inflation, medical inflation, service mix, and other factors that may be relevant. Without periodic rate updates, the rates are adjusted irregularly and the magnitude of the adjustments often appear to be arbitrary. The current methodology may cause discrepancies in the price of physician services relative to all other Medicaid services and adversely affect provider incentives to participate in the program. In theory, the physician rates should be commensurate with the value of services provided. This is generally accomplished by establishing rates in a base year and revising the rate according to the factors affecting the value of the services. In this particular case, significant economic disincentives that may be present as a result of current irregular and arbitrary adjustments to the rates may be avoided by establishing a new reimbursement methodology that takes into account, on a regular basis, changes in the general inflation, medical inflation, service mix, and other relevant factors.

Businesses and Entities Affected. The proposed regulations will increase Medicaid reimbursement rates for obstetrical and gynecological services, for pediatric physician services, and for adult primary and preventative care services. Currently, approximately 16,200 physicians provide services to Medicaid recipients. Of the affected entities, approximately 4,079 are estimated to be small businesses.

Localities Particularly Affected. The proposed regulations apply throughout the Commonwealth.

Projected Impact on Employment. The proposed rate increases will likely have an expansionary effect on the state economy. To the extent increased funding, particularly the federal portion of the increases, is directed toward purchase of goods and services within the state, there could be a positive effect on demand for labor.

Effects on the Use and Value of Private Property. The proposed regulations are likely to improve revenues and the future profit streams of affected providers. An increase in profits would, in turn, increase their asset values.

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 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 Department of Medical Assistance Services has reviewed the economic impact analysis prepared by the Department of Planning and Budget regarding the regulations concerning Methods and Standards for Establishing Payment Rates; Other Types of Care: Physician Fee Increases (12 VAC 30-80-190). The agency raises no issues with the economic impact analysis prepared by the Department of Planning and Budget.

Summary:

The proposed amendments implement the mandated physician rate increases included in the 2005 Appropriation Act. Items 326 VVV, WWW, and XXX directed various physician rate increases for an effective date of May 1, 2006. The proposed amendments provide for a 2.5% increase for obstetrical and gynecological services,

a 5.0% increase for pediatric services, and a 5.0% increase for adult primary and preventive care services. The amended section defines the methodology for physician fee schedule rate setting under the Resource Based Relative Value Scale system.

12 VAC 30-80-190. State agency fee schedule for RBRVS.

A. Reimbursement of fee-for-service providers. Effective for dates of service on or after July 1, 1995, the Department of Medical Assistance Services (DMAS) shall reimburse fee-for-service providers, with the exception of home health services (see 12 VAC 30-80-180) and durable medical equipment services (see 12 VAC 30-80-30), using a fee schedule that is based on a Resource Based Relative Value Scale (RBRVS).

B. Fee schedule.

1. For those services or procedures which are included in the RBRVS published by the Centers for Medicare and Medicaid Services (CMS) as amended from time to time, DMAS' fee schedule shall employ the Relative Value Units (RVUs) developed by CMS as periodically updated.

2. DMAS shall calculate the RBRVS-based fees using conversion factors (CFs) published from time to time by CMS. DMAS shall adjust CMS' CFs by additional factors so that no change in expenditure will result solely from the implementation of the RBRVS-based fee schedule. ~~DMAS shall calculate a separate additional factor for obstetrical/gynecological procedures (defined as maternity care and delivery procedures, female genital system procedures, obstetrical/gynecological related radiological procedures, and mammography procedures, as defined by the American Medical Association's (AMA) annual publication of the Current Procedural Terminology (CPT) manual).~~ DMAS may revise the additional factors when CMS updates its RVUs or CFs so that no change in expenditure will result solely from such updates. Except for this adjustment, DMAS' CFs shall be the same as those published from time to time by CMS. The calculation of the additional factors shall be based on the assumption that no change in services provided will occur as a result of these changes to the fee schedule. The determination of the additional factors required above shall be accomplished by means of the following calculation:

a. The estimated amount of DMAS expenditures if DMAS were to use Medicare's RVUs and CFs without modification, is equal to the sum, across all relevant procedure codes, of the RVU value published by the CMS, multiplied by the applicable conversion factor published by the CMS, multiplied by the number of occurrences of the procedure code in DMAS patient claims in the most recent period of time (at least six months).

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b. The estimated amount of DMAS expenditures, if DMAS were not to calculate new fees based on the new CMS RVUs and CFs, is equal to the sum, across all relevant procedure codes, of the existing DMAS fee multiplied by the number of occurrences of the procedure code in DMAS patient claims in the period of time used in subdivision 2 a of this subsection.

c. The relevant additional factor is equal to the ratio of the expenditure estimate (based on DMAS fees in subdivision 2 b of this subsection) to the expenditure estimate based on unmodified CMS values in subdivision 2 a of this subsection.

d. DMAS shall calculate a separate additional factor for:

(1) Emergency room services (defined as the American Medical Association's (AMA) annual publication of the Current Procedural Terminology (CPT) codes 99281, 99282, 99283, 99284, and 99285);

(2) ~~Reserved~~ Obstetrical/gynecological services (defined as maternity care and delivery procedures, female genital system procedures, obstetrical/gynecological-related radiological procedures, and mammography procedures, as defined by the American Medical Association's (AMA) annual publication of the Current Procedural Terminology (CPT) manual);

(3) ~~Reserved~~ Pediatric services (defined as evaluation and management (E&M) procedures, excluding those listed in subdivision 2 d (1) of this subsection, as defined by the AMA's annual publication of the CPT manual for recipients under age 21);

(4) ~~Reserved~~ Adult primary and preventive services (defined as E&M procedures, excluding those listed in subdivision 2 d (1) of this subsection, as defined by the AMA's annual publication of the CPT manual for recipients age 21 and over); and

(5) All other procedures set through the RBRVS process combined.

3. For those services or procedures for which there are no established RVUs, DMAS shall approximate a reasonable relative value payment level by looking to similar existing relative value fees. If DMAS is unable to establish a relative value payment level for any service or procedure, the fee shall not be based on a RBRVS, but shall instead be based on the previous fee-for-service methodology.

4. Fees shall not vary by geographic locality.

5. Effective for dates of service on or after May 1, 2006, fees for emergency room services (defined in subdivision 2 d (1) of this subsection) shall be increased by 3.0% relative to the fees in effect on July 1, 2005. These CPT codes shall be as published by the American Medical Association in its

Current Procedural Terminology (2004 edition), as may be amended from time to time.

~~C. Effective for dates of service on or after September 1, 2004 2006, fees for obstetrical/gynecological procedures services (defined as maternity care and delivery procedures, female genital system procedures, obstetrical/gynecological-related radiological procedures, and mammography procedures, as defined by the American Medical Association's (AMA) annual publication of the Current Procedural Terminology (CPT) manual in subdivision B 2 d (2) of this section) shall be increased by 34% 2.5% relative to the fees in effect on July 1, 2004 2005. This 34% increase shall be a one time increase, but shall be included in subsequent calculations of the relevant additional factor described in subdivision 2 of this subsection.~~

D. Effective for dates of service on or after May 1, 2006, fees for pediatric services (defined in subdivision B 2 d (3) of this section) shall be increased by 5.0% relative to the fees in effect on July 1, 2005.

E. Effective for dates of service on or after May 1, 2006, fees for adult primary and preventive services (defined in subdivision B 2 d (4) of this section) shall be increased by 5.0% relative to the fees in effect on July 1, 2005.

V.A.R. Doc. No. R06-200; Filed November 21, 2006, 11:32 a.m.

Proposed Regulation

Title of Regulation: 12 VAC 30-120. Waivered Services (adding 12 VAC 30-120-1600 through 12 VAC 30-120-1660).

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

Public Hearing Date: N/A -- Public comments may be submitted until February 9, 2007.

(See Calendar of Events section for additional information)

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 email teja.stokes@dmass.virginia.gov.

Basis: Section 32.1-325 of the Code of Virginia grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance and § 32.1-324 of the Code of Virginia authorizes the Director of DMAS to administer and amend the Plan for Medical Assistance according to the board's requirements.

Purpose: The purpose of this action is to establish a new waiver program to provide additional services to residents of assisted living facilities who receive an auxiliary grant, who meet nursing facility criteria, and who have a diagnosis of Alzheimer's or a related dementia. Related dementia is defined as an individual with a diagnosis of Dementia of the

Alzheimer's Type as defined by the Diagnostic and Statistical Manual of Mental Disorders. Individuals eligible to be placed on the AAL Waiver are currently either (a) remaining at home where a spouse or adult child is typically serving as primary care giver; (b) residing in an assisted living facility possibly without the benefit of specialized services, which are not provided for in the auxiliary grant payment; or (c) residing in a more restrictive setting such as a nursing facility. Through the proposed Alzheimer's Assisted Living (AAL) Waiver, recipients would be able to receive an appropriate level of care within special care units of assisted living facilities.

While current ALF regulations meet the requirements for people at the regular assisted living level of care, they are not deemed to be sufficient to meet the health and welfare requirements for a Medicaid waiver. The additional regulations are necessary to establish sufficient safeguards for this vulnerable population. These changes will protect and enhance the health, safety and welfare of the citizens of the Commonwealth.

Substance: The 2004 Session of the General Assembly through Item 326.SS of the 2004 Appropriation Act mandated that the Director of the Department of Medical Assistance Services (DMAS) develop a 1915(c) Medicaid-funded Home and Community-Based Waiver for individuals with Alzheimer's or a related dementia. DMAS formed an advisory group of stakeholders to collaborate on the development of the waiver proposal. The advisory group consisted of representatives of the Virginia Department of Social Services, the Virginia Department for the Aging, State Long-Term Care Ombudsman, the Alzheimer's Association, the Virginia Association of Non-Profit Homes for the Aging, the Virginia Health Care Association, Virginia Association of Area Agencies on Aging, Virginia Association for Home Care, Virginia Association of Homes for Adults, Virginia Association of Personal Care Providers, Sunrise Senior Living, Sentara Life Care Corporation, two caregivers of individuals with Alzheimer's, and DMAS. DMAS submitted a report to the Governor and the Chairman of the Joint Commission on Health Care in October 2004.

New regulations containing the policy and procedures for the AAL Waiver were developed from input that stakeholders gave in the development of the report. The regulations are contained in seven new sections under 12 VAC 30-120, Department of Medical Assistance Services, Waivered Services. The seven sections are: 12 VAC 30-120-1600, which contains definitions of AAL Waiver terms; 12 VAC 30-120-1610, which outlines individual eligibility requirements; 12 VAC 30-120-1620, which defines covered services under the AAL Waiver, 12 VAC 30-120-1630, which outlines general requirements for home and community-based participating providers; 12 VAC 30-120-1640, which defines participation standards for AAL Waiver

services participating providers; 12 VAC 30-120-1650, which outlines DMAS payment for services; and 12 VAC 30-120-1660, which outlines DMAS utilization review of the AAL Waiver.

The AAL Waiver covers only those individuals who have a diagnosis of Alzheimer's or a related dementia; who meet the criteria for, and choose to live in, an assisted living facility; and who receive an auxiliary grant. By providing specialized services to eligible individuals living in an assisted living facility, the AAL Waiver is being developed as an alternative to nursing facility placement. Individuals eligible to be placed on this Waiver are currently either remaining at home where a spouse or adult child is typically serving as primary care giver; residing in an assisted living facility possibly without the benefit of specialized services, which are not provided for in the auxiliary grant payment; or residing in a more restrictive setting such as a nursing facility. Through the AAL Waiver, recipients would be able to receive an appropriate level of care within special care units of assisted living facilities.

While individuals admitted to the AAL Waiver will receive services in assisted living facilities (ALF), it is important to note that individuals must also meet nursing facility admission criteria in order to receive AAL Waiver services and be diagnosed with Alzheimer's or dementia of the Alzheimer's Type. Therefore, while current ALF regulations meet the requirements for people at the regular assisted living level of care, they are not deemed to be sufficient to meet the health and welfare requirements for a Medicaid Waiver. The additional regulations are necessary to establish sufficient safeguards for this vulnerable population. Wherever possible, DMAS has worked to make these regulations consistent with the ALF regulations maintained by the Department of Social Services.

The regulations are necessary to have operational authority for the waiver, which is projected to start July 1, 2006. The effective date is contingent upon CMS approval of Virginia's application for the waiver.

The emergency regulation implementing the General Assembly mandate contained an eligibility requirement that an individual applying for entry into this Waiver program be age 55 or older. This requirement was referenced in 12 VAC 30-120-1610 A, B and D. After consultation with the Department of Planning and Budget and the Secretary of Health and Human Resources, DMAS has removed this eligibility requirement.

Issues: The Department of Medical Assistance Services was directed in Chapter 4 of the 2004 Acts of Assembly, Item 326 SS to develop a home and community-based care waiver for individuals with Alzheimer's and related dementias who meet the criteria for and choose to live in an assisted living facility:

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"SS. 1. The Department of Medical Assistance Services shall develop, in conjunction with affected constituents, a waiver pursuant to § 1915(c) of the Social Security Act (42 USC 1396n) from the Centers for Medicaid and Medicare Services to establish a home and community-based care waiver for persons with Alzheimer's and related dementias ("Alzheimer's/Dementia Assisted Living Waiver"). The Alzheimer's/Dementia Assisted Living Waiver shall be for those individuals who meet the functional criteria for admission to a nursing facility, who have a diagnosis of Alzheimer's or a related dementia, and who receive an Auxiliary Grant. The waiver enrollment for the first year of such program shall be limited to an enrollment of 200 individuals who are residing in or choose to move to an assisted living facility."

This action will provide for the implementation of a new waiver program to provide additional services to individuals who meet the following criteria:

They must have a diagnosis of Alzheimer's or a related dementia (related dementia is defined as an individual with a diagnosis of Dementia of the Alzheimer's Type as defined by the Diagnostic and Statistical Manual of Mental Disorders), and be the recipient of an auxiliary grant, and reside in or be seeking admission to an assisted living facility (ALF), and meet nursing facility admission criteria.

Individuals eligible to be placed on the AAL Waiver are currently either (a) remaining at home where a spouse or adult child is typically serving as primary care giver; (b) residing in an assisted living facility possibly without the benefit of specialized services, which are not provided for in the auxiliary grant payment; or (c) residing in a more restrictive setting such as a nursing facility. Through the proposed Alzheimer's Assisted Living (AAL) Waiver, recipients would be able to receive an appropriate level of care within special care units of assisted living facilities.

Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Regulation. The proposed regulations establish a Medicaid waiver program to provide additional services to residents of assisted living facilities, who receive an Auxiliary Grant, who meet nursing facility criteria, and who have a diagnosis of Alzheimer's or a related dementia. The Department of Medical Assistance Services started receiving applications on July 1, 2006 under emergency regulations.

Result of Analysis. The benefits likely exceed the costs for all of the proposed changes.

Estimated Economic Impact. Pursuant to Item 326 SS of the 2004 Acts of Assembly, these regulations establish Alzheimer's Assisted Living (AAL) Waiver program for individuals, who receive an Auxiliary Grant, who meet nursing facility criteria, and who have a diagnosis of

Alzheimer's or a related dementia. The program has started in July 2006 under the emergency regulations. The waiver program is established under section 1915(c) of the federal Social Security Act, which encourages the states to provide home and community based services as alternatives to institutionalized care. The main purpose of waiver programs is to prevent or delay placement of persons in institutions by providing care for individuals in their homes and communities consequently avoiding high long-term care costs. States wishing to implement such waiver programs are required to demonstrate that the costs would be lower under a waiver than they would be without it.

The proposed waiver program provides additional services to Auxiliary Grant recipients with Alzheimer's or a related dementia. The main goal of the waiver services is to improve or maintain the health status of an individual with Alzheimer's or a related dementia by providing specialized services in addition to assisted living services provided through Auxiliary Grant.

AAL Waiver services are likely to have economic effects on the recipients, the state, and the health care system. Individuals are expected to benefit from these services in terms of receiving services that are specific to their condition. This waiver is available to individuals who reside in or are seeking admission to an assisted living facility who may currently be (i) remaining at home where a relative may be helping as a primary care giver, (ii) residing in an assisted living facility possibly without the benefits of specialized services, or (iii) residing in a more restrictive setting such as a nursing facility. Thus, these services are expected to reduce the likelihood of institutionalization and provide fiscal savings as well as helping family members of the recipient.

Despite the expected overall benefits, the provision of specialized services is not free. Currently, funding is provided for 200 individuals. The estimated fiscal cost for medical and administrative expenses is approximately \$2.6 million in the first year and \$3.7 million thereafter. One half of these funds is provided by the Commonwealth while the other half is provided by the federal government.

Businesses and Entities Affected. Currently, the number of individuals AAL Waiver could serve is 200 through approximately 115 assisted living providers. Of the 115 assisted living facilities, only three are currently providing specialized services and two are expected to come online soon.

Localities Particularly Affected. The proposed regulations apply throughout the Commonwealth.

Projected Impact on Employment. The proposed changes are expected to increase the demand for labor by providers in order to provide specialized services to Auxiliary Grant recipients. Also, the administration of the program adds to the

staffing needs of the Department of Medical Assistance Services creating a positive effect on demand for labor.

Effects on the Use and Value of Private Property. The proposed regulations are expected to increase the asset value of assisted living providers as their revenues and profits are expected to be positively affected.

Small Businesses: Costs and Other Effects. All of the assisted living providers could be considered as small businesses. However, the proposed regulations are not likely to create any significant costs for the affected small businesses.

Small Businesses: Alternative Method that Minimizes Adverse Impact. The proposed regulations are not expected to have any 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 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 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 the Economic Impact Analysis prepared by the Department of Planning and Budget regarding the regulations concerning Waivered Services: Alzheimer's Assisted Living (AAL) Waiver (adding 12 VAC 30-120-1600 through 12 VAC 30-120-1660). The agency concurs with the Economic Impact Analysis prepared by the Department of Planning and Budget.

Summary:

The proposed amendments establish a new waiver program to provide additional services to residents of assisted living

facilities who receive an auxiliary grant, who meet nursing facility criteria, and who have a diagnosis of Alzheimer's or a related dementia. Related dementia is defined as an individual with a diagnosis of Dementia of the Alzheimer's Type as defined by the Diagnostic and Statistical Manual of Mental Disorders. Individuals eligible to be placed on the AAL Waiver are currently either (i) remaining at home where a spouse or adult child is typically serving as primary care giver; (ii) residing in an assisted living facility possibly without the benefit of specialized services, which are not provided for in the auxiliary grant payment; or (iii) residing in a more restrictive setting such as a nursing facility. Through the proposed Alzheimer's Assisted Living (AAL) Waiver, recipients will be able to receive an appropriate level of care within special care units of assisted living facilities.

The emergency regulation implementing the General Assembly mandate contained an eligibility requirement that an individual applying for entry into this waiver program be age 55 or older. This requirement was referenced in 12 VAC 30-120-1610 A, B and D. After consultation with the Department of Planning and Budget and the Secretary of Health and Human Resources, DMAS has removed this eligibility requirement.

12 VAC 30-120-1600. Definitions.

The following words or terms when used in this regulation shall have the following meanings unless the content clearly indicates otherwise.

"Activities of daily living" or "ADLs" means 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.

"Administrator" means the person who oversees the day-to-day operation of the facility, including compliance with all regulations for licensed assisted living facilities.

"Alzheimer's and Related Dementias Assisted Living Waiver" or "AAL Waiver" means the CMS-approved waiver that covers a range of community support services offered to individuals who have a diagnosis of Alzheimer's or a related dementia who meet nursing facility level of care.

"Americans with Disabilities Act" or "ADA" means the United States Code pursuant to 42 USC § 12101 et seq., as amended.

"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.

"Assisted living facility" means a congregate residential setting as defined in § 63.2-100 of the Code of Virginia.

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"Auxiliary Grant Program" means a state and locally funded assistance program to supplement the income of a Supplemental Security Income (SSI) recipient or an adult who would be eligible for SSI except for excess income and who resides in a licensed assisted living facility with an approved rate.

"Barrier crime" means those crimes as defined in § 32.1-162.9:1 of the Code of Virginia.

"Comprehensive assessment" means the Virginia Uniform Assessment Instrument and other relevant social, psychological and medical information gathered by the assisted living facility staff for use in the development and updates of the plan of care.

"CMS" means the Centers for Medicare and Medicaid Services, which is the unit of the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs.

"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 or family/caregivers as inducements to use the providers' services; (v) continuous, periodic marketing activities to the same prospective individual or family/caregiver 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 or family/caregiver's use of the providers' services.

"DMAS" means the Department of Medical Assistance Services.

"DMAS staff" means persons employed by the Department of Medical Assistance Services.

"DSS" means the Department of Social Services.

"Designated preauthorization contractor" means DMAS or the entity that has been contracted by DMAS to perform preauthorization of services.

"Home and community-based waiver services" or "waiver services" means the range of community support services approved by the CMS pursuant to § 1915(c) of the Social Security Act to be offered to persons who are elderly or disabled who would otherwise require the level of care provided in a nursing facility. DMAS or the designated preauthorization contractor shall only give preauthorization for medically necessary Medicaid-reimbursed home and community care.

"Individual" means the person receiving the services established in these regulations.

"Participating provider" means an entity that meets the standards and requirements set forth by DMAS, and has a current, signed provider participation agreement with DMAS.

"Plan of care" means the written plan developed by the provider related solely to the specific services required by the individual to ensure optimal health and safety while remaining in the assisted living facility.

"Preadmission screening" means the process to: (i) evaluate the functional, nursing, and social supports of individuals referred for preadmission screening; (ii) assist individuals in determining what specific services the individuals need; (iii) evaluate whether a service or a combination of existing community services are available to meet the individuals' needs; and (iv) refer individuals to the appropriate provider for Medicaid-funded nursing facility or home and community-based care for those individuals who meet nursing facility level of care.

"Preadmission screening team" means the entity contracted with DMAS that is responsible for performing preadmission screening pursuant to § 32.1-330 of the Code of Virginia.

"Related dementia" means a diagnosis of Dementia of the Alzheimer's Type as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV-TR), published by the American Psychiatric Association.

"Resident" means any individual who (i) meets the eligibility criteria for residing in a safe, secure environment as described in 22 VAC 40-71-700 C 1; (ii) meets eligibility criteria for the AAL Waiver; and (iii) resides in a safe, secure environment of an assisted living facility.

"Safe, secure environment" means a self-contained special care unit as defined in 22 VAC 40-71-10.

"State Plan for Medical Assistance" or "Plan" means the regulations identifying the covered groups, covered services and their limitations, and provider reimbursement methodologies as provided for under Title XIX of the Social Security Act.

"Virginia Uniform Assessment Instrument" or "UAI" means the standardized multidimensional questionnaire that is completed by the preadmission screening team, which assesses an individual's physical health, mental health, social, and functional abilities to determine if the individual meets the level of care for certain publicly funded long-term care programs such as nursing facility services.

12 VAC 30-120-1610. Individual eligibility requirements.

A. Waiver service population. The AAL Waiver shall be available through a § 1915(c) of the Social Security Act waiver to eligible aged and disabled auxiliary grant recipients who reside in licensed assisted living facilities.

B. Eligibility criteria. To qualify for AAL Waiver services, individuals must meet all of the following criteria:

1. The individual must be either:
 - a. Elderly as defined by § 1614 of the Social Security Act; or
 - b. Disabled as defined by § 1614 of the Social Security Act.
2. The individual must meet the criteria for admission to a nursing facility as determined by a preadmission screening team using the full UAI.

3. The individual must have a diagnosis of Alzheimer's or a related dementia as diagnosed by a licensed clinical psychologist or a licensed physician. The individual may not have a diagnosis of mental retardation as defined by the American Association on Mental Retardation - Definition, Classifications and Systems of Supports, 10th Edition, or a serious mental illness as defined in 42 CFR 483.102(b).

4. The individual must be receiving an auxiliary grant, and residing in or seeking admission to a safe, secure unit of a DMAS-approved assisted living facility.

C. Assessment. Medicaid will not pay for any AAL Waiver services delivered prior to the date of the preadmission screening by the preadmission screening team and the physician signature on the Medicaid-Funded Long-Term Care Services Authorization Form (DMAS-96). Medicaid will not pay for any AAL Waiver services delivered prior to the individual's establishment of Medicaid eligibility.

D. Enrollment. After an initial 60-day application period and a random selection process to determine the order in which eligible individuals will be served by this waiver, individuals will be served on a first-come, first-served basis in accordance with available waiver funding. If there is not a waiver slot available for an individual, the individual shall be placed on the waiting list. Individuals must meet all waiver eligibility criteria in order to be placed on the waiting list.

E. Preauthorization. Before a provider can bill DMAS for AAL Waiver services, preauthorization must be obtained from DMAS. Providers must submit all required information to the designated preauthorization contractor within 10 business days of initiating care. If the provider submits all required information to the designated preauthorization contractor within 10 business days of initiating care, services may be authorized beginning from the date the provider initiated services but not preceding the date of the physician's signature on the Medicaid-Funded Long-Term Care Services Authorization Form (DMAS-96). If the provider does not submit all required information to the designated preauthorization contractor within 10 business days of initiating care, the services may be authorized beginning with

the date all required information was received by the designated preauthorization contractor, but in no event preceding the date of the preadmission screening team physician's signature on the DMAS-96.

F. Review of level of care. DMAS conducts this review based on the documentation submitted by the provider. The level of care assessments are performed to ensure that individuals receiving services in the waiver continue to meet the criteria for the waiver.

G. Termination of services. In the case of termination of AAL Waiver services by DMAS, individuals shall be notified of their appeal rights pursuant to 12 VAC 30-110, Eligibility and Appeals. DMAS may terminate AAL Waiver care services for any of the following reasons:

1. The AAL Waiver is no longer required to prevent or delay institutional placement;
2. The individual is no longer eligible for Medicaid;
3. The individual is no longer eligible to receive an auxiliary grant;
4. The individual no longer meets AAL Waiver criteria;
5. The individual has been absent from, or has not received services from, the assisted living facility for more than 30 consecutive days;
6. The individual's environment does not provide for his health, safety, and welfare; or
7. The assisted living facility no longer meets safe and secure licensing standards set by VDSS or standards set by DMAS for service providers.

12 VAC 30-120-1620. Covered services.

A. Assisted living services include personal care and services, homemaker, chore, attendant care, and companion services. This service includes 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security.

B. For purposes of these regulations, assisted living services shall also include:

1. Medication administration. Medications shall be administered only by an individual currently licensed to administer medications (physician, physician assistant, pharmacist, nurse practitioner, RN, or LPN), except on the 11 p.m. to 7 a.m. shift when medications may be administered by a medication aide that meets the regulatory requirements as set forth by the Department of Social Services and the Board of Nursing;
2. Nursing evaluations. The RN must complete a comprehensive assessment of each resident upon admission and when a significant change in health status or behavior

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occurs in one of the following areas: weight loss, elopements, behavioral symptoms, or adverse reactions to prescribed medication. A RN shall identify resident care problem areas and formulate interventions to address those problems and to evaluate if the planned interventions were successful;

3. Skilled nursing services. Skilled nursing services are nursing services that are used to complete resident assessments and administer medications, and provide training, consultation, and oversight of direct care staff. Skilled nursing services must be provided by a RN or by a LPN under the supervision of a RN who is licensed to practice in the state and provided in accordance and within the scope of practice specified by state law; and

4. Therapeutic social and recreational programming. An activity program must be designed to meet the individual needs of each resident and to provide daily activities appropriate to residents with dementia.

a. This program shall be individualized and properly implemented, followed, and reviewed as changes are needed.

b. Residents who have wandering behaviors shall have an activity program to address these behaviors.

c. There shall be a minimum of 19 hours of planned group programming each week, not to include activities of daily living.

d. Each resident must receive at least one hour of one-on-one activity per week, not to include activities of daily living. This activity must be provided exclusively by activities staff.

e. Group activities must be provided by staff assigned responsibility for the activities.

12 VAC 30-120-1630. General requirements for participating providers.

A. Requests for participation will be screened by DMAS to determine whether the provider applicant meets the requirements for participation. Requests for participation must be accompanied by verification of the facility's current licensure from VDSS.

B. For DMAS to approve provider agreements with AAL Waiver providers, providers must meet staffing, financial solvency and disclosure of ownership requirements.

1. Approved providers must assure freedom of choice to individuals, or their authorized representative, 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 are performed;

2. Approved providers must assure the individual's freedom to refuse medical care, treatment, and services;

3. Approved providers must accept referrals for services only when staff is available to initiate and perform such services on an ongoing basis;

4. Approved providers must provide services and supplies to individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000 et seq.), which prohibits discrimination on the grounds of race, color, religion, 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 (29 USC § 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act of 1990 (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;

5. Approved providers must provide services and supplies to individuals of the same quality as is provided to the general public;

6. Approved providers must 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 beginning with the individual's authorization date for the waiver services;

7. Approved providers must use only DMAS-designated forms for service documentation. The provider must not alter the DMAS forms in any manner unless approval from DMAS is obtained prior to using the altered forms. If there is no designated DMAS form for service documentation, the provider must include all elements required by DMAS in the provider's service documentation;

8. Approved providers must use DMAS-designated billing forms for submission of charges;

9. Approved providers must perform no direct marketing activities to Medicaid individuals;

10. Approved providers must 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 six years from the last date of service or as provided by applicable state 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.

b. Policies regarding retention of records shall apply even if the provider discontinues operation. DMAS shall be

notified in writing of the storage location and procedures for obtaining records for review should the need arise. The storage location, as well as the agent or trustee, shall be within the Commonwealth;

11. Approved providers must furnish information on request and in the form requested, to DMAS, the Office of 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;

12. Approved providers must 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;

13. Pursuant to 42 CFR 431.300 et seq., 12 VAC 30-20-90, and any other applicable federal or state law, all providers shall hold confidential and use for authorized DMAS 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, or the data is necessary for the functioning of DMAS in conjunction with the cited laws;

14. Approved providers must notify DMAS in writing as least 15 days before ownership or management of the facility changes;

15. Pursuant to § 63.2-1606 of the Code of Virginia, if a participating provider knows or suspects that an AAL Waiver services individual is being abused, neglected, or exploited, the party having knowledge or suspicion of the abuse, neglect, or exploitation must report this immediately from first knowledge to the local DSS or adult protective services hotline as applicable;

16. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in the individual provider participation agreements and in the applicable DMAS provider manual. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies. A provider's noncompliance with DMAS policies and procedures may result in a retraction of Medicaid payment or termination of the provider agreement, or both;

17. All employees must have a satisfactory work record, as evidenced by references from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults and children. The criminal

record check shall be available for review by DMAS staff who are authorized by the agency to review these files. DMAS will not reimburse the provider for any services provided by an employee who has committed a barrier crime as defined herein. Providers are responsible for complying with § 63.2-1720 of the Code of Virginia regarding criminal record checks; and

18. Approved providers must immediately notify DMAS, in writing, of any change in the information that the provider previously submitted to DMAS.

C. A provider shall have the right to appeal adverse actions 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.

D. The Medicaid provider agreement shall terminate upon conviction of the provider of a felony pursuant to § 32.1-325 of the Code of Virginia. A provider convicted of a felony in Virginia or in any other of the 50 states, the District of Columbia, or the U.S. territories, must, within 30 days of the conviction, notify the Virginia Medicaid Program and relinquish the provider agreement.

E. Provider's Responsibility for the Patient Information Form (DMAS-122). It shall be the responsibility of the service provider to notify VDSS and DMAS, in writing, when any of the following circumstances occur:

1. AAL Waiver services are implemented;

2. An individual dies;

3. An individual is discharged from the provider; or

4. Any other circumstances (including hospitalization) that cause AAL Waiver services to cease or be interrupted for more than 30 days.

F. Termination of waiver services.

1. In a nonemergency situation, i.e., when the health and safety of the individual or provider personnel is not endangered, the participating provider shall give the individual or family/caregiver, or both, at least 30 days' written notification plus three days for mailing of the intent to discontinue services. The notification letter shall provide the reasons for and the effective date the provider is discontinuing services.

2. In an emergency situation when the health and safety of the individual or provider personnel is endangered, the participating provider must notify DMAS immediately prior to discontinuing services. The written notification period shall not be required. If appropriate, local DSS Adult Protective Services must also be notified immediately.

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12 VAC 30-120-1640. Participation standards for provision of services.

A. Facilities must have a provider agreement approved by DMAS to provide AAL Waiver services.

B. The facility must provide a safe, secure environment for waiver recipients. There may be one or more self-contained special care units in a facility or the whole facility may be a special care unit. Personalized care must be furnished to individuals who reside in their own living units, with semi-private rooms limited to two people and a maximum of two individuals sharing a bathroom.

C. Care in a facility must be furnished in a way that fosters the independence of each individual to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible and treat each person with dignity and respect.

D. The medical care of residents must be under the direction and supervision of a licensed physician. This can be the individual's private physician. The facility must ensure that residents have appointments with their physicians at least annually and as needed as determined by the physician.

E. Administrators.

1. Administrators of participating assisted living facilities must meet the regulatory requirements as set forth by the Department of Social Services (22 VAC 40-71-60 et seq.) and the Board of Long-Term Care Administrators (18 VAC 95-20-10 through 18 VAC 95-20-471).

2. The administrator shall demonstrate knowledge, skills and abilities in the administration and management of an assisted living facility program including:

a. Knowledge and understanding of impaired elderly or persons with disabilities;

b. Supervisory and interpersonal skills;

c. Ability to plan and implement the program; and

d. Knowledge of financial management sufficient to ensure program development and continuity.

3. The administrator shall demonstrate knowledge of supervisory and motivational techniques sufficient to:

a. Accomplish day-to-day work;

b. Train, support and develop staff; and

c. Plan responsibilities for staff to ensure that services are provided to participants.

4. The administrator shall complete 20 hours of continuing education annually to maintain and develop skills. This training shall be in addition to first aid, CPR, or orientation training.

F. Nursing staff requirements.

1. Each facility shall have at least one registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, awake, on duty, and on-site in the facility for at least eight hours a day, five days each week and on call 24 hours a day. The person on call must be able to arrive at the facility within one hour.

2. The RN is responsible for staff training, resident assessment, plans of care, and medication oversight.

3. Assessments.

a. Comprehensive assessment. An RN must complete a comprehensive assessment of each resident upon admission. The comprehensive assessment includes the UAI and other relevant social, psychological, and medical information. The comprehensive assessment must also include the physician's assessment information as contained in 22 VAC 40-71-150 L. The comprehensive assessment must be updated yearly and when a significant change in health status or behavior occurs. The information gathered during the comprehensive assessment is used to create the resident's plan of care as contained in 22 VAC 40-71-170 C and D.

b. Plan of care. Based on the individual resident assessment and the UAI, the RN, in coordination with other caregivers including the resident's authorized representative shall:

(1) Develop the resident's plan of care and formulate interventions to address the specific problems identified;

(2) Evaluate both the facility's implementation and the resident's response to the plan of care; and

(3) Review and update the plan of care at least quarterly and more often when necessary to meet the needs of the resident.

c. Monthly assessments. The RN or an LPN under the supervision of the RN must complete a monthly assessment. Significant changes documented on the monthly assessment must be addressed in an updated plan of care. The comprehensive assessment information shall also be updated as needed. At a minimum, the monthly assessment contains the following elements:

(1) Weight loss;

(2) Falls;

(3) Elopements;

(4) Behavioral symptoms;

(5) Adverse reactions to prescribed medications;

(6) Dehydration;

(7) Pressure ulcers;

- (8) Fecal impaction;
- (9) Cognitive changes;
- (10) Change in diagnoses; and
- (11) Change in levels of dependence in ADLs;

4. In a facility with fewer than 16 waiver recipients, the facility may employ an RN as part time or as a contracted employee.

The facility's RN may also serve as the administrator. In all instances where the facility's RN is assigned duties as an administrator, the facility shall assure that the RN devotes sufficient time and effort to all clinical duties to secure health, safety, and welfare of recipients.

Any facility having more than 16 waiver recipients must employ full time an RN to be responsible for the clinical needs of the recipients.

G. Unit coordinator.

1. Facilities must have a unit coordinator, awake and on-site in the unit, who will manage the daily routine operation of the specialty unit.

2. The unit coordinator must be available to the facility 24 hours a day.

3. At a minimum, the unit coordinator must be a certified nurse aide (CNA) with at least one year experience in a DMAS-approved assisted living facility or nursing home or other setting that involves working with vulnerable adults.

4. The unit coordinator may be an RN or an LPN who is serving as the assisted living facility's daily nurse, the administrator, or the activities director.

5. In the event the unit coordinator is not available, an alternate qualified staff member may serve in this capacity. Each assisted living facility must establish its own written protocol and assure that only qualified staff fulfill this requirement.

6. In all instances where the facility's RN is assigned other duties as an administrator, unit coordinator, or both, the facility must assure that the RN devotes sufficient time and effort to all clinical duties.

H. Structured activities program. There shall be a designated employee responsible for managing or coordinating the structured activities program. This employee shall be on site in the special care unit at least 20 hours a week, shall maintain personal interaction with the residents and familiarity with their needs and interests, and shall meet at least one of the following qualifications:

1. Be a qualified therapeutic recreation specialist or activities professional;

2. Be eligible for certification as a therapeutic recreation specialist or an activities professional by a recognized accrediting body;

3. Have at least one year full-time work experience within the last five years in an activities program in an adult care setting;

4. Be a qualified occupational therapist or an occupational therapy assistant; or

5. Prior to or within six months of employment, have successfully completed 40 hours of VDSS-approved training.

I. Certified nurse aides. In order to provide services in this waiver, the assisted living facility must use certified nurse aides (CNA) in the specialty unit at all times.

J. The assisted living facility must have sufficient qualified and trained staff to meet the needs of the residents at all times.

K. There must be at least two awake direct care staff in the special care unit at all times and more if dictated by the needs of the residents.

L. Training requirements for all staff.

1. All staff who have contact with residents, including the administrator, shall have completed 12 hours of dementia-specific training within 30 days of employment. The training must be conducted by a health care educator, adult education professional, or a licensed professional, with expertise in dementia. The health care educator, adult education professional, or licensed professional must be acting within the scope of the requirements of his profession and have had at least 12 hours of training in the care of individuals with cognitive impairments due to dementia prior to performing the training.

2. All direct care staff must receive annual training in accordance with 22 VAC 40-71-630, with at least eight hours of training in the care of residents with dementia and medical nursing needs. This training may be incorporated into the existing training program and must address the medical nursing needs specific to each resident in the special care unit. This training must also incorporate problem areas that may include weight loss, falls, elopements, behavioral symptoms, and adverse reactions to prescribed medications. A health care educator, adult education professional or licensed professional with expertise in dementia must conduct this training. The health care educator, adult education professional or licensed professional must be acting within the scope of his profession and have had at least 12 hours of training in the care of individuals with cognitive impairments due to dementia prior to performing the training.

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3. The individual conducting the training must have at least three years of experience in the health care or dementia care field. In addition to health care educators and adult education professionals, licensed professionals eligible to conduct the training include: physicians, psychologists, registered nurses, occupational therapists, physical therapists, speech/language pathologists, licensed clinical social workers, and licensed professional counselors.

M. Documentation. The assisted living facility shall maintain the following documentation for review by DMAS staff for each assisted living resident:

1. All UAIs, authorization forms, plans of care and assessments completed for the resident maintained for a period not less than six years from the recipient's start of care in that facility;
2. All written communication related to the provision of care between the facility and the assessor, licensed health care professional, DMAS, VDSS, the recipient, or other related parties; and
3. A log that documents each day that the recipient is present in the facility.

12 VAC 30-120-1650. Payment for services.

A. DMAS shall pay the facility a per diem fee for each AAL Waiver recipient authorized to receive assisted living services. Except for 14 days of leave each calendar year as described in subsection C of this section, payment of the per diem fee is limited to the days in which the recipient is physically present in the facility.

B. The services that are provided as a part of the auxiliary grant rate pursuant to 22 VAC 40-25 will not be included for payment from the waiver.

C. Periods of absence from the assisted living facility.

1. An assisted living facility AAL Waiver bed may be held for leave when the resident's plan of care provides for such leave. Leave includes visits with relatives and friends or admission to a rehabilitation center for up to seven days for an evaluation. Leave does not include periods of absence due to an admission to a hospital or nursing facility.
2. Leave is limited to 14 days in any 12-month period. Leave is resident specific and is counted from the first occurrence of overnight leave that a resident takes. From that date, a resident has 14 days of leave available during the next 365 days.
3. After the 14 days of leave have been exhausted and during periods of absence due to a hospital or nursing facility admission, the assisted living facility may choose to hold the bed for the resident, but DMAS will not pay for the service. The resident or the resident's authorized representative may choose to pay to hold the bed by paying the assisted living facility directly using other funds. The

rate shall be negotiated between the resident's authorized representative and the assisted living facility, but shall not exceed the auxiliary grant rate in effect at the time of the resident's absence.

4. During periods of absence for any reason, DMAS shall hold the waiver slot for the resident for a total of 30 consecutive days. If the resident's absence exceeds 30 days, DMAS shall terminate AAL Waiver services and assign the slot to the next person on the waiting list.

12 VAC 30-120-1660. Utilization review.

A. DMAS shall conduct audits of the services billed to DMAS and interview recipients to ensure that services are being provided and billed in accordance with DMAS policies and procedures.

B. DMAS will review all facilities providing services in this waiver on a regular basis. All quality management and level of care reviews will be performed at least annually and will be performed on site.

DOCUMENTS INCORPORATED BY REFERENCE

Mental Retardation: Definition, Classification, and Systems of Supports, 10th Edition, 2002, American Association on Mental Retardation.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR), 2000, American Psychiatric Association.

VA.R. Doc. No. R06-50; Filed November 21, 2006, 11:31 a.m.

Final Regulation

Title of Regulation: 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.

Effective Date: January 10, 2007.

Agency Contact: Linda Nablo, Project Manager, 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 email linda.nablo@dmas.virginia.gov.

Summary:

The amendments implement the FAMIS MOMS program to provide health care coverage to pregnant women with income over the Medicaid limit but less than or equal to 166% of the Federal Poverty Level utilizing Title XXI funds.

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

12 VAC 30-141-10. 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 FAMIS Select 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 are] used for determining eligibility for [~~Medicaid for poverty level children, for the~~] Family Access to Medical Insurance Security Plan (FAMIS) [~~for children~~ , FAMIS Plus (Children's Medicaid)], 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.

"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.

"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 FAMIS Select 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

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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 Select" means an optional program available to children determined eligible for FAMIS, whereby DMAS provides premium assistance to the family to cover the child through a private or employer-sponsored health plan instead of directly through the FAMIS program.

"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.

"Fixed premium assistance amount" means a predetermined amount of premium assistance that DMAS will pay per child to a family who chooses to enroll its FAMIS eligible child in a private or employer-sponsored health plan. The fixed premium assistance amount will be determined annually by DMAS to ensure that the FAMIS Select program is cost-effective as compared to the cost of covering a child directly through the FAMIS program.

"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.

"Maternal and child health insurance application" means the form or forms developed and approved by the Department of Medical Assistance Services that are 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).

"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 a private employer's health plan that DMAS will pay to cover the FAMIS-eligible children under the private or employer-sponsored 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.

"Private or employer-sponsored health insurance coverage means a health insurance policy that is either purchased by an individual directly or through an employer. This component of FAMIS refers to the ability of DMAS to provide coverage to FAMIS-eligible children by providing premium assistance to families who enroll the FAMIS-eligible children in a private or employer-sponsored health plan.

"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 coverage provided to FAMIS-eligible children covered under the FAMIS Select component so that they can receive all childhood immunizations included in the FAMIS benefits.

"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); ~~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;~~

~~8. 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

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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 FAMIS Select 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 for discontinuing the coverage.

b. Health insurance does not include Medicare, Medicaid [, FAMIS] ~~nor~~ 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].

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.

[H. Eligibility of newborns. If a child otherwise eligible for FAMIS is born within the three months prior to the month in which a signed application is received, the eligibility for coverage is effective retroactive to the child's date of birth if the child would have met all eligibility criteria during that time.]

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 [~~, via the Internet,~~] 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 state-approved application forms submitted, even if another person fills out the form, unless the application is filed and signed by the applicant's parent, adult relative caretaker, legal guardian or conservator, attorney-in-fact or authorized representative.

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

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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 30-50-560~~ 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.

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

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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 health 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.

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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%~~ 166%] 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%~~ 166%] 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.

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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. Face-to-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 state-approved application forms submitted, even if another person fills out the form, unless the application is filed and signed by the applicant's parent, 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.

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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.

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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 November 21, 2006, 11:29 a.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF DENTISTRY

Final Regulation

Title of Regulation: 18 VAC 60-20. Regulations Governing the Practice of Dentistry and Dental Hygiene (amending 18 VAC 60-20-20, 18 VAC 60-20-30, and 18 VAC 60-20-250).

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

Effective Date: January 10, 2007.

Agency Contact: Elaine Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114, or email elaine.yeatts@dhp.virginia.gov.

Summary:

The amendments increase certain fees for the regulants of the board, including dentists and dental hygienists, as necessary to provide sufficient funding for the licensing and disciplinary functions of the board. An annual renewal fee for a dentist is increased from \$150 to \$285 and for a dental hygienist from \$50 to \$75. Other fees, such as application and late fees that are tied to the renewal fee, are increased correspondingly.

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

18 VAC 60-20-20. License renewal and reinstatement.

A. Renewal fees. Every person holding an active or inactive license or a full-time faculty license shall, on or before March 31, renew his license. Every person holding a teacher's license, temporary resident's license, a restricted volunteer license to practice dentistry or dental hygiene, or a temporary permit to practice dentistry or dental hygiene shall, on or before June 30, request renewal of his license.

1. The fee for renewal of an active license or permit to practice or teach dentistry shall be \$150 [~~\$315~~ \$285], and

the fee for renewal of an active license or permit to practice or teach dental hygiene shall be \$50 [~~\$80~~ \$75].

2. The fee for renewal of an inactive license shall be \$75 [~~\$158~~ \$145] for dentists and \$25 [~~\$45~~ \$40] for dental hygienists.

3. The fee for renewal of a restricted volunteer license shall be \$15.

4. The application fee for temporary resident's license shall be ~~\$55~~ \$60. The annual renewal fee shall be [\$35 ~~\$40~~] a year. An additional fee for late renewal of licensure shall be \$15.

B. Late fees. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee of \$50 [~~\$105~~ \$100] for dentists with an active license and \$20 [~~\$26~~ \$25] for dental hygienists with an active license. The late fee shall be \$50 for dentists with an inactive license and \$15 for dental hygienists with an inactive license. The board shall renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

C. Reinstatement fees and procedures. The license of any person who does not return the completed renewal form and fees by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of dentistry/dental hygiene shall be illegal.

1. Any person whose license has expired for more than one year and who wishes to reinstate such license shall submit to the board a reinstatement application, ~~the renewal fee~~ and the reinstatement fee of \$225 [~~\$525~~ \$500] for dentists and \$135 [~~\$210~~ \$200] for dental hygienists.

2. With the exception of practice with a restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board.

3. The executive director may reinstate such expired license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18 VAC 60-20-170 to deny said reinstatement, and that the applicant has paid the unpaid ~~renewal fee, the~~ reinstatement fee and any fines or assessments. Evidence of continuing competence shall include hours of continuing education as required by subsection H of 18 VAC 60-20-50 and may also include evidence of active practice in another state or in federal service or current specialty board certification.

D. Reinstatement of a license previously revoked or indefinitely suspended. Any person whose license has been revoked shall submit to the board for its approval a

reinstatement application and fee of \$750 [~~\$1,050~~ \$1,000] for dentists and [\$500 ~~\$525~~] for dental hygienists. Any person whose license has been indefinitely suspended shall submit to the board for its approval a reinstatement application and fee of \$350 [~~\$790~~ \$750] for dentists and \$250 [~~\$420~~ \$400] for dental hygienists.

18 VAC 60-20-30. Other fees.

A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be \$225 [~~\$420~~ \$400]. The application fee for dental license by credentials shall be [~~\$525~~ \$500].

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be \$135 [~~\$185~~ \$175]. The application fee for dental hygienist license by endorsement shall be [~~\$290~~ \$275].

C. Duplicate wall certificate. Licensees desiring a duplicate wall certificate shall submit a request in writing stating the necessity for such duplicate wall certificate, accompanied by a fee of \$25 [~~\$65~~ \$60].

D. Duplicate license. Licensees desiring a duplicate license shall submit a request in writing stating the necessity for such duplicate license, accompanied by a fee of \$10 [~~\$21~~ \$20]. If a licensee maintains more than one office, a notarized photocopy of a license may be used.

E. Licensure certification. Licensees requesting endorsement or certification by this board shall pay a fee of \$25 [~~\$40~~ \$35] for each endorsement or certification.

F. Restricted license. Restricted license issued in accordance with § 54.1-2714 of the Code of Virginia shall be at a fee of \$150 [~~\$315~~ \$285].

~~G. Endorsement license. License by endorsement issued in accordance with 18 VAC 60-20-80 for dental hygienists shall be at a fee of \$135.~~

~~H. G.~~ Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with § 54.1-2712.1 or § 54.1-2726.1 of the Code of Virginia shall be \$25.

~~I. H.~~ Returned check. The fee for a returned check shall be \$35.

18 VAC 60-20-250. Registration of oral and maxillofacial surgeons.

Within 60 days after the effective date of this section, every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in § 54.1-2700 of the Code of Virginia, shall register his practice with the board and pay a fee of [\$175 ~~\$185~~].

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1. After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31 by payment of a fee of [\$175 ~~\$185~~].
2. An oral and maxillofacial surgeon who fails to register or to renew his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.
3. Within one year of the expiration of a registration, an oral and maxillofacial surgeon may renew by payment of the renewal fee and a late fee of [\$55 ~~\$65~~].
4. After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the ~~renewal fee and a~~ reinstatement fee of \$175 [~~\$360~~ \$350].

18 VAC 60-20-310. Credentials required for certification.

A. An applicant for certification shall:

1. Hold an active, unrestricted license from the board;
2. Submit a completed application and fee of [\$225 ~~\$236~~];
3. Complete an oral and maxillofacial residency program accredited by the Commission on Dental Accreditation;
4. Hold board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or board eligibility as defined by ABOMS;
5. Have current privileges on a hospital staff to perform oral and maxillofacial surgery; and
6. If his oral and maxillofacial residency or cosmetic clinical fellowship was completed after July 1, 1996, and training in cosmetic surgery was a part of such residency or fellowship, the applicant shall submit:
 - a. A letter from the director of the residency or fellowship program documenting the training received in the residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification; and
 - b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.
7. If his oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996, and training in cosmetic surgery was not a part of the applicant's residency, the applicant shall submit:
 - a. Documentation of having completed didactic and clinically approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide sufficient training in the specific procedures requested for certification and shall be offered by:

- (1) An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;
- (2) A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association;
- (3) The American Dental Association (ADA) or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or
- (4) The American Medical Association approved for category 1, continuing medical education.

b. Documentation of either:

- (1) Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or
- (2) Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

18 VAC 60-20-320. Renewal of certification.

In order to renew his certification to perform cosmetic procedures, an oral and maxillofacial surgeon shall possess a current, active, unrestricted license to practice dentistry from the Virginia Board of Dentistry and shall submit along with the renewal application a fee of [\$100 ~~\$105~~] on or before December 31 of each year. If an oral and maxillofacial surgeon fails to renew his certificate, the certificate is lapsed and performance of cosmetic procedures is not permitted. To renew a lapsed certificate within one year of expiration, the oral and maxillofacial surgeon shall pay the renewal fees and a late fee of \$35. To reinstate a certification that has been lapsed for more than one year shall require completion of a reinstatement form documenting continued competency in the procedures for which the surgeon is certified and payment of a reinstatement fee of \$225.

NOTICE: The forms used in administering 18 VAC 60-20, Regulations Governing the Practice of Dentistry and Dental Hygiene, are not being published; however, the name of each form is listed below. The forms are available for public inspection at the Department of Health Professions, 6603 West Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

FORMS

~~Outline and Explanation of Documentation Required for Dental Licensure by Exam, Teacher's License, Restricted~~

~~License, Full Time Faculty License, and Temporary Permit Application Requirements for Dentists~~ (rev. ~~12/02~~ [~~6/06~~ 9/06]).

Application for Licensure to Practice Dentistry (rev. 12/02).

Application for Restricted Volunteer Licensure to Practice Dentistry and Dental Hygiene (eff. 7/98).

Requirements and Instructions for a Temporary Resident's License to Persons Enrolled in Advanced Dental Education Programs (eff. ~~7/04~~ 6/06).

Application for Temporary Resident's License (eff. 7/04).

Form A, Certification of Dental School for Temporary Resident's License (eff. 7/04).

Form B, Certification from Dean of Dental School or Director of Accredited Graduate Program, Temporary Resident's License (eff. 7/04).

Form C, Certification of Dental Licensure, Temporary Resident's License (eff. 7/04).

Form D, Chronology, Temporary Resident's License (eff. 7/04).

Form A, Certification of Dental/Dental Hygiene School (rev. 12/02).

Form AA, Sponsor Certification for Dental/Dental Hygiene Volunteer License (eff. 7/98).

Form B, Chronology (rev. 12/02).

Form C, Certification of Dental/Dental Hygiene Boards (rev. 12/02).

~~Outline and Explanation of Documentation Required for Dental Hygiene Licensure by Exam, Teacher's License, Dental Hygiene by Endorsement, and Dental Hygiene Temporary Permit Licensure Procedures for Dental Hygienists~~ (rev. ~~12/02~~ [~~6/06~~ 9/06]).

Application for Licensure to Practice Dental Hygiene (rev. 12/02).

Instructions for Reinstatement (rev. ~~12/02~~ [~~6/06~~ 9/06]).

Reinstatement Application for Dental/Dental Hygiene Licensure (rev. 12/02).

Instructions for Application for Reactivation of License (rev. [~~6/~~ 9/06]).

Application for Reactivation of License (rev. [~~6/06~~ 9/06]).

Radiology Information for Dental Assistants (rev. 7/97).

Renewal Notice and Application, 0401 Dentist (rev. 12/02).

Renewal Notice and Application, 0402 Dental Hygienist (rev. 12/02).

Renewal Notice and Application, 0404 Dental Teacher (rev. 12/02).

Renewal Notice and Application, 0406 Dental Hygiene Teacher (rev. 12/02).

Renewal Notice and Application, 0411 Full-time Faculty (rev. 12/02).

Renewal Notice and Application, 0438 Cosmetic Procedure Certification (rev. 12/02).

Renewal Notice and Application, 0439 Oral and Maxillofacial (rev. 12/02).

Application for Certification to Perform Cosmetic Procedures (rev. ~~12/02~~ [~~6/06~~ 9/06]).

Rhinoplasty/similar Procedures (rev. 7/02).

Bletharoplasty/similar Procedures (rev. 7/02).

Rhytidectomy/similar Procedures (rev. 7/02).

Submental liposuction/similar Procedures (rev. 7/02).

Browlift/either open or endoscopic technique/similar Procedures (rev. 7/02).

Otoplasty/similar Procedures (7/02).

Laser Resurfacing or Dermabrasion/similar Procedures (rev. 7/02).

Platysmal muscle plication/similar Procedures (rev. 7/02).

Application Review Worksheet (rev. 7/02).

Practitioner Questionnaire (rev. 12/02).

Oral and Maxillofacial Surgeon Registration of Practice (rev. ~~12/02~~ [~~6/06~~ 9/06]).

Application for Registration for Volunteer Practice (eff. 12/02).

Sponsor Certification for Volunteer Registration (eff. 1/03).

VA.R. Doc. No. R06-27; Filed November 21, 2006, 9:54 a.m.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Final Regulation

Title of Regulation: **18 VAC 65-20. Regulations of the Board of Funeral Directors and Embalmers (amending 18 VAC 65-20-70, 18 VAC 65-20-130, 18 VAC 65-20-140 and 18 VAC 65-20-154).**

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

Effective Date: January 10, 2007.

Agency Contact: Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-

Regulations

9918, FAX (804) 662-9114, or email
elaine.yeatts@dhp.virginia.gov.

Summary:

The amendments increase certain fees for the regulants of the board as necessary to provide sufficient funding for its licensing and disciplinary functions. An annual renewal fee for a funeral service licensee increases from \$150 to \$175 and for a funeral establishment from \$225 to \$300. Other fees, such as application, courtesy card and late fees that are tied to the renewal fee, are increased correspondingly.

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

18 VAC 65-20-70. Required fees.

A. The following fees shall apply for initial licensure or registration ~~and for renewal of licensure or registration:~~

- | | |
|--|-------------------------------|
| 1. License to practice funeral service or as a funeral director or an embalmer | \$150 <u>\$275</u> |
| 2. Funeral service establishment license | \$225 <u>\$500</u> |
| 3. Surface transportation and removal service registration | \$250 <u>\$300</u> |
| 4. Courtesy card | \$100 <u>\$275</u> |
| 5. Crematory | \$100 <u>\$200</u> |
| 6. Waiver of full-time manager requirement | \$100 <u>\$150</u> |

B. The following fees shall apply for renewal of licensure or registration:

- | | |
|--|-----------------------------------|
| 1. License to practice funeral service or as a funeral director or an embalmer | <u>\$175</u> |
| 2. Funeral service establishment license | <u>\$300</u> |
| 3. Surface transportation and removal service registration | <u>\$250</u> |
| 4. Courtesy card | [\$175 <u>\$275</u>] |
| 5. Crematory | <u>\$150</u> |
| 6. Waiver of full-time manager requirement | <u>\$100</u> |

C. The following fees shall apply for late renewal of licensure or registration up to one year following expiration:

- | | |
|--|--------------|
| 1. License to practice funeral service or as a funeral director or an embalmer | <u>\$60</u> |
| 2. Funeral service establishment license | <u>\$100</u> |

- | | |
|--|---------------------------------|
| 3. Surface transportation and removal service registration | <u>\$85</u> |
| 4. Courtesy card | [\$60 <u>\$90</u>] |
| 5. Crematory | <u>\$50</u> |
| 6. Waiver of full-time manager requirement | <u>\$35</u> |

D. The following fees shall apply for reinstatement of licensure or registration:

- | | |
|--|----------------|
| 1. License to practice funeral service or as a funeral director or an embalmer | <u>\$275</u> |
| 2. Establishment license | <u>\$500</u> |
| 3. Surface transportation and removal service registration | <u>\$350</u> |
| 4. Courtesy card | <u>\$275</u> |
| 5. Crematory | <u>\$225</u> |
| 6. Reinstatement following suspension | <u>\$500</u> |
| 7. Reinstatement following revocation | <u>\$1,000</u> |

~~B.~~ E. Other fees.

- | | |
|--|-------------------------------|
| 1. Reinstatement fee for each year of licensure or registration expiration | \$50 |
| 2. 1. Change of manager or establishment name | \$50 <u>\$75</u> |
| 3. 2. Verification of license or registration to another state | \$50 |
| 4. 3. Duplicate license, registration, or courtesy card | <u>\$15</u> |
| 5. 4. Duplicate wall certificates | \$25 <u>\$60</u> |
| 6. 5. Change of ownership | \$100 |
| 7. 6. Nonroutine reinspection [for] (i.e., structural change to preparation room, change of location or ownership) | \$400 <u>\$300</u> |

F. Fees for approval of continuing education providers.

- | | |
|--|-------------------------------|
| 8. 1. Application or renewal for continuing education provider | \$200 <u>\$300</u> |
| 2. Late renewal of continuing education provider approval | <u>\$100</u> |
| 3. Review of additional courses not included on initial or renewal application | <u>\$300</u> |

18 VAC 65-20-130. Renewal of license; registration.

A. A person, establishment, crematory, courtesy card holder or surface transportation and removal service that desires to renew its license or registration for the next year shall, not later than the expiration date as provided in 18 VAC 65-20-120, submit the renewal application and applicable fee. In order to renew an active funeral service, director or embalmer license, a licensee shall be required to comply with continuing competency requirements set forth in 18 VAC 65-20-151.

B. A person who or entity that desires to renew an expired license for up to one year following expiration shall comply with requirements of subsection A of this section and also submit the applicable fee for late renewal.

~~B. C.~~ A person who or entity which fails to renew a license, registration, or courtesy card by the expiration dates prescribed in 18 VAC 65-20-120 shall be deemed to have an invalid license, registration, or courtesy card and continued practice may subject the licensee to disciplinary action by the board.

18 VAC 65-20-140. Reinstatement of expired license or registration.

A. The board may consider reinstatement of an expired license or registration that has not been renewed within one year of expiration for up to three years following expiration. A written application request for reinstatement shall be submitted to the board and shall include payment of ~~all applicable delinquent renewal fees and the additional~~ reinstatement fee prescribed in 18 VAC 65-20-70.

B. If the Virginia license of a funeral service provider, funeral director and embalmer is lapsed three years or less and the applicant is seeking reinstatement, he shall provide evidence of having completing the number of continuing competency hours required for the period in which the license has been lapsed.

C. When a license is not reinstated within three years of its expiration date, an applicant shall reapply for licensure and pass the state examination.

18 VAC 65-20-154. Inactive license.

A. A funeral service licensee, funeral director or embalmer who holds a current, unrestricted license in Virginia shall, upon a request for inactive status on the renewal application and submission of the required renewal fee of ~~\$75~~ \$90, be issued an inactive license. The fee for late renewal up to one year following expiration of an inactive license shall be \$30.

1. An inactive licensee shall not be entitled to perform any act requiring a license to practice funeral service in Virginia.

2. The holder of an inactive license shall not be required to meet continuing education requirements, except as may be required for reactivation in subsection B of this section.

B. A funeral service licensee, funeral director or embalmer who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the year in which the license is being reactivated; and
2. Providing proof of completion of the number of continuing competency hours required for the period in which the license has been inactive, not to exceed three years.

NOTICE: The forms used in administering 18 VAC 65-20, Regulations of the Board of Funeral Directors and Embalmers, are not being published; however, the name of each form is listed below. The forms are available for public inspection at the Department of Health Professions, 6603 West Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

FORMS

Application for a License to Practice Funeral Service (rev. ~~12/02~~ 6/06).

Application for Courtesy Card (rev. ~~12/02~~ 6/06).

Application for New Establishment, Branch Establishment, Change of Location, Change of Ownership, Change of Trade Name, Change of Manager (rev. ~~12/02~~ 6/06).

Application for Waiver of Full-time Manager Requirement (rev. ~~12/02~~ 6/06).

Application for Crematory Registration (rev. ~~12/02~~ 6/06).

Application for Renewal for Waiver of Full-time Manager Requirement (rev. 12/02).

Verification of State Licensure (rev. 12/02).

Application for Surface Transportation and Removal Service Registration (rev. ~~12/02~~ 6/06).

Application for Approval as a Continuing Education Provider (eff. 6/06).

Application for Reinstatement of Funeral Service License (eff. 6/06).

License Renewal Notice and Application, 0502, Funeral Service Providers (rev. 12/02).

License Renewal Notice and Application, 0501, Funeral Establishments (rev. 12/02).

Regulations

License Renewal Notice and Application, 0506, Courtesy Card (rev. 12/02).

License Renewal Notice and Application, 0509, Surface Transportation (rev. 12/02).

License Renewal Notice and Application, 0510, Crematories (rev. 12/02).

Appendix I: General Price List (rev. 12/02).

Appendix II: Casket Price List; Outer Burial Container Price List (rev. 12/02).

Appendix III: Itemized Statement of Funeral Goods and Services Selected (rev. 12/02).

Appendix IV: Embalming Record (rev. 12/02).

VA.R. Doc. No. R06-28; Filed November 21, 2006, 9:55 a.m.



GENERAL NOTICES/ERRATA

STATE CORPORATION COMMISSION

Bureau of Insurance

November 8, 2006

Administrative Letter 2006-15

To: All Property and Casualty Insurers and Rate Service Organizations Licensed in Virginia

Re: Schedule Rating Plans, Expense Modification Plans, Experience Rating Plans, and Facultative Reinsurance; Withdrawal of Administrative Letters 2001-12, 1998-14, 1985-12 and 1983-9

The purpose of this administrative letter is to: (i) clarify and simplify filing requirements applicable to schedule rating plans, expense modification plans, and experience rating plans; and (ii) notify regulated entities that plans that allow the cost of facultative reinsurance to be passed along to policyholders are permitted. For the purposes of this administrative letter, the term schedule rating plans also means individual risk premium modification plans. In order to illustrate several provisions of this administrative letter, a sample of a typical schedule rating plan is provided as an attachment.

Schedule Rating Plans

- Section 38.2-1904 C of the Code of Virginia permits insurers to use schedule rating plans. If an insurer uses a schedule rating plan in Virginia, the plan must be filed with the Bureau of Insurance (Bureau) on or before the date the insurer uses it.
- Schedule rating plans typically contain ranges of debits and/or credits applicable to specific risk characteristics to reflect higher or lower than average anticipated losses or expenses associated with the risk. (Refer to notes #3 and #4 in the attached sample rating plan.) Schedule rating plans should not include debits or credits to reflect past loss experience.
- The Bureau has been requiring filings to state the maximum total credit or debit (i.e., a cap or limit) that applies to the schedule rating plan (see note #6 in the attached sample rating plan). Effective immediately the Bureau will no longer require insurers to provide this information in their filings. However, regardless of whether this information is filed with the Bureau, insurers must be able to demonstrate consistent application of the cap and/or limit, if any, on the total amount of credit or debit. Compliance will be verified during market conduct examinations and other enforcement actions.
- The Bureau has been requiring filings to indicate how the credits or debits are tallied (e.g., totaled using an additive or multiplicative method; see note #5 in the attached

sample rating plan). Effective immediately the Bureau will no longer require insurers to provide this information in their filings. However, insurers must be able to demonstrate that the method used to tally the modifications has been applied consistently. Compliance will be verified during market conduct examinations and other enforcement actions.

Expense Modification Plans

- Section 38.2-1904 C permits insurers to use expense modification plans. If an insurer uses an expense modification plan in Virginia, the plan must be filed with the Bureau on or before the date the insurer uses it.
- Expense modification plans may be used to modify (increase or decrease) premiums to reflect higher or lower than average anticipated expenses as part of, or in addition to, a schedule rating plan. Ranges of modification are permitted, but such ranges must be included within the filing.
- Separate expense modification plans may be filed that allow up to 100% of the cost of facultative reinsurance to be passed along to a policyholder.
- Expense modification plans that allow for the reduction of agent commission that result in a lower premium to be charged to the insured are permitted to be filed pursuant to § 38.2-1904 E.

Experience Rating Plans

- Section 38.2-1906 permits the use of experience rating plans, which are defined in § 38.2-1901. If an insurer uses an experience rating plan in Virginia, the plan must be filed with the Bureau on or before the date the insurer uses it.
- Ranges of credits and/or debits are not permitted because an experience rating plan is a formula utilizing past risk experience to produce a prospective premium credit, debit, or unity modification.
- The thirty-six month experience period set forth in § 38.2-1904 D is not applicable to experience rating plans or other types of rating plans that are based on accidents and/or convictions used with commercial automobile insurance policies.
- Section 38.2-1905 is not applicable to experience rating or other types of rating plans that are based on accidents and/or convictions used for commercial automobile insurance policies.

Documentation Requirements

- Documentation to justify any credits or debits applied under rating plans must be maintained. Maintenance of documentation should begin with the first application of

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the rating plan and, if the rating plan is applied at renewal, the documentation must be updated at each renewal. The Bureau does not require filings to include rules that address these documentation requirements as part of the rating plan. The Bureau will monitor and enforce the documentation requirement when conducting market conduct examinations and through other enforcement actions.

Unfair Discrimination

- Except with respect to agent commission reduction plans, insurers are expected to apply rating plans equitably among ALL risks. However, insurers are permitted to limit the application of plans to certain types of risks by filing eligibility standards with the Bureau (see note #2 in the attached sample rating plan). It is important to note that application of a rating plan does not mean that every risk will develop a debit or credit modification under the plan.

Administrative Letters 2001-12 (Schedule Rating Plans/Individual Risk Premium Modification Plans, Documentation for the Application of Debits and Credits), 1998-14 (Point Assignments or Increases in Automobile Insurance Premiums Due to Accidents or Convictions), 1985-12 (Improper Rules/Rating Plans Which Exempt the Filing of Rates, Facultative Reinsurance Costs – Auto Liability and General Liability), and 1983-9 (Experience/Schedule Rating Plans – Application of Credits and Debits, Schedule Rating Plans – Expense Modification Application), which established filing requirements that are no longer applicable, are hereby withdrawn.

Questions pertaining to Administrative Letter 2006-15 should be directed to the Property and Casualty Division's Rates and Forms Sections at (804) 371-9965 (Personal Lines) and (804) 371-9298 (Commercial Lines).

/s/ Alfred W. Gross
Commissioner of Insurance

Employees – Selection, training, supervision, age, basis of remuneration	0% - 10%	-	0% - 10%	-
Equipment – Type, condition, servicing, risk's own repair facilities, safety equipment	0% - 10%	-	0% - 15%	-
Safety Organization – Periodic meetings, distribution of safety literature, award and penalty system, presence of a safety director	0% - 10%	-	0% - 10%	-
Location – (a) Exposure inside premises (b) Exposure outside premises	0% - 5%	-	0% - 5%	-
Premises – Condition, care, loss control program	0% - 10%	-	0% - 10%	-
Classification peculiarities	0% - 10%	-	0% - 10%	-
TOTAL (i.e., result of the selected method of calculation):	(SEE NOTE #5)			
The maximum total credit or debit available under this plan is capped (e.g., maximum total amount of credit and debit) at +/-50%. (SEE NOTE #6)				

NOTES:

1. The information displayed in this chart is intended to illustrate the components of a typical schedule rating plan.
2. If an insurer establishes eligibility standards, which identify the type or types of risks that are subject to the plan, the eligibility standards must be filed and the insurer must adhere to the filed standards.
3. The risk characteristics or risk modification criteria that are to be evaluated must be filed.
4. Schedule rating plans typically contain ranges of credits and debits that are used to adjust the premium to reflect above average risks or below average risks. The range or amount of modification associated with each of the named risk characteristics must be included in the filing.
5. Insurers do not have to file the tallying method used to compute the total amount of credits and/or debits.
6. If the insurer chooses to cap (e.g., establish a maximum) the total amount of credit or debit available under the plan, this cap must be applied consistently among risks. The cap does not have to be stated in the filing.

Sample Schedule Rating Plan (SEE NOTE #1)		
Risks that generate a premium of at least \$5,000.00 are eligible for consideration under this rating plan. (SEE NOTE #2)		
Risk Characteristics/Risk Modification Criteria (SEE NOTE #3)	Range of Modifications (SEE NOTE #4)	
	Credit	Debit
Management – Cooperation with insurance company, revisions of schedules, routes and practices to conform to insurer recommendations.	0% - 10%	0% - 10%

Bureau of Insurance

November 8, 2006

Administrative Letter 2006-16

To: All Property and Casualty Insurers and Rate Service Organizations Licensed in Virginia

Re: Prospective Loss Cost Filing Requirements for Lines of Insurance Other than Workers' Compensation; Withdrawal of Administrative Letter 1990-5

By this administrative letter, Virginia is adopting the National Association of Insurance Commissioner's (NAIC) forms for loss cost filings for lines of insurance other than workers' compensation insurance. These changes are in keeping with the Bureau of Insurance's (Bureau) and the NAIC's speed-to-market and uniformity initiatives.

Effective immediately, the Bureau is adopting the NAIC's Other than Workers' Compensation Loss Cost Filing Document Cover form (edition 2/20/06), Expense Constant Supplement form (edition August 16, 2004), and Loss Cost Filing Document-Other Than Workers' Compensation - PC IRF Calculation of Company Loss Cost Multiplier (PC IRF) form (edition August 16, 2004). It is important to note that while Bureau is adopting the NAIC's loss cost filing forms, we are not changing our current loss costs filing procedures.

For consistency with Virginia's regulatory requirements, the Bureau is replacing the NAIC Loss Cost Memorandum (edition July 16, 2004) with the attached Virginia Loss Cost Memorandum (edition November 1, 2006). In addition, the NAIC Loss Cost Data Entry Document and the accompanying NAIC Loss Cost Data Entry Document Instructions can be used in Virginia and are available at the NAIC's website at www.naic.org/loss_cost.htm, but insurers are not required to submit either of these two forms to the Bureau.

In order to accommodate the transition from the VA-RFA-1 (7-90) form to the NAIC Loss Cost PC IRF filing form, please note that:

- (i) none of the currently filed loss cost adjustment factors (e.g., loss cost multipliers) submitted using the Loss Cost Adoption Form VA-RFA-1 (7-90) will be affected by the changes in the loss cost filing forms until such time as the company makes a new filing; and
- (ii) the Bureau will continue to accept Loss Cost Adoption Form VA-RFA-1 (7-90) until January 1, 2007. However, as of January 1, 2007, filers will be required to use the NAIC PC IRF form, Calculation of Company Loss Cost Multiplier.

The actuarial certification form, COF-1 (05/05) as provided in Administrative Letter 2005-01, must be submitted with all rate-related filings, which would include loss costs and loss

cost multiplier filings. Please note that the rates (i.e., the combination of the loss costs and the loss cost multiplier) will apply to policies in accordance with either the effective date of the rate service organization's prospective loss costs or the date selected by the insurer and acknowledged by the Bureau. Refer to Administrative Letter 2006-8 for information pertaining to the company's selected method of implementation. Additional information about filing requirements may be obtained by visiting the Bureau's website at www.scc.virginia.gov/division/boi. In addition, please refer to the Virginia Property and Casualty Filing Guidelines Handbook for the rules and rates that are currently exempt from rate filing requirements.

For information regarding the filing of loss cost multipliers for workers' compensation insurance, filers should refer to Administrative Letter 2005-03. Further, Administrative Letter 1990-5 contains provisions that are no longer applicable and is, therefore, withdrawn.

Questions pertaining to Administrative Letter 2006-16 should be directed to the Property and Casualty Division's Rates and Forms Sections at (804) 371-9965 (personal lines) or (804) 371-9298 (commercial lines).

/s/ Alfred W. Gross
Commissioner of Insurance

VIRGINIA LOSS COST MEMORANDUM OTHER THAN WORKERS' COMPENSATION

(Effective November 8, 2006)

Virginia Prospective Loss Costs Filing Procedures

This memorandum specifies the framework under which rate service organizations (RSOs) and insurers participating in RSOs operate in a loss cost system for other than workers' compensation.

Under this system, RSOs do not develop or file advisory final rates but instead develop and file advisory prospective loss costs and supporting actuarial and statistical data, which are receipt acknowledged and available for use by the RSO's participating insurers. Each insurer must individually determine the rates it will use as a result of its own independent company decision-making process. An RSO develops and files rules, relativities and supplementary rating information on behalf of its participating insurers.

For the purposes of these instructions, the following definitions apply:

A. "Expenses" means that portion of a rate attributable to acquisition, field supervision, collection expenses, general expenses, taxes, licenses, and fees.

B. "Rate" means the cost of insurance per exposure unit, whether expressed as a single number or as a prospective loss cost with an adjustment to account for the treatment of

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expenses, profit and variations in loss experience, prior to any application of individual risk variations based on loss or expense considerations, and does not include minimum premiums.

C. "Developed losses" means losses (including loss adjustment expenses) adjusted, using standard actuarial techniques, to eliminate the effect of differences between current payment or reserve estimates and those needed to provide actual ultimate loss (including loss adjustment expense) payments.

D. "Loss trending" means any procedure for projecting developed losses to the average date of loss for the period during which the policies are to be effective.

E. "Prospective loss costs" are that portion of a rate that does not include provisions for expenses (other than loss adjustment expense) or profit, and are based on historical aggregate losses and loss adjustment expenses adjusted through development to their ultimate value and projected through trending to a future point in time.

F. "Supplementary rating information" includes any manual or plan of rates, classifications, rating schedules, minimum premiums or minimum premium rules, policy fees, rating rules, rate-related underwriting rules, experience rating plans, statistical plans and any other similar information needed to determine the applicable rate in effect or to be in effect.

Section I. Rates/Loss Costs

A. RSO Action

RSOs do not develop or file advisory final rates that contain provisions for expenses (other than loss adjustment expenses) and profit. Instead, for all lines, RSOs develop and file with the Virginia State Corporation Commission Bureau of Insurance (Bureau), in accordance with relevant statutory provisions, a Reference Filing containing advisory prospective loss costs and supporting actuarial and statistical data.

After a Reference Filing has been acknowledged by the Bureau, the RSO will provide its participating insurers with a copy of the Reference Filing.

The RSO may print and distribute manuals of prospective loss costs as well as rules and other supplementary rating information described in Section II A.

RSOs do not develop or file any minimum premiums.

B. Insurer Action

Each insurer must individually determine the final rates it will use and the effective date of any rate changes. This will be the result of the independent company decision-making process of each insurer.

If an insurer that is a member, subscriber or service purchaser of an RSO decides to use the prospective loss costs in a Reference Filing in support of its own filing, the insurer should make a filing using the NAIC's Loss Cost Filing Document-Other Than Workers' Compensation - PC IRF Calculation of Company Loss Cost Multiplier form (hereinafter referred to as the PC IRF). The insurer's rates are the combination of the prospective loss costs and the loss cost adjustments contained in the PC IRF.

On the PC IRF, the insurer should enter only the most recent Reference Filing number that will be adopted; all previous loss costs are considered to be "brought forward" and, therefore, adopted.

Insurers may file modifications of the prospective loss costs in the Reference Filing based on their own anticipated experience. An explanation must be provided for any modifications (upwards or downwards) of the prospective loss costs in the Reference Filing.

Examples:

Below are two examples of how to apply a company's loss cost modification factor to the RSO's prospective loss costs.

- Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.
- Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

Insurers may vary expense loads by individual classification, grouping, or subline of insurance. Insurers may use variable or fixed expense loads or a combination of these to establish their expense loadings.

If an insurer wishes to use minimum premiums, the company must file the minimum premiums it proposes to use.

The insurer may request to have its loss cost adjustments remain on file so that the filed loss cost adjustments automatically apply to all future prospective loss costs by checking the first block under item 1 of the PC IRF. The company's rates are then the combination of the new prospective loss costs and the company's loss cost adjustment factors as of the effective date of the RSO's Reference Filing. The insurer need not file anything further with the Bureau unless this situation changes.

If an insurer that has filed to have its loss cost adjustments remain on file with the Bureau intends to delay, modify, or not adopt a particular RSO's Reference Filing, the insurer must make an appropriate filing with the Bureau. Insurers are required to notify the Bureau by filing either an amended PC IRF or other written notice of their intentions.

The insurer's filed loss cost adjustments will remain in effect until the insurer withdraws them or files a revised PC IRF form.

Insurers may file such other information that the company deems relevant and shall provide such other information as may be requested by the Bureau.

To the extent that an insurer's final rates are determined solely by applying its loss cost adjustments, as presented in the PC IRF form, to the prospective loss costs contained in a RSO's Reference Filing and printed in the RSO's rating manual, the insurer should NOT file its final rate pages with the Bureau. If an insurer chooses to print and distribute final rate pages for its own use, based solely upon the application of filed loss costs, these pages should not be filed with the Bureau.

If the RSO does not provide loss costs for certain classes or coverage in its manual, the insurer must file final rates for these classes or coverage UNLESS the rates for such classes or coverage are exempted from filing requirements by statute or administrative order. If an insurer intends to use its own final rates and/or supplementary rate information for any segment of its business, the rates and supplementary rate information must be filed with the Bureau in manual page format.

If an insurer decides to file certain final rates as exceptions that will be used instead of the loss costs and adjustments on file, these exceptions should be filed in manual page format and should also be noted in item 2 of the PC IRF form. For example: "Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial General Liability (except for Medical Payments – see page E-2)." This indicates that the insurer's loss cost adjustments on file do not apply to their final rate exceptions.

If the insurer HAS filed to have its loss cost adjustments remain on file, applicable to subsequent Reference Filings, and a new Reference Filing is filed and

If--	Then--
1. The insurer decides to use the revision of the prospective loss costs and effective date as filed.	1. The insurer does NOT file anything with the Bureau. Rates are the combination of the prospective loss costs and the on-file loss cost adjustments and become effective on the effective date of the loss costs.
2. The insurer decides to use the prospective loss costs as filed BUT with a subsequent effective date.	2 The insurer must notify the Bureau in writing of its effective date on or before the effective date of the loss costs.

3. The insurer decides to use the revision of the prospective loss costs, but wishes to change its loss cost adjustments.	3. The insurer must file a revised PC IRF form on or before the effective date of the Reference Filing.
4. The insurer decides NOT to revise its rates using the prospective loss costs.	4. The insurer must file a PC IRF form on or before the effective date of the loss costs. The second block must be checked in item 1, indicating they will use the Loss Costs Reference Filing at the top of the page until the Bureau is notified otherwise.

If an insurer has NOT elected to have its loss cost adjustments remain on file, applicable to future prospective loss costs reference filing, and a new Reference Filing is filed, and

If--	Then--
1. The insurer decides to use the prospective loss costs to revise its rates.	1. The insurer must file a PC IRF form, including its effective date.
2. The insurer decides NOT to use the revisions.	2. The insurer does not file anything with the Bureau.

Section II. Supplementary Rating Information

A. RSO Action

The RSO files with the Bureau filings containing a revision of rules and supplementary rating information. This includes policy-writing rules, rating plans, classification codes and descriptions, rules which include factors or relativities, classification relativities or similar factors but excludes minimum premiums.

These filings are made by the RSO on behalf of those insurers that have authorized the RSO to file rules, relativities and supplementary rating information on their behalf.

Rate service organizations may print and distribute manuals of rules and supplementary rating information excluding minimum premiums.

B. Insurer Action

If an insurer has authorized an RSO to file on its behalf, and a new filing of rules, relativities and supplementary rating information is filed and acknowledged and

If--	Then--
1. The insurer decides to use the revisions and effective date as filed.	1. The insurer does NOT file anything with the Bureau.

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2. The insurer decides to use the revisions as filed BUT with a different effective date.	2. The insurer must notify the Bureau in writing of its effective date on or before the RSO's effective date.
3. The insurer decides not to use the revision.	3. The insurer must notify the Bureau on or before the RSO's effective date. The insurer must submit a revised PC IRF form changing its election to have the loss cost adjustment apply to the Reference Document named in the document.
4. The insurer decides to use the revision with modifications.	4. The insurer must file the modification with the Bureau specifying the basis for the modification and the insurer's proposed effective date if different than the effective date filed by the RSO.

Section III. Loss Cost Data Entry Document

If an insurer elects to use or complete the Loss Cost Data Entry Document, it should not be included in the filing. In addition, insurers should not submit the Virginia Prospective Loss Costs Filing Procedures with filings.

Section IV. Inquiries

The Bureau has modified this form for compliance and consistency with Virginia regulatory requirements. Questions pertaining to these requirements should be directed to the Property and Casualty Division's Rates and Forms Sections at (804) 371-9965 (personal lines) or (804) 371-9298 (commercial lines).

Edition November 8, 2006

DEPARTMENT OF ENVIRONMENTAL QUALITY

Total Maximum Daily Load (TMDL) Study - Upper Rappahannock River Basin

Purpose of notice: The Virginia Department of Environmental Quality (DEQ) and the Virginia Department of Conservation and Recreation announce the second Technical Advisory Committee (TAC) meeting for the Upper Rappahannock River Basin TMDL study.

Joint Technical Advisory Committee meeting:

Joint meeting between the Rappahannock and Rapidan Technical Advisory Committees

Friday, December 15, 2006, from 9 a.m. - Noon

Culpeper Train Depot, 109 S. Commerce Street, Culpeper, VA 22701

Meeting description: This is the second meeting of the technical advisory committees for this project. The TMDL study addresses elevated levels of bacteria in 16 stream segments in the Upper Rappahannock River Basin.

Description of study: Virginia agencies are working to identify sources of bacteria contamination in stream segments in the Upper Rappahannock River Basin. The impaired stream segments are located in Albemarle, Culpeper, Fauquier, Greene, Madison, Orange, Rappahannock, and Spotsylvania counties, and their location is set forth in the table below. Since the watershed is so large, two technical advisory committees have been formed for this project: 1) Upper Rappahannock River TAC and 2) Rapidan River TAC. For this meeting, both TACs will meet together.

Stream Name	Locality	Impairment	Length (miles)	Upstream Limit	Downstream Limit
Hughes River	Culpeper Rappahannock	Bacteria	3.68	Kilbys Run	Hazel River
Hazel River	Culpeper	Bacteria	16.67	Rt. 707 Bridge	Unnamed Tributary
Hazel River	Culpeper	Bacteria	3.32	Indian Run	Muddy Run
Rush River	Rappahannock	Bacteria	4.55	Unnamed Tributary	Big Branch
Rappahannock River	Fauquier Rappahannock	Bacteria	2.17	Jordan River	UT
Marsh Run	Fauquier	Bacteria	8.35	Craig Run	Rappahannock River

Browns Run	Fauquier	Bacteria	2.39	Unnamed Tributary	Marsh Run
Craig Run	Fauquier	Bacteria	3.61	Headwaters of Craig Run	Marsh Run
Rappahannock River	Culpeper Fauquier	Bacteria	2.02	Ruffans Run	Tinpot Run
Rappahannock River	Culpeper Fauquier	Bacteria	2.85	Unnamed Tributary	Marsh Run
Blue Run	Orange Albemarle	Bacteria	11.61	Headwaters of Blue Run	Rapidan River
Rapidan River	Culpeper Madison Orange	Bacteria	7.5	Poplar Run	Robinson River
Marsh Run	Greene Madison Orange	Bacteria	5.19	Headwaters of Marsh Run	Rapidan River
Unnamed Tributary to Rapidan River	Madison Orange	Bacteria	2.57	Headwaters of Unnamed Tributary	Rapidan River
Cedar Run	Culpeper Orange	Bacteria	5.4	Buck Run	Rapidan River
Rapidan River	Culpeper Spotsylvania	Bacteria	2.68	Wilderness Run	Middle Run

During the study, DEQ will develop a total maximum daily load, or a TMDL, for each of the impaired stream segments. A TMDL is the total amount of a pollutant a water body can contain and still meet water quality standards. To restore water quality, contamination levels have to be reduced to the TMDL allocated amount.

Contact for additional information Katie Conaway, Department of Environmental Quality, 13901 Crown Court, Woodbridge, VA 22193, telephone (703) 583-3804, or email mkconaway@deq.virginia.gov.

STATE LOTTERY DEPARTMENT

Director's Orders

The following Director's Orders of the State Lottery Department were filed with the Virginia Registrar of Regulations on November 27, 2006. The orders may be viewed at the State Lottery Department, 900 E. Main Street, Richmond, Virginia, or at the office of the Registrar of Regulations, 910 Capitol Street, 2nd Floor, Richmond, Virginia.

Final Rules for Game Operation:

Director's Order Number Sixty-Four (06)

Virginia's Instant Game Lottery 732; "Take the Money and Run" (effective 11/14/06)

Director's Order Number Sixty-Five (06)

Virginia's Instant Game Lottery 762; "\$20,000 Table Stakes Doubler" (effective 11/14/06)

Director's Order Number Sixty-Six (06)

Virginia's Instant Game Lottery 765; "Big Bucks Doubler" (effective 11/14/06)

Director's Order Number Sixty-Seven (06)

Virginia's Instant Game Lottery 764; "Be My Boop" (effective 11/14/06)

VIRGINIA WASTE MANAGEMENT BOARD

Proposed Consent Special Order - Atlantic Research Corporation - Gainesville

Purpose of notice: To invite citizens to comment on a proposed consent order for a facility in Calverton, Virginia.

Public comment period: December 12, 2006, through January 11, 2007.

Consent order description: The Waste Management Board proposes to issue a consent order to Atlantic Research Corporation - Gainesville to address alleged violations of the Virginia Hazardous Waste Management Regulations (9 VAC 20-60). The location of the facility where the alleged violations occurred is 5945 Wellington Road, Gainesville,

General Notices

VA 20155. The consent order describes a settlement to resolve improper management of hazardous waste.

How to comment: DEQ accepts comments from the public by email, 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 Sarah Baker, Department of Environmental Quality, Northern Virginia Regional Office, 13901 Crown Court, Woodbridge, VA 22193, telephone (703) 583-3850, FAX (703) 583-3841, or email sbaker@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 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

ERRATA

STATE BOARD OF HEALTH

Title of Regulation: 12 VAC 5-590. Waterworks Regulations.

Publication: 22:24 VA.R. 3677-3718 August 7, 2006.

Correction to Final Regulation:

Page 3718, insert Appendix O with the following changes to row "(10)":

(10) Arsenic (ppb)	.05	1000	50	n/a	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes	Some people who drink water containing arsenic in excess of the MCL over many years could experience skin damage or problems with their circulatory system, and may have an increased risk of getting cancer.
	0.010 ²		10 ²	0 ²		

VA.R. Doc. No. R06-291; Filed November 21, 2006, 3:27 p.m.

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.virginia.gov 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://leg1.state.va.us/lis.htm>) and select "Meetings."

VIRGINIA CODE COMMISSION

EXECUTIVE

DEPARTMENT FOR THE AGING

† December 19, 2006 - 10 a.m. -- Open Meeting
1610 Forest Avenue, Suite 102, Richmond, Virginia.♿
(Interpreter for the deaf provided upon request)

A meeting of the council's reorganized Legislative Committee. The meeting will be conducted as a telephone conference call. For information about how to join this call, contact Bill Peterson at bill.peterson@vda.virginia.gov or call 804-662-9325.

Contact: Bill Peterson, Policy Analyst, Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone (804) 662-9325, toll-free (800) 552-3402, email bill.peterson@vda.virginia.gov.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Virginia Corn Board

December 12, 2006 - 9 a.m. -- Open Meeting
Wallace Manor, 3821 North Courthouse Road, Providence Forge, Virginia.♿

A meeting to (i) hear and approve previous meeting minutes; (ii) review checkoff revenues and the financial status resulting from sale of the 2006 Corn Crop; (iii) hear reports from the chairman, board member representation to the U.S. Grains Council, the National Corn Growers Association, and the Virginia Corn Growers' Association; and (iv) nominate and elect 2007 officers. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact the person identified in this notice

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

Contact: Philip T. Hickman, Program Director, Department of Agriculture and Consumer Services, 102 Governor St., 3rd Floor, Room 319, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786, email phil.hickman@vdacs.virginia.gov.

Virginia Horse Industry Board

† February 2, 2007 - 10 a.m. -- Open Meeting
Department of Forestry, 900 Natural Resources Drive, 2nd Floor, Meeting Room, Charlottesville, Virginia.♿

A meeting to (i) discuss marketing and promotional projects for the coming year; (ii) review the financial status, as well as the status of the Equine Survey currently underway; and (iii) present and approve the minutes of the previous board meeting. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Andrea Heid at least five days before the meeting date so that suitable arrangements can be made.

Contact: Andrea Heid, Equine Marketing Specialist/Program Manager, Department of Agriculture and Consumer Services, Oliver Hill Bldg., 102 Governor St., Room 318, 3rd Floor, Richmond, VA 23219, telephone (804) 786-5842, FAX (804) 371-7786, email andrea.heid@vdacs.virginia.gov.

Seed Potato Board

† December 11, 2006 - 7:30 p.m. -- Open Meeting
Trawler Restaurant, Exmore, Virginia.♿

A meeting to (i) review regulations 2 VAC 5-300, (ii) discuss programs for the year 2006 and plan for the 2007

Calendar of Events


seed season, (iii) conduct other business that may 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 J. W. Nottingham at least five days before the meeting date so that suitable arrangements can be made.

Contact: J. W. Nottingham, Program Director, Seed Potato Board, P.O. Box 26, Richmond, VA 23219, telephone (757) 787-5867, FAX (757) 787-5973, email butch.nottingham@vdacs.virginia.gov.


ALCOHOLIC BEVERAGE CONTROL BOARD

December 18, 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 , email curtis.coleburn@abc.virginia.gov.


ALZHEIMER'S DISEASE AND RELATED DISORDERS COMMISSION

December 12, 2006 - 10 a.m. -- Open Meeting
Department for the Aging, 1610 Forest Avenue, Suite 102, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A quarterly meeting to discuss the ongoing activities of the Commonwealth's virtual Alzheimer's center and set the meeting schedule for 2007.

Contact: Bill Peterson, Department for the Aging, 1610 Forest Avenue, Suite 102, Richmond, VA 23229, telephone (804) 662-9325, toll-free (800) 552-3402, email bill.peterson@vda.virginia.gov.


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

January 31, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, 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 email apelscidla@dpor.virginia.gov.

February 6, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, 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 email apelscidla@dpor.virginia.gov.

February 8, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, 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 email apelscidla@dpor.virginia.gov.

February 13, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, 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 email apelscidla@dpor.virginia.gov.

February 15, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, 5th Floor, 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 email apelscidla@dpor.virginia.gov.

VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS


December 15, 2006 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, 4th Floor, Room 453, Richmond,
Virginia. 

A licensing informal fact-finding conference.


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

February 1, 2007 - 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 , email alhi@dpor.virginia.gov.


AUCTIONEERS BOARD

January 18, 2007 - 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. 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) 367-0795, (804) 367-9753/TTY , email auctioneers@dpor.virginia.gov.


VIRGINIA AVIATION BOARD

December 12, 2006 - 3 p.m. -- Open Meeting
December 13, 2006 - 9 a.m. -- Open Meeting
Wyndham Richmond Airport, 4700 South Laburnum Avenue,
Richmond, Virginia. 

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

Contact: Carolyn Toth, Executive Assistant, Virginia Aviation Board, 5702 Gulfstream Rd., Richmond, VA 23250, telephone (804) 236-3626, FAX (804) 236-3635, email carolyn.toth@doav.virginia.gov.

BOARD FOR BARBERS AND COSMETOLOGY

December 11, 2006 - 9:30 a.m. -- Public Hearing
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia. 

December 29, 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 Board for Barbers and Cosmetology intends to adopt regulations entitled **18 VAC 41-70, Esthetics Regulations**. The purpose of the proposed action is to promulgate regulations governing the licensure

Calendar of Events

and practice of esthetics as directed by Chapter 829 of the 2005 Acts of Assembly. In addition to any other comments, the board is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include (i) projected reporting, recordkeeping and other administrative costs, (ii) probable effect of the regulation on affected small businesses, and (iii) description of less intrusive or costly alternative methods of achieving the purpose of the regulation. Anyone wishing to submit written comments may do so by mail, email or fax to William H. Ferguson II, Executive Director, Board for Barbers and Cosmetology, 3600 West Broad St., Richmond, VA 23230, telephone (804) 367-8590, FAX (804) 367-6295, barbercosmo@dpor.virginia.gov. In order to be considered, comments must be received by the last date of the public comment period.

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

Contact: William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8590, FAX (804) 367-2474, (804) 367-9753/TTY ☎, email barbercosmo@dpor.virginia.gov.

BOARD FOR BRANCH PILOTS

NOTE: CHANGE IN MEETING TIME

December 11, 2006 - 9:30 a.m. -- Open Meeting

February 2, 2007 - 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. 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 ☎, email branchpilots@dpor.virginia.gov.

February 1, 2007 - 8:30 a.m. -- Open Meeting

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

A meeting to conduct examinations.

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 ☎, email branchpilots@dpor.virginia.gov.

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

December 11, 2006 - 10 a.m. -- Open Meeting

Maymont Park, 1700 Hampton Street, Peacock Room, Richmond, Virginia.

A regular meeting 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, email david.dowling@dcr.virginia.gov.

STATE BOARD FOR COMMUNITY COLLEGES

January 17, 2007 - 1:30 p.m. -- Open Meeting

Virginia Community College System, James Monroe Building, 101 North 14th Street, 15th Floor, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

Meetings of the Academic Committee, Student Affairs and Workforce Development Committee, Budget and Finance Committee, Facilities Committee, Audit Committee, and Personnel Committee.

Contact: D. Susan Hayden, Director of Public Affairs, Virginia Community College System, 101 N. 14th St., Richmond, VA 23219, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY ☎

January 18, 2007 - 9 a.m. -- Open Meeting

Godwin-Hamel Board Room, James Monroe Building, 101 North 14th Street, 15th Floor, James Monroe Building, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting of the full board. Public comment may be received upon written notification at least five working days prior to the meeting.

Contact: D. Susan Hayden, Director of Public Affairs, Virginia Community College System, 101 N. 14th St., 15th Floor, Richmond, VA 23219, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY ☎

COMPENSATION BOARD

December 20, 2006 - 11 a.m. -- Open Meeting

102 Governor Street, Lower Level, Room LL22, Richmond, Virginia. ♿

A monthly board meeting.

Contact: Cindy Waddell, Compensation Board, P.O. Box 710, Richmond, VA 23218, telephone (804) 225-3308, FAX (804) 371-0235, email cindy.waddell@scb.virginia.gov.


DEPARTMENT OF CONSERVATION AND RECREATION

December 14, 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, email david.dowling@dcr.virginia.gov.

BOARD FOR CONTRACTORS


† **December 12, 2006 - 9 a.m.** -- Open Meeting
† **December 14, 2006 - 9 a.m.** -- Open Meeting
† **December 20, 2006 - 9 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia. 

An informal fact-finding conference.


Contact: 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 , email contractors@dpor.virginia.gov.

December 19, 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 , email contractors@dpor.virginia.gov.


BOARD OF CORRECTIONAL EDUCATION

December 15, 2006 - 10 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, 7th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting to discuss general business.


Contact: Patty Ennis, Board Clerk, Board of Correctional Education, 101 N. 14th St., 7th Floor, Richmond, VA 23219, telephone (804) 225-3314, FAX (804) 786-7642, (804) 371-8647/TTY , email patricia.ennis@dce.virginia.gov.

BOARD OF CORRECTIONS

† **January 16, 2007 - 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, email barbara.woodhouse@vadoc.virginia.gov.

† **January 16, 2007 - 11 a.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, email barbara.woodhouse@vadoc.virginia.gov.

† **January 17, 2007 - 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, email barbara.woodhouse@vadoc.virginia.gov.

† **January 17, 2007 - 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, email barbara.woodhouse@vadoc.virginia.gov.

Calendar of Events

BOARD OF COUNSELING

† **December 29, 2006 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia. ♿

Informal conferences held pursuant to § 2.2-4019 of the
Code of Virginia.

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 ☎, email
evelyn.brown@dhp.virginia.gov.

CRIMINAL JUSTICE SERVICES BOARD

March 8, 2007 - 9 a.m. -- Public Hearing
General Assembly Building, 9th and Broad Street, House
Room D, Richmond, Virginia. ♿

January 12, 2007 - 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 Criminal Justice Services Board
intends to adopt regulations entitled **6 VAC 20-250,
Regulations Relating to Property and Surety Bail
Bondsmen**. The purpose of the proposed action is
promulgate regulations for property and surety bail
bondsmen. The regulation establishes a licensure process,
training standards, fee schedule, and the administration of
the regulatory system.

Statutory Authority: § 9.1-102 of the Code of Virginia.

Contact: Leon D. Baker, Jr., Division Director, Department
of Criminal Justice Services, Eighth Street Office Bldg., 805
E. Broad St., 10th Floor, Richmond, VA 23219, telephone
(804) 225-4086, FAX (804) 786-0588, or
email lbaker@dcjs.virginia.gov.

BOARD OF DENTISTRY

December 15, 2006 - 9 a.m. -- Open Meeting
February 2, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia. ♿

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

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 ☎, email
sandra.reen@dhp.virginia.gov.

January 5, 2007 - 9 a.m. -- Open Meeting
February 23, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia. ♿

Informal conferences of Special Conference Committee B.
There will not be a public comment period.

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 ☎, email
sandra.reen@dhp.virginia.gov.

January 19, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia. ♿

Informal conferences of Special Conference Committee C.
There will not be a public comment period.

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 ☎, email
sandra.reen@dhp.virginia.gov.

February 9, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia. ♿

A meeting of the Credentials Committee to hold informal
conferences. There will not be a public comment period.

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 ☎, email
sandra.reen@dhp.virginia.gov.

† **March 8, 2007 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia. ♿

Formal hearings. There will not be a public comment
period.

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 ☎, email
sandra.reen@dhp.virginia.gov.

† **March 9, 2007 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Richmond, Virginia. ♿

A meeting to discuss board business. There will be a 15-
minute public comment period at the beginning 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 ☎, email sandra.reen@dhp.virginia.gov.

DESIGN BUILD/CONSTRUCTION MANAGEMENT REVIEW BOARD

December 21, 2006 - 10 a.m. -- Open Meeting
Department of General Services, 202 North Ninth Street, Room 412, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A general business meeting.

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 ☎, email rhonda.bishton@dgs.virginia.gov.

December 21, 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 ☎, email rhonda.bishton@dgs.virginia.gov.

VIRGINIA ECONOMIC DEVELOPMENT PARTNERSHIP

NOTE: CHANGE IN MEETING TIME

December 14, 2006 - 8:30 a.m. -- Open Meeting
Riverfront Plaza, 901 East Byrd Street, West Tower, 19th Floor Board Room, Richmond, Virginia.

A discussion of the Finance Committee will focus on financial matters 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, telephone (804) 545-5610, FAX (804) 545-5611, email kellett@yesvirginia.org.

December 14, 2006 - 10 a.m. -- Open Meeting
901 East Byrd Street, Riverfront Plaza, West Tower, 20th Floor, Richmond, Virginia. ♿

A meeting of the board for discussion of 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, telephone (804) 545-5610, FAX (804) 545-5611, email kellett@yesvirginia.org.

BOARD OF EDUCATION

December 15, 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 Board of Education intends to repeal regulations entitled **8 VAC 20-21, Licensure Regulations for School Personnel** and adopt regulations entitled **8 VAC 20-22, Licensure Regulations for School Personnel**. The purpose of the proposed action is to propose substantive changes in the requirements for licensure of school personnel. In a concurrent action, the Board of Education proposes to repeal the text of the current regulations (8 VAC 20-21) and promulgate new regulations (8 VAC 20-22). Substantive new requirements are proposed for the following areas: (i) conditions for licensure; (ii) types of licenses; (iii) designations of career paths to teaching; (iv) added endorsements by examination; (v) conditions for licensure by reciprocity; (vi) names of a few endorsements and requirements for some teaching areas; (vii) endorsement areas by adding the mathematics specialist, school manager, and speech language assistants; and (viii) the administration and supervision endorsement.

Statutory Authority: §§ 22.1-298.1 and 22.1-299 of the Code of Virginia.

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, email margaret.roberts@doe.virginia.gov.

December 15, 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 Board of Education intends to repeal regulations entitled **8 VAC 20-541, Regulations Governing Approved Programs for Virginia Institutions of Higher Education** and adopt regulations entitled **8 VAC 20-542, Regulations Governing the Review and Approval of Education Programs in Virginia**. During recent years, national, state, and local

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educators as well as members of the general public have placed increased emphasis on the need to ensure in our nation's schools the provision of highly qualified teachers who in turn make a positive impact on preK-12 student achievement. Federal legislation such as the 2001 No Child Left Behind Act (NCLB) and the 1998 Reauthorization of the Title II Higher Education Act (Title II HEA) clearly express the need for increased accountability from states and institutions of higher education in the preparation, certification, and licensure of teachers and other school personnel.

Statutory Authority: §§ 22.1-16 and 22.1-298.1 of the Code of Virginia.

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, email margaret.roberts@doe.virginia.gov.

† **January 10, 2007 - 9 a.m.** -- Open Meeting

† **January 11, 2007 - 9 a.m.** -- Open Meeting

† **January 12, 2007 - 9 a.m.** -- Open Meeting


Comfort Inn Conference Center, 3200 West Broad Street, Richmond, Virginia.

A meeting of the State Special Education Advisory Committee. For more information on times and agendas go to <http://www.doe.virginia.gov/VDOE/Instruction/Sped/sseac.html> or call the Department of Education Special Education and Student Services office at 804-225-3252 or (TTY) 800-422-1098.

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, email margaret.roberts@doe.virginia.gov.


January 10, 2007 - 9 a.m. -- Open Meeting

† **February 28, 2007 - 9 a.m.** -- Open Meeting

James Monroe Building, 101 North 14th Street, 22nd Floor, Jefferson Conference Room, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular business meeting of the board. Public comment will be received. The agenda and the supporting materials will be posted on the Friday prior to the meeting on the following web site:
http://www.doe.virginia.gov/VDOE/VA_Board/bd-sched.html

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, email margaret.roberts@doe.virginia.gov.

† **January 10, 2007 - 11 a.m.** -- Public Hearing
James Monroe Building, 101 North 14th Street, 22nd Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

February 12, 2007 - Public comments may be submitted until 5 p.m. on this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Education intends to amend regulations entitled **8 VAC 20-160, Regulations Governing Secondary School Transcripts**. The purpose of the proposed action is to remove the 1988-89 effective date provision, revise the definitions as necessary to comport with those in other Board of Education regulations, and revise the format options for the transcript and profile data sheets to reflect both Board of Education regulations and state and federal law. The sections concerning class rankings, AP courses and the elements of weighting of advanced, accelerated, advanced placement, and honors level courses are also revised to comport with best instructional practices, as well as other state requirements.

Statutory Authority: § 22.1-16 of the Code of Virginia


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, email margaret.roberts@doe.virginia.gov.

January 22, 2007 - 9 a.m. -- Open Meeting
Location to be announced.

A meeting of the Advisory Board on Teacher Education and Licensure. For additional information, contact Patty Pitts, Director of Teacher Licensure at the Department of Education, (804) 371-2471, email patty.pitts@doe.virginia.gov.

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, email margaret.roberts@doe.virginia.gov.

DEPARTMENT OF ENVIRONMENTAL QUALITY


† **December 15, 2006 - 9 a.m.** -- Open Meeting
Culpeper Train Depot, 109 South Commerce Street, Culpeper, Virginia. 

A meeting of the advisory committee assisting in the TMDL study to address elevated levels of bacteria in 16 stream segments in the Upper Rappahannock River Basin. The stream segments are located in Albemarle, Culpeper, Fauquier, Greene, Madison, Orange, Rappahannock, and

Spotsylvania counties. The public notice appears in the Virginia Register of Regulations on December 11, 2006.


Contact: Katie Conaway, Department of Environmental Quality, 13901 Crown Court, Woodbridge, VA 22193, telephone (703) 583-3804, email mkconaway@deq.virginia.gov.

VIRGINIA FIRE SERVICES BOARD

December 13, 2006 - 11 a.m. -- Open Meeting
Henry County Emergency Training Center, 1024 Dupont Road, Martinsville, Virginia.  (Interpreter for the deaf provided upon request)


Orientation for new board members.

Contact: Brook M. Pittinger, Quality Assurance Chief, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 249-1970, toll-free (866) 482-3473, email brook.pittinger@vdfp.virginia.gov.

December 13, 2006 - 3 p.m. -- Open Meeting
Henry County Emergency Training Center, 1024 Dupont Road, Martinsville, Virginia.  (Interpreter for the deaf provided upon request)

A meeting of the Executive Committee.

Contact: Brook M. Pittinger, Quality Assurance Chief, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 249-1970, toll-free (866) 482-3473, email brook.pittinger@vdfp.virginia.gov.

December 14, 2006 - 10 a.m. -- Open Meeting
Henry County Emergency Training Center, 1024 Dupont Road, Martinsville, Virginia.  (Interpreter for the deaf provided upon request)


Committee meetings will be held as follows:

Education and Training - 10 a.m.

Fire Prevention and Control - 2 p.m.

Administration, Policy and Finance - 3 p.m.

Contact: Brook M. Pittinger, Quality Assurance Chief, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 249-1970, toll-free (866) 482-3473, email brook.pittinger@vdfp.virginia.gov.

December 15, 2006 - 9 a.m. -- Open Meeting
Henry County Emergency Training Center, 1024 Dupont Road, Martinsville, Virginia.  (Interpreter for the deaf provided upon request)


A full board meeting.

Contact: Brook M. Pittinger, Quality Assurance Chief, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 249-1970, toll-free (866) 482-3473, email brook.pittinger@vdfp.virginia.gov.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS


December 12, 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 as they relate to the practice of funeral service.


Contact: Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY , email elizabeth.young@dhp.virginia.gov.

† December 12, 2006 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

Formal hearings.

Contact: Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY , email elizabeth.young@dhp.virginia.gov.


COUNCIL ON VIRGINIA'S FUTURE

December 15, 2006 - Noon -- Open Meeting
General Assembly Building, 9th and Broad Street, Senate Room A, Richmond, Virginia. 

A meeting of the members of the Council on Virginia's Future, related staff, members of the press, and the general public.

Contact: Gilbert M. An (Gigi), Executive Assistant to the Director, Virginia Research and Technology Advisory Commission, 1001 E. Broad St., Suite 430, Richmond, VA 23219, telephone (804) 371-2346, FAX (804) 371-2347, email gma2n@virginia.edu.

BOARD FOR GEOLOGY

January 3, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A general business meeting including consideration of regulatory issues as may be presented on the agenda. The meeting is open to the public; however, a portion of the board's business may be 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.

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Contact: David E. Dick, Executive Director, Board for Geology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, (804) 367-9753/TTY ☎, email geology@dpor.virginia.gov.

telephone (804) 864-7463, FAX (804) 864-7475 or email cal.sawyer@vdh.virginia.gov.

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GEORGE MASON UNIVERSITY

January 31, 2007 - 9 a.m. -- Open Meeting
Fairfax Campus, Mason Hall, Fairfax, Virginia. ♿

A meeting of the Board of Visitors. Agenda items will be posted 10 days prior to the meeting.

Contact: Mary Roper, Secretary Pro Tem, George Mason University, 4400 University Dr., Fairfax, VA 22030, telephone (703) 993-8703, toll-free (703) 993-8707, email mroper@gmu.edu.

OFFICE OF GOVERNOR

† **December 12, 2006 - 10 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street, Board Room 4, Richmond, Virginia. ♿

† **January 5, 2007 - 10 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street, Board Room 1, Richmond, Virginia. ♿

† **March 2, 2007 - 10 a.m.** -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Room 7 B, Richmond, Virginia.

A Long-Term Care Workgroup meeting of the Governor's Health Reform Commission.

Contact: Heidi Dix, Assistant Secretary of Health and Human Resources, Office of Governor, 1111 E. Broad St, 4th Floor, Richmond, VA 23219, telephone (804) 786-7765, email heidi.dix@governor.virginia.gov.

STATE BOARD OF HEALTH

December 18, 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 State Board of Health intends to amend regulations entitled **12 VAC 5-585, Biosolids Use Regulations**. The purpose of the proposed action is to provide regulations and standards for site specific management practices, including nutrient management plans for land applying Class B sewage sludge in the Commonwealth, and to provide for resolving disputes concerning permit compliance that may arise between land appliers and local governments.

Statutory Authority: § 32.1-164.5 of the Code of Virginia.

Contact: C.M. Sawyer, Division Director, Department of Health, 109 Governor St., 5th Floor, Richmond, VA 23219,

† **February 9, 2007** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to repeal regulations entitled **12 VAC 5-190, State Plan for the Provision of Children's Specialty Services**, and adopt regulations entitled **12 VAC 5-191, State Plan for the Children with Special Health Care Needs Program**. The purpose of the proposed action is to repeal the current regulation, 12 VAC 5-190, State Plan for the Provision of Children's Specialty Services, because this regulation does not adequately address the existing model for providing services, and promulgate 12 VAC 5-191, State Plan for the Children with Special Health Care Needs Program, to provide a State Plan for the administration, eligibility, and scope of services provided through the Department of Health for residents of the Commonwealth with special health care needs. The Children with Special Health Care Needs Program encompasses various initiatives to serve individuals with special health care needs including the Care Connection for Children network, Child Development Services program, and the Virginia Bleeding Disorders Program. Following a federally mandated comprehensive needs assessment in 1999, the previous Children's Specialty Services program was phased out and replaced with the Care Connection for Children network. The current program operates very differently, and therefore needs new regulations.

Other state-mandated initiatives, such as the Virginia Newborn Screening System, Virginia Congenital Anomalies Reporting and Education System, Virginia Sickle Cell Awareness Program, and Pediatric Comprehensive Sickle Cell Clinic Network also identify and serve children with special health care needs. These programs, several of which have separate regulations, are now referenced in this regulation as well.


The proposed regulation is designed to ensure that program services are made available to eligible residents within available appropriations, are able to respond to changing needs of the population, and can qualify for federal Title V and other available funds for plan administration. It is intended to support consistent program administration statewide, and assure that resources are expended and distributed fairly across the Commonwealth.

Statutory Authority: §§ 32.1-12 and 32.1-77 of the Code of Virginia.

Contact: Nancy Bullock, Director, Children with Special Health Care Needs Program, Division of Child and

Adolescent Health, Department of Health, 109 Governor St., 8th Floor, Richmond, VA 23219, telephone (804) 864-7706, FAX (804) 864-7722 or email nancy.bullock@vdh.virginia.gov.

DEPARTMENT OF HEALTH

December 14, 2006 - 10 a.m. -- Open Meeting
Virginia Association of Volunteer Rescue Squads, 2535 Turkey Creek Road, Oilville, Virginia. 

A regular meeting for the Regulation and Policy Committee for the EMS Advisory Board.

Contact: Michael D. Berg, Manager, Regulation and Compliance, Department of Health, 109 Governor St., Suite UB-55, Richmond, VA 23219, telephone (804) 864-7600, FAX (804) 864-7580, toll-free (800) 523-6019, email michael.berg@vdh.virginia.gov.

December 15, 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, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 864-7452, FAX (804) 864-7476, email don.alexander@vdh.virginia.gov.

December 20, 2006 - 11 a.m. -- Open Meeting
Department of Health, 109 Governor Street, 12th Floor, Conference Room 1218, Richmond, Virginia.

The annual meeting of the Minority Health Advisory Committee.

Contact: Karen Reed, Health Workforce and Minority Health Manager, Department of Health, 109 Governor St., Suite 1016 East, Richmond, VA 23219, telephone (804) 864-7427, FAX (804) 864-7440, toll-free (800) 694-7349, email karen.reed@vdh.virginia.gov.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

December 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 Human Resource Management intends to adopt regulations entitled **1 VAC 55-30, Long-Term Care Program**. The purpose of the proposed action is to establish regulations used by the Department of Human Resource Management in the

administration of the long-term care plan for state employees, retirees and terminated vested participants of the Virginia Retirement System, as well as employees of local governments that have chosen to offer the plan. The regulations define eligibility and underwriting provisions, as well as establish distinct insurance classifications for participants.

Statutory Authority: §§ 2.2-1207 and 2.2-1208 of the Code of Virginia.

Contact: Charles Reed, Associate Director, Department of Human Resource Management, James Monroe Bldg., 101 N. 14th St., 13th Floor, Richmond, VA 23219, telephone (804) 786-3124, FAX (804) 371-2505, email charles.reed@dhrm.virginia.gov.


VIRGINIA COUNCIL ON HUMAN RESOURCES

December 14, 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., 101 N. 14th St., 13th Floor, Richmond, VA 23219, telephone (804) 786-3124, FAX (804) 371-2505, email charles.reed@dhrm.virginia.gov.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY

December 20, 2006 - 9 a.m. -- Open Meeting
VRS Headquarters, 1200 East Main Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting of the Council on Technology Services Mobile Workforce Workgroup.

Contact: Mike Hammel, Enterprise Architect, Virginia Information Technologies Agency, 110 S. 7th St., Richmond, VA 23219, telephone (804) 225-4016, email mike.hammel@vita.virginia.gov.

STATE BOARD OF JUVENILE JUSTICE

† **January 10, 2007 - 9 a.m.** -- Open Meeting
Hanover Juvenile Corrections Center, 7093 Broad Neck Road, Hanover, Virginia.

Meetings of the Secure Services Committee and Nonsecure Services Committee to receive certification audit reports of several residential and nonresidential programs. The full board will meet at 10 a.m. to take action on the certification reports and hear other such business as comes before the board. Public comment will be received and will be limited to 30 minutes at the beginning of the meeting with additional time allotted at the end of the meeting for

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individuals who have not had a chance to be heard. Speakers will be limited to 10 minutes each with shorter time frames provided at the chairman's discretion to accommodate large numbers of speakers. Those wishing to speak should contact Deborah Hayes at 804-371-0704 three or more business days prior to the meeting. Persons not registered prior to the day of the board meeting will speak after those who have preregistered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the board, the board reserves the right to allocate the time available so as to ensure that the board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the board's purview. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able to do so. Public comments will be heard regarding proposed Regulations Governing Juvenile Work Release Programs (6 VAC 35-190) and Regulations Governing Mental Health Services Transition Plans for Incarcerated Juveniles (6 VAC 35-180).

Contact: Deron Phipps, Regulatory Coordinator, Department of Juvenile Justice, 700 Centre, 700 E. Franklin St., 4th Floor, Richmond, VA 23219, telephone (804) 746-6407, FAX (804) 371-0773, email deron.phipps@djj.virginia.gov.

January 29, 2007 - 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 Board of Juvenile Justice intends to adopt regulations entitled **6 VAC 35-180, Regulations Governing Mental Health Services Transition Plans for Incarcerated Juveniles**. The purpose of the proposed action is to ensure continuity of necessary treatment and services for juveniles being released from incarceration.

Statutory Authority: §§ 16.1-293.1 and 66-10 of the Code of Virginia

Contact: Deron M. Phipps, Regulatory Coordinator, Department of Juvenile Justice, 700 E. Franklin St., P. O. Box 1110, Richmond, VA 23218-1110, telephone (804) 786-6407, FAX (804) 371-0773, or email deron.phipps@djj.virginia.gov.

January 29, 2007 - 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 Board of Juvenile Justice intends to adopt regulations entitled **6 VAC 35-190, Regulations Governing Juvenile Work Release Programs**. The purpose of the proposed action is to set forth the rules and criteria by which the Department may operate work release programs whereby committed juveniles (i) may be employed by private individuals, corporations, or state agencies at places of business; or (ii) may attend educational or other related community activity programs outside of a juvenile correctional facility. Chapter 648 requires the Department to provide juveniles committed to the Department with opportunities to work and participate in career training or technical education programs as operated by DJJ or by the Department of Correctional Education (DCE) and sets forth requirements to be included in the regulation, including eligibility for work release, compensation, custody, and penalties for violating the terms of work release.

Statutory Authority: §§ 66-10 and 66-25.1:3 of the Code of Virginia

Contact: Deron M. Phipps, Regulatory Coordinator, Department of Juvenile Justice, 700 E. Franklin St., P. O. Box 1110, Richmond, VA 23218-1110, telephone (804) 786-6407, FAX (804) 371-0773, or email deron.phipps@djj.virginia.gov.

DEPARTMENT OF LABOR AND INDUSTRY

Virginia Apprenticeship Council

December 14, 2006 - 10 a.m. -- Open Meeting
Confederate Hills Recreation Building, 302 Lee Avenue,
Highland Springs, Virginia. ☎

A regular business meeting.

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 ☎, email bgd@doli.state.va.us.

STATE LIBRARY BOARD

January 19, 2007 - 10:30 a.m. -- Open Meeting
The Library of Virginia, 800 East Broad Street, Richmond,
Virginia. ☎

A meeting to discuss matters pertaining to the Library of Virginia and the Library Board.

Contact: Jean H. Taylor, Executive Secretary Senior, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219-8000, telephone (804) 692-3525, FAX (804) 692-3594, (804) 692-3976/TTY ☎, email jtaylor@lva.lib.va.us.

BOARD OF LONG-TERM CARE ADMINISTRATORS

† **January 9, 2007 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A meeting to discuss business matters. There will be a public comment period at the beginning of the meeting.

Contact: Lisa Russell Hahn, Executive Director, Board of Long-Term Care Administrators, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9930, FAX (804) 662-9943, (804) 662-7197/TTY ☎, email lisa.hahn@dhp.virginia.gov.

† **January 9, 2007 - 1 p.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A meeting of the Credentials Committee to hold informal conferences. There will not be a public comment period.

Contact: Lisa Russell Hahn, Executive Director, Board of Long-Term Care Administrators, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9930, FAX (804) 662-9943, (804) 662-7197/TTY ☎, email lisa.hahn@dhp.virginia.gov.

MARINE RESOURCES COMMISSION

December 19, 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 ☎, email jane.mccroskey@mrc.virginia.gov.

BOARD OF MEDICAL ASSISTANCE SERVICES

December 12, 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 ☎, email nancy.malczewski@dmas.virginia.gov.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† **February 9, 2007** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled **12 VAC 30-80, Methods and Standards for Establishing Payment Rates; Other Types of Care.** The purpose of the proposed action is to increase reimbursement for certain physician types.

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

Contact: William Lessard, Provider Reimbursement, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4593, FAX (804) 786-1680 or email william.lessard@dmas.virginia.gov.

† **February 9, 2007** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled **12 VAC 30-120, Waivered Services.** The purpose of the proposed action is to establish a new waiver program to provide additional services to residents of assisted living facilities who receive an auxiliary grant, who meet nursing facility criteria, and who have a diagnosis of Alzheimer's or a related dementia.

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

Contact: Teja Stokes, Project Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-0527, FAX (804) 786-1680 or email teja.stokes@dmas.virginia.gov.

BOARD OF MEDICINE

† **December 13, 2006 - 9 a.m.** -- Open Meeting
Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia. ♿

† **January 18, 2007 - 9:30 a.m.** -- Open Meeting
Holiday Inn, 3315 Ordway Drive, Roanoke, Virginia. ♿

† **January 23, 2007 - 9 a.m.** -- Open Meeting
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia. ♿

A special conference committee will convene informal conferences to inquire into allegations that certain

Calendar of Events

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 ☎, email renee.dixson@dhp.virginia.gov.

January 26, 2007 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia. 🗺

The Legislative Committee will consider regulatory matters as may be presented on the agenda. Public comment 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 ☎, email william.harp@dhp.virginia.gov.

January 26, 2007 - 1:30 p.m. -- Open Meeting
February 22, 2007 - 1:30 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia. 🗺

The Credentials Committee will meet to consider applicants for licensure and other matters of the board. 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 ☎, email william.harp@dhp.virginia.gov.

February 22, 2007 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia. 🗺

The board will consider regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received on agenda items 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 ☎, email william.harp@dhp.virginia.gov.

Advisory Board on Athletic Training

February 8, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia. 🗺

The advisory board will 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 ☎, email william.harp@dhp.virginia.gov.

Advisory Board on Midwifery

January 19, 2007 - 10 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia. 🗺

The advisory board will 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 ☎, email william.harp@dhp.virginia.gov.

Advisory Board on Occupational Therapy

February 6, 2007 - 10 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia. 🗺

The advisory board will 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 ☎, email william.harp@dhp.virginia.gov.

Advisory Board on Physician Assistants

February 8, 2007 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia. 🗺

The advisory board will 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 ☎, email william.harp@dhp.virginia.gov.

Advisory Board on Radiologic Technology

NOTE: CHANGE IN MEETING TIME

February 7, 2007 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia. ♿

The advisory board will 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 ☎, email william.harp@dhp.virginia.gov.

Advisory Board on Respiratory Care

February 6, 2007 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia. ♿

The advisory board will 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 ☎, email william.harp@dhp.virginia.gov.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

December 14, 2006 - 10 a.m. -- Public Hearing
Jefferson Building, 1220 Bank St., 8th Floor Conference Room, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on the Synar Annual Report for the Virginia Substance Abuse Prevention and Treatment Block Grant Application for federal fiscal year 2006. Copies of the report are available for review at the Office of Substance Abuse Services, Room 818, Jefferson Building and at each community services board office. Comments may be made at the hearing or in writing by no later than December 14, 2006, to the Office of the Commissioner, Department of Mental Health, Mental

Retardation and Substance Abuse Services (DMHMRSAS), P.O. Box 1797, Richmond, VA 23218. Any person wishing to make a presentation at the hearing should contact Sterling Deal, Ph.D. Copies of oral presentations should be filed at the time of the hearing.

Contact: Sterling Deal, Ph.D., Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218, telephone (804) 371-2148, FAX (804) 786-9248, (804) 371-8977/TTY ☎, email sterling.deal@co.dmhmrzas.virginia.gov.

STATE MILK COMMISSION

December 13, 2006 - 10:45 a.m. -- Open Meeting
Department of Forestry, 900 Natural Resources Drive, Room 2054, Charlottesville, Virginia. ♿

A regular meeting to consider industry issues, distributor licensing, base transfers, and reports from staff. The commission offers anyone in attendance an opportunity to speak at the conclusion of the agenda. Those persons requiring special accommodations should notify the agency meeting contact at least five working days prior to the meeting date so that suitable arrangements can be made.

Contact: Rodney Phillips, Administrator, State Milk Commission, 102 Governor St., Room 205, Richmond, VA 23219, telephone (804) 786-2013, FAX (804) 786-3779, email rodney.phillips@vdacs.virginia.gov.

DEPARTMENT OF MINES, MINERALS AND ENERGY

December 11, 2006 - 9 a.m. -- Open Meeting
Oxbow Center, 16620 East Riverside Drive, St. Paul, Virginia. ♿ (Interpreter for the deaf provided upon request)

The Permit Enhancement Work Group will meet first, followed with Regulatory Work Group to discuss potential enhancement to the Division of Mined Land Reclamation (DMLR) permitting process. The regulatory work group will discuss draft language to amend the DMLR regulations. Public comments will be received as the last item of the meeting. Special accommodations for the disabled will be made available at the public meeting on request. Anyone needing special accommodations should contact the DMME DMLR or Virginia Relay Center at least seven days prior to the meeting date.

Contact: Leslie S. Vincent, Customer Services Manager, Department of Mines, Minerals and Energy, Division of Mined Land Reclamation, 3405 Mountain Empire Rd., Big Stone Gap, VA 23219-3402, telephone (276) 523-8156, FAX (275) 523-8163, (800) 828-1120/TTY ☎, email les.vincent@dmme.virginia.gov.

Calendar of Events

DEPARTMENT OF MOTOR VEHICLES

Governor's Motorcycle Advisory Council

December 12, 2006 - 10 a.m. -- Open Meeting

Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia. ☎

A regular meeting.

Contact: Audrey Odum, Management Analyst, Department of Motor Vehicles, P.O. Box 27412, Richmond, VA 23269-0001, telephone (804) 367-8140, FAX (804) 367-6339, toll-free (800) 272-9268, (800) 272-9268/TTY ☎, email audrey.odum@dmv.virginia.gov.

VIRGINIA MUSEUM OF FINE ARTS

December 13, 2006 - 11 a.m. -- Open Meeting

Virginia Museum of Fine Arts, The Pauley Center, 200 North Boulevard, Richmond, Virginia. ☎

A meeting of the Statewide Task Force for staff to update the task force. 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, email suzanne.broyles@vmfa.museum.

December 15, 2006 - 10:30 a.m. -- Open Meeting

Virginia Museum of Fine Arts, Pauley Center 2, 200 North Boulevard, Richmond, Virginia. ☎

A meeting of the Nominating and Governance Committee for staff to update the committee in closed session. 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, email suzanne.broyles@vmfa.museum.

January 2, 2007 - 8 a.m. -- Open Meeting

February 6, 2007 - 8 a.m. -- Open Meeting

† March 6, 2007 - 8 a.m. -- Open Meeting

Virginia Museum of Fine Arts, The Pauley Center, 200 North Boulevard, Dining Room, Richmond, Virginia. ☎

A meeting for staff to update the Executive 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, (804) 340-1401/TTY ☎, email suzanne.broyles@vmfa.museum.

January 17, 2007 - 2:30 p.m. -- Open Meeting

Virginia Museum of Fine Arts, 201 North Boulevard, Conference Room, Richmond, Virginia. ☎

A meeting of the Partnership for Virginia Task Force 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, email suzanne.broyles@vmfa.museum.

BOARD OF NURSING

December 12, 2006 - 9 a.m. -- Open Meeting

December 13, 2006 - 9 a.m. -- Open Meeting

Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, 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 West Broad Street, 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY ☎, email nursebd@dhp.virginia.gov.

December 15, 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 Board of Nursing intends to amend regulations entitled **18 VAC 90-25, Regulations Governing Certified Nurse Aides**. The purpose of the proposed action is to clarify the intent and/or language in the regulation relating to nurse aide education and to add to the grounds for unprofessional conduct to include providing false information to staff or board members in the course of an investigation or proceeding. There is also a proposed new rule that a certificate holder can only petition the board one time for removal of a finding of abuse.

Statutory Authority: §§ 54.1-2400 and 54.1-3005 of the Code of Virginia.


Public comments may be submitted until December 15, 2006, to Jay P. Douglas, R.N., Executive Director, Board of Nursing, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712.


Contact: Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St.,

Richmond, VA 23230, telephone (804) 662-9918, FAX (804) 662-9114 or email elaine.yeatts@dhp.virginia.gov.


† **January 22, 2007 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 2, Richmond, Virginia. 

A panel will conduct informal conferences with licensees and/or certificate holders. Public comment will not be received.


Contact: Jay P. Douglas, RN, MSM, CSAS, 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 , email nursebd.@dhp.virginia.gov.

† **January 23, 2007 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Room 2 Richmond, Virginia. 


A general business meeting including receipt of committee reports, 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) 662-9949, FAX (804) 662-9512, (804) 662-7197/TTY , email jay.douglas@dhp.virginia.gov.

† **January 24, 2007 - 9 a.m.** -- Open Meeting


† **January 25, 2007 - 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 of Nursing will conduct formal hearings with licensees and/or certificate holders. Public comment will not be received.


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) 662-9949, FAX (804) 662-9512, (804) 662-7197/TTY , email jay.douglas@dhp.virginia.gov.

† **February 21, 2007 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Room 1, Richmond, Virginia. 

A meeting of the Committee of the Joint Boards of Nursing and Medicine to conduct general business.

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) 662-9949, FAX (804) 662-9512, (804) 662-7197/TTY , email jay.douglas@dhp.virginia.gov.


OLD DOMINION UNIVERSITY

February 19, 2007 - Noon -- Open Meeting
Old Dominion University, Webb University Center, Norfolk,
Virginia. 

A regular meeting of the executive committee 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, Norfolk, VA 23529, telephone (757) 683-3072, FAX (757) 683-5679, email dmeeks@odu.edu.


OLMSTEAD COMMUNITY INTEGRATION IMPLEMENTATION TEAM

December 19, 2006 - Canceled
Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)


The regular meeting is canceled.


Contact: Julie A. Stanley, Director, Community Integration for People with Disabilities, Office of Governor, 1111 E. Broad St., Richmond, VA 23219, telephone (804) 371-0828, FAX (804) 786-6984, email julie.stanley@governor.virginia.gov.

BOARD OF OPTOMETRY

December 13, 2006 - 9 a.m. -- Open Meeting
Alcoa Building, 6603 West Broad Street, 5th Floor, Room 4,
Richmond, Virginia. 

A meeting of the Professional Designation Committee to review and consider disciplinary sanctions with regard to noncompliance with the professional designation regulations. Public comment will be received at the beginning of the meeting.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Optometry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9910, FAX (804) 662-7098, (804) 662-7197/TTY , email elizabeth.carter@dhp.virginia.gov.

December 13, 2006 - 9:30 a.m. -- Open Meeting
Alcoa Building, 6603 West Broad Street, 5th Floor,
Richmond, Virginia. 

A meeting to receive Professional Designation and CE Committee Reports, consider amendments to the CE Regulations, Sanction Reference Study Update and conduct other general board business as required. Public comment will be received at the beginning of the meeting.

Calendar of Events

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Optometry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9910, FAX (804) 662-7098, (804) 662-7197/TTY ☎, email elizabeth.carter@dhp.virginia.gov.

December 13, 2006 - 11 a.m. -- Open Meeting
Alcoa Building, 6603 West Broad Street, 5th Floor, Room 4, Richmond, Virginia. 📍

A formal hearing. Public comment will not be received.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Optometry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9910, FAX (804) 662-7098, (804) 662-7197/TTY ☎, email elizabeth.carter@dhp.virginia.gov.

December 13, 2006 - 2 p.m. -- Open Meeting
Alcoa Building, 6603 West Broad Street, 5th Floor, Room 4, Richmond, Virginia. 📍

An informal conference hearing. Public comment will not be received.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Optometry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9910, FAX (804) 662-7098, (804) 662-7197/TTY ☎, email elizabeth.carter@dhp.virginia.gov.

BOARD OF PHARMACY

December 13, 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, RPh, 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 ☎, email scotti.russell@dhp.virginia.gov.

POLYGRAPH EXAMINERS ADVISORY BOARD

† **January 11, 2007 - 9 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 ☎, email kevin.hoeft@dpor.virginia.gov.

BOARD FOR PROFESSIONAL AND OCCUPATIONAL REGULATION

† **March 5, 2007 - 10 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, Richmond, Virginia. 📍

A regular board meeting.

Contact: Mark N. Courtney, Executive Director, Board for Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, email mark.courtney@dpor.virginia.gov.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

December 11, 2006 - 1 p.m. -- Public Hearing
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor Conference Room, Richmond, Virginia. 📍

December 15, 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 Professional and Occupational Regulations intends to amend regulations entitled **18 VAC 120-30, Regulations Governing Polygraph Examiners**. The purpose of the proposed action is to amend current regulations to increase fees. In addition to any other comments, the agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: (i) projected reporting, recordkeeping and other administrative costs; (ii) probable effect of the regulation on affected small businesses; and (iii) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Statutory Authority: §§ 54.1-201 and 54.1-1802 of the Code of Virginia.


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 ☎, email kevin.hoeft@dpor.virginia.gov.

VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD


NOTE: CHANGE IN MEETING DESCRIPTION

January 25, 2007 - 10 a.m. -- Open Meeting
Department for the Aging, 1610 Forest Avenue, Suite 100, Richmond, Virginia. 


An Executive Committee meeting.

Contact: Faye D. Cates, MSSW, Human Services Program Coordinator, Virginia Public Guardian and Conservator Advisory Board, Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone (804) 662-9310, FAX (804) 662-9354, toll-free (800) 552-3402, (804) 662-9333/TTY , email faye.cates@vda.virginia.gov.


REAL ESTATE APPRAISER BOARD

December 13, 2006 - 10:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. 


Informal fact-finding conferences.

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 , email reboard@dpor.virginia.gov.


REAL ESTATE BOARD

† **December 12, 2006 - 10 a.m.** -- Open Meeting
† **December 14, 2006 - 9 a.m.** -- Open Meeting
† **December 20, 2006 - 9:30 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. 

An informal fact-finding conference.


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 , email reboard@dpor.virginia.gov.


DEPARTMENT OF REHABILITATIVE SERVICES

December 11, 2006 - 6 p.m. -- Open Meeting
Fairfax County Government Center, 12000 Government Center Parkway, Rooms 2 and 3, Fairfax, Virginia. 
(Interpreter for the deaf provided upon request)


A meeting to receive comments on the Department of Rehabilitative Services' Vocational Rehabilitation and Supported Employment Programs. Materials in alternate format will be provided upon prior request. Comments will be received until 8 p.m.


Contact: Elizabeth Smith, Policy and Planning Director, Department of Rehabilitative Services, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 662-7071, FAX

(804) 662-7696, toll-free (800) 552-5019, (804) 662-9040/TTY , email elizabeth.smith@drs.virginia.gov.


† **December 12, 2006 - 11 a.m.** -- Open Meeting
Clinch Independent Living Services, 1139 C Plaza Drive, Grundy, Virginia. 
(Interpreter for the deaf provided upon request)

A public comment forum to receive comments on the State Plan for Independent Living. Materials will be available in alternate format. Public comments will be received from 11 a.m. to 1 p.m.

Contact: Lisa Grubb, Executive Director, Department of Rehabilitative Services, 11655 Explorer Dr., Richmond, VA 23229, telephone (804) 897-7228, FAX (804) 897-1080, toll-free (800) 552-5019, (804) 662-9040/TTY , email VirginiaSILC@comcast.net.

January 26, 2007 - 1 p.m. -- Open Meeting
Department of Rehabilitative Services, 8004 Franklin Farms Drive, Conference Rooms 103/105, Richmond, Virginia. 
(Interpreter for the deaf provided upon request)

A quarterly meeting of the Virginia Brain Injury Council. Materials can be provided in alternate format upon request. Public comments will begin at approximately 1:15 p.m.

Contact: Kristie Chamberlain, Policy and Planning Director, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box K-300, Richmond, VA 23229, telephone (804) 662-7154, FAX (804) 662-7663, toll-free (800) 552-5019, (800) 464-9950/TTY , email kristie.chamberlain@drs.virginia.gov.

STATE BOARD OF SOCIAL SERVICES

January 12, 2007 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to repeal regulations entitled:

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

and adopt regulations entitled **8 VAC 22 VAC 40-201, Permanency Services - Prevention, Foster Care, Adoption and Independent Living**. The purpose of the proposed action is to repeal seven existing regulations and replace them with one new comprehensive regulation. The


Calendar of Events

new regulation will incorporate all aspects of permanency - Foster Care Prevention, Foster Care, Independent Living, Agency Placement Adoptions - AREVA, Agency Placement Adoptions - Subsidy, and Nonagency Adoption Placement. It will also mandate new procedures integral to Virginia's compliance with federal regulations and in keeping with the federal Child and Family Services program outcome goals.


Statutory Authority: §§ 63.2-217 and 63.2-319 of the Code of Virginia.

Contact: Lynette Isbell, Acting Director, Division of Family Services, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7082, FAX (804) 726-7895 or email lynette.idbell@dss.virginia.gov.

BOARD FOR PROFESSIONAL SOIL SCIENTISTS AND WETLAND PROFESSIONALS

January 30, 2007 - 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: 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) 367-0795, (804) 367-9753/TTY , email soilscientist@dpor.virginia.gov.

DEPARTMENT OF TAXATION

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-70, Virginia Slaughter Hog and Feeder Pig Excise Tax Regulations**. The purpose of the proposed action is to repeal the regulation that has become obsolete due to statutory changes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-75, Virginia Soybean Excise Tax Regulations**. The purpose of the proposed action is to repeal certain sections of the Virginia Soybean Excise Tax Regulation that provide no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-112, Declaration of Estimated Income Tax by Individuals**. The purpose of the proposed action is to amend certain sections of the Declaration of Estimated Income Tax by Individuals Tax Regulations that provide no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-115, Fiduciary Income Tax Regulations**. The purpose of the proposed action is to amend certain sections of the Fiduciary Income Tax Regulations that provide no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-140, Income Tax Withholding**. The purpose of the proposed action is to amend certain sections of the Income Tax Withholding Regulations that provide no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-220, Aircraft Sales and Use Tax Regulations**. The purpose of the proposed action is to amend certain sections of the Aircraft Sales and Use Tax Regulation that provides no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-230, Watercraft Sales and Use Tax Regulations**. The purpose of the proposed action is to repeal one Water Sales and Use Tax regulation that is obsolete due to a statutory change.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-310, Tax on Wills and Administration**. The purpose of the proposed action is to amend certain sections of the Tax on Wills and Administration Regulations that provide no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-350, Forest Products Tax Regulations**. The purpose of the proposed action is to amend certain sections of the Forest Products Tax Regulations that are obsolete due to statutory changes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-360, Litter Tax Regulations**. The purpose of the proposed action is to repeal the Litter Tax Regulations, which provide no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

Calendar of Events

January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-370, Cigarette Tax**. The purpose of the proposed action is to amend certain sections of the Cigarette Tax Regulations that are obsolete due to statutory changes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.


January 26, 2007 - 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 Department of Taxation intends to repeal regulations entitled **23 VAC 10-390, Soft Drink Excise Tax Regulations**. The purpose of the proposed action is to amend the Soft Drink Excise Tax Regulations that provide no additional guidance to clear and unambiguous statutes.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA 23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

COMMONWEALTH TRANSPORTATION BOARD

† December 14, 2006 - Noon -- Open Meeting
Virginia Department of Transportation, 1221 East Broad Street, Auditorium, Richmond, Virginia. 

A combined workshop and regularly scheduled meeting to transact CTB business, such as permits, additions/deletions to the highway system, and other matters requiring board approval. Public comment will be received at the outset of the meeting on items on the agenda for which the opportunity for public comment has not been afforded the public in another forum. Time will be set aside during the action meeting to comment on I-81 issues. Remarks will be limited to five minutes. Large groups will be asked to select one individual to speak for the group. The board reserves the right to amend these conditions. Separate committee meetings may be held on call of the chairman. Contact VDOT Public Affairs at (804) 786-2715 for schedule.

Contact: Carol Mathis, Executive Staff Assistant, Commonwealth Transportation Board, 1401 E. Broad St.,

Richmond, VA 23219, telephone (804) 786-2701, email carol.mathis@vdot.virginia.gov.

UNIVERSITY OF VIRGINIA

† December 11, 2006 - 8:30 a.m. -- Open Meeting
University of Virginia, Medical Center, Board Room, Charlottesville, Virginia.

A meeting of the Medical Center Operating Board. Most of the meeting will be in open session with two portions in executive session.

Contact: Penney Catlett, Assistant to the AVP for Public Affairs, University of Virginia, P.O. Box 400229, Charlottesville, VA 22904, telephone (434) 924-1400, FAX (434) 924-0938, email pdc@virginia.edu.

† December 11, 2006 - 12:30 p.m. -- Open Meeting
University of Virginia, Medical Center, Board Room, Charlottesville, Virginia.

A meeting of the Buildings and Grounds Committee. The meeting should conclude at 2 p.m.

Contact: Penney Catlett, Assistant to the AVP for Public Affairs, University of Virginia, P.O. Box 400229, Charlottesville, VA 22904, telephone (434) 924-1400, FAX (434) 924-0938, email pdc@virginia.edu.

DEPARTMENT OF VETERANS SERVICES

Board of Veterans Services

January 8, 2007 - 1 p.m. -- Open Meeting
American Legion Department of Virginia, 1708 Commonwealth Avenue, Richmond, Virginia.

A regular meeting.

Contact: Rhonda Earman, Special Assistant to the Commissioner, Department of Veterans Services, 900 E. Main St., Richmond, VA 23219, telephone (804) 786-0286, email rhonda.earman@dvs.virginia.gov.

Joint Leadership Council of Veterans Service Organizations

† December 21, 2006 - 10 a.m. -- Open Meeting
American Legion Department of Virginia Building, 1708 Commonwealth Avenue, Richmond, Virginia.

A regular meeting. Public comment will be held at approximately 10:15 a.m. and again at the conclusion of the meeting. Anyone wishing to give comment should contact Roz Trent at roz.trent@dvs.virginia.gov and give your name and/or organization, telephone number and email address.

Contact: Roz J. Trent, Deputy Director of Board Operations, Department of Veterans Services, 900 E. Main St.,

Richmond, VA 23219, telephone (804) 786-0220, FAX (804) 786-0302, email roz.trent@dvs.virginia.gov.

VIRGINIA WASTE MANAGEMENT BOARD

December 11, 2006 - 1 p.m. -- Public Hearing
Department of Environmental Quality, 4949-A Cox Road,
Glen Allen, Virginia.

January 9, 2007 - 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 Virginia Waste Management Board intends to amend regulations entitled **9 VAC 20-130, Solid Waste Planning and Recycling Regulations**. The purpose of the proposed action is to revise the calculation of the mandatory recycling rate for localities and region revise the procedures for formation and dissolution of planning regions, clearly specify qualifications for variances, revise the requirements for plan approval, and eliminate duplicative language on the waste information and assessment program.

The board is seeking comments from the general public about whether to retain a provision for converting volumes to weight in tons as a method for expressing amounts in the recycling rate formula (proposed 9 VAC 20-130-125 B 2). This provision has been used in the past by small businesses that do not maintain weight scales at the solid waste management facility. Also, the board is seeking comments from the general public about whether to retain a provision allowing estimation of tonnage of recycling rate amounts on the basis of survey data on a case-by-case basis (existing 9 VAC 20-130-120 C 1 c).

In addition to any other comments, the board is seeking comments on the costs and benefits of the proposal and on any impacts of the regulation on farm and forest land preservation. Also, the board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include (i) projected reporting, recordkeeping and other administrative costs, (ii) probable effect of the regulation on affected small businesses, and (iii) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so at the public hearing or by mail, email or fax to Allen R. Brockman, P.O. Box 10009, Richmond, Virginia 23240-0009, telephone (804) 698-4468, FAX (804) 698-4327 and arbrockman@deq.virginia.gov; comments must include the name and address of the commenter. In order to be considered comments must be received by 5 p.m. on the date established as the close of the comment period. Both

oral and written comments may be submitted at the public hearing.

Statutory Authority: § 10.1-1411 of the Code of Virginia

Contact: Allen Brockman, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4468, FAX (804) 698-4327, or email arbrockman@deq.virginia.gov.

STATE WATER CONTROL BOARD

December 14, 2006 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House
Room C, Richmond, Virginia. ♿

A regular meeting of the board.

Contact: Cindy Berndt, Regulatory Coordinator, Department of Environmental Quality, P.O. Box 1105, Richmond, VA 23218, telephone (804) 698-4378, FAX (804) 698-4346, email cmb Berndt@deq.virginia.gov.

January 4, 2007 - 1 p.m. -- Public Hearing
Regional Library Headquarters, 1201 Caroline Street,
Fredericksburg, Virginia.

January 26, 2007 - 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 amend regulations entitled **9 VAC 25-720, Water Quality Management Planning Regulation**. The purpose of the proposed action is to amend the City of Fredericksburg nitrogen and phosphorus allocation in the water quality management planning regulation.

Statutory Authority: § 62.1-44.15 of the Code of Virginia


Contact: John M. Kennedy, Department of Environmental Quality, P.O. Box 1105, 629 East Main Street, Richmond, VA 23240, telephone (804) 698-4312 or email: jmkennedy@deq.virginia.gov.

† **January 4, 2007 - 7 p.m.** -- Open Meeting
Germanna Community College, 2130 Germanna Highway,
The Lecture Hall, Room 114, Locust Grove, Virginia. ♿

A meeting to receive public comment on a draft permit that will allow the release of treated wastewater from the Locust Grove Town Center sewage treatment plant into a water body in Orange County. The public comment period closes on January 22, 2007.

Contact: Anna T. Westernik, Department of Environmental Quality, 13901 Crown Court, Woodbridge, VA 22193, telephone (703) 583-3837, FAX (703) 583-3841, email atwesternik@deq.virginia.gov.


Calendar of Events

February 21, 2007 - 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 to be established to assist in the development of amendments to the water quality standards for the triennial review. The notice of intent appeared in the Virginia Register of Regulations on September 18, 2006.

Contact: Eleanore M. Daub, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4111, FAX (804) 698-4116, email emdaub@deq.virginia.gov.

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS


† March 7, 2007 - 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, (804) 367-9753/TTY , email waterwasteoper@dpor.virginia.gov.


INDEPENDENT


VIRGINIA OFFICE FOR PROTECTION AND ADVOCACY

December 11, 2006 - 11 a.m. -- Open Meeting
VOPA Office, 1910 Byrd Avenue, Suite 5, Richmond, Virginia.  (Interpreter for the deaf provided upon request)


A meeting of the Finance and Resource Development Committee. Public comment is welcomed by the Finance and Resource Development Committee and will be received beginning at 11 a.m. 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 email at lisa.shehi@vopa.virginia.gov no later than Monday, November 27, 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 Monday, November 27, 2006.

Contact: Lisa Shehi, Executive Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY , email lisa.shehi@vopa.virginia.gov.


December 13, 2006 - 10 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 regular meeting of the Disabilities Advisory Council. Public comment is welcomed by the council and will be received beginning at 10 a.m. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, call Tracy Manley, Administrative Assistant at 1-800-552-3962 (Voice/TTY) or via email at tracy.manley@vopa.virginia.gov no later than November 29, 2006. Ms. Manley 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. Manley no later than November 29, 2006.


Contact: Tracy Manley, Administrative Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY , email tracy.manley@vopa.virginia.gov.

January 30, 2007 - 9 a.m. -- Open Meeting
VOPA Office, 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 January 30, 2007. 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 email at lisa.shehi@vopa.virginia.gov no later than January 16, 2007. 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 January 16, 2007.


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 , email lisa.shehi@vopa.virginia.gov.

VIRGINIA RETIREMENT SYSTEM


December 12, 2006 - Noon -- Open Meeting
Virginia Retirement System, 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 , email psmith@varetire.org.


December 13, 2006 - 1:30 p.m. -- Open Meeting
Virginia Retirement System, 1200 East Main Street,
Richmond, Virginia. 


A meeting of the Benefits and Actuarial Committee. 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) 344-3124, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY , email lking@varetire.org.


December 14, 2006 - 9 a.m. -- Open Meeting
February 14, 2007 - 10 a.m. -- Open Meeting
Virginia Retirement System, 1111 East Main Street, 3rd Floor
Conference Room, Richmond, Virginia. 

A regular meeting of the Investment Advisory Committee. No public comment will be received at the meeting.

Contact: 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 , email lritchey@varetire.org.


December 14, 2006 - 1 p.m. -- Open Meeting
February 15, 2007 - 1 p.m. -- Open Meeting
Virginia Retirement System, 1111 East Main Street, 3rd Floor
Conference Room, Richmond, Virginia. 

A regular meeting 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) 344-3119, FAX (804) 786-1541, (804) 344-3190/TTY , email lking@varetire.org.

LEGISLATIVE


VIRGINIA CODE COMMISSION

December 15, 2006 - 1 p.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, 6th Floor,
Speaker's Conference Room, Richmond, Virginia. 
(Interpreter for the deaf provided upon request)

A regular meeting. Public comment will be received at the end of the meeting.


Contact: Jane Chaffin, Registrar of Regulations, Division of Legislative Services, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625, email jchaffin@leg.state.va.us.

ELECTRIC UTILITY RESTRUCTURING COMMISSION

† **December 19, 2006 - 1 p.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate
Room B, Richmond, Virginia. 

A meeting of the Capped Rates Subcommittee. For questions regarding the meeting agenda, please contact Frank Munyan, Division of Legislative Services at (804) 786-3591.


Contact: Patty Lung, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

† **December 19, 2006 - 2 p.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate
Room B, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, please contact Frank Munyan, Division of Legislative Services at (804) 786-3591.

Contact: Patty Lung, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

FINANCE COMMITTEE

† **December 15, 2006 - 9:30 a.m.** - Open Meeting
General Assembly Building, 9th and Broad Streets, House
Room D, Richmond, Virginia. 

A meeting with the House Appropriations Committee.

Contact: William L. Owen, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

Calendar of Events

VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL

December 15, 2006 - 1 p.m. -- Open Meeting
General Assembly Building, 910 Capitol Street, House Room C, Richmond, Virginia. ♿

The final meeting of the Freedom of Information Advisory Council in 2006. The meeting will include the annual legislative preview.

Contact: Maria J.K. Everett, Executive Director, Virginia Freedom of Information Advisory Council, General Assembly Bldg., 910 Capitol Street, 2nd Floor, Richmond, VA 23219, telephone (804) 225-3056, FAX (804) 371-8705, toll-free (866) 448-4100, email foiaacouncil@leg.state.va.us.

HEALTH, WELFARE AND INSTITUTIONS

December 15, 2006 - 1 p.m. - Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

A regular meeting of the COPN task force. For questions regarding the meeting agency please contact Sarah Stanton, Division of Legislative Services at (804) 786-3591.

Contact: Lori L. Maynard, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

CHRONOLOGICAL LIST

OPEN MEETINGS

December 11

† Agriculture and Consumer Services, Department of
- Seed Potato Board
Branch Pilots, Board for
Chesapeake Bay Local Assistance Board
Mines, Minerals and Energy, Department of
Protection and Advocacy, Virginia Office for
Rehabilitative Services, Department of
† University of Virginia

December 12

Agriculture and Consumer Services, Department of
- Virginia Corn Board
Alzheimer's Disease and Related Disorders Commission
Aviation Board, Virginia
† Contractors, Board for
† Funeral and Directors and Embalmers, Board of
† Governor, Office of the
- Long-Term Care Workgroup of the Health Reform
Commission
Medical Assistance Services, Board of
Motor Vehicles, Department of
- Governor's Motorcycle Advisory Commission
Nursing, Board of

† Real Estate Board
† Rehabilitative Services, Department of
Retirement System, Virginia

December 13

Aviation Board, Virginia
Fire Services, Virginia
† Medicine, Board of
Milk Commission, State
Museum of Fine Arts, Virginia
Nursing, Board of
Optometry, Board of
Pharmacy, Board of
Protection and Advocacy, Virginia Office for
Real Estate Appraiser Board
Retirement System, Virginia

December 14

Conservation and Recreation, Department of
† Contractors, Board for
Economic Development Partnership, Virginia
Fire Services Board, Virginia
Health, Department of
Human Resources, Virginia Council on
Labor and Industry, Department of
- Virginia Apprenticeship Council
† Real Estate Board
Retirement System, Virginia
† Transportation Board, Commonwealth
Water Control Board, State

December 15

Asbestos, Lead, and Home Inspectors, Virginia Board for
Code Commission, Virginia
Correctional Education, Board of
Dentistry, Board of
† Environmental Quality, Department of
† Finance, Committee on
Fire Services Board, Virginia
Freedom of Information Advisory Council, Virginia
Future, Council on Virginia's
Health, Department of
Health, Welfare and Institutions
Museum of Fine Arts, Virginia

December 18

Alcoholic Beverage Control Board

December 19

† Aging, Department for the
Contractors, Board for
† Electric Utility Restructuring Commission
Marine Resources Commission

December 20

Compensation Board
† Contractors, Board for
Health, Department of
Information Technologies Agency, Virginia
† Real Estate Board

December 21

Design-Build/Construction Management Review Board
 † Veterans Services, Department of

December 29

† Counseling, Board of

January 2, 2007

Museum of Fine Arts, Virginia

January 3

Geology, Board for

January 4

† Water Control Board, State

January 5

Dentistry, Board of
 † Governor, Office of the
 - Long-Term Care Workgroup of the Health Reform
 Commission

January 8

Department of Veterans Services
 - Board of Veterans Services

January 9

† Long-Term Care Administrators, Board of

January 10

Education, Board of
 † Juvenile Justice, State Board of

January 11

† Education, Board of
 † Polygraph Examiners Advisory Board

January 12

† Education, Board of

January 16

† Corrections, Board of

January 17

Community Colleges, State Board for
 † Corrections, Board of
 Museum of Fine Arts, Virginia

January 18

Auctioneers Board
 Community Colleges, State Board for
 † Medicine, Board of

January 19

Dentistry, Board of
 Library Board, State
 Medicine, Board of
 - Advisory Board on Midwifery

January 22

Education, Board of
 † Nursing, Board of

January 23

† Medicine, Board of
 † Nursing, Board of

January 24

† Nursing, Board of

January 25

† Nursing, Board of
 Public Guardian and Conservator Advisory Board

January 26

Medicine, Board of
 Rehabilitative Services, Department of

January 30

Protection and Advocacy, Virginia Office for
 Soil Scientists and Wetland Professionals, Board for

January 31

Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects,
 Board for
 George Mason University

February 1

Asbestos, Lead, and Home Inspectors, Board for
 Branch Pilots, Board for

February 2

† Agriculture and Consumer Services, Department of
 - Virginia Horse Industry Board
 Branch Pilots, Board for
 Dentistry, Board of

February 6

Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects,
 Board for
 Medicine, Board of
 - Advisory Board on Occupational Therapy
 - Advisory Board on Respiratory Care
 Museum of Fine Arts, Virginia

February 7

Medicine, Board of
 - Advisory Board on Radiologic Technology

February 8

Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects,
 Board for
 Medicine, Board of
 - Advisory Board on Athletic Training
 - Advisory Board on Physician Assistants

February 9

Dentistry, Board of

February 13

Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects,
 Board for

February 14

Retirement System, Virginia

February 15

Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects,
 Board for
 Retirement System, Virginia

February 19

Old Dominion University

February 21

† Nursing, Board of
 Water Control Board, State

Calendar of Events

February 22

Medicine, Board of

February 23

Dentistry, Board of

February 28

† Education, Board of

March 2

† Governor, Office of the
- Long-Term Care Workgroup of the Health Reform
Commission

March 5

† Professional and Occupational Regulation, Board of

March 6

† Museum of Fine Arts, Virginia

March 7

† Waterworks and Wastewater Works Operators, Board for

March 8

† Dentistry, Board of

March 9

† Dentistry, Board of

PUBLIC HEARINGS**December 11**

Barbers and Cosmetology, Board for
Professional and Occupational Regulation, Department of
Waste Management Board, Virginia

December 14

Mental Health, Mental Retardation and Substance Abuse
Services, Department of

January 4

† Water Control Board, State

January 10

† Education, Board of

March 8

Criminal Justice Services Board