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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 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.

Volume 23, Issue 10 Virginia Register of Regulations January 22, 2007

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# PUBLICATION SCHEDULE AND DEADLINES

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

## January 2007 through November 2007

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<th>Material Submitted By Noon*</th>
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*Filing deadlines are Wednesdays unless otherwise specified.
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.

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### Cumulative Table of VAC Sections Adopted, Amended, or Repealed

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| 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 15-20-220 | Added | 23:9 VA.R. 1382 | 12/15/06 |
| 4 VAC 15-320-40 | Amended | 23:9 VA.R. 1383 | 1/15/07 |
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| 4 VAC 20-150-70 | Amended | 22:23 VA.R. 3277 | 6/28/06 |
| 4 VAC 20-252-10 | Amended | 23:8 VA.R. 1162 | 1/1/07 |
| 4 VAC 20-252-20 | Amended | 23:8 VA.R. 1163 | 1/1/07 |
| 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 20-252-130 | Amended | 23:8 VA.R. 1163 | 1/1/07 |

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**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 | 9/4-11/3/06 |
| 11 VAC 10-70-30 | Amended | 22:26 VA.R. 4144 | 9/4-11/3/06 |
| 11 VAC 10-70-40 | Amended | 22:26 VA.R. 4144 | 9/4-11/3/06 |
| 11 VAC 10-70-50 | Repealed | 22:26 VA.R. 4144 | 9/4-11/3/06 |
| 11 VAC 10-70-60 | Amended | 22:26 VA.R. 4144 | 9/4-11/3/06 |
| 11 VAC 10-70-70 | Amended | 22:26 VA.R. 4145 | 9/4-11/3/06 |
| 11 VAC 10-70-80 | Amended | 22:26 VA.R. 4146 | 9/4-11/3/06 |
| 11 VAC 10-70-90 | Amended | 22:26 VA.R. 4146 | 9/4-11/3/06 |
| 11 VAC 10-70-170 | Amended | 22:26 VA.R. 4146 | 9/4-11/3/06 |
| 11 VAC 10-90-10 | Amended | 22:26 VA.R. 4146 | 9/4-11/3/06 |
| 11 VAC 10-90-30 | Amended | 22:26 VA.R. 4146 | 9/4-11/3/06 |
| 11 VAC 10-90-50 | Amended | 22:26 VA.R. 4146 | 9/4-11/3/06 |

**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 |

* Upon filing notice of EPA approval with the Registrar of Regulations.
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13 VAC 10-120-10 through 13 VAC 10-120-80 | Amended | 23:5 VA.R. 746-748 | 11/1/06        |

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14 VAC 5-30-20 | Erratum | 22:24 VA.R. 3755 | --           |
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14 VAC 5-30-51 | Added | 23:9 VA.R. 1413 | 4/1/07        |
14 VAC 5-30-55 | Added | 23:9 VA.R. 1413 | 4/1/07        |
14 VAC 5-30-60 through 14 VAC 5-30-90 | Amended | 23:9 VA.R. 1414-1416 | 4/1/07       |
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14 VAC 5-45-10 through 14 VAC 5-45-50 | Added | 23:9 VA.R. 1423-1424 | 4/1/07       |
14 VAC 5-260 (Forms) | Erratum | 22:24 VA.R. 3756 | --           |
14 VAC 5-260-10 | Amended | 23:2 VA.R. 253 | 10/2/06        |
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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        |
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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        |
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<td>24 VAC 30-280-65</td>
<td>Added</td>
<td>23:8 V.A.R. 1287</td>
<td>12/1/06</td>
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<td>24 VAC 30-550</td>
<td>Repealed</td>
<td>22:24 V.A.R. 3736</td>
<td>9/6/06</td>
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<td>24 VAC 30-551-10 through 24 VAC 30-551-100</td>
<td>Added</td>
<td>22:24 V.A.R. 3736-3744</td>
<td>9/6/06</td>
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<td>24 VAC 30-600</td>
<td>Repealed</td>
<td>22:24 V.A.R. 3736</td>
<td>9/6/06</td>
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PETITIONS FOR RULEMAKING

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF PSYCHOLOGY

Initial Agency Notice

Title of Regulation: 18 VAC 125-20. Regulations Governing the Practice of Psychology.


Name of Petitioner: Jan Hembree, Ph.D., for the Virginia Academy of Clinical Psychologists.

Nature of Petitioner's Request: To amend regulations to ensure that graduate study for the license to practice clinical psychology includes substantial direct service training within the practicum and during the internship.

Agency's Plan for Disposition of Request: The board will consider the petition at its meeting on April 10, 2007, at 6603 West Broad Street, Richmond, Virginia, to consider whether to recommend amendments to the requirements for education and training for clinical psychology.

Comments may be submitted until February 21, 2007.

Agency Contact: Evelyn B. Brown, Executive Director, Board of Psychology, 6606 West Broad Street, Richmond, VA 23230-1717, telephone (804) 662-9913, FAX (804) 662-7250, or email evelyn.brown@dhp.virginia.gov.

VA.R. Doc. No. R07-105; Filed January 3, 2007, 10:45 a.m.
**NOTICES OF INTENDED REGULATORY ACTION**

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

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**TITLE 8. EDUCATION**

**STATE BOARD OF EDUCATION**

† Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Education intends to consider amending regulations entitled **8 VAC 20-40, Regulations Governing Educational Services for Gifted Students**. The purpose of the proposed action is to allow the Virginia Board of Education to review contemporary research and best practices in the field that have occurred in the last decade and to ensure that Virginia's regulations are consistent with that information.

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


Public comments may be submitted until 5 p.m. on February 23, 2007.

**Contact:** Dr. Margaret N. Roberts, Executive Assistant to the Board of Education, 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, or email margaret.roberts@doe.virginia.gov.


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† Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Education intends to consider amending regulations entitled **8 VAC 20-80, Regulations Governing Special Education Programs for Children with Disabilities in Virginia**. The purpose of the proposed action is to ensure compliance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) and with its federal implementing regulations at 34 CFR Part 300, effective October 13, 2006. Alignment with these federal requirements is required to ensure Virginia's continued eligibility for federal special education funding, which will total $268.7 million in 2006-2007. The revision process will incorporate requirements of the Code of Virginia and other regulations that apply to the provision of special education in Virginia and strive to clarify areas of ambiguity in the previous regulations.

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


Public comments may be submitted until 5 p.m. on February 23, 2007.

**Contact:** Melissa Smith, Coordinator of Administrative Services, Department of Education, P.O. Box 2120, Richmond, VA 23218-2120, telephone (804) 371-0524 or email melissa.smith@doe.virginia.gov.


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**TITLE 12. HEALTH**

**STATE BOARD OF HEALTH**

† Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to consider amending regulations entitled **12 VAC 5-585, Biosolids Use Regulations**. The purpose of the proposed action is to address recommendations on site access control as contained in the 2005 Joint Legislative Audit and Review Commission Report (House Document No. 89), entitled Review of Land Application of Biosolids in Virginia. The amendment is designed to provide site access control by clarifying the description of high and low potential for public access and revising the requirements contained in the farmer/land owner agreements. Permit applicants provide copies of these agreements to VDH when requesting a permit authorizing land application of biosolids on the sites listed in the signed agreements. VDH will request that the regulations advisory committee (BURAC) provide recommendations that will be used to develop a draft amendment.

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

Statutory Authority: § 32.1-164.5 of the Code of Virginia.

Public comments may be submitted until February 8, 2007.

**Contact:** C.M. Sawyer, Director, Division of Wastewater Engineering, Department of Health, 109 Governor St., 5th Floor, Richmond, VA 23219, telephone (804) 864-7463, FAX (804) 864-7475 or email cal.sawyer@vdh.virginia.gov.

V.A.R. Doc. No. R07-86; Filed December 19, 2006, 11:15 a.m.
STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Mental Health, Mental Retardation and Substance Abuse Services Board intends to consider amending regulations entitled 12 VAC 35-105, Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation and Substance Abuse Services. The purpose of the proposed action is to add provisions for issuing an order of summary suspension of the license.

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


Public comments may be submitted until 5 p.m. on February 21, 2007.

Contact: Leslie Anderson, Director, Office of Licensing, Department of Mental Health, Mental Retardation and Substance Abuse Services, 1220 Bank St., P.O. Box 1797, Richmond, VA 23218, telephone (804) 371-6885, FAX (804) 692-0066 or email leslie.anderson@co.dmhmras.virginia.gov.

VA.R. Doc. No. R07-93; Filed January 3, 2007, 10:31 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Health Professions intends to consider amending regulations entitled 18 VAC 75-10, Public Participation Guidelines. The purpose of the proposed action is to clarify and update the regulation on public participation in the regulatory process.

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 February 21, 2007.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9910, FAX (804) 662-9943 or email elizabeth.carter@dhp.virginia.gov.

VA.R. Doc. No. R07-96; Filed January 3, 2007, 10:45 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Nursing intends to consider amending regulations entitled 18 VAC 90-10, Public Participation Guidelines. The purpose of the proposed action is to clarify and update the regulation on public participation in the regulatory process.

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 February 21, 2007.

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 or email jay.douglas@dhp.virginia.gov.

VA.R. Doc. No. R07-98; Filed January 3, 2007, 10:45 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Long-Term Care Administrators intends to consider amending regulations entitled 18 VAC 95-10, Public Participation Guidelines. The purpose of the proposed action is to clarify and update the regulation on public participation in rulemaking.

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 February 21, 2007.

Contact: Lisa Hahn, Executive Director, Board of Long-Term Care Administrators, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, FAX (804) 662-9943 or email lisa.hahn@dhp.virginia.gov.

VA.R. Doc. No. R07-97; Filed January 3, 2007, 10:46 a.m.
Notices of Intended Regulatory Action

BOARD OF COUNSELING

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Counseling intends to consider amending regulations entitled 18 VAC 115-10, Public Participation Guidelines. The purpose of the proposed action is to clarify and update the board's public participation guidelines.

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 54.2400 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on February 21, 2007.

Contact: Evelyn B. Brown, Executive Director, Board of Counseling, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9133, FAX (804) 662-9943 or email evelyn.brown@dhp.virginia.gov.

VA.R. Doc. No. R07-99; Filed January 3, 2007, 10:45 a.m.

BOARD OF VETERINARY MEDICINE

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Veterinary Medicine intends to consider amending regulations entitled 18 VAC 150-10, Public Participation Guidelines. The purpose of the proposed action is to clarify and update the board's public participation guidelines.

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 February 21, 2007.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Veterinary Medicine, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9910, FAX (804) 662-9943 or email elizabeth.carter@dhp.virginia.gov.

VA.R. Doc. No. R07-100; Filed January 3, 2007, 10:45 a.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 expand the current sales tax exemption to include medicines and drugs purchased by for-profit nursing homes, clinics, etc.

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


Public comments may be submitted until 5 p.m. on January 24, 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. R07-52; Filed November 29, 2007, 4:04 p.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 provide clarification concerning charges for running an advertisement through electronic media such as the Internet and mass communication electronic databases.

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


Public comments may be submitted until 5 p.m. on February 22, 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.


† 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 provide clarification concerning the taxability of
an advertising business's resale of tangible personal property in connection with a nonadvertising campaign.

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


Public comments may be submitted until 5 p.m. on February 22, 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.

† 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 add definitions, address laser and traditional printers, and identify taxable and exempt sales and services.

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


Public comments may be submitted until 5 p.m. on February 22, 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.
TITLE 4. CONSERVATION AND NATURAL RESOURCES

MARINE RESOURCES COMMISSION

REGISTRAR’S NOTICE: The following regulations filed by the Marine Resources Commission are exempt from the Administrative Process Act in accordance with § 2.2-4006 A 12 of the Code of Virginia; however, the commission is required to publish the full text of final regulations.

Final Regulation

Title of Regulation: 4 VAC 20-490. Pertaining to Sharks (amending 4 VAC 20-490-42).

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

Effective Date: December 21, 2006.

Agency Contact: Brandy L. Battle, Regulatory Coordinator, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2248, FAX (757) 247-2002 or email brandy.battle@mrc.virginia.gov.

Summary:

The amendment changes the daily catch limit of spiny dogfish from 300 to 4,000 pounds of spiny dogfish per day from November 1, 2006, through April 30, 2007, for commercial purposes.

4 VAC 20-490-42. Spiny dogfish catch limitations.

A. It shall be unlawful for any person to take, possess aboard any vessel or land in Virginia any spiny dogfish harvested from federal waters (Exclusive Economic Zone (3-200 miles)), for commercial purposes after it has been announced that the federal quota for spiny dogfish has been taken.

B. It shall be unlawful for any person to take, possess aboard any vessel or land in Virginia more than 600 pounds of spiny dogfish per day from May 1 through October 30, or 300 4,000 pounds of spiny dogfish per day from November 1, 2006, through April 30, 2007, for commercial purposes.

C. It shall be unlawful for any person to harvest any spiny dogfish for commercial purposes from state waters after it has been announced that the interstate quota for spiny dogfish has been taken.

D. All spiny dogfish harvested from state waters or federal waters, for commercial purposes, must be sold to a federally permitted dealer.

E. It shall be unlawful for any buyer of seafood to receive any spiny dogfish after any commercial harvest or landing quota described in this section has been attained and announced as such.

VA.R. Doc. No. R07-87; Filed December 21, 2006, 9:55 a.m.

Emergency Regulation


Agency Contact: Katherine V. Leonard, Administrative and Program Specialist, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2120, FAX (757) 247-8101 or email kathy.leonard@mrc.virginia.gov.

Summary:


4 VAC 20-720-40. Open season and areas.

The lawful seasons and areas for the harvest of oysters from the public oyster grounds and unassigned grounds are as follows:


3. The following areas shall be opened from October 1, 2005, through January 31, 2006: the Rappahannock River Hand Tong Area; the Corrotoman River Hand Tong Area; the Rappahannock River Hand Scrape Area; the Drumming Ground Hand Scrape Area (Rappahannock River); the Temples Bay Hand Scrape Area (Rappahannock River); the Coan River Area; the Nomini River Area; the Lower Machodoc Area; the Yeocomico River Area; the
Piankatank River; the Little Wicomico River; the Great Wicomico River Hand Scrape Area; the James River Hand Scrape Area; the Blackberry Hangs Hand Scrape Area (Upper Chesapeake Bay); the York River Hand Scrape Area; the Thomas Rock Hand Scrape Area (James River); and the Deep Rock Dredge Area (Lower Chesapeake Bay).


The lawful seasons and areas for the harvest of oysters from the public oyster grounds and unassigned grounds are as follows:


4 VAC 20-720-50. Closed harvest season and areas.

It shall be unlawful for any person to harvest oysters from the following areas during the specified periods:

1. All public oyster grounds and unassigned grounds in the Chesapeake Bay and its tributaries, including the tributaries of the Potomac River, except those areas listed in 4 VAC 20-720-40, are closed: October 1, 2005, through September 30, 2006.


4. The following areas shall be closed from February 1, 2006, through September 30, 2006: the Rappahannock River Hand Tong Area; the Corrotoman River Hand Tong Area; the Rappahannock River Hand Scrape Area; the Temples Bay Hand Scrape Area (Rappahannock River); the Drumming Ground Hand Scrape Area (Rappahannock River); the Nomini River Area; the Lower Machodoc Area; the Coan River Area; the Piankatank River; the Yeocomico River Area; the Little Wicomico River; the Great Wicomico River Hand Scrape Area; the James River Hand Scrape Area; the Thomas Rock Hand Scrape Area and the Blackberry Hangs Hand Scrape Area (Upper Chesapeake Bay); the York River; the Deep Rock Dredge Area (Lower Chesapeake Bay).


It shall be unlawful for any person to harvest oysters from the following areas during the specified periods:


V.A.R. Doc. No. R07-88; Filed December 21, 2006, 9:55 a.m.

TITLE 8. EDUCATION
STATE BOARD OF EDUCATION
Final Regulation

Title of Regulation: 8 VAC 20-700. Regulations for Conducting Division-Level Academic Reviews (adding 8 VAC 20-700-10 through 8 VAC 20-700-50).


Effective Date: February 21, 2007.

Agency Contact: Dr. Margaret N. Roberts, Executive Assistant to the Board of Education, 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) 225-2540, FAX (804) 225-2524, email margaret.roberts@doe.virginia.gov.

Summary:
The regulations give the Board of Education the authority to require division-level academic reviews in school divisions where findings of school-level academic reviews show that the failure of the schools to reach full accreditation is related to the local school board’s failure to meet its responsibilities under the Standards of Quality.

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

CHAPTER 700.
REGULATIONS FOR CONDUCTING DIVISION-LEVEL ACADEMIC REVIEWS.

8 VAC 20-700-10. Definitions.
The following words and terms when used in this regulation shall have the following meanings unless the context clearly indicates otherwise:

“Department” means the Virginia Department of Education.

“Division-level academic review” means the process used to analyze a school division’s systems and practices to
determine the degree to which the local school board is meeting its responsibilities under the Standards of Quality.

“External review” means a division-level academic review conducted by an organization or agency at the request of a local school board.


The Board of Education shall consider the following criteria in selecting school divisions for division-level academic reviews:

1. The school division’s accountability determination for student achievement as required in federal law;
2. The percentage of students attending schools that are not fully accredited in the division exceeds the statewide average; and
3. School academic review findings in the division report the failure of the division’s schools to reach full accreditation is related to the school board’s noncompliance with the Standards of Quality.

8 VAC 20-700-30. Structure of the review.

A. All division-level academic reviews shall be conducted in accordance with procedures adopted by the Board of Education, which may include, but are not limited to, on-site reviews, interviews of school division personnel, review and observation of operational practices, and the analysis of data related to compliance with state and federal laws and regulations.

B. The Department of Education is authorized to contract with organizations or agencies to conduct division-level academic reviews.

C. Reports of the academic review findings shall be given to the division superintendent, the chair of the local school board, and the Board of Education.

8 VAC 20-700-40. Division improvement plans and corrective actions.

A. School divisions shall develop division improvement plans, including corrective actions for increasing student achievement and correcting any areas of noncompliance determined through the division-level academic review. The school board shall hold a public hearing on the improvement plan at least 15 days prior to the approval of the plan by the board. These plans shall be approved by the local school board and submitted to the Board of Education for approval within 60 business days of the issuance of the division-level academic review report. Upon Board of Education approval, the division improvement plan and corrective actions shall become part of the school division’s divisionwide comprehensive, unified, long-range plan required by the Standards of Quality.

B. The division superintendent and chair of the local school board may request an extension of the due date for the division improvement plan and corrective actions for good cause shown by appearing before the Board of Education to explain the rationale for the request and provide evidence that a delay will not have an adverse impact upon student achievement.

C. The Board of Education shall monitor the implementation of the division improvement plan and corrective actions developed by a school division as part of the division-level academic review process. This plan must include a schedule for reporting the school division’s progress toward completion of the corrective actions to the Board of Education and the public. Any school division not implementing corrective actions, not correcting areas of noncompliance, or failing to develop, submit, and implement required plans and status reports shall be required to report its lack of action directly to the Board of Education and the public.

D. Areas of noncompliance that remain uncorrected shall be reported in the Board of Education’s Annual Report to the Governor and General Assembly on the Condition and Needs of Public Schools in Virginia. The Board of Education may take additional action to seek compliance with school laws pursuant to the relevant provisions of the Code of Virginia.

8 VAC 20-700-50. External reviews.

A. The Board of Education may accept a division-level review conducted by an organization or agency upon the request of a local school board if the review meets or exceeds the requirements for reviews conducted by the department as prescribed in 8 VAC 20-700-30. Agencies that conduct these reviews must employ individuals whose qualifications meet or exceed those of individuals who serve as department representatives for the purpose of conducting academic reviews. The Board of Education shall monitor the implementation of any required corrective actions developed by the school division as prescribed in 8 VAC 20-700-40.

B. Requests for approval of an external review process submitted to the board must include, at a minimum, the following documentation:

1. A description of the organization or agency that will conduct the review;
2. The scope and dates of the review;
3. Qualifications of the individuals who will conduct the review; and
4. Certification from the chairman of the local school board and division superintendent that the review will meet or exceed the requirements for academic reviews adopted by the board.
C. Upon completion of the external review process, the division superintendent shall submit a copy of the final report provided by the reviewer to the Department of Education within 60 days of receipt of the report and comply with the required follow-up activities prescribed in 8 VAC 20-700-40, including a review of the report in a public meeting of the school board prior to submission.


Final Regulation

Title of Regulation: 8 VAC 20-710. Regulations Governing the Process for Submitting Proposals to Consolidate School Divisions (adding 8 VAC 20-710-10 through 8 VAC 20-710-30).


Effective Date: February 21, 2007.

Agency Contact: Dr. Margaret N. Roberts, Executive Assistant to the Board of Education, Department of Education, P.O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2924, FAX (804) 225-2524, email margaret.roberts@doe.virginia.gov.

Summary:

This regulation provides for a process by which school divisions may submit proposals for consolidation. The new regulation stipulates the information and data to be submitted by school divisions in their proposals for consolidation, the criteria that must be considered by the Board of Education in reviewing the proposals, and a process for public participation in the process.

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

CHAPTER 710.
REGULATIONS GOVERNING THE PROCESS FOR SUBMITTING PROPOSALS TO CONSOLIDATE SCHOOL DIVISIONS.

8 VAC 20-710-10. Definitions.

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

“Governing body” or “local governing body” means the board of supervisors of a county, council of a city, or council of a town, responsible for appropriating funds for such locality, as the context may require.

“School board” means the school board that governs a school division.

8 VAC 20-710-20. Administration.

A. The school divisions as they existed on July 1, 1978, shall be and remain the school divisions of the Commonwealth until further action of the Board of Education taken in accordance with the provisions of these regulations and § 22.1-25 of the Code of Virginia.

B. No school division shall be consolidated without the consent of the school board and the governing body of the county or city affected or, if a town comprises the school division, of the town council.

C. Notice of any change in the composition of a school division proposed by the Board of Education shall be given by the Superintendent of Public Instruction, on or before January 1 of the year in which the composition of such school division is to be changed, to the clerks of the school board and of the governing body involved and to each member of the General Assembly.

D. The Board of Education shall consider the following criteria in determining appropriate school divisions:

1. The school-age population of the school division proposed to be divided or consolidated;

2. The potential of the proposed school division to facilitate the offering of a comprehensive program for kindergarten through grade 12 at the level of the established standards of quality;

3. The potential of the proposed school division to promote efficiency in the use of school facilities and school personnel and economy in operation;

4. Anticipated increase or decrease in the number of children of school age in the proposed school division;

5. Geographical area and topographical features as they relate to existing or available transportation facilities designed to render reasonable access by pupils to existing or contemplated school facilities; and

6. The ability of each existing school division to meet the standards of quality with its own resources and facilities or in cooperation with another school division or divisions if arrangements for such cooperation have been made.

8 VAC 20-710-30. Consolidation process.

A. Local school divisions requesting to be consolidated shall submit a proposal to the Board of Education by September 1 of the year prior to the year they wish to consolidate.

B. Each proposal for consolidation shall include the following information and data:

1. The criteria set forth in 8 VAC 20-710-20 D;

2. Evidence of the cost savings to be realized by the consolidation;
3. A plan for the transfer of title to school board property to the resulting combined school board governing the consolidated division;

4. Procedures and a schedule for the proposed consolidation, including completion of current division superintendent and school board member terms;

5. A plan for proportional school board representation of the localities comprising the new school division, including details regarding the appointment or election processes currently ensuring such representation and other information as may be necessary to evidence compliance with federal and state laws governing voting rights;

6. Evidence of local support for the proposed consolidation;

7. A plan for maintaining and/or combining schools;

8. A plan to continue meeting the standards of accreditation; and

9. Documentation that both governing bodies and both school boards consent to the proposed consolidation.

C. Prior to the adoption of any plan to consolidate school divisions, each school division involved in the consolidation shall:

1. Post such plan on the division’s Internet website if practicable;

2. Make a hard copy of the plan available for public inspection and copying; and

3. Conduct at least one public hearing to solicit public comment on the consolidation plan.


Effective Date: March 1, 2007.

Agency Contact: Carrie Eddy, Senior Policy Analyst, Office of Licensure and Certification, Department of Health, 3600 West Broad Street, Suite 216, Richmond, VA 23230, telephone (804) 367-2157, FAX (804) 367-2149, or email carrie.eddy@vdh.virginia.gov.

Summary:

Chapters 177 and 222 of the 2005 Acts of Assembly require that the physical plant standards for nursing facilities be consistent with the current edition of the "Guidelines for Design and Construction of Health Care Facilities" of the American Institute of Architects (AIA). The AIA amended its standards effective July 2006; therefore, the department is amending 12 VAC 5-371, Regulations for the Licensure of Nursing Facilities, to reflect this change.

The amendments also update the name of the Center for Quality Health Care Services and Consumer Protection (the center) to the Office of Licensure and Certification (OLC), repeal two sections omitted from the 2005 nondiscretionary update, amend the forms and documents incorporated by reference sections, and make other technical corrections.

12 VAC 5-371-10. Definitions.

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

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This includes verbal, sexual, physical or mental abuse.

"Administrator" means the individual licensed by the Virginia Board of Nursing Home Long-Term Care Administrators and who has the necessary authority and responsibility for management of the nursing facility.

"Admission" means the process of acceptance into a nursing facility, including orientation, rules and requirements, and assignment to appropriate staff. Admission does not include readmission to the facility after a temporary absence.
"Advance directive" means (i) a witnessed written document, voluntarily executed by the declarant in accordance with the requirements of § 54.1-2983 of the Code of Virginia, or (ii) a witnessed oral statement, made by the declarant subsequent to the time he is diagnosed as suffering from a terminal condition and in accordance with the provision of § 54.1-2983 of the Code of Virginia.

"Assessment" means the process of evaluating a resident for the purpose of developing a profile on which to base services. Assessment includes information gathering, both initially and on an ongoing basis, designed to assist the multi-disciplinary staff in determining the resident's need for care, and the collection and review of resident-specific data.

"Attending physician" means a physician currently licensed by the Virginia Board of Medicine and identified by the resident, or legal representative, as having the primary responsibility in determining the delivery of the resident's medical care.

"Board" means the Board of Health.

"Center" means the Center for Quality Health Care Services and Consumer Protection of the Virginia Department of Health.

"Certified nurse aide" means the title that can only be used by individuals who have met the requirements to be certified, as defined by the Virginia Board of Nursing, and who are listed in the nurse aide registry.

"Chemical restraint" means a psychopharmacologic drug (a drug prescribed to control mood, mental status, or behavior) that is used for discipline or convenience and not required to treat medical symptoms or symptoms from mental illness or mental retardation that prohibit an individual from reaching his highest level of functioning.

"Clinical record" means the documentation of health care services, whether physical or mental, rendered by direct or indirect resident-provider interactions. An account compiled by physicians and other health care professionals of a variety of resident health information, such as assessments and care details, including testing results, medicines, and progress notes.

"Commissioner" means the State Health Commissioner.

"Complaint" means any allegation received by the Department of Health other than an incident reported by the facility staff. Such allegations include, but are not limited to, abuse, neglect, exploitation, or violation of state or federal laws or regulations.

"Comprehensive plan of care" means a written action plan, based on assessment data, that identifies a resident's clinical and psychosocial needs, the interventions to meet those needs, treatment goals that are measurable and that documents the resident's progress toward meeting the stated goals.

"Construction" means the building of a new nursing facility or the expansion, remodeling, or alteration of an existing nursing facility and includes the initial and subsequent equipping of the facility.

"Department" means the Virginia Department of Health.

"Dignity" means staff, in their interactions with residents, carry out activities which assist a resident in maintaining and enhancing the resident's self-esteem and self-worth.

"Discharge" means the process by which the resident's services, delivered by the nursing facility, are terminated.

"Discharge summary" means the final written summary of the services delivered, goals achieved and post-discharge plan or final disposition at the time of discharge from the nursing facility. The discharge summary becomes a part of the clinical record.

"Drug" means (i) articles or substances recognized in the official United States "Drug" Pharmacopoeia National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them; (ii) articles or substances intended for the use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animal; (iii) articles or substances, other than food, intended to affect the structure or any function of the body of man or other animal; and (iv) articles or substances intended for use as a component of any article specified in clause (i), (ii), or (iii). This does not include devices or their components, parts or accessories.

"Emergency preparedness plan" means a component of a nursing facility's safety management program designed to manage the consequences of natural disasters or other emergencies that disrupt the nursing facility's ability to provide care.

"Employee" means a person who performs a specific job function for financial remuneration on a full-time or part-time basis.

"Full-time" means a minimum of 35 hours or more worked per week in the nursing facility.

"Guardian" means a person legally invested with the authority and charged with the duty of taking care of the resident, managing his property and protecting the rights of the resident who has been declared by the circuit court to be incapacitated and incapable of administering his own affairs. The powers and duties of the guardian are defined by the court and are limited to matters within the areas where the resident in need of a guardian has been determined to be incapacitated.
Regulations

"Medication" means any substance, whether prescription or over-the-counter drug, that is taken orally or injected, inserted, topically applied, or otherwise administered.

"Neglect" means a failure to provide timely and consistent services, treatment or care to a resident or residents which are necessary to obtain or maintain the resident or residents' health, safety or comfort; or a failure to provide timely and consistent goods and services necessary to avoid physical harm, mental anguish, or mental illness.

"Nursing facility" means any institution or any identifiable component of any institution, as defined in § 32.1-123 of the Code of Virginia, with permanent facilities that include inpatient beds, whose primary function is the provision, on a continuing basis, of nursing and health-related services for the treatment of individuals who may require various types of long-term care, including facilities known by varying nomenclature or designation such as convalescent homes, nursing homes, nursing or nursing care facilities, skilled nursing or skilled care facilities, intermediate care facilities or extended care facilities.

"OLC" means the Office of Licensure and Certification of the Virginia Department of Health.

"Person" means any individual, corporation, partnership, association, trust, or other legal entity, whether governmental or private, owning, managing, or operating a nursing facility.

"Physical restraint" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's own body.

"Policy" means a written statement which describes the principles and guides and governs the activities, procedures and operations of the nursing facility.

"Procedures" means a series of activities designed to implement program goals or policy, which may or may not be written, depending upon the specific requirements within this chapter. For inspection purposes, there must be evidence that procedures are actually implemented.

"Progress note" means a written statement, signed and dated by the person delivering the care, consisting of a pertinent, chronological report of the resident's care. A progress note is a component of the clinical record.

"Qualified" means meeting current legal requirements of licensure, registration or certification in Virginia; having appropriate training and experience commensurate with assigned responsibilities; or, if referring to a professional, possessing an appropriate degree or having documented equivalent education, training or experience.

"Quality assurance" means systematic activities performed to determine the extent to which clinical practice meets specified standards and values with regard to such things as appropriateness of service assignment and duration, appropriateness of facilities and resources utilized, adequacy and clinical soundness of care given. Such activities should also assure changes in practice that do not meet accepted standards. Examples of quality assurance activities include the establishment of facility-wide goals for resident care, the development of the procedures used to achieve the goals, and the proposal of solutions to problems in attaining those goals.

"Readmission" means a planned return to the nursing facility following a temporary absence for hospitalization, off-site visit or therapeutic leave, or a return stay or confinement following a formal discharge terminating a previous admission.

"Resident" means the primary service recipient, admitted to the nursing facility, whether that person is referred to as a client, consumer, patient, or other term.

"Responsible person or party" means an individual authorized by the resident to act for him as an official delegate or agent. The responsible person may be a guardian, payee, family member or any other individual who has arranged for the care of the resident and assumed this responsibility. The responsible person or party may or may not be related to the resident. A responsible person or party is not a guardian unless so appointed by the court.

"Supervision" means the ongoing process of monitoring the skills, competencies and performance of the individual supervised and providing regular, face-to-face guidance and instruction.

"Volunteer" means a person who, without financial remuneration, provides services to the nursing facility.

12 VAC 5-371-20. Responsibility of the department. (Repealed.)

A. The Department of Health is charged with the responsibility for ensuring that licensed nursing facilities provide residents with at least a minimum level of care according to standards prescribed by the Board of Health and any additional requirements that may be specified by the Code of Virginia.

B. The Center for Quality Health Care Services and Consumer Protection (center) acts as agent for the Department of Health in administering the licensing program. In addition, the center also investigates complaints made by the public against nursing facilities.

C. Center licensing representatives are available to answer questions and provide technical assistance throughout the licensing and inspection process.

D. The Code of Virginia requires the Board of Health to adopt standards and regulations for the licensure of nursing
facilities. The Department of Health is the authorized agent for the Board of Health.

E. In developing or revising standards for licensed nursing facilities, the department adheres to the requirements of the Administrative Process Act (§ 9-6.14:1 of the Code of Virginia) and the public participation process.

F. The department solicits input from licensees, associations of licensees, experts in related fields, advocacy organizations, consumers and the general public in the development or revision of licensing standards through informal and formal comment periods and public hearings.

12 VAC 5-371-30. License.

A. A license to operate a facility is issued to a person or organization. An organization may be a partnership, association, corporation, or public entity.

B. Each license and renewal thereof shall be issued for one year. A nursing facility shall operate within the terms of its license, which include the:

1. Name of the facility;
2. Name of the operator;
3. Physical location of the nursing facility;
4. Maximum number of beds allowed; and
5. Date the license expires.

C. A separate license shall be required for nursing facilities maintained on separate premises, even though they are owned or are operated under the same management.

D. Every nursing facility shall be designated by a permanent and appropriate name. The name shall not be changed without first notifying the center OLC.

E. The number of resident beds allowed in a nursing facility shall be determined by the department. Requests to increase beds must be made in writing and must include an approved Certificate of Public Need.

F. Nursing facility units located in and operated by hospitals shall be licensed under Rules and Regulations for the Licensure of Hospitals in Virginia (12 VAC 5-410-10 et seq.). Approval for such units shall be included on the annual license issued to each hospital.

G. Any person establishing, conducting, maintaining, or operating a nursing facility without a license shall be guilty of a Class 6 felony.

12 VAC 5-371-40. Licensing process.

A. Upon request, the center OLC will provide consultation to any person seeking information about obtaining a license. The purpose of such consultation is to:

1. Explain the standards and the licensing process;
2. Provide assistance in locating other sources of information;
3. Review the potential applicant's proposed program plans, forms, and other documents, as they relate to standards;
4. Alert the potential applicant regarding the need to meet other state and local ordinances, such as fire and building codes and environmental health standards, where applicable.

B. Upon request, the center OLC will provide an application form for a license to operate a nursing facility.

C. The center OLC shall consider the application complete when all requested information and the application fee is submitted with the form required. If the center OLC finds the application incomplete, the applicant will be notified of receipt of the incomplete application.

D. The applicant shall complete and submit the initial application to the center OLC at least 30 days prior to a planned opening date to allow the center OLC time to act on the application. An application for a license may be withdrawn at any time.

E. Application for initial license of a nursing facility shall include a statement of any agreement made with the commissioner as a condition for Certificate of Public Need approval to provide a level of care at a reduced rate to indigents or accept patients requiring specialized care.

Any initial license issued to any nursing facility that made such agreement as a condition of its Certificate of Public Need approval shall not be renewed without demonstrating prior to or at the time of applying for renewal that it is substantially complying with its agreement.

F. The renewal of a nursing facility license shall be conditioned upon the up-to-date payment of any civil penalties owed as a result of willful refusal, failure, or neglect to honor certain conditions established in their award of a Certificate of Public Need pursuant to § 32.1-102.4 F of the Code of Virginia.

G. Prior to changes in operation which would affect the terms of the license, the licensee must secure a modification to the terms of the license from the center OLC.

H. Requests to modify a license must be submitted in writing, 30 working days in advance of any proposed changes, to the Director of the Center for Quality Health Care Services and Consumer Protection Office of Licensure and Certification.

I. The license shall be returned to the center OLC following a correction or reissuance when there has been a change in:

1. Address;
2. Operator;
3. Name; or

J. The center OLC will evaluate written information about any planned changes in operation which would affect either the terms of the license or the continuing eligibility for a license. A licensing representative may visit the facility during the process of evaluating a proposed modification.

K. If a modification can be granted, the center OLC shall respond in writing with a modified license. In the event a new application is needed, the licensee will receive written notification. When the modification cannot be granted, the licensee shall be advised by letter.

L. The department shall send an application for renewal of the license to the licensee prior to the expiration date of the current license.

M. The licensee shall submit the completed renewal application form along with any required attachments and the application fee by the date indicated in the cover letter.

N. It is the licensee's responsibility to complete and return the application to assure timely processing. Should a current license expire before a new license is issued, the current license shall remain in effect provided the complete and accurate application was filed on time.

12 VAC 5-371-50. Functional design features. (Repealed.)

A. In order to avoid costly errors and unnecessary redesign, applicants or licensees are required to present their building plans to the center after acceptance of the final plan layout by the owner. Precontract document approval of the plan ensures acceptance of the basic architectural footprint and serves as the basis for approval of “fast track” construction for nursing facilities pursuing this approach.

The applicant or licensees shall notify the center of deviations in the contract documents from the approved preliminary plans. Contract documents containing deviations from approved preliminary plans are required to comply with these regulations and will be reviewed again to ensure compliance. Variances for out of compliance conditions as a result of deviations from the approved preliminary documents will not be granted.

B. When an application is for licensure of a building which has not previously been used for a nursing facility, or when renovations are made to an existing building, the center shall approve the functional design features of the building according to applicable regulations.

C. Prior to beginning construction or renovation, the applicant or licensee shall submit to the center for approval floor plans which clearly indicate the use of space and other plans for compliance with all requirements for the physical environment contained in the regulations. In addition, the transmittal letter shall contain the estimate of construction start, finish, and the desired occupancy date. Construction shall not begin without approval from the center.

D. The center will notify the applicant or licensee of the receipt of the contract documents.

E. Upon completion of the review, the center will issue a letter indicating approval or disapproval of the plan, citing the regulation determining the “out of compliance” condition.

F. A valid Certificate of Use and Occupancy and Certificate of Public Need are prerequisites for licensure.

12 VAC 5-371-60. On-site inspections.

A. The licensing representative shall make unannounced on-site inspections of the nursing facility. The licensee shall be responsible for correcting any deficiencies found during any on-site inspection. Compliance with all standards will be determined by the center OLC.

B. The licensee shall make available to the licensing representative any necessary records.

C. The licensee shall also allow the licensing representative to interview the agents, employees, residents, family members, and any person under its custody, control, direction or supervision.

D. After the on-site inspection, the licensing representative shall discuss the findings of the inspection with the administrator of record or designee.

E. As applicable, the administrator of record shall submit an acceptable plan for correcting any deficiencies found during an on-site inspection.

F. The administrator of record will be notified whenever any item in the plan of correction is determined to be unacceptable.

G. The administrator of record shall be responsible for assuring the plan of correction is implemented and monitored so that compliance is maintained.

12 VAC 5-371-70. Complaint investigation.

A. The center OLC has the responsibility to investigate any complaints regarding alleged violations of the standards or statutes and complaints of the abuse or neglect of persons in care. The Department of Social Services and the State Ombudsman are notified of complaints received.

B. Complaints may be received in written or oral form and may be anonymous.

C. When the investigation is complete, the licensee and the complainant, if known, will be notified of the findings of the investigation.

D. As applicable, the facility's administrator of record shall submit an acceptable plan for correcting any deficiencies found during a complaint investigation.
E. The administrator of record will be notified whenever any item in the plan of correction is determined to be unacceptable.

F. The administrator of record shall be responsible for assuring the plan of correction is implemented and monitored so that compliance is maintained.

12 VAC 5-371-80. Variances.

A. The center OLC can authorize variances only to its own licensing standards, not to regulations of another agency or to any requirements in federal, state, or local laws.

B. A nursing facility may request a variance to a particular standard or requirement contained in this chapter when the standard or requirement poses a special hardship and when a variance to it would not endanger the safety or well-being of residents, employees, or the public.

C. Upon finding that the enforcement of one or more of the standards would be clearly impractical, the center OLC shall have the authority to waive, either temporarily or permanently, the enforcement of one or more of these standards, provided safety, resident care and services are not adversely affected.

D. The center OLC may rescind or modify a variance if (i) conditions change; (ii) additional information becomes known which alters the basis for the original decision; (iii) the facility fails to meet any conditions attached to the variance; or (iv) results of the variance jeopardize the safety, comfort, or well-being of residents, employees and the public.

E. Consideration of a variance is initiated when a written request is submitted to the Director of the Center for Quality Health Care Services and Consumer Protection Office of Licensure and Certification. The center OLC may provide consultation in the development of the written request and throughout the variance process.

F. The request for a variance must describe the special hardship to the existing program or to a planned innovative or pilot program caused by the enforcement of the requirements. When possible, the request should include proposed alternatives to meet the purpose of the requirements which will ensure the protection and well-being of residents, employees, and the public.

G. The center OLC shall notify the facility of the receipt of the request for a variance. The center OLC may attach conditions to the granting of the variance in order to protect persons in care.

H. When the decision is to deny a request for a variance, the reason shall be provided in writing to the licensee.

I. When a variance is denied, expires, or is rescinded, routine enforcement of the standard or portion of the standard shall be resumed. The nursing facility may at any time withdraw a request for a variance.

12 VAC 5-371-90. Administrative sanctions.

A. Nothing in this part shall prohibit the department from exercising its responsibility and authority to enforce the regulation, including proceeding directly to imposition of administrative sanctions, when the quality of care or the quality of life has been severely compromised.

B. The commissioner may impose such administrative sanctions or take such actions as are appropriate for violation of any of the standards or statutes or for abuse or neglect of persons in care. Such sanctions include:

   1. Restricting or prohibiting new admissions to any nursing facility;
   2. Petitioning the court to impose a civil penalty or to appoint a receiver, or both; or
   3. Revoking or suspending the license of a nursing facility.

C. The following reasons may be considered by the department for the imposition of administrative sanctions or the imposition of civil penalties:

   1. Failure to demonstrate or maintain compliance with applicable standards or for violations of the provisions of the Code of Virginia;
   2. Permitting, aiding, or abetting the commission of any illegal act in the nursing facility; or
   3. Deviating significantly from the program or services for which a license was issued without obtaining prior written approval from the center OLC; or failure to correct such deviations within a specified time.

D. Violations which in the judgment of the center OLC jeopardize the health and safety of residents shall be sufficient cause for immediate imposition of this section.

E. The licensee will receive a notice of the department's intent to impose sanctions. The notice shall describe the reasons for imposing the sanction.

F. Upon receipt of the notice to impose a sanction, the licensee has the right and the opportunity to appeal according to the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia). The procedures for filing an appeal shall be outlined in the notice.

12 VAC 5-371-100. Surrender of a license.

A. Upon revocation or suspension of a license, the licensee must surrender its license to a representative of the center OLC.

B. If a license is revoked, a new license may be issued by the commissioner after satisfactory evidence is submitted that the conditions upon which revocation was based have been
corrected and after proper inspection has been made and compliance with this chapter and applicable state and federal law has been obtained.

C. Suspension of a license shall in all cases be for an indefinite time. The commissioner may completely or partially restore a suspended license when he determines that the conditions upon which suspension was based have been completely or partially corrected and that the interests of the public will not be jeopardized by resumption of operation.

D. Other circumstances under which a license must be surrendered include transfer of ownership and discontinuation of services. The licensee must notify the center OLC, in writing, 30 days before discontinuing services.


A. No person shall own, establish, conduct, maintain, manage, or operate any nursing facility, as defined in § 32.1-123 of the Code of Virginia, without having obtained a license.

B. The nursing facility must comply with:
   1. These regulations (12 VAC 5-371);
   2. Other applicable federal, state or local laws and regulations; and
   3. Its own policies and procedures.

C. The nursing facility shall submit, or make available, reports and information necessary to establish compliance with these regulations and applicable statutes.

D. The nursing facility shall submit, in a timely manner as determined by the center OLC, and implement a written plan of action to correct any noncompliance with these regulations identified during an inspection. The plan shall include:
   1. Description of the corrective action or actions to be taken;
   2. Date of completion for each action; and
   3. Signature of the person responsible for the operation.

E. The nursing facility shall permit representatives from the center OLC to conduct inspections to:
   1. Verify application information;
   2. Determine compliance with this chapter;
   3. Review necessary records; and
   4. Investigate complaints.

F. The current license from the department shall be posted in a place clearly visible to the general public.

G. The nursing facility shall not operate more resident beds than the number for which it is licensed.

H. The nursing facility shall fully disclose its admission policies, including any preferences given, to applicants for admission.

I. The nursing facility shall identify its operating elements and programs, the internal relationship among these elements and programs, and the management or leadership structure.

J. The facility shall provide, or arrange for, the administration to its residents of an annual influenza vaccination and a pneumonia vaccination according to the most recent recommendations for "Prevention and Control of Influenza" (www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm), MMWR 53 (RR06), and "Guidelines for Preventing Health Care-Associated Pneumonia, 2003" (www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm), MMWR 53 (RR03), of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, unless the vaccination is medically contraindicated or the resident declines the vaccination offer.

12 VAC 5-371-120. Governing body.

A. The nursing facility shall have a governing body that is legally responsible for the management of the operation.

B. The governing body shall adopt written bylaws that describe the organizational structure and establish authority and responsibility in accordance with applicable laws, including a:
   1. Statement of purpose;
   2. Description of the functions of the governing body members, officers and committees;
   3. Description of the method of adoption, implementation, and periodic review of policies and procedures; and
   4. Description of the methods to be utilized to assure compliance with this chapter.

C. The governing body shall disclose the names and addresses of any individual or entity that holds 5.0% or more ownership interest in the operation of the nursing facility.

D. When the governing body is not the owner of the physical plant, the governing body shall disclose the name and address of the individual or entity responsible for the alterations, modifications, maintenance and repairs to the building.

E. The governing body shall notify the center OLC in writing 30 days in advance of changes affecting the accuracy of the license. Changes affecting the accuracy of the license are:
   1. Any proposed change in management contract or lease agreement to operate the nursing facility;
   2. Implementing any proposed addition, deletion, or change in nursing facility services whether or not licensure is required;
   3. Selling the facility; or
4. A change in ownership.

12 VAC 5-371-130. Administrator.

A. The governing body shall appoint an individual, on a full-time basis, to serve as its on-site agent, responsible for the day-to-day administration and management.

B. The governing body shall provide the center OLC with evidence that the individual appointed as administrator is:

   1. Currently licensed by the Virginia Board of Nursing Home Long-Term Care Administrators; or
   2. Holds a current administrator's license in another state and has filed an application for license with the Virginia Board of Nursing Home Long-Term Care Administrators.

C. Within five working days of the effective date of termination of the administrator's employment, the governing body shall notify the center OLC, in writing, of the name and qualifications of the replacement administrator of record or the acting administrator.

D. The governing body shall appoint a qualified administrator within 90 days of the effective date of the termination of the previously qualified administrator, and shall provide the center OLC with written notification of the administrator's name, license number, and effective date of employment.

An additional 30-day extension may be granted if a written request provides documentation that the individual designated as administrator is awaiting the final licensing decision of the Virginia Board of Nursing Home Long-Term Care Administrators.

E. The governing body shall assure that administrative direction is provided at all times. The governing body, the administrator, or the chief executive officer shall designate, in writing, a qualified individual to act as the alternate nursing home administrator in the absence of the administrator of record.

12 VAC 5-371-150. Resident rights.

A. The nursing facility shall develop and implement policies and procedures that ensure resident's rights as defined in §§ 32.1-138 and 32.1-138.1 of the Code of Virginia.

B. The procedures shall:

   1. Not restrict any right a resident has under law;
   2. Provide staff training to implement resident's rights; and
   3. Include grievance procedures.

C. The name and telephone number of the complaint coordinator of the center OLC, the Adult Protective Services toll-free telephone number, and the toll-free telephone number for the State Ombudsman shall be conspicuously posted in a public place.

D. Copies of resident rights shall be given to residents upon admittance to the facility and made available to residents currently in residence, to any guardians, next of kin, or sponsoring agency or agencies, and to the public.

E. The nursing facility shall have a plan to review resident rights with each resident annually, or with the responsible family member or responsible agent at least annually, and have a plan to advise each staff member at least annually.

F. The nursing facility shall certify, in writing, that it is in compliance with the provisions of §§ 32.1-138 and 32.1-138.1 of the Code of Virginia, relative to resident rights, as a condition of license issuance or renewal.

12 VAC 5-371-160. Financial controls and resident funds.

A. All financial records, including resident funds, shall be kept according to generally accepted accounting principles (GAAP).

B. Nursing facilities choosing to handle resident funds shall:

   1. Comply with § 32.1-138 A 6 of the Code of Virginia regarding resident funds;
   2. Purchase a surety bond or otherwise provide assurance for the security of all personal funds deposited with the facility; and
   3. Provide for separate accounting for resident funds.

C. In the event the facility is sold, the nursing facility shall provide written verification that all resident funds have been transferred and shall obtain a signed receipt from the new owner. Upon receipt, the new owner shall provide an accounting of resident funds.

D. In the event of a resident's death or discharge with funds deposited with the facility, the nursing facility shall, within 30 days, give a final accounting of those funds to the individual administering the resident's estate and, if appropriate, refund any moneys due.

12 VAC 5-371-190. Safety and emergency procedures.

A. A written emergency preparedness plan shall be developed, reviewed, and implemented when needed. The plan shall address responses to natural disasters, as well as fire or other emergency which disrupts the normal course of operations. The plan shall address provisions for relocating residents and also address staff responsibilities for:

   1. Alerting emergency personnel and sounding alarms;
   2. Implementing evacuation procedures including the evacuation of residents with special needs;
   3. Using, maintaining and operating emergency equipment;
   4. Accessing resident emergency medical information; and
   5. Utilizing community support services.
B. All staff shall participate in periodic emergency preparedness training.

C. Staff shall have documented knowledge of, and be prepared to implement, the emergency preparedness plan in the event of an emergency.

D. At least one telephone shall be available in each area to which residents are admitted and additional telephones or extensions as are necessary to ensure availability in case of need.

E. In the event of a disaster, fire, emergency or any other condition that may jeopardize the health, safety and well-being of residents, the organization shall notify the center OLC of the conditions and status of the residents and the licensed facility as soon as possible.

F. The nursing facility shall have a policy on smoking.

12 VAC 5-371-200. Director of nursing.

A. Each nursing facility shall employ a full-time director of nursing to supervise the delivery of nursing services. The individual hired shall be a registered nurse licensed by the Virginia Board of Nursing.

B. The duties and responsibilities of the director of nursing shall include, but are not limited to:

1. Developing and maintaining (i) nursing service objectives, (ii) standards of practice, (iii) policy and procedure manuals, and (iv) job descriptions for each level of nursing personnel;

2. Recommending to the administrator the resources needed to carry out nursing service, including but not limited to, equipment and supplies and the number and level of nursing personnel to be employed;

3. Participating in the employment of nursing personnel, including (i) recruitment, (ii) selection, (iii) position assignment, (iv) orientation, (v) in-service education, (vi) supervision, (vii) evaluation, and (viii) termination;

4. Participating with the medical director in developing and implementing policies for resident care;

5. Assuring that the comprehensive plan of care is maintained in conjunction with other disciplines;

6. Coordinating nursing services with other services such as medical, rehabilitative, and social services and the resident activity program;

7. Participating in quality assurance committee meetings to identify issues and to develop and implement appropriate plans of action to correct identified problems;

8. Making daily rounds on resident floors, unless this duty has been delegated to another licensed nurse; and

9. Recommending and coordinating the training needs of nursing staff with the individual responsible for in-service training.

C. A registered nurse, designated in writing by the administrator, shall serve in the temporary absence of the director of nursing so there is the equivalent of a full-time director of nursing on duty for a minimum of five days a week.

D. The director of nursing shall not function as a nursing supervisor in facilities with 60 or more beds.

E. The nursing facility shall notify the center OLC, in writing, within five days of a vacancy in the director of nursing position. The written notice shall give the name and Virginia license number of the individual appointed to serve as director of nursing, and whether the appointment is permanent or temporary.

F. The director of nursing position shall not be held by a temporary designate for more than 90 days. Temporary agency personnel shall not be utilized to fill the director of nursing position.

G. Written notification, giving the name and license number of the individual, shall be sent to the center OLC when a permanent appointment is made.

H. A license for a new nursing facility or an increase in bed size in an existing nursing facility shall not be issued if the director of nursing position is vacant.

12 VAC 5-371-400. Unique design solutions.

A. All unique design solutions shall be described with outcome measures. This shall be reviewed in cooperation with the center OLC.

B. The description and outcome measures shall be a part of the material used to review the design solution at the time of the facility survey.

C. All unique design solutions, unless specifically excluded by contract, shall comply with Parts II (12 VAC 5-371-110 et seq.) and III (12 VAC 5-371-200 et seq.) of this chapter.


A. All construction of new buildings and additions, renovations or alterations of existing buildings for occupancy as a nursing facility shall conform to state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. However, the requirements of the Uniform...
Statewide Building Code and local zoning and building ordinances shall take precedence.

B. Architectural drawings and specifications for all new construction or for additions, alterations or renovations to any existing building, shall be dated, stamped with licensure seal and signed by the architect. The architect shall certify that the drawings and specifications were prepared to conform to building code requirements.

C. Additional approval may include a Certificate of Public Need.

D. Upon completion of the construction, the nursing facility shall maintain a complete set of legible "as built" drawings showing all construction, fixed equipment, and mechanical and electrical systems, as installed or built.

DOCUMENTS INCORPORATED BY REFERENCE
Dietary Manager Credentialing Exam Information and Application, Certifying Board for Dietary Manager, 1996.
The American Dietetic Association Knowledge and Performance Requirements for Entry-Level Dietitians, EDT 9/94.
Prevention and Control of Influenza, MMWR 53 (RR06), Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention.

NOTICE: The forms used in administering 12 VAC 5-371, Regulations for the Licensure of Nursing Facilities, are not being published; however, the name of each form is listed below. The forms are available for public inspection at the Virginia Department of Health, 3600 West Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

FORMS
Application for License Renewal: Nursing Homes for Year Ending December 31, 1997 (rev. 9/06).
Annual Survey of Nursing Homes: 1996.
Application for License Renewal: Hospitals and Nursing Homes; Mid Year, Initial and Changes (rev. 9/06).

Final Regulation
REGISTRAR’S NOTICE: The State Board of Health is claiming an exemption from the Administrative Process Act in accordance with (i) § 2.2-4006 A 4 a of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law where no agency discretion is involved, and (ii) § 2.2-4006 A 3 of the Code of Virginia, which excludes regulations that consist only of changes in style or form or corrections of technical errors. The State Board of Health will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Effective Date: March 1, 2007.
Agency Contact: Carrie Eddy, Senior Policy Analyst, Office of Licensure and Certification, Department of Health, 3600 West Broad Street, Suite 216, Richmond, VA 23230, telephone (804) 367-2157, FAX (804) 367-2149, or email carrie.eddy@vdh.virginia.gov.
Summary:
Chapters 177 and 222 of the 2005 Acts of Assembly require that the physical plant standards for hospitals be consistent with the current edition of the "Guidelines for Design and Construction of Health Care Facilities" of the American Institute of Architects (AIA). The AIA amended its standards effective July 2006; therefore, the department is amending 12 VAC 5-410, Regulations for the Licensure of Hospitals in Virginia, to reflect this change.
The amendments also update the names of two entities: (i) the Center for Quality Health Care Services and Consumer Protection is now the Office of Licensure and Certification (O LC), and (ii) the Health Care Financing Administration is now the Centers for Medicare and Medicaid Services (CMS). The amendments conform references to "licensing agency," "office," and "center" to the new licensing entity, OLC.
12 VAC 5-410-10. Definitions.

As used in this chapter, the following words and terms shall have the following meanings respectively set forth, unless the context clearly requires a different meaning, indicates otherwise:

"Board" means the State Board of Health.

"Chief executive officer" means a job descriptive term used to identify the individual appointed by the governing body to act in its behalf in the overall management of the hospital. Job titles may include administrator, superintendent, director, executive director, president, vice-president, and executive vice-president.

"Commissioner" means the State Health Commissioner.

"Consultant" means one who provides services or advice upon request.

"Director" means authoritative policy or procedural guidance for the accomplishment of a function or activity.

"Facilities" means building(s), equipment, and supplies necessary for implementation of services by personnel.

"Full-time" means a 37-1/2 to 40 hour work week.

"General hospital" means institutions as defined by § 32.1-123(1) of the Code of Virginia with an organized medical staff; with permanent facilities that include inpatient beds; and with medical services, including physician services, dentist services and continuous nursing services, to provide diagnosis and treatment for patients who have a variety of medical and dental conditions which may require various types of care, such as medical, surgical, and maternity.

"Home health care department/service/program" means a formally structured organizational unit of the hospital which is designed to provide health services to patients in their place of residence and meets Part II (12 VAC 5-381-150 et seq.) of the regulations adopted by the board for the licensure of home health agencies care organizations in Virginia.

"Licensing agency" means the State Department of Health.

"Medical" means pertaining to or dealing with the healing art and the science of medicine.

"Nursing care unit" means an organized jurisdiction of nursing service in which nursing services are provided on a continuous basis.

"Nursing home" means an institution or any identifiable component of any institution as defined by § 32.1-123(2) of the Code of Virginia with permanent facilities that include inpatient beds and whose primary function is the provision, on a continuing basis, of nursing and health related services for the treatment of patients who may require various types of long term care, such as skilled care and intermediate care.

"Nursing services" means patient care services pertaining to the curative, palliative, restorative, or preventive aspects of nursing that are prepared or supervised by a registered nurse.

"Office of Licensure and Certification" or "OLC" means the Office of Health Facilities Regulation Licensure and Certification of the Virginia Department of Health.

"Organized" means administratively and functionally structured.

"Organized medical staff" means a formal organization of physicians and dentists with the delegated responsibility and authority to maintain proper standards of medical care and to plan for continued betterment of that care.

"Outpatient hospital" means institutions as defined by § 32.1-123(4) of the Code of Virginia which primarily provide facilities for the performance of surgical procedures on outpatients. Such patients may require treatment in a medical environment exceeding the normal capability found in a physician's office, but do not require inpatient hospitalization. Outpatient abortion clinics are deemed a category of outpatient hospitals.

"Ownership/person" means any individual, partnership, association, trust, corporation, municipality, county, governmental agency, or any other legal or commercial entity which owns or controls the physical facilities and/or manages or operates a hospital.

"Rural hospital" means any general hospital in a county classified by the federal Office of Management and Budget (OMB) as rural, any hospital designated as a critical access hospital, any general hospital that is eligible to receive funds under the federal Small Rural Hospital Improvement Grant Program, or any general hospital that notifies the commissioner of its desire to retain its rural status when that hospital is in a county reclassified by the OMB as a metropolitan statistical area as of June 6, 2003.

"Service" means a functional division of the hospital. Also used to indicate the delivery of care.

"Special hospital" means institutions as defined by § 32.1-123(4) of the Code of Virginia which provide care for a specialized group of patients or limit admissions to provide diagnosis and treatment for patients who have specific conditions (e.g., tuberculosis, orthopedic, pediatric, maternity).

"Special care unit" means an appropriately equipped area of the hospital where there is a concentration of physicians, nurses, and others who have special skills and experience to provide optimal medical care for patients assigned to the unit.

"Staff privileges" means authority to render medical care in the granting institution within well-defined limits, based on the individual's professional license and the individual's experience, competence, ability and judgment.
"Unit" means a functional division or facility of the hospital.

12 VAC 5-410-30. Allowable variances.
A. Upon the finding that the enforcement of one or more of these regulations would be clearly impractical, the commissioner shall have the authority to waive, either temporarily or permanently, the enforcement of one or more of these regulations, provided safety and patient care and services are not adversely affected.

B. Modification of any individual standard herein, for experimental or demonstrative purposes, or any other purposes, shall require advance written approval from the licensing agency OLC.

12 VAC 5-410-70. Request for issuance.
A. Hospital licenses shall be issued by the commissioner, but all requests for licensing shall be submitted initially to the center OLC. The procedure for obtaining the license shall include the following steps:

1. Request for application forms shall be made in writing to the office OLC;

2. Application for license or license renewal to establish or maintain a hospital shall be made and submitted to the office OLC;

3. All categories of inpatient beds shall be included on the hospital application for licensure in order for the licensing agency OLC to have an accurate and complete record of the total bed capacity of the facility;

4. Application for initial license, change in license, or license renewal shall be accompanied by a check or money order for the service charge, payable to the licensing agency OLC; and

5. Application for initial license of a hospital or for additions to an existing licensed hospital must be accompanied by evidence of approval from a representative of the State Fire Marshal and a copy of the occupancy permit issued by the local building official.

6. Application for initial license of a hospital shall include a statement of any agreement made with the commissioner as a condition for Certificate of Public Need approval to provide a level of care at a reduced rate to indigents or accept patients requiring specialized care.

Any initial license issued to any hospital that made such agreement as a condition of its Certificate of Public Need pursuant to § 32.1-102.4 F of the Code of Virginia shall not be renewed without demonstrating prior to or at the time of applying for license renewal that it is substantially complying with its agreement.

B. The renewal of a hospital license shall be conditioned upon the up-to-date payment of any civil penalties owed as a result of willful refusal, failure, or neglect to honor certain conditions established in their award of a Certificate of Public Need.

12 VAC 5-410-80. Service charge.
A. In accordance with § 32.1-130 of the Code of Virginia, the following service charge shall be made:

- 0 to 50 beds - $75
- 51 to 333 beds - $1.50 per bed
- 334 or more - $500

B. The hospital shall not be required to pay a service charge on hospital beds in a category which requires separate license by this licensing agency OLC or another state agency (i.e., psychiatric, nursing home).

12 VAC 5-410-100. Name.
Every hospital shall be designated by a permanent and appropriate name which shall appear on the application for license. Any change of name shall be reported to the licensing agency OLC within 30 days.

A. Each license issued by the commissioner shall specify the maximum allowable number of beds. The number of beds allowed shall be determined by the office OLC and shall so appear on the license issued by the licensing agency OLC.

B. Request for licensed bed increase or decrease shall be made in writing to the office OLC. No increase will be granted without an approved Certificate of Public Need.

12 VAC 5-410-130. Return of license.
The licensing agency OLC shall be notified in writing at least within 30 working days in advance of any proposed change in location or ownership of the facility. A license shall not be transferred from one owner to another or from one location to another. The license issued by the commissioner shall be returned to the office OLC for correction or reissuance when any of the following changes occur during the licensing year:

1. Revocation;
2. Change of location;
3. Change of ownership;
4. Change of name;
5. Change of bed capacity; or

12 VAC 5-410-140. Inspection procedure.
A. The licensing agency OLC may presume that a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and certified for participation in Title XVIII of the Social Security Act...
Regulations

(Medicare) generally meets the requirements of Part II (12 VAC 5-410-170 et seq.) of this chapter provided the following conditions are met:

1. The hospital provides to the licensing agency OLC, upon request, a copy of the most current accreditation survey findings made by the Joint Commission on Accreditation of Healthcare Organizations; and

2. The hospital notifies the licensing agency OLC within 10 days after receipt of any notice of revocation or denial of accreditation by the Joint Commission on Accreditation of Healthcare Organizations.

B. The licensing agency OLC may presume that a unit or part of a hospital licensed or certified by another state agency, or another section, bureau or division of the licensing agency OLC meets the requirements of Part II of this chapter for that specific unit or part provided the following conditions are met:

1. The hospital provides the licensing agency OLC, upon request, a copy of the most current inspection report made by the other state agency; and

2. The hospital notifies the licensing agency OLC within 10 days after receipt of any notice of revocation or suspension by the other state agency.

C. Notwithstanding any other provision of this chapter to the contrary, if the licensing agency finds, after inspection, violations pertaining to environmental health or life safety, the hospital shall receive a written licensing report of such findings. The hospital shall be required to submit a plan of correction in accordance with provisions of 12 VAC 5-410-150.

12 VAC 5-410-150. Plan of correction.

A. Upon receipt of a written licensing report each hospital shall prepare a plan for correcting any licensing violations cited at the time of inspection. The plan of correction shall be to the office OLC within the specified time limit set forth in the licensing report. The plan of correction shall contain at least the following information:

1. The methods implemented to correct any violations of this chapter; and

2. The date on which such corrections are expected to be completed.

B. The licensing agency OLC shall notify the hospital, in writing, whenever any item in the plan of correction is determined to be unacceptable.

12 VAC 5-410-180. Governing body.

A. Each hospital shall have an organized governing body or other legal entity responsible for the management and control of the operation.

The governing body or other legal entity may be an individual, group, corporation or governmental agency.

B. The governing body shall be responsible for insuring compliance with these rules and regulations.

C. The governing body shall provide facilities, personnel and other resources necessary to meet patient and program needs.

D. The governing body shall adopt and maintain written bylaws, rules and regulations in accordance with legal requirements. A copy of said bylaws, rules and regulations including amendments or revisions thereto, shall be made available to the licensing agency OLC on request.

E. The bylaws, rules and regulations shall include:

1. A statement of purpose;

2. A statement of qualifications for membership and method of selecting members of the governing body;

3. Provisions for the establishment, selection, term of office of committee members and officers;

4. Description of the functions and duties of the governing body, officers, and committees;

5. Specifications for the frequency of meetings, attendance requirements, provision for the order of business and the maintenance of written minutes;

6. A statement of the authority and responsibility delegated to the chief executive officer and to the medical staff;

7. Provision for the selection and appointment of medical staff and the granting of clinical privileges including the provision for current license to practice in Virginia;

8. Provision for the adoption of the medical staff bylaws, rules and regulations;

9. Provision of guidelines for the relationships among the governing body, the chief executive officers, and the medical staff.

10. A policy statement concerning the development and implementation of short- and long-range plans in accordance with Part III (12 VAC 5-410-650 et seq.) of this chapter.

11. A policy statement relating to conflict of interest on the part of members of the governing body, medical staff and employees who may influence corporate decisions.

12 VAC 5-410-210. Medical staff.

A. Each hospital shall have an organized medical staff responsible to the governing body of the hospital for its own organized governance and all medical care provided to patients.

B. The medical staff shall be responsible to the hospital governing board, and maintain appropriate standards of
professional performance through staff appointment criteria, delineation of staff privileges, continuing peer review and other appropriate mechanisms.

C. The medical staff, subject to approval by the governing body, shall develop bylaws incorporating details of the medical staff organization and governance, giving effect to its general powers, duties, and responsibilities including:

1. Methods of selection, election, or appointment of all officers and other executive committee members and officers; 
2. Provisions for the selection and appointment of officers of departments or services specifying required qualifications; 
3. The type, purpose, composition and organization of standing committees; 
4. Frequency and requirements for attendance at staff and departmental meetings; 
5. An appeal mechanism for denial, revocation, or limitation of staff appointments, reappointments and privileges; 
6. Delineation of clinical privileges in accordance with the requirements of § 32.1-134.2 of the Code of Virginia; 
7. Requirements regarding medical records; 
8. A mechanism for utilization and medical care review; 
9. Such other provisions as shall be required by hospital or governmental rules and regulations.

D. A copy of approved medical staff bylaws and regulations and revisions thereto, shall be made available to the licensing agency on request.

12 VAC 5-410-220. Organ donation.

A. The hospital shall develop and implement a routine contact protocol for organ, tissue and eye donation in compliance with federal law and the regulations of the Health Care Financing Administration (HCFA) Centers for Medicare and Medicaid Services (CMS), particularly 42 CFR 482.45.

B. The protocol shall:

1. Ensure that the hospital collaborates with its designated organ procurement organization (OPO) to inform the family of each potential donor of the option of organ, tissue, and eye donation as well as the option to decline to donate; 
2. Recite provisions of § 32.1-290.1 of the Code of Virginia specifying family members who are authorized to make an anatomical gift of all or part of the decedent's body for an authorized purpose and the order of priority of those family members who may make such gift; and 
3. Include written procedures for organ, tissue, and eye donation. The procedures shall include:
   a. Training of staff in organ, tissue, or eye donation; 
   b. A mechanism for informing the next of kin of the organ, tissue, and eye donation option; 
   c. Procedures to be employed when the hospital, consistent with the authority granted by § 32.1-292.1 of the Code of Virginia, deems it appropriate to conduct a reasonable search for a document of gift or other information identifying the bearer as a donor or as an individual who has refused to make an anatomical gift; 
   d. Provisions for the procurement and maintenance of donated organs, tissues, and eyes; 
   e. The name and telephone number of the local organ procurement agency, tissue or eye bank to be notified of potential donors; and 
   f. Documentation of the donation request in the patient's medical record.

C. The hospital shall have an agreement with an OPO certified by HCFA CMS:

1. To notify the OPO in a timely manner of all deaths or imminent deaths of patients in the hospital; and 
2. Authorizing the OPO to determine the suitability of the decedent or patient for organ donation and the suitability for tissue and eye donation in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks.

D. The hospital shall have an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential donors and to avoid interference with organ procurement.

E. The individual making contact with the family shall have completed a course in the methodology for approaching potential donor families and requesting organ or tissue donation that:

1. Is offered or approved by the OPO and designed in conjunction with the tissue and eye bank community; and 
2. Encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the relevant family.

F. The hospital shall work cooperatively with its designated OPO in educating its staff on:

1. Donation issues;
2. The proper review of death records to improve identification of potential donors; and

3. The proper procedures for maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes take place.

G. The protocol shall be followed, without exception, unless the family of the relevant decedent or patient expresses opposition to organ donation, the chief administrative officer of the hospital or his designee knows of such opposition, and no donor card or other relevant document, such as an advance directive, can be found.

12 VAC 5-410-270. Disaster and mass casualty programs.

A. Each hospital shall develop and maintain a written disaster plan that includes provisions for complete evacuation of the facility and care of mass casualties.

B. The plan shall provide for widespread disasters as well as for disaster occurring within the local community and hospital facility.

C. The disaster plan shall be rehearsed at least twice a year preferably as part of a coordinated drill in which other community emergency service agencies participate. Written reports and evaluation of all drills shall be maintained for at least two years.

D. A copy of the plan and any revision thereto shall be made available to the licensing agency OLC upon request.

12 VAC 5-410-442. Obstetric service design and equipment criteria.

A. Renovation or construction of a hospital's obstetric unit shall be consistent with section 7.8 2.1-4 of Part 2 of the 2001-2006 Guidelines for Design and Construction of Hospital and Health Care Facilities of the American Institute of Architects.

B. Delivery rooms, LDR/LDRP rooms, and nurseries shall be equipped to provide emergency resuscitation for mothers and infants.

C. Equipment and supplies shall be assigned for exclusive use in the obstetric and newborn units.

D. The same equipment and supplies required for the labor room and delivery room shall be available for use in the LDR/LDRP rooms during periods of labor, delivery, and recovery.

E. Sterilizing equipment shall be available in the obstetric unit or in a central sterilizing department. Flash sterilizing equipment or sterile supplies and instruments shall be provided in the obstetric unit.

F. Daily monitoring is required of the stock of necessary equipment in the labor, delivery, and recovery rooms (LDR) and labor, delivery, recovery and postpartum (LDRP) rooms and nursery.

G. The hospital shall provide the following equipment in the labor, delivery and recovery rooms and, except where noted, in the LDR/LDRP rooms:

1. Labor rooms.
   a. A labor or birthing bed with adjustable side rails.
   b. Adjustable lighting adequate for the examination of patients.
   c. An emergency signal and intercommunication system.
   d. A sphygmomanometer, stethoscope and fetoscope or doppler.
   e. Fetal monitoring equipment with internal and external attachments.
   f. Mechanical infusion equipment.
   g. Wall-mounted oxygen and suction outlets.
   h. Storage equipment.
   i. Sterile equipment for emergency delivery to include at least one clamp and suction bulb.
   j. Neonatal resuscitation cart.

2. Delivery rooms.
   a. A delivery room table that allows variation in positions for delivery. This equipment is not required for the LDR/LDRP rooms.
   b. Adequate lighting for vaginal deliveries or cesarean deliveries.
   c. Sterile instruments, equipment, and supplies to include sterile uterine packs for vaginal deliveries or cesarean deliveries, episiotomies or laceration repairs, postpartum sterilizations and cesarean hysterectomies.
   d. Continuous in-wall oxygen source and suction outlets for both mother and infant.
   e. Equipment for inhalation and regional anesthesia. This equipment is not required for LDR/LDRP rooms.
   f. A heated, temperature-controlled infant examination and resuscitation unit.
   g. An emergency call system.
   h. Plastic pharyngeal airways, adult and newborn sizes.
   i. Laryngoscope and endotracheal tubes, adult and newborn sizes.
   j. A self-inflating bag with manometer and adult and newborn masks that can deliver 100% oxygen.
   k. Separate cardiopulmonary crash carts for mothers and infants.
   l. Sphygmomanometer.
m. Cardiac monitor. This equipment is not required for the LDR/LDRP rooms.

n. Gavage tubes.

o. Umbilical vessel catheterization trays. This equipment is not required for LDR/LDRP rooms.

p. Equipment that provides a source of continuous suction for aspiration of the pharynx and stomach.

q. Stethoscope.

r. Fetoscope.

s. Intravenous solutions and equipment.

t. Wall clock with a second hand.

u. Heated bassinets equipped with oxygen and transport incubator.

v. Neonatal resuscitation cart.

3. Recovery rooms.

a. Beds with side rails.

b. Adequate lighting.

c. Bedside stands, overbed tables, or fixed shelving.

d. An emergency call signal.

e. Equipment necessary for a complete physical examination.

f. Accessible oxygen and suction equipment.

12 VAC 5-410-445. Newborn service design and equipment criteria.

A. Construction and renovation of a hospital’s nursery shall be consistent with section 7.4 2.1-3.6 of Part 2 of the 2001 2006 Guidelines for Design and Construction of Hospital and Health Care Facilities of the American Institute of Architects. Hospitals with higher-level nurseries shall comply with section 2.1-3.4.6 of Part 2 of the 2006 guideline as applicable.

B. The hospital shall provide the following equipment in the general level nursery and all higher level nurseries, unless additional equipment requirements are imposed for the higher level nurseries:

1. Resuscitation equipment as specified for the delivery room in 12 VAC 5-410-442 G 2 shall be available in the nursery at all times;

2. Equipment for the delivery of 100% oxygen concentration, properly heated, blended, and humidified, with the ability to measure oxygen delivery in fractional inspired concentration (FlO2). The oxygen analyzer shall be calibrated every eight hours and serviced according to the manufacturer’s recommendations by a member of the hospital's respiratory therapy department or other responsible personnel trained to perform the task;

3. Saturation monitor (pulse oximeter or equivalent);

4. Equipment for monitoring blood glucose;

5. Infant scales;

6. Intravenous therapy equipment;

7. Equipment and supplies for the insertion of umbilical arterial and venous catheters;

8. Open bassinets, self-contained incubators, open radiant heat infant care system or any combination thereof appropriate to the service level;

9. Equipment for stabilization of a sick infant prior to transfer that includes a radiant heat source capable of maintaining an infant's body temperature at 99°F;

10. Equipment for insertion of a thoracotomy tube; and

11. Equipment for proper administration and maintenance of phototherapy.

C. The additional equipment required for the intermediate level newborn service and for any higher service level is:

1. Pediatric infusion pumps accurate to plus or minus 1 milliliter (ml) per hour;

2. On-site supply of PgE1;

3. Equipment for 24-hour cardiorespiratory monitoring for neonatal use available for every incubator or radiant warmer;

4. Saturation monitor (pulse oximeter or equivalent) available for every infant given supplemental oxygen;

5. Portable x-ray machine; and

6. If a mechanical ventilator is selected to provide assisted ventilation prior to transport, it shall be approved for the use of neonates.

D. The additional equipment required for the specialty level newborn service and a higher newborn service is as follows:

1. Equipment for 24-hour cardiorespiratory monitoring with central blood pressure capability for each neonate with an arterial line;

2. Equipment necessary for ongoing assisted ventilation approved for neonatal use with on-line capabilities for monitoring airway pressure and ventilation performance;

3. Equipment and supplies necessary for insertion and maintenance of chest tube for drainage;

4. On-site supply of surfactant;
5. Computed axial tomography equipment (CAT) or magnetic resonance imaging equipment (MRI);

6. Equipment necessary for initiation and maintenance of continuous positive airway pressure (CPAP) with ability to constantly measure delineated pressures and including alarm for abnormal pressure (i.e., vent with PAP mode); and

7. Cardioversion unit with appropriate neonatal paddles and ability to deliver appropriate small watt discharges.

E. The hospital shall document that it has the appropriate equipment necessary for any of the neonatal surgical and special procedures it provides that are specified in its medical protocol and that are required for the specialty level newborn service.

F. The additional equipment requirements for the subspecialty level newborn service are:

1. Equipment for emergency gastrointestinal, genitourinary, central nervous system, and sonographic studies available 24 hours a day;

2. Pediatric cardiac catheterization equipment;

3. Portable echocardiography equipment; and

4. Computed axial tomography equipment (CAT) and magnetic resonance imaging equipment (MRI).

G. The hospital shall document that it has the appropriate equipment necessary for any of the neonatal surgical and special procedures it provides that are specified in the medical protocol and are required for the subspecialty level newborn service.

12 VAC 5-410-650. General building and physical plant information.

A. All construction of new buildings and additions, renovations, alterations or repairs of existing buildings for occupancy as a hospital shall conform to state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code.

In addition, hospitals shall be designed and constructed according to sections 1 through 7 Part 1 and sections 2.1-1 through 2.1-10 of Part 2 of the 2006 Guidelines for Design and Construction of Hospital and Health Care Facilities of the American Institute of Architects. However, the requirements of the Uniform Statewide Building Code and local zoning and building ordinances shall take precedence.

B. All buildings shall be inspected and approved as required by the appropriate building regulatory entity. Approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.

12 VAC 5-410-720. Drawings and specifications.

A. Architectural drawings and specifications for all new construction or for additions, alterations or renovations to any existing building shall be dated, stamped with licensure seal and signed by the architect. The architect shall certify that the drawings and specifications were prepared to conform to building code requirements. The certification shall be forwarded to the 

B. Additional approval may include a Certificate of Public Need.

C. Upon completion of the construction, the hospital shall maintain a complete set of legible "as built" drawings showing all construction, fixed equipment, and mechanical and electrical systems, as installed or built.

12 VAC 5-410-760. Long-term care nursing units.

Construction and renovation of long-term care nursing units, including intermediate and skilled nursing care nursing units shall conform to section 8, as applicable, 2.1-3.9 of Part 2 of the 2001 2006 Guidelines for Design and Construction of Hospital and Health Care Facilities of the American Institute of Architects.


A. Each outpatient surgical hospital shall have a governing body or other legal authority responsible for the management and control of the operation of the facilities.

B. There shall be disclosure of hospital ownership. Ownership interest shall be made known to the licensing agency OLC and in the case of corporations, all individuals or entities holding 5.0% or more of total ownership shall be identified by name and address. The licensing agency OLC shall be notified of any changes in ownership.

C. The governing body shall provide facilities, personnel, and other resources necessary to meet patient and program needs.

D. The governing body shall have a formal organizational plan with written bylaws, rules and regulations or their equivalent. These shall clearly set forth organization, duties, responsibilities, accountability, and relationships of professional staff and other personnel. The person or organizational body responsible for formulating policies shall be identified.

E. The bylaws, rules and regulations, or their equivalent, shall include at least the following:

1. A statement of purpose;

2. Description of the functions and duties of the governing body, or other legal authority;

3. A statement of authority and responsibility delegated to the chief administrative officer and to the medical staff;
4. Provision for selection and appointment of medical staff and granting of clinical privileges:

5. Provision of guidelines for relationships among the governing body, the chief administrative officer, and the medical staff.

F. The responsibility for administration and management of the outpatient surgical hospital shall be vested in an individual whose qualifications, authority and duties shall be defined in a written statement adopted by the governing body.


A. Each outpatient surgical hospital shall develop a policy and procedures manual which shall include provisions covering the following items:

1. The types of emergency and elective procedures which may be performed in the facility.

2. Types of anesthesia which may be used.

3. Admissions and discharges, including criteria for evaluating the patient before admission and before discharge.

4. Written informed consent of patient prior to the initiation of any procedures.

5. Procedures for housekeeping and infection control.

B. A copy of approved policies and procedures and revisions thereto shall be made available to the licensing agency OLC upon request.

C. Each outpatient surgical hospital shall establish a protocol relating to the rights and responsibilities of patients based on Joint Commission on Accreditation of Healthcare Organizations' Standards for Ambulatory Care (2000 Hospital Accreditation Standards, January 2000). The protocol shall include a process reasonably designed to inform patients of their rights and responsibilities. Patients shall be given a copy of their rights and responsibilities upon admission.

D. Each outpatient surgical hospital shall obtain a criminal history record check pursuant to § 32.1-126.02 of the Code of Virginia on any compensated employee not licensed by the Board of Pharmacy whose job duties provide access to controlled substances within the outpatient surgical hospital pharmacy.

12 VAC 5-410-1350. Codes; fire safety; zoning; construction standards.

A. All new construction or for additions, alterations or renovations to any existing building shall be dated, stamped with licensure seal and signed by the architect. The architect shall certify that the drawings and specifications were prepared to conform to building code requirements. The certification shall be forwarded to the center OLC.

B. Additional approval may include a Certificate of Public Need.

C. Upon completion of the construction, the outpatient surgery center shall maintain a complete set of legible "as is" drawings showing all construction, fixed equipment, and mechanical and electrical systems, as installed or built.

DOCUMENTS INCORPORATED BY REFERENCE

Brain injury does not include hereditary, congenital, or degenerative brain disorders, or injuries induced by birth trauma.

"Brain Injury Waiver" means a Virginia Medicaid home and community-based waiver for persons with brain injury approved by the Centers for Medicare and Medicaid Services.

"Care" or "treatment" means a set of individually planned interventions, training, habilitation, or supports that help a resident obtain or maintain an optimal level of functioning, reduce the effects of disability or discomfort, or ameliorate symptoms, undesirable changes or conditions specific to physical, mental, behavioral, or social, or cognitive functioning.

"Commissioner" means the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services or his authorized agent.

"Counseling" means certain formal treatment interventions such as individual, family, and group modalities, which provide for support and problem solving. Such interventions take place between provider staff and the resident, families, or groups and are aimed at enhancing appropriate psychosocial functioning or personal sense of well-being.

"Crisis" means any acute emotional disturbance in which a resident presents an immediate danger to self or others or is at risk of serious mental or physical health deterioration caused by acute mental distress, behavioral or situational factors, or acute substance abuse related problems.

"Crisis intervention" means those activities aimed at the rapid management of a crisis.

"Department" means the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

"Medication" means prescribed and over-the-counter drugs.

"Medication administration" means the direct application of medications by injection, inhalation, or ingestion or any other means to a resident by (i) persons legally permitted to administer medications or (ii) the resident at the direction and in the presence of persons legally permitted to administer medications.

"Mental retardation" means substantial subaverage general intellectual functioning that originates during the development period and is associated with impairment in adaptive behavior. It exists concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.

"Neurobehavioral services" means the assessment, evaluation, and treatment of cognitive, perceptual, behavioral, and other impairments caused by brain injury, which affect an individual’s ability to function successfully in the community.
"On-site" means services that are delivered by the provider and are an integrated part of the overall service delivery system.

"Residential treatment program" means 24-hour, supervised, medically necessary, out-of-home programs designed to provide necessary support and address mental health, behavioral, substance abuse, cognitive, or training needs of a child or adolescent in order to prevent or minimize the need for more intensive inpatient treatment. Services must include, but shall not be limited to, assessment and evaluation, medical treatment (including medication), individual and group counseling, neurobehavioral services, and family therapy necessary to treat the child. Active treatment shall be required. The service must provide active treatment or training beginning at admission and it must be related to the resident's principle diagnosis and admitting symptoms. These services do not include interventions and activities designed only to meet the supportive nonmental health special needs, including but not limited to personal care, habilitation or academic educational needs of the resident.

"Restraint" means the use of an approved mechanical device, physical intervention or hands-on hold, or pharmacologic agent to involuntarily prevent a resident receiving services from moving his body to engage in a behavior that places him or others at risk. This term includes restraints used for behavioral, medical, or protective purposes.

1. A restraint used for "behavioral" purposes means the use of an approved physical hold, a psychotropic medication, or a mechanical device that is used for the purpose of controlling behavior or involuntarily restricting the freedom of movement of the resident in an instance in which there is an imminent risk of a resident harming himself or others, including staff when nonphysical interventions are not viable and safety issues require an immediate response.

2. A restraint used for "medical" purposes means the use of an approved mechanical or physical hold to limit the mobility of the resident for medical, diagnostic, or surgical purposes and the related post-procedure care processes when the use of such a device is not a standard practice for the resident's condition.

3. A restraint used for "protective" purposes means the use of a mechanical device to compensate for a physical deficit when the resident does not have the option to remove the device. The device may limit a resident's movement and prevent possible harm to the resident (e.g., bed rail or geri-chair) or it may create a passive barrier to protect the resident (e.g., helmet).

4. A "mechanical restraint" means the use of an approved mechanical device that involuntarily restricts the freedom of movement or voluntary functioning of a limb or a portion of a person's body as a means to control his physical activities, and the resident receiving services does not have the ability to remove the device.

5. A "pharmacological restraint" means a drug that is given involuntarily for the emergency control of behavior when it is not standard treatment for the resident's medical or psychiatric condition.

6. A "physical restraint" (also referred to "manual hold") means the use of approved physical interventions or "hands-on" holds to prevent a resident from moving his body to engage in a behavior that places him or others at risk of physical harm. Physical restraint does not include the use of "hands-on" approaches that occur for extremely brief periods of time and never exceed more than a few seconds duration and are used for the following purposes:
   a. To intervene in or redirect a potentially dangerous encounter in which the resident may voluntarily move away from the situation or hands-on approach; or
   b. To quickly de-escalate a dangerous situation that could cause harm to the resident or others.

"Serious incident" means:
1. Any accident or injury requiring treatment by a physician;
2. Any illness that requires hospitalization;
3. Any overnight absence from the facility without permission;
4. Any runaway; or
5. Any event that affects, or potentially may affect, the health, safety or welfare of any resident being served by the provider.

"Serious injury" means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician.

"Service" or "services" means individually planned interventions intended to reduce or ameliorate mental illness, mental retardation or substance addiction or abuse through care and treatment, training, habilitation or other supports that are delivered by a provider to residents with mental illness, mental retardation, or substance addiction or abuse. Service also means planned individualized interventions intended to reduce or ameliorate the effects of brain injury through care, treatment, or other supports provided under the Brain Injury Waiver or in residential services for persons with brain injury.

"Social skill training" means activities aimed at developing and maintaining interpersonal skills.

"Time out" means assisting a resident to regain emotional control by removing the resident from his immediate environment to a different, open location until he is calm or the problem behavior has subsided.
12 VAC 35-45-70. Service description; required elements.
A. The provider shall develop, implement, review and revise its services according to the provider's mission and shall have that information available for public review.

B. Each provider shall have a written service description that accurately describes its structured program of care and treatment consistent with the treatment, habilitation, or training needs of the residential population it serves. Service description elements shall include:

1. The mental health, substance abuse or mental retardation, or brain injury population it intends to serve;
2. The mental health, substance abuse or mental retardation, or brain injury interventions it will provide;
3. Provider goals;
4. Services provided; and
5. Contract services, if any.

12 VAC 35-45-80. Minimum service requirements.
A. At the time of the admission of any resident, the provider shall identify in writing, the staff member responsible for providing the social services outlined in the Standards for Interdepartmental Regulation of Children's Residential Facilities (22 VAC 42-10).

B. The provider shall have and implement written policies and procedures that address the provision of:

1. Psychiatric care;
2. Family therapy; and
3. Staffing appropriate to the needs and behaviors of the residents served.

C. The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, mental retardation, or brain injury. The provision, intensity, and frequency of mental health, mental retardation, or brain injury interventions shall be based on the assessed needs of the resident. These interventions, applicable to the population served, shall include, but are not limited to:

1. Individual counseling;
2. Group counseling;
3. Training in decision making, family and interpersonal skills, problem solving, self-care, social, and independent living skills;
4. Training in functional skills;
5. Assistance with activities of daily living ([ADLs ADLs]);
6. Social skills training in therapeutic recreational activities, e.g., anger management, leisure skills education and development, and community integration;
7. Providing positive behavior supports;
8. Physical, occupational and/or speech therapy; and
9. Substance abuse education and counseling;
10. Neurobehavioral services for individuals with brain injury.

D. Each provider shall have formal arrangements for the evaluation, assessment, and treatment of the mental health or brain injury needs of the resident.

12 VAC 35-45-210. Additional requirements for residential facilities for individuals with brain injury.
A. The provider of brain injury services shall employ or [contact contract] with a neuropsychologist or licensed clinical psychologist specializing in brain injury to assist, as appropriate, with initial assessments, development of individualized service plans, crises, staff training, and service design.

B. Child care staff in brain injury residential services shall have two years experience working with children with disabilities.

C. A program director who holds a master’s degree in psychology, is a nurse licensed in Virginia, is a rehabilitation professional licensed in Virginia, or is a certified brain injury specialist shall have at least one year of clinical experience working with individuals with brain injury. Program directors who hold a bachelor’s degree in the field of institutional management, social work, education, or other allied discipline shall have a minimum of two years of experience working with individuals with brain injury.

VA.R. Doc. No. R06-159; Filed January 3, 2007, 10:32 a.m.

Final Regulation
Title of Regulation: 12 VAC 35-45. Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse Residential Services for Children (adding 12 VAC 35-45-25).

Statutory Authority: §§ 37.2-203, 37.2-408 and 37.2-418 of the Code of Virginia.

Effective Date: February 21, 2007.

Agency Contact: Leslie Anderson, Director, Office of Licensing, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, 1220 Bank Street, Richmond, VA 23218, telephone (804) 371-6885, FAX (804) 692-0066, or email leslie.anderson@co.dmhmrsas.virginia.gov.
Summary:

The amendments establish procedures for the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to issue an order of summary suspension in cases of immediate and substantial threat to the health, safety, and welfare of residents. These include procedures for scheduling and conducting an administrative hearing when the commissioner issues an order of summary suspension, including the appointment of a hearing officer by the Executive Secretary of the Supreme Court.

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 35-45-25. Summary suspension.

A. In conjunction with any proceeding for revocation, denial, or other action, when conditions or practices exist that pose an immediate and substantial threat to the health, safety, and welfare of the residents, the commissioner may issue an order of summary suspension of the license to operate a residential facility for children when he believes the operation of the facility should be suspended during the pendency of such proceeding.

B. Prior to the issuance of an order of summary suspension, the department shall contact the Executive Secretary of the Supreme Court of Virginia to obtain the name of a hearing officer. The department shall schedule the time, date, and location of the administrative hearing with the hearing officer.

C. The order of summary suspension shall take effect upon its issuance. It shall be delivered by personal service and certified mail, return receipt requested, to the address of record of the licensee as soon as practicable. The order shall set forth:

1. The time, date, and location of the hearing;
2. The procedures for the hearing;
3. The hearing and appeal rights; and
4. Facts and evidence that formed the basis for the order of summary suspension.

D. The hearing shall take place within three business days of the issuance of the order of summary suspension.

E. The department shall have the burden of proving in any summary suspension hearing that it had reasonable grounds to require the licensee to cease operations during the pendency of the concurrent revocation, denial, or other proceeding.

F. The administrative hearing officer shall provide written findings and conclusions, together with a recommendation as to whether the license should be summarily suspended, to the commissioner within five business days of the hearing.

G. The commissioner shall issue a final order of summary suspension or make a determination that the summary suspension is not warranted based on the facts presented and the recommendation of the hearing officer within seven business days of receiving the recommendation of the hearing officer.

H. The commissioner shall issue and serve on the residential facility for children or its designee by personal service or by certified mail, return receipt requested either:

1. A final order of summary suspension including (i) the basis for accepting or rejecting the hearing officer’s recommendation and (ii) notice that the residential facility for children may appeal the commissioner’s decision to the appropriate circuit court no later than 10 days following issuance of the order; or
2. Notification that the summary suspension is not warranted by the facts and circumstances presented and that the order of summary suspension is rescinded.

I. The licensee may appeal the commissioner’s decision on the summary suspension to the appropriate circuit court no more than 10 days after issuance of the final order.

J. The outcome of concurrent revocation, denial, and other proceedings shall not be affected by the outcome of any hearing pertaining to the appropriateness of the order of summary suspension.

K. At the time of the issuance of the order of summary suspension, the department shall contact the appropriate agencies to inform them of the action and the need to develop relocation plans for residents, and ensure that parents and guardians are informed of the pending action.

VA.R. Doc. No. R06-123; Filed January 3, 2007, 10:32 a.m.

Emergency Regulation

Title of Regulation: 12 VAC 35-105. Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation, Substance Abuse, the Individual and Family Developmental Disabilities Support Waiver and Residential Brain Injury Services (adding 12 VAC 35-105-115).


Agency Contact: Leslie Anderson, Director, Office of Licensing, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, 1220 Bank Street, Richmond, VA 23218, telephone (804) 371-6885,
A. In conjunction with any proceeding for revocation, denial, or other action, when conditions or practices exist that pose an immediate and substantial threat to the health, safety, and welfare of the residents, the commissioner may issue an order of summary suspension of the license to operate any group home or residential facility for adults when he believes the operation of the home or facility should be suspended during the pendency of such proceeding.

B. Prior to the issuance of an order of summary suspension, the department shall contact the Executive Secretary of the Supreme Court of Virginia to obtain the name of a hearing officer. The Department shall schedule the time, date, and location of the administrative hearing with the hearing officer.

C. The order of summary suspension shall take effect upon its issuance. It shall be delivered by personal service and certified mail, return receipt requested, to the address of record of the licensee as soon as practicable. The order shall set forth:

1. The time, date, and location of the hearing;
2. The procedures for the hearing;
3. The hearing and appeal rights; and
4. Facts and evidence that formed the basis for the order of summary suspension.

D. The hearing shall take place within three business days of the issuance of the order of summary suspension.

E. The department shall have the burden of proving in any summary suspension hearing that it had reasonable grounds to require the licensee to cease operations during the pendency of the concurrent revocation, denial, or other proceeding.

F. The administrative hearing officer shall provide written findings and conclusions, together with a recommendation as to whether the license should be summarily suspended, to the commissioner within five business days of the hearing.

G. The commissioner shall issue a final order of summary suspension or make a determination that the summary suspension is not warranted based on the facts presented and the recommendation of the hearing officer within seven business days of receiving the recommendation of the hearing officer.

H. The commissioner shall issue and serve on the group home or residential facility for adults or its designee by personal service or by certified mail, return receipt requested either:

1. A final order of summary suspension including (i) the basis for accepting or rejecting the hearing officer’s recommendation, and (ii) notice that the group home or residential facility may appeal the commissioner’s decision to the appropriate circuit court no later than 10 days following issuance of the order; or
2. Notification that the summary suspension is not warranted by the facts and circumstances presented and that the order of summary suspension is rescinded.
I. The licensee may appeal the commissioner’s decision on the summary suspension to the appropriate circuit court no more than ten days after issuance of the final order.

J. The outcome of concurrent revocation, denial, and other proceedings shall not be affected by the outcome of any hearing pertaining to the appropriateness of the order of summary suspension.

K. At the time of the issuance of the order of summary suspension, the department shall contact the appropriate agencies to inform them of the action and the need to develop relocation plans for residents, and ensure that any other legal guardians or responsible family members are informed of the pending action.

/s/ Tim Kaine
Governor
December 28, 2006

Final Regulation

Title of Regulation: 12 VAC 35-105. Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation, Substance Abuse, the Individual and Family Developmental Disabilities Waiver, and Residential Brain Injury Services (amending 12 VAC 35-105-20, 12 VAC 35-105-30, 12 VAC 35-105-590 and 12 VAC 35-105-660).


Effective Date: February 21, 2007.

Agency Contact: Leslie Anderson, Director, Office of Licensing, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, 1220 Bank Street, Richmond, VA 23218, telephone (804) 371-6885, FAX (804) 692-0066, or e-mail leslie.anderson@co.dmhmrsas.virginia.gov.

Summary:

This action adds provisions for licensing providers of brain injury services. The amendments (i) add a definition of "brain injury" and incorporate brain injury service providers into the definition of service "provider" that is subject to the licensing provisions; (ii) add or revise several other definitions to encompass the providers of brain injury services; (iii) expand the description of providers that are issued licenses to include providers offering residential services to persons with brain injury under the Brain Injury Waiver, although presently there is no Brain Injury Waiver in Virginia; (iv) require provider staffing and supervision of brain injury services; and (v) add requirements for the individualized services plan that address the specific needs of individuals receiving brain injury services.

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

12 VAC 35-105-20. Definitions.

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

"Abuse" (§ 37.1-37.2-100 of the Code of Virginia) means any act or failure to act, by an employee or other person responsible for the care of an individual receiving services that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to an individual receiving services. Examples of abuse include, but are not limited to, the following:

1. Rape, sexual assault, or other criminal sexual behavior;
2. Assault or battery;
3. Use of language that demeans, threatens, intimidates or humiliates the person;
4. Misuse or misappropriation of the person's assets, goods or property;
5. Use of excessive force when placing a person in physical or mechanical restraint;
6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies, professional accepted standards of practice or the person's individual service plan;
7. Use of more restrictive or intensive services or denial of services to punish the person or that is not consistent with his individual service plan.

"Activities of daily living" or "ADLs" mean personal care activities and include bathing, dressing, transferring, toileting, grooming, hygiene, feeding, and eating. An individual's degree of independence in performing these activities is part of determining the appropriate level of care and services.
"Brain injury" means any injury to the brain that occurs after birth, but before age 65, that is acquired through traumatic or nontraumatic insults. Nontraumatic insults may include, but are not limited to, anoxia, hypoxia, aneurysm, toxic exposure, encephalopathy, surgical interventions, tumor, and stroke. Brain injury does not include hereditary, congenital, or degenerative brain disorders, or injuries induced by birth trauma.

"Brain Injury Waiver" means a Virginia Medicaid home and community-based waiver for persons with brain injury approved by the Centers for Medicare and Medicaid Services.

"Care" or "treatment" means a set of individually planned interventions, training, habilitation, or supports that help an individual obtain or maintain an optimal level of functioning, reduce the effects of disability or discomfort, or ameliorate symptoms, undesirable changes or conditions specific to physical, mental, behavioral, cognitive, or social functioning.

"Case management service" means assisting individuals and their families to access services and supports that are essential to meeting their basic needs identified in their individualized service plan, which include not only accessing needed mental health, mental retardation and substance abuse services, but also any medical, nutritional, social, educational, vocational and employment, housing, economic assistance, transportation, leisure and recreational, legal, and advocacy services and supports that the individual needs to function in a community setting. Maintaining waiting lists for services, case management tracking and periodically contacting individuals for the purpose of determining the potential need for services shall be considered screening and referral and not admission into licensed case management.

"Clubhouse service" means the provision of recovery-oriented psychosocial rehabilitation services in a nonresidential setting on a regular basis not less than two hours per day, five days per week, in which clubhouse members and employees work together in the development and implementation of structured activities involved in the day-to-day operation of the clubhouse facilities and in other social and employment opportunities through skills training, peer support, vocational rehabilitation, and community resource development.

"Commissioner" means the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services or his authorized agent.

"Community gero-psychiatric residential services" means 24-hour nonacute care in conjunction with treatment in a setting that provides less intensive services than a hospital, but more intensive mental health services than a nursing home or group home. Individuals with mental illness, behavioral problems, and concomitant health problems (usually age 65 and older), appropriately treated in a geriatric setting, are provided intense supervision, psychiatric care, behavioral treatment planning, nursing, and other health related services. An Interdisciplinary Services Team assesses the individual and develops the services plan.

"Community intermediate care facility/mental retardation (ICF/MR)" means a service licensed by the Department of Mental Health, Mental Retardation, and Substance Abuse Services in which care is provided to individuals who have mental retardation or a developmental disability due to brain injury who are not in need of nursing care, but who need more intensive training and supervision than may be available in an assisted living facility or group home. Such facilities must comply with Title XIX of the Social Security Act standards, provide health or rehabilitative services, and provide active treatment to individuals receiving services toward the achievement of a more independent level of functioning or an improved quality of life.

"Complaint" means an allegation brought to the attention of the department that a licensed provider violated these regulations.

"Consumer service plan" or "CSP" means that document addressing all needs of recipients of home and community-based care developmental disability services (IFDDS Waiver), in all life areas. Supporting documentation developed by service providers is to be incorporated in the CSP by the support coordinator. Factors to be considered when these plans are developed may include, but are not limited to, recipient ages, level of functioning, and preferences.
"Corrective action plan" means the provider's pledged corrective action in response to noncompliances documented by the regulatory authority. A corrective action plan must be completed within a specified time.

"Correctional facility" means a facility operated under the management and control of the Virginia Department of Corrections.

"Corporal punishment" means punishment administered through the intentional inflicting of pain or discomfort to the body (i) through actions such as, but not limited to, striking or hitting with any part of the body or with an implement; (ii) through pinching, pulling or shaking; or (iii) through any similar action that normally inflict pain or discomfort.

"Crisis" means a situation in which an individual presents an immediate danger to self or others or is at risk of serious mental or physical health deterioration.

"Crisis stabilization" means direct, intensive intervention to individuals who are experiencing serious psychiatric or behavioral problems, or both, that jeopardize their current community living situation. This service shall include temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent out-of-home placement. This service shall be designed to stabilize recipients and strengthen the current living situations so that individuals can be maintained in the community during and beyond the crisis period.

"Day support service" means the provision of individualized planned activities, supports, training, supervision, and transportation to individuals with mental retardation or related conditions, or brain injury, to improve functioning or conditions, or brain injury, planned activities, supports, training, supervision, and "Day support service" means the provision of individualized services for two or more consecutive hours per day. The term "day support service" does not include services in which the primary function is to provide extended sheltered or competitive employment, supported or transitional employment services, general education services, general recreational services, or outpatient services licensed pursuant to this chapter.

"Day treatment services" means the provision of coordinated, intensive, comprehensive, and multidisciplinary treatment to individuals through a combination of diagnostic, medical, psychiatric, case management, psychosocial rehabilitation, prevocational and educational services. Services are provided for two or more consecutive hours per day.

"Department" means the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

"Discharge" means the process by which the individual's active involvement with a provider is terminated by the provider.

"Discharge plan" means the written plan that establishes the criteria for an individual's discharge from a service and coordinates planning for aftercare services.

"Dispense" means to deliver a drug to an ultimate user by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery. (§ 54.1-3400 et seq. of the Code of Virginia.)

"Emergency service" means mental health, mental retardation or substance abuse services available 24 hours a day and seven days per week that provide crisis intervention, stabilization, and referral assistance over the telephone or face-to-face for individuals seeking services for themselves or others. Emergency services may include walk-ins, home visits, jail interventions, pre-admission screenings, and other activities designed to stabilize an individual within the setting most appropriate to the individual's current condition.

"Group home residential service" means a congregate residential service providing 24-hour supervision in a community-based, home-like dwelling. These services are provided for individuals needing assistance, counseling, and training in activities of daily living or whose service plan identifies the need for the specific type of supervision or counseling available in this setting.

"Home and noncenter based" means that a service is provided in the home or other noncenter-based setting. This includes but is not limited to noncenter-based day support, supportive in-home, and intensive in-home services.

"IFDDS Waiver" means the Individual and Family Developmental Disabilities Support Waiver.

"Individual" or "individual receiving services" means a person receiving care or treatment or other services from a provider licensed under this chapter whether that person is referred to as a patient, client, resident, student, individual, recipient, family member, relative, or other term. When the term is used, the requirement applies to every individual receiving services of the provider.

"Individualized services plan" or "ISP" means a comprehensive and regularly updated written plan of action to meet the needs and preferences of an individual.

"Inpatient psychiatric service" means a 24-hour intensive medical, nursing care and treatment provided for individuals with mental illness or problems with substance abuse in a hospital as defined in § 32.1-123 of the Code of Virginia or in a special unit of such a hospital.
A person’s degree of independence in performing these activities is part of determining appropriate level of care and services.

"Instrumental activities of daily living (IADL)" or "IADLs" means social tasks (e.g., meal preparation, shopping, housekeeping, laundry, and money management) meal preparation, housekeeping, laundry, and managing money.

"Investigation" means a detailed inquiry or systematic examination of the operations of a provider or its services regarding a violation of regulations or law. An investigation may be undertaken as a result of a complaint, an incident report or other information that comes to the attention of the department.

"Legally authorized representative" means a person permitted by law to give informed consent for disclosure of information and give informed consent to treatment, including medical treatment, and participation in human research for an individual who lacks the mental capacity to make these decisions.

"Investigation" means a detailed inquiry or systematic examination of the operations of a provider or its services regarding a violation of regulations or law. An investigation may be undertaken as a result of a complaint, an incident report or other information that comes to the attention of the department.

"Legally authorized representative" means a person permitted by law to give informed consent for disclosure of information and give informed consent to treatment, including medical treatment, and participation in human research for an individual who lacks the mental capacity to make these decisions.

"Licensed mental health professional (LMHP)" means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, or certification as a psychiatric clinical nurse specialist.

"Location" means a place where services are or could be provided.

"Medical detoxification" means a service provided in a hospital or other 24-hour care facility, under the supervision of medical personnel using medication to systematically eliminate or reduce effects of alcohol or other drugs in the body.

"Medical evaluation" means the process of assessing an individual's health status that includes a medical history and a physical examination of an individual conducted by a licensed medical practitioner operating within the scope of his license.

"Medication" means prescribed or over-the-counter drugs or both.

"Medication administration" means the direct application of medications by injection, inhalation, or ingestion or any other means to an individual receiving services by (i) persons legally permitted to administer medications or (ii) the individual at the direction and in the presence of persons legally permitted to administer medications.

"Medication error" means that an error has been made in administering a medication to an individual when any of the following occur: (i) the wrong medication is given to an individual at the wrong time or not at all, or (v) the proper method is not used to give the medication to the individual.

"Medication storage" means any area where medications are maintained by the provider, including a locked cabinet, locked room, or locked box.

"Mental Health Community Support Service (MHCSS)" means the provision of recovery-oriented psychosocial rehabilitation services to individuals with long-term, severe psychiatric disabilities including skills training and assistance in accessing and effectively utilizing services and supports that are essential to meeting the needs identified in their
individualized service plan and development of environmental supports necessary to sustain active community living as independently as possible. MHCSS Services are provided in any setting in which the individual's needs can be addressed, skills training applied, and recovery experienced.

"Mental retardation" means substantial subaverage general intellectual functioning that originates during the development period and is associated with impairment in adaptive behavior. It exists concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.

"Mentally ill" means any person afflicted with mental disease to such an extent that for his own welfare or the welfare of others he requires care and treatment, or with mental disorder or functioning classifiable under the diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Fourth Edition, 1994, that affects the well-being or behavior of an individual.

"Neglect" means the failure by an individual or provider responsible for providing services to provide nourishment, treatment, care, goods, or services necessary to the health, safety or welfare of a person receiving care or treatment for mental illness, mental retardation or substance abuse (§ 37.2-100 of the Code of Virginia). This definition of neglect also applies to individuals receiving in-home support, crisis stabilization, and day support under the IFDDS or Brain Injury Waiver and individuals receiving residential brain injury services.

"Neurobehavioral services" means the assessment, evaluation, and treatment of cognitive, perceptual, behavioral, and other impairments caused by brain injury that affect an individual's ability to function successfully in the community.

"Opioid treatment service" means an intervention strategy that combines treatment with the administering or dispensing of opioid agonist treatment medication. An individual-specific, physician-ordered dose of medication is administered or dispensed either for detoxification or maintenance treatment.

"Outpatient service" means a variety of treatment interventions generally provided to individuals, groups or families on an hourly schedule in a clinic or similar facility or in another location. Outpatient services include, but are not limited to, emergency services, crisis intervention services, diagnosis and evaluation, intake and screening, counseling, psychotherapy, behavior management, psychological testing and assessment, chemotherapy and medication management services, and jail based services. "Outpatient service" specifically includes:

1. Services operated by a community services board established pursuant to Chapter 10 (§ 37.1-194 § 37.2-500 et seq.) of Title 37.2 of the Code of Virginia;
2. Services funded wholly or in part, directly or indirectly, by a community services board established pursuant to Chapter 10 (§ 37.1-194 § 37.2-500 et seq.) of Title 37.2 of the Code of Virginia; or
3. Services that are owned, operated, or controlled by a corporation organized pursuant to the provisions of either Chapter 9 (§ 13.1-601 et seq.) or Chapter 10 (§ 13.1-801 et seq.) of Title 13.1 of the Code of Virginia.

"Partial hospitalization service" means the provision within a medically supervised setting of day treatment services that are time-limited active treatment interventions, more intensive than outpatient services, designed to stabilize and ameliorate acute symptoms, and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay.

"Program of Assertive Community Treatment (PACT) service" means a self-contained interdisciplinary team of at least 10 full-time equivalent clinical staff, a program assistant, and a full- or part-time psychiatrist that:

1. Assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illnesses;
2. Minimally refers individuals to outside service providers;
3. Provides services on a long-term care basis with continuity of caregivers over time;
4. Delivers 75% or more of the services outside program offices; and
5. Emphasizes outreach, relationship building, and individualization of services.

The individuals to be served by PACT are individuals who have severe symptoms and impairments not effectively remedied by available treatments or who, because of reasons related to their mental illness, resist or avoid involvement with mental health services.

"Provider" means any person, entity or organization, excluding an agency of the federal government by whatever name or designation, that provides or delivers (i) services to individuals persons with mental illness, mental retardation, or substance addiction or abuse including the detoxification, treatment or rehabilitation of drug addicts through the use of the controlled drug methadone or other opioid replacements or provides in-home support, crisis stabilization, or day support under, (ii) services to persons who receive day support, in-home support, or crisis stabilization services funded through the IFDDS Waiver; (iii) services to [individuals persons ] under the Brain Injury Waiver; or (iv)
residential services for persons with brain injury. Such The person, entity or organization shall include a hospital as defined in § 32.1-123 of the Code of Virginia, community services board as defined in § 37.1-194.1 of the Code of Virginia, behavioral health authority as defined in § 37.1-243 of the Code of Virginia, private provider, and any other similar or related person, entity or organization. It shall not include any individual practitioner who holds a license issued by a health regulatory board of the Department of Health Professions or who is exempt from licensing pursuant to §§ 54.1-2901, 54.1-3001, 54.1-3501, 54.1-3601 and 54.1-3701 of the Code of Virginia. It does not include any person providing uncompensated services to a family member.

"Psychosocial rehabilitation service" means care or treatment for individuals with long-term, severe psychiatric disabilities, which is designed to improve their quality of life by assisting them to assume responsibility over their lives and to function as actively and independently in society as possible, through the strengthening of individual skills and the development of environmental supports necessary to sustain community living. Psychosocial rehabilitation includes skills training, peer support, vocational rehabilitation, and community resource development oriented toward empowerment, recovery, and competency.

"Qualified Brain Injury Professional (QBIP)" means a clinician in the health professions who is trained and experienced in providing brain injury services to individuals who have a brain injury diagnosis including a (i) physician: a doctor of medicine or osteopathy; (ii) psychiatrist: a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) psychologist: a person with a master's degree in psychology from a college or university with at least one year of clinical experience; (iv) social worker: an individual with at least a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology.

"Qualified Mental Health Professional (QMHP)" means a clinician in the health professions who is trained and experienced in providing psychiatric or mental health services to individuals who have a psychiatric diagnosis; including a (i) physician: a doctor of medicine or osteopathy; (ii) psychiatrist: a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) psychologist: an individual with a master's degree in psychology from a college or university with at least one year of clinical experience; (iv) social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling, or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to persons with a diagnosis of mental illness; (v) registered Psychiatric Rehabilitation Provider (RPRP) registered with the International Association of Psychosocial Rehabilitation Services (IAPSRS); (vi) registered nurse licensed in the Commonwealth of Virginia with at least one year of clinical experience; or (vii) any other licensed mental health professional.

"Qualified Mental Retardation Professional (QMRP)" means an individual possessing at least one year of documented experience working directly with individuals who have mental retardation or other developmental disabilities and is one of the following: a doctor of medicine or osteopathy, a registered nurse, or holds at least a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, and psychology.

"Qualified Paraprofessional in Brain Injury (QPPBI)" means an individual with at least a high school diploma and two years experience working with individuals with disabilities.

"Qualified Paraprofessional in Mental Health (QPPMH)" means an individual who must, at a minimum, meet one of the following criteria: (i) registered with the International Association of Psychosocial Rehabilitation Services (IAPSRS) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) an Associate's Degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to persons with a diagnosis of mental illness; or (iii) a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP providing services to persons with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

"Referral" means the process of directing an applicant or an individual to a provider or service that is designed to provide the assistance needed.
"Related conditions" means autism or a severe, chronic disability that meets all of the following conditions identified in 42 CFR 435.1009:

1. Attributable to cerebral palsy, epilepsy or any other condition, other than mental illness, that is found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to behavior of persons with mental retardation, and requires treatment or services similar to those required for these persons;
2. Manifested before the person reaches age 22;
3. Likely to continue indefinitely; and
4. Results in substantial functional limitations in three or more of the following areas of major life activity:
   a. Self-care;
   b. Understanding and use of language;
   c. Learning;
   d. Mobility;
   e. Self-direction; or
   f. Capacity for independent living.

"Residential crisis stabilization service" means providing short-term, intensive treatment to individuals who require multidisciplinary treatment in order to stabilize acute psychiatric symptoms and prevent admission to a psychiatric inpatient unit.

"Residential service" means a category of service providing 24-hour care in conjunction with care and treatment or a training program in a setting other than a hospital. Residential services provide a range of living arrangements from highly structured and intensively supervised to relatively independent requiring a modest amount of staff support and monitoring. Residential services include, but are not limited to: residential treatment, group homes, supervised living, residential crisis stabilization, community geriatric psychiatric residential, community intermediate care facility-MR, sponsored residential homes, medical and social detoxification, behavioral services, and substance abuse residential treatment for women and children.

"Residential treatment service" means providing an intensive and highly structured mental health treatment or neurobehavioral service in a residential setting, other than an inpatient service.

"Respite care service" means providing for a short-term, time limited period of care of an individual for the purpose of providing relief to the individual's family, guardian, or regular care giver. Individuals providing respite care are recruited, trained, and supervised by a licensed provider. These services may be provided in a variety of settings including residential, day support, in-home, or in a sponsored residential home.

"Restraint" means the use of an approved mechanical device, physical intervention or hands-on hold, or pharmacologic agent to involuntarily prevent an individual receiving services from moving his body to engage in a behavior that places him or others at risk. This term includes restraints used for behavioral, medical, or protective purposes.

1. A restraint used for "behavioral" purposes means the use of an approved physical hold, a psychotropic medication, or a mechanical device that is used for the purpose of controlling behavior or involuntarily restricting the freedom of movement of the individual in an instance in which there is an imminent risk of an individual harming himself or others, including staff; when nonphysical interventions are not viable; and safety issues require an immediate response.
2. A restraint used for "medical" purposes means the use of an approved mechanical or physical hold to limit the mobility of the individual for medical, diagnostic, or surgical purposes and the related post-procedure care processes, when the use of such a device is not a standard practice for the individual's condition.
3. A restraint used for "protective" purposes means the use of a mechanical device to compensate for a physical deficit, when the individual does not have the option to remove the device. The device may limit an individual's movement and prevent possible harm to the individual (e.g., bed rail or geri chair) or it may create a passive barrier to protect the individual (e.g., helmet).
4. A "mechanical restraint" means the use of an approved mechanical device that involuntarily restricts the freedom of movement or voluntary functioning of a limb or a portion of a person's body as a means to control his physical activities, and the individual receiving services does not have the ability to remove the device.
5. A "pharmacological restraint" means a drug that is given involuntarily for the emergency control of behavior when it is not standard treatment for the individual's medical or psychiatric condition.
6. A "physical restraint" (also referred to "manual hold") means the use of approved physical interventions or "hands-on" holds to prevent an individual from moving his body to engage in a behavior that places him or others at risk of physical harm. Physical restraint does not include the use of "hands-on" approaches that occur for extremely brief periods of time and never exceed more than a few seconds duration and are used for the following purposes: (i) to intervene in or redirect a potentially dangerous encounter in which the individual may voluntarily move away from the situation or hands-on approach or (ii) to
Services provided to individuals under Services include outpatient services, planned individualized mental illness, mental retardation or substance addiction or abuse through care, treatment, training, habilitation or other supports that are delivered by a provider to individuals with mental illness, mental retardation, or substance addiction or abuse. Service also means in-home support, day support, and crisis stabilization services provided to individuals under the IFDDS Waiver. Services include outpatient services, intensive in-home services, opioid treatment services, inpatient psychiatric hospitalization, community geropsychiatric residential services, assertive community treatment and other clinical services; day support, day treatment, partial hospitalization, psychosocial rehabilitation, and habilitation services; case management services; and supportive residential, special school, halfway house, and other residential services; (ii) day support, in-home support, and crisis stabilization services provided to individuals under the IFDDS Waiver; and (iii) planned individualized interventions intended to reduce or ameliorate the effects of brain injury through care, treatment, or other supports provided under the Brain Injury Waiver or in residential services for persons with brain injury.

"Shall" means an obligation to act is imposed.

"Shall not" means an obligation not to act is imposed.

"Skills training" means systematic skill building through curriculum-based psychoeducational and cognitive-behavioral interventions. These interventions break down complex objectives for role performance into simpler components, including basic cognitive skills such as attention, to facilitate learning and competency.

"Social detoxification service" means providing nonmedical supervised care for the natural process of withdrawal from excessive use of alcohol or other drugs.

"Sponsored residential home" means a service where providers arrange for, supervise and provide programmatic, financial, and service support to families or individuals (sponsors) providing care or treatment in their own homes.

"State authority" means the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. This is the agency designated by the Governor to exercise the responsibility and authority for governing the treatment of opiate addiction with an opioid drug.

"Substance abuse" means the use, without compelling medical reason, of alcohol and other drugs which results in psychological or physiological dependency or danger to self or others as a function of continued use in such a manner as to induce mental, emotional or physical impairment and cause socially dysfunctional or socially disordered behavior.

"Substance abuse residential treatment for women with children service" means a 24-hour residential service providing an intensive and highly structured substance abuse service for women with children who live in the same facility.

"Supervised living residential service" means the provision of significant direct supervision and community support services to individuals living in apartments or other residential settings. These services differ from supportive in-home service because the provider assumes responsibility for management of the physical environment of the residence, and staff supervision and monitoring are daily and available on a 24-hour basis. Services are provided based on the needs of the individual in areas such as food preparation, housekeeping, medication administration, personal hygiene, and budgeting.

"Supportive in-home service" (formerly supportive residential) means the provision of community support services and other structured services to assist individuals. Services strengthen individual skills and provide environmental supports necessary to attain and sustain independent community residential living. They include, but are not limited to, drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in-home support, respite care and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.

"Time out" means assisting an individual to regain emotional control by removing the individual from his immediate environment to a different, open location until he is calm or the problem behavior has subsided.

"Volunteer" means a person who, without financial remuneration, provides services to individuals on behalf of the provider.
12 VAC 35-105-30. Licenses.

A. Licenses are issued to providers who offer services to one or a combination of the following disability groups: persons with mental illness, persons with mental retardation, persons with substance addiction or abuse problems, or persons with related conditions served under the IFDDS Waiver, or persons with brain injury served under the Brain Injury Waiver or in a residential service.

B. Providers shall be licensed to provide specific services as defined in this chapter or as determined by the commissioner. These services include:

1. Case management;
2. Clubhouse;
3. Community gero-psychiatric residential;
4. Community intermediate care facility-MR;
5. Crisis stabilization (residential and nonresidential);
6. Day support;
7. Day treatment;
8. Group home residential;
9. Inpatient psychiatric;
10. Intensive Community Treatment (ICT);
11. Intensive in-home;
12. Intensive outpatient;
13. Medical detoxification;
14. Mental health community support;
15. Opioid treatment;
16. Outpatient;
17. Partial hospitalization;
18. Program of assertive community treatment (PACT);
19. Psychosocial rehabilitation;
20. Residential treatment;
21. Respite;
22. Social detoxification;
23. Sponsored residential home;
24. Substance abuse residential treatment for women with children;
25. Supervised living; and
26. Supportive in-home.

C. A license addendum describes the services licensed, the population served, specific locations where services are provided or organized and the terms, and conditions for each service offered by a licensed provider. For residential and inpatient services, the license identifies the number of beds each location may serve.

12 VAC 35-105-590. Provider staffing plan.

A. The provider shall design and implement a staffing plan including the type and role of employees and contractors that reflects the:

1. Needs of the population served;
2. Types of services offered;
3. The service description; and
4. The number of people served.

B. The provider shall develop a transition staffing plan for new services, added locations, and changes in capacity.

C. The following staffing requirements relate to supervision.

1. The provider shall describe how employees, volunteers, contractors and student interns are to be supervised in the staffing plan.
2. Supervision of employees, volunteers, contractors and student interns shall be provided by persons who have experience in working with the population served and in providing the services outlined in the service description. In addition, supervision of mental health services shall be performed by a QMHP and supervision of mental retardation services shall be performed by a QMRP or an employee or contractor with experience equivalent to the educational requirement. Supervision of IFDDS Waiver services shall be performed by a QDDP or an employee or contractor with equivalent experience. Supervision of Brain Injury Waiver services or residential services shall be performed by a QBIP or an employee or contractor with equivalent experience.
3. Supervision shall be appropriate to the services provided and the needs of the individual. Supervision shall be documented.
4. Supervision shall include responsibility for approving assessments and individualized services plans. This responsibility may be delegated to an employee or contractor who is a QMHP, QMRP, or QDDP, or QBIP or who has equivalent experience.

D. The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs, speech, language or hearing problems or other needs where specialized training is necessary.

E. The provider of brain injury services shall employ or contract with a neuropsychologist or licensed clinical
psychologist specializing in brain injury to assist, as appropriate, with initial assessments, development of individualized services plans, crises, staff training, and service design.

F. Direct care staff in brain injury services shall meet the qualifications of a QPPBI and successfully complete an approved training curriculum on brain injuries within six months of employment.

12 VAC 35-105-660. Individualized services plan (ISP).

A. The provider shall develop a preliminary individualized services plan for the first 30 days. The preliminary individualized services plan shall be developed and implemented within 24 hours of admission and shall continue in effect until the individualized services plan is developed or the individual is discharged, whichever comes first.

B. The provider shall develop an individualized services plan for each individual as soon as possible after admission but no later than 30 days after admission. Providers of short-term services must develop and implement a policy to develop individualized services plans within a time frame consistent with the expected length of stay of individuals. Services requiring longer term assessments may include the completion of those as part of the individualized services plan as long as all appropriate services are incorporated into the individualized services plan based on the assessment completed within 30 days of admission and the individualized services plan is updated upon the completion of assessment.

C. The individualized services plan shall address:

1. The individual's needs and preferences.
2. Relevant psychological, behavioral, medical, rehabilitation and nursing needs as indicated by the assessment;
3. Individualized strategies, including the intensity of services needed;
4. A communication plan for individuals with communication barriers, including language barriers; and
5. The behavior treatment plan, if applicable.

D. The provider shall comply with the human rights regulations in regard to participation in decision-making by the individual or legally authorized representative in developing or revising the individualized services plan.

E. The provider shall involve family members, guardian, or others, if appropriate, in developing, reviewing, or revising, at least annually, the individualized service plans consistent with laws protecting confidentiality, privacy, the human rights of individuals receiving services (see 12 VAC 35-115-60) and the rights of minors.

F. Employees or contractors responsible for implementation of an individualized services plan shall demonstrate a working knowledge of the plan's goals, objectives and strategies.

G. The provider shall designate a person who will develop and implement individualized service plans.

H. The provider shall implement the individualized services plan and review it at least every three months or whenever there is a revised assessment. These reviews shall evaluate the individual's progress toward meeting the plan's objectives. The goals, objectives and strategies of the individualized services plan shall be updated, if indicated.

I. The individualized service plan shall be consistent with the CSP for individuals served by the IFDDS Waiver.

J. In brain injury services, the individualized services plan shall be reassessed and revised more frequently than annually, consistent with the individual’s course of recovery.

VA.R. Doc. No. R06-161; Filed January 3, 2007, 10:33 a.m.
sections of the Code of Virginia that exclude certain life insurance policies, update a web address, and add a new severability section.

AT RICHMOND, DECEMBER 19, 2006
COMMONWEALTH OF VIRGINIA
At the relation of the
STATE CORPORATION COMMISSION

CASE NO. INS-2006-00291
Ex Parte: In the matter of Adopting Revisions to Rules Governing Use of the 2001 CSO Mortality Table in Determining Reserve Liabilities and Nonforfeiture Benefits

ORDER ADOPTING REVISIONS TO RULES

By Order to Take Notice entered herein November 2, 2006, all interested persons were ordered to take notice that subsequent to December 7, 2006, the State Corporation Commission ("Commission") would consider the entry of an order adopting revisions proposed by the Bureau of Insurance ("Bureau") to the rules entitled "Use of the 2001 CSO Mortality Table in Determining Reserve Liabilities and Nonforfeiture Benefits," set forth in Chapter 321 of Title 14 of the Virginia Administrative Code, which amend the rules at 14 VAC 5-321-10 through 14 VAC 5-321-30 and set forth a new rule at 14 VAC 5-321-70, unless on or before December 7, 2006, any person objecting to the adoption of the proposed revisions filed a request for a hearing with the Clerk of the Commission. The Order to Take Notice also required all interested persons to file their comments in support of or in opposition to the proposed revisions on or before December 7, 2006.

The proposed revisions amend references to certain sections of the Code of Virginia and Chapter 319 of Title 14 of the Virginia Administrative Code and reflect the applicability of a new mortality table set forth in the proposed new Chapter 322 of Title 14 of the Virginia Administrative Code entitled "Use of the 2001 CSO Preferred Class Structure Mortality Table in Determining Reserve Liabilities," the proposed adoption of which is the subject of Commission Case No. INS-2006-00292. In addition, the proposed revisions add a new section entitled "Severability clause" at 14 VAC 5-321-70.

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

The Bureau, therefore, has recommended that the revisions to the rules as submitted by the Bureau be adopted by the Commission, effective January 1, 2007.

THE COMMISSION, having considered the revisions and the Bureau's recommendation, is of the opinion that the revisions to the rules as submitted by the Bureau should be adopted.

THEREFORE, IT IS ORDERED THAT:

(1) The revisions to the rules entitled "Use of the 2001 CSO Mortality Table in Determining Reserve Liabilities and Nonforfeiture Benefits," which amend the rules at 14 VAC 5-321-10 through 14 VAC 5-321-30 and set forth a new rule at 14 VAC 5-321-70, and which are attached hereto and made a part hereof, are hereby ADOPTED, to be effective January 1, 2007.

(2) AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Douglas C. Stolte, who forthwith shall give further notice of the adoption of the revisions to the rules by mailing a copy of this Order, including a copy of the attached revised rules, to all life insurers and to all persons licensed or authorized by the Commission pursuant to Title 38.2 of the Code of Virginia to write or reinsure any form of life insurance, and certain interested parties designated by the Bureau.

(3) The Commission's Division of Information Resources forthwith shall cause a copy of this Order, including a copy of the attached revised rules, to be forwarded to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations and shall make available this Order and the attached revised rules on the Commission's website, http://www.scc.virginia.gov/caseinfo.htm.

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

14 VAC 5-321-10. Authority.

This chapter is promulgated by the commission, pursuant to § 38.2-223 of the Code of Virginia and in accordance with §§ 38.2-3130, 38.2-3131, 38.2-3206, 38.2-3207, 38.2-3208, through 38.2-3209, and 38.2-4120 of the Code of Virginia and 14 VAC 5-319-40, to approve, recognize, permit, and prescribe the use of the 2001 Commissioners Standard Ordinary (CSO) Mortality Table by and for insurers transacting the business of insurance in this Commonwealth.


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

"2001 CSO Mortality Table" means that mortality table, which is included in the Proceedings of the NAIC (2nd Quarter 2002), consisting of separate rates of mortality for male and female lives, developed by the American Academy of Actuaries CSO Task Force from the Valuation Basic Mortality Table developed by the Society of Actuaries...
Individual Life Insurance Valuation Mortality Task Force, and adopted by the NAIC in December 2002. Unless the context indicates otherwise, the "2001 CSO Mortality Table" includes both the ultimate form of that table and the select and ultimate form of that table and includes both the smoker and nonsmoker mortality tables and the composite mortality tables. It also includes both the age-nearest-birthday and age-last-birthday bases of the mortality tables. The 2001 CSO Mortality Table may be accessed via the American Academy of Actuaries' website, http://www.actuary.org/life/cso_0702.htm http://www.actuary.org/life/cso/appendix_a_jun02.xls.

"2001 CSO Mortality Table (F)" means that mortality table consisting of the rates of mortality for female lives from the 2001 CSO Mortality Table.

"2001 CSO Mortality Table (M)" means that mortality table consisting of the rates of mortality for male lives from the 2001 CSO Mortality Table.

"Commission" means the State Corporation Commission.

"Composite mortality tables" means mortality tables with rates of mortality that do not distinguish between smokers and nonsmokers.

"NAIC" means the National Association of Insurance Commissioners.

"Smoker and nonsmoker mortality tables" means mortality tables with separate rates of mortality for smokers and nonsmokers.

14 VAC 5-321-30. 2001 CSO Mortality Table.

A. At the election of the insurer for any one or more specified plans of insurance and subject to the conditions stated in this chapter, the 2001 CSO Mortality Table may be used as the minimum standard for policies issued on or after July 1, 2004, and before the date specified in subsection B of this section to which subsections A and B of 14 VAC 5-319-40 and subdivision 1 of § 38.2-3130 and § 38.2-3209 of the Code of Virginia are applicable. If the insurer elects to use the 2001 CSO Mortality Table, it shall do so for both valuation and nonforfeiture purposes.

B. Subject to the conditions stated in this chapter, the 2001 CSO Mortality Table shall be used in determining minimum standards for policies issued on and after January 1, 2009, to which subdivision 1 of § 38.2-3130 and § 38.2-3209 of the Code of Virginia are applicable.

C. A table from the 2001 CSO Preferred Class Structure Mortality Table used in place of a 2001 CSO Mortality Table, pursuant to the requirements of 14 VAC 5-322, will be treated as part of the 2001 CSO Mortality Table only for purposes of reserve valuation pursuant to the requirements of this chapter.

14 VAC 5-321-70. Severability clause.

If any provision of this chapter or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the chapter and the application of the provision to other persons or circumstances shall not be affected thereby.

DOCUMENT INCORPORATED BY REFERENCE


V.A.R. Doc. No. R07-31; Filed December 20, 2006, 3:55 p.m.

Final Regulation

Title of Regulation: 14 VAC 5-322. Use of the 2001 CSO Preferred Class Structure Mortality Table in Determining Reserve Liabilities (adding 14 VAC 5-322-10 through 14 VAC 5-322-50).


Effective Date: January 1, 2007

Agency Contact: Racquel C. Pino-Moreno, Principal Insurance Analyst, Bureau of Insurance, State Corporation Commission, P.O. Box 1157, Richmond, VA 23218, telephone (804) 371-9499, FAX (804) 371-9511, toll-free 1-800-552-7945 or email raquel.pino-moreno@scc.virginia.gov.

Summary:

The amended rules identify the new mortality table that may be used in place of the 2001 CSO Mortality Table established in 14 VAC 5-321. These rules are based on the NAIC Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities.
The Bureau reviewed the ACLI's comments and recommendations and filed its Response with the Clerk of the Commission on December 13, 2006. The Bureau recommends that the proposed rules be revised at 14 VAC 5-322-10 and 14 VAC 5-322-40 B 1 in accordance with the ACLI's comments. The Bureau recommends that the proposed rules not be revised at 14 VAC 5-322-40 C in accordance with the ACLI's comments, because it would provide options that the Bureau does not intend to use in administering the provisions of Chapter 322. The Bureau responds to the ACLI's request regarding insurer exemption procedures by noting that it already has the authority to grant an insurer such an exemption pursuant to 14 VAC 5-322-40 C, making the ACLI's request unnecessary.

THE COMMISSION, having considered the proposed rules, the ACLI's comments, and the Bureau's response to and recommendations regarding the ACLI's comments, is of the opinion that the attached rules, which reflect the recommendations of the Bureau, should be adopted.

THE COMMISSION, having considered the proposed rules, the ACLI's comments, and the Bureau's response to and recommendations regarding the ACLI's comments, is of the opinion that the attached rules, which reflect the recommendations of the Bureau, should be adopted.

THEREFORE, IT IS ORDERED THAT:

(1) The rules entitled "Use of the 2001 CSO Preferred Class Structure Mortality Table in Determining Reserve Liabilities," to be designated as Chapter 322 of Title 14 of the Virginia Administrative Code, which set forth new rules at 14 VAC 5-322-10 through 14 VAC 5-322-50, and which are attached hereto and made a part hereof, are hereby ADOPTED, to be effective January 1, 2007.

(2) AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Douglas C. Stolte, who forthwith shall give further notice of the adoption of the rules by mailing a copy of this Order, including a copy of the attached rules, to all life insurers and all persons licensed or authorized by the Commission pursuant to Title 38.2 of the Code of Virginia to write or reinsure any form of life insurance, and certain interested parties designated by the Bureau.

(3) The Commission's Division of Information Resources forthwith shall cause a copy of this Order, including a copy of the attached rules, to be forwarded to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations and shall make available this Order and the attached rules on the Commission's website, http://www.scc.virginia.gov/caseinfo.htm.

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

CHAPTER 322.
USE OF THE 2001 CSO PREFERRED CLASS STRUCTURE MORTALITY TABLE IN DETERMINING RESERVE LIABILITIES.

14 VAC 5-322-10. Authority.

This chapter is promulgated by the commission, pursuant to § 38.2-223 of the Code of Virginia and in accordance with § 38.2-3130 of the Code of Virginia and 14 VAC 5-319-40, to approve, recognize, permit, and prescribe the use of the 2001 Commissioners Standard Ordinary (CSO) Preferred Class Structure Mortality Table by and for insurers transacting the business of insurance in this Commonwealth.
14 VAC 5-322-20. Definitions.

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

"2001 CSO Mortality Table" means that mortality table, consisting of separate rates of mortality for male and female lives, developed by the American Academy of Actuaries CSO Task Force from the Valuation Basic Mortality Table developed by the Society of Actuaries Individual Life Insurance Valuation Mortality Task Force, and adopted by the NAIC in December 2002. The 2001 CSO Mortality Table is included in the Proceedings of the NAIC (2nd Quarter 2002) and supplemented by the 2001 CSO Preferred Class Structure Mortality Table. Unless the context indicates otherwise, the "2001 CSO Mortality Table" includes both the ultimate form of that table and the select and ultimate form of that table and includes both the smoker and nonsmoker mortality tables and the composite mortality tables. It also includes both the age-nearest-birthday and age-last-birthday bases of the mortality tables. The 2001 CSO Mortality Table may be accessed via the American Academy of Actuaries’ website: http://www.actuary.org/life/cso/appendix_a_jun02.xls.

Mortality tables in the 2001 CSO Mortality Table include the following:

1. "2001 CSO Mortality Table (F)" means that mortality table consisting of the rates of mortality for female lives from the 2001 CSO Mortality Table.

2. "2001 CSO Mortality Table (M)" means that mortality table consisting of the rates of mortality for male lives from the 2001 CSO Mortality Table.

3. "Composite mortality tables" means mortality tables with rates of mortality that do not distinguish between smokers and nonsmokers.

4. "Smoker and nonsmoker mortality tables" means mortality tables with separate rates of mortality for smokers and nonsmokers.

"2001 CSO Preferred Class Structure Mortality Table" means mortality tables with separate rates of mortality for Super Preferred Nonsmokers, Preferred Nonsmokers, Residual Standard Nonsmokers, Preferred Smokers, and Residual Standard Smoker splits of the 2001 CSO Nonsmoker and Smoker tables [ as described in the Tillinghast Report dated January 30, 2006, and ] adopted by the NAIC in [ June September ] 2006. The 2001 CSO Preferred Class Structure Mortality Table is included in the Proceedings of the NAIC ([ 3rd ] Quarter 2006). Unless the context indicates otherwise, the "2001 CSO Preferred Class Structure Mortality Table" includes both the ultimate form of that table and the select and ultimate form of that table. It includes both the smoker and nonsmoker mortality tables. It includes both the male and female mortality tables and the gender composite mortality tables. It also includes both the age-nearest-birthday and age-last-birthday bases of the mortality table.

14 VAC 5-322-30. 2001 CSO Preferred Class Structure Mortality Table.

At the election of the insurer, for each calendar year of issue, for any one or more specified plans of insurance and subject to satisfying the conditions stated in this chapter, the 2001 CSO Preferred Class Structure Mortality Table may be substituted in place of the 2001 CSO Smoker or Nonsmoker Mortality Table as the minimum valuation standard for policies issued on or after January 1, 2007. No such election shall be made until the insurer demonstrates at least 20% of the business to be valued on this table is in one or more of the preferred classes. A table from the 2001 CSO Preferred Class Structure Mortality Table used in place of a 2001 CSO Smoker or Nonsmoker Mortality Table, pursuant to the requirements of this chapter, will be treated as part of the 2001 CSO Mortality Table only for purposes of reserve valuation pursuant to the requirements of the rules entitled "Use of the 2001 CSO Mortality Table In Determining Minimum Reserve Liabilities And Nonforfeiture Benefits" (14 VAC 5-321).

14 VAC 5-322-40. Conditions.

A. For each plan of insurance with separate rates for Preferred and Standard Nonsmoker lives, an insurer may use the Super Preferred Nonsmoker, Preferred Nonsmoker, and Residual Standard Nonsmoker tables to substitute for the Nonsmoker mortality table found in the 2001 CSO Mortality Table to determine minimum reserves. At the time of election and annually thereafter, except for business valued under the Residual Standard Nonsmoker Table, the appointed actuary shall certify that:

1. The present value of death benefits over the next 10 years after the valuation date, using the anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the...
valuation basic table corresponding to the valuation table being used for that class.

2. The present value of death benefits over the future life of the contracts, using anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the valuation basic table corresponding to the valuation table being used for that class.

B. For each plan of insurance with separate rates for Preferred and Standard Smoker lives, an insurer may use the Preferred Smoker and Residual Standard Smoker tables to substitute for the Smoker mortality table found in the 2001 CSO Mortality Table to determine minimum reserves. At the time of election and annually thereafter, for business valued under the Preferred Smoker Table, the appointed actuary shall certify that:

1. The present value of death benefits over the next 10 years after the valuation date, using the anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the Preferred Smoker valuation basic table corresponding to the valuation table being used for that class.

2. The present value of death benefits over the future life of the contracts, using anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the Preferred Smoker valuation basic table.

C. Unless exempted by the commission, every authorized insurer having elected to substitute the 2001 CSO Preferred Class Structure Mortality Table pursuant to this chapter shall file annually with a statistical agent designated by the NAIC and acceptable to the commission, statistical reports showing mortality and such other information as the commission may deem necessary or expedient for the administration of the provisions of this chapter. The commission shall require the use of a statistical report form established by the NAIC or by a statistical agent designated by the NAIC and acceptable to the commission.

14 VAC 5-322-50. Severability clause.

If any provision of this chapter or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the chapter and the application of the provision to other persons or circumstances shall not be affected thereby.
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.

CHAPTER 130.
REGULATIONS GOVERNING THE PRACTICE OF LICENSED MIDWIVES.

PART I.
GENERAL PROVISIONS.

18 VAC 85-130-10. Definitions.
A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2957.7 of the Code of Virginia.

"Midwife"
"Practicing midwifery"

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

"Board" means the Virginia Board of Medicine.
"Client" means a person receiving midwifery care and shall be considered synonymous with the word "patient."
"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI as set out in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).
"CPM" means the Certified Professional Midwife credential issued by the North American Registry of Midwives.
"NARM" means the North American Registry of Midwives.

18 VAC 85-130-20. Public participation.
A separate board regulation, 18 VAC 85-10-10, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18 VAC 85-130-30. Fees.
Unless otherwise provided, the following fees shall not be refundable:

1. The application fee for a license to practice as a midwife shall be $277.
2. The fee for biennial active license renewal shall be $312; the additional fee for late renewal of an active license within one renewal cycle shall be $105.
3. The fee for biennial inactive license renewal shall be $168; the additional fee for late renewal of an inactive license within one renewal cycle shall be $55.
4. The fee for reinstatement of a license that has expired for a period of two years or more shall be $367 in addition to the late fee for each year in which the license has been lapsed, not to exceed a total of four years. The fee shall be submitted with an application for licensure reinstatement.
5. The fee for a letter of good standing/verification of a license to another jurisdiction shall be $10.
6. The fee for an application for reinstatement if a license has been revoked or if an application for reinstatement has been previously denied shall be $2,000.
7. The fee for a duplicate wall certificate shall be $15.
8. The fee for a duplicate renewal license shall be $5.
9. The fee for a returned check shall be $25.

PART II.
REQUIREMENTS FOR LICENSURE AND RENEWAL OF LICENSURE.

18 VAC 85-130-40. Criteria for initial licensure.
A. An applicant for board licensure shall submit:

1. The required application on a form provided by the board and the application fee as prescribed in 18 VAC 85-130-30;
2. Evidence satisfactory to the board of current certification as a CPM; and
3. A report from NARM indicating whether there has ever been any adverse action taken against the applicant.

B. If an applicant has been licensed or certified in another jurisdiction, the applicant shall provide information on the status of each license or certificate held and on any disciplinary action taken or pending in that jurisdiction.

18 VAC 85-130-45. Practice while enrolled in an accredited midwifery education program.
A person may perform tasks related to the practice of midwifery under the direct and immediate supervision of a licensed doctor of medicine or osteopathic medicine, a certified nurse midwife, or a licensed midwife while enrolled in an accredited midwifery education program or during completion of the North American Registry of Midwives' Portfolio Evaluation Process Program without obtaining a license issued by the board until such person has taken and received the results of any examination required for CPM certification or for a period of three years, whichever occurs sooner. For good cause shown, a person may request that the board grant any extension of time beyond the three years, for a period not to exceed one additional year.

A. A licensed midwife shall renew licensure biennially during the midwife’s birth month in each odd-numbered year by:

1. Paying to the board the renewal fee as prescribed in 18 VAC 85-130-30; and
2. Attesting to having current, active CPM certification by NARM.

B. A licensed midwife whose license has not been renewed by the first day of the month following the month in which renewal is required shall not be considered licensed in Virginia.

C. An additional fee to cover administrative costs for processing a late application renewal shall be imposed by the board as prescribed by 18 VAC 85-130-30.

18 VAC 85-130-60. Inactive licensure.

A. A licensed midwife who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to maintain current, active certification by NARM.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice midwifery in Virginia.

B. An inactive licensee may reactivate licensure by:

1. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and

2. Submission of documentation of having current, active certification by NARM.

C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provision of this chapter.

18 VAC 85-130-70. Reinstatement.

A. A licensed midwife who allows licensure to lapse for a period of two years or more and chooses to resume practice shall submit to the board a reinstatement application, information on practice and licensure in other jurisdictions for the period in which the license was lapsed in Virginia, proof of current, active certification by NARM, and the fee for reinstatement of licensure as prescribed in 18 VAC 85-130-30.

B. A licensed midwife whose license has been revoked by the board and who wishes to be reinstated must make a new application to the board, hold current, active certification by NARM, and pay the fee for reinstatement of a revoked license as prescribed in 18 VAC 85-130-30.

PART III.
PRACTICE STANDARDS.

18 VAC 85-130-80. Disclosure requirements.

A licensed midwife shall provide written disclosures to any client seeking midwifery care. The licensed midwife shall review each disclosure item and obtain the client’s signature as evidence that the disclosures have been received and explained. Such disclosures shall include:

1. A description of the licensed midwife's qualifications, experience, and training;

2. A written protocol for medical emergencies, including hospital transport, particular to each client;

3. A statement as to whether the licensed midwife has hospital privileges;

4. A statement that a licensed midwife is prohibited from prescribing, possessing or administering controlled substances;

5. A description of the midwife's model of care;

6. A copy of the regulations governing the practice of midwifery;

7. A statement as to whether the licensed midwife carries malpractice or liability insurance coverage and, if so, the extent of that coverage;

8. An explanation of the Virginia Birth-Related Neurological Injury Compensation Fund and a statement that licensed midwives are currently not covered by the fund; and

9. A description of the right to file a complaint with the Board of Medicine and with NARM and the procedures and contact information for filing such complaint.

18 VAC 85-130-90. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18 VAC 85-130-100. Client records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of client records.

B. Practitioners shall provide client records to another practitioner or to the client or the client’s personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage client records and shall maintain timely, accurate, legible and complete client records.
Regulations

Practitioners shall clearly document objective findings, decisions and professional actions based on continuous assessment for ongoing midwifery care.

D. Practitioners shall document a client’s decisions regarding choices for care, including informed consent or refusal of care. Practitioners shall clearly document when a client’s decisions or choices are in conflict with the professional judgment and legal scope of practice of the licensed midwife.

E. Practitioners shall maintain a client record for a minimum of six years following the last client encounter with the following exceptions:

1. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last client encounter regardless of the age of the child;
2. Records that have previously been transferred to another practitioner or health care provider or provided to the client or the client’s personal representative do not have to be kept for a minimum of six years following the last client encounter; or
3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

F. [From (insert effective date of regulations) practitioners] shall in some manner inform all clients concerning the time frame for record retention and destruction. Client records shall only be destroyed in a manner that protects client confidentiality, such as by incineration or shredding.

G. When a practitioner is closing, selling or relocating a practice, the practitioner shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the client's choice or provided to the client.

18 VAC 85-130-110. Practitioner-client communication; termination of relationship.

A. Communication with clients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately inform a client or the client’s legally authorized representative of the client’s assessment and prescribed plan of care. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner’s skill or the efficacy or value of a treatment or procedure directed by the practitioner.
2. A practitioner shall present information relating to the client’s care to a client or the client’s legally authorized representative in understandable terms and encourage participation in the decisions regarding the client’s care.

3. Before any invasive procedure is performed, informed consent shall be obtained from the client. Practitioners shall inform clients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent licensed midwife practicing in Virginia would tell a client. In the instance of a minor or a client who is incapable of making an informed decision on the client’s own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

B. Termination of the practitioner/client relationship.

1. The practitioner or the client may terminate the relationship. In either case, the practitioner shall make a copy of the client record available, except in situations where denial of access is allowed by law.
2. Except as provided in § 54.1-2962.2 of the Code of Virginia, a practitioner shall not terminate the relationship or make services unavailable without documented notice to the client that allows for a reasonable time to obtain the services of another practitioner.

18 VAC 85-130-120. Practitioner responsibility.

A. A practitioner shall:

1. Transfer care immediately in critical situations that are deemed to be unsafe to a client or infant and remain with the client until the transfer is complete;
2. Work collaboratively with other health professionals and refer a client or an infant to appropriate health care professionals when either needs care outside the midwife’s scope of practice or expertise; and
3. Base choices of interventions on empirical and/or research evidence that would indicate the probable benefits outweigh the risks.

B. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of the midwife’s practice or for which the midwife is not trained and individually competent;
2. Knowingly allow apprentices or subordinates to jeopardize client safety or provide client care outside of the apprentice’s or subordinate’s scope of practice or area of responsibility. Practitioners shall delegate client care only to those who are properly trained and supervised; and
3. Exploit the practitioner/client relationship for personal gain.

18 VAC 85-130-130. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted or free, for professional services that does not include the cost of all related procedures, services and
products that, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the client and the practitioner.

C. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. A licensee shall disclose the complete name of the board that conferred the certification when using or authorizing the use of the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for the licensee’s practice.

E. A licensee shall not advertise information that is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.

18 VAC 85-130-140. Vitamins, minerals and food supplements.

A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable client outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual client’s overall medical condition and medications.

C. The practitioner shall conform to the standards of the practitioner’s particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

18 VAC 85-130-150. Solicitation or remuneration in exchange for referral.

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility as defined in § 37.2-100 of the Code of Virginia, or hospital as defined in § 32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b), as amended, or any regulations promulgated thereto.

18 VAC 85-130-160. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the client, or both; or

2. May reasonably be interpreted as romantic involvement with a client regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a client.

1. The determination of when a person is a client for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a client until the client-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a client does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former client after termination of the practitioner-client relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is
a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care. For purposes of this section, key third party of a client shall mean: spouse or partner, parent or child, guardian, or legal representative of the client.

E. Sexual contact between a supervisor and a trainee or apprentice shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care.

18 VAC 85-130-170. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

NOTICE: The forms used in administering 18 VAC 85-130, Regulations Governing the Practice of Licensed Midwives, 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

Instructions for Completing a Licensed Midwife Application (rev. 6/06).

Application for a License to Practice as a Licensed Midwife (rev. 10/05).

Form A, Claims History (rev. 8/05).

Form B (rev. 10/05).

Form C (rev. 10/05).

VA.R. Doc. No. R06-149; Filed January 3, 2007, 10:43 a.m.

TITLE 19. PUBLIC SAFETY

DEPARTMENT OF STATE POLICE

Final Regulation

REGISTRAR'S NOTICE: The following regulatory action is exempt from the Administrative Process Act in accordance with § 2.2-4006 A 4 c of the Code of Virginia, which excludes regulations that are necessary to meet the requirements of federal law or regulations provided such regulations do not differ materially from those required by federal law or regulation. The Department of State Police will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.


Statutory Authority: § 52.8-4 of the Code of Virginia.

Effective Date: March 1, 2007.

Agency Contact: Lieutenant Herbert B. Bridges, Department of State Police, P.O. Box 27472, Richmond, VA 23261-7472, telephone (804) 674-2005, FAX (804) 674-2916 or email herbert.bridges@vsp.virginia.gov.

Summary:

Amendment 15 adopts and incorporates by reference changes made by the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, to 49 CFR Parts 390 through 397 promulgated and in effect as of January 2, 2007.

The amendments to the federal regulations are as follows:

1. Amend 49 CFR Parts 390 and 392 adopting as final, with minor changes, the interim regulations as published in the Federal Register in August 2002. Since that time, enforcement officials have discovered many carriers operating without the required operating authority or beyond the scope of their authority. By making minor changes to the rule, FMCSA facilitates enforcement of these regulatory requirements by the agency’s employees and its state counterparts. Clarifying that operating authority means registration as required by statute assists state enforcement officers in identifying the correct violation and not confusing operating authority with other registration requirements.

2. Amend 49 CFR Part 393 and the final rule of September 27, 2002, concerning protection against shifting and falling cargo for commercial motor vehicles in response to petitions from several affected entities. The amendments make the final rule more consistent with its December 18, 2000, notice of proposed rulemaking to adopt the North
19 VAC 30-20-80. Compliance.

Every person and commercial motor vehicle subject to the Motor Carrier Safety Regulations operating in interstate or intrastate commerce within or through the Commonwealth of Virginia shall comply with the Federal Motor Carrier Safety Regulations promulgated by the United States Department of Transportation, Federal Motor Carrier Safety Administration, with amendments promulgated and in effect as of January 2, 2006, pursuant to the United States Motor Carrier Safety Act found in 49 CFR Parts 390 through 397, which are incorporated in these regulations by reference, with certain exceptions, as set forth below.

VA.R. Doc. No. R07-91; Filed December 28, 2006, 1 p.m.

TITLE 22. SOCIAL SERVICES

CHILD DAY-CARE COUNCIL

Final Regulation


Statutory Authority: §§ 2.2-4007 and 63.2-1735 of the Code of Virginia.

Effective Date: March 1, 2007.

Agency Contact: Jan Sigler, Legislative and Regulatory Liaison, Department of Social Services, 7 North 8th Street, Richmond, VA 23219, telephone (804) 726-7901, FAX (804) 726-7906 or email jan.sigler@dss.virginia.gov.

Summary:

The regulation sets forth the procedures the Child Day-Care Council uses to obtain public input when developing, revising or repealing a regulation. This regulation covers the following topics: petitions from interested parties, solicitation of input, public hearings, and withdrawal of regulations. The amendments provide for electronic transmission of information and incorporate recent statutory changes.

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

22 VAC 15-10-40. Petitions from interested parties.

Any person may petition the council or department to develop a new regulation or to adopt, amend or repeal a regulation. The petition, at a minimum, shall contain the following information:

1. Name of petitioner;
2. Petitioner's mailing address and telephone number;
3. Petitioner's interest in the proposed action;
4. Recommended new regulation or addition, deletion, or amendment to a specific regulation or regulations;
5. Statement of need and justification for the proposed action;
6. Statement of impact on the petitioner and other affected persons; and
7. Supporting documents, as applicable.

The council or department shall provide a written response to such petition and shall notify the other entity pursuant to the provisions of subsection A of § 2.2-4007 of the Code of Virginia.

22 VAC 15-10-50. Solicitation of input.

A. The department shall establish and maintain lists consisting of persons expressing an interest in the adoption, amendment or repeal of regulations under its administration, management or supervision. Persons may request the addition of their name and address to the lists at any time. Persons who elect to be included on an electronic mailing list may also request that all mailings be sent in hard copy. The lists will be updated as additional interested parties are identified. Deletions will be made when either regular or electronic mail is returned undeliverable or there is a lack of interest as determined by the department as a result of periodic contact initiated by the department.

B. The council may form an ad hoc advisory group or utilize a standing advisory committee to assist in the drafting, formation or review of a proposal when expertise is necessary to address a specific regulatory interest or issue, or when persons register an interest in the subject of the regulation and in working with the council.

C. Whenever the council identifies a need for the adoption, amendment or repeal of regulations under its authority, it may commence the regulation adoption process according to these procedures.

D. The council shall issue a Notice of Intended Regulatory Action (NOIRA) which describes the subject matter and intent of the planned regulation for all regulatory proposals in accordance with the Administrative Process Act. The NOIRA shall state whether the council intends to hold a public hearing.

E. The commissioner, department on behalf of the council shall disseminate the NOIRA to the public by distribution to
the Registrar of Regulations for publication in The Virginia Register.

F. The department on behalf of the council shall disseminate the NOIRA to the interested parties on the lists established under subsection A of this section by mail or electronic transmission as chosen by the parties.

G. The department on behalf of the council shall make provision for receiving comments pertaining to the NOIRA by regular mail, the Internet, facsimile or electronic means. The council shall consider public comment in drafting proposed regulations.

H. Upon approval by the council of the proposed regulations, the commissioner department on behalf of the council shall solicit public comment through:

1. Distribution to the Registrar of Regulations for publication in The Virginia Register; and
2. Distribution of a notice of comment period to persons on the lists established under subsection A of this section.

I. The council shall solicit public comment on proposed regulations through:

1. Publication of a Notice of Comment Period in a newspaper of general circulation published at the state capital and such other newspapers as the department may deem appropriate; and
2. Distribution of a notice of comment to the interested parties on the lists established under subsection A of this section by mail or electronic transmission as chosen by the parties.

J. At the discretion of the council, the department on behalf of the council may solicit public comment on a proposed regulation through publication of a notice in any newspaper as determined by the council. Any notice published shall comply with the provisions of subsection F of § 2.2-4007 of the Code of Virginia.

K. At least five days prior to final adoption of a regulation by the council, the department on behalf of the council shall prepare a summary description of all public comment received during the proposed comment period. This summary shall be available to all public commenters and to the public.

STATE BOARD OF SOCIAL SERVICES

Final Regulation


Statutory Authority: § 63.2-217 and Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 63.2 of the Code of Virginia.

Effective Date: March 1, 2007.

Agency Contact: Gail Nardi, Manager, Adult Services/Adult Protective Services, Department of Social Services, 7 North 8th Street, Richmond, VA 23219, telephone (804) 726-7537, FAX (804) 726-7895, or email gail.nardi@dss.virginia.gov.

Summary:

The amendments expand the scope of mandated reporters to include health professions regulated by the Department of Health Professions, emergency medical services personnel, and guardians. These changes allow the agency's existing regulation to comply with changes to the Code of Virginia effective July 1, 2004. Also, pursuant to Chapters 749 and 1011 of the 2004 Acts of Assembly, the amendments authorize the Commissioner of Social Services or his designee to assess civil penalties for nonreporting by a mandated reporter of suspected abuse, neglect, or exploitation of vulnerable adults. Finally, the regulations include numerous clarifications.

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.

22 VAC 40-740. Definitions.

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

"Abuse" means the willful infliction of physical pain, injury or mental anguish or unreasonable confinement.

"Adult" means any person in the Commonwealth who is abused, neglected, or exploited, or is at risk of being abused, neglected, or exploited; and is 18 years of age or older and incapacitated, or is 60 years of age and older.

"Adult protective services" means services provided or arranged by the local department of social services which are necessary to prevent abuse, neglect, or exploitation of an adult. These services consist of the identification, receipt, and
Investigation of complaints and reports of adult abuse, neglect, and exploitation for incapacitated persons 18 years of age and over and persons 60 years of age and over. This service also includes the provision of social casework and group work in an attempt to stabilize the situation, the receipt, investigation and disposition of complaints and reports of adult abuse, neglect, and exploitation of adults 18 years of age and over who are incapacitated and adults 60 years of age and over by the local department of social services. Adult protective services also include the provision of casework and care management by the local department in order to stabilize the situation or to prevent further abuse, neglect, and exploitation of an adult at risk of abuse, neglect and exploitation. If appropriate and available, adult protective services may include the direct provision of services by the local department or arranging for home-based care, transportation, sheltered employment, adult day care services, meal service, legal proceedings, placement, alternative placements and other activities to protect the adult and restore self-sufficiency to the extent possible.

"Collateral" means a person whose personal or professional knowledge may help confirm or rebut the allegations of adult abuse, neglect or exploitation or whose involvement may help ensure the safety of the adult.

"Conservator" means a person appointed by the court who is responsible for managing the estate and financial affairs of an incapacitated person, and where the context plainly indicates, includes a "limited conservator" or a "temporary conservator."

"Department" means the Virginia Department of Social Services.

"Director" means the director or his delegated representative of the department of social services of the city or county in which the person resides or is found.

"Emergency" means that an adult is living in conditions which present a clear and substantial risk of death or immediate and serious physical harm to himself or others.

"Disposition" means the determination of whether or not adult abuse, neglect or exploitation has occurred.

"Documentation" means information and materials, written or otherwise, concerning allegations, facts and evidence.

"Exploitation" means the illegal use of an incapacitated adult or his resources for another's profit or advantage. This includes acquiring a person's adult's resources through the use of that person's the adult's mental or physical incapacity [dementia, advanced age, other causes] the disposition of the incapacitated person's adult's property by a second party to the advantage of the second party and to the detriment of the incapacitated person adult [misuse of funds, acquiring an advantage through threats to withhold needed support or care unless certain conditions are met, persuading an incapacitated adult to perform services including sexual acts to which the adult lacks the capacity to consent]. "or by exerting undue influence over adults].

"Guardian" means a person who has been legally invested with the authority and charged with the duty of taking care of the person and managing his property and protecting the rights of the person who has been declared by the circuit court to be incapacitated and incapable of administering his own affairs. The powers and duties of the guardian are defined by the court and are limited to matters within the areas where the person in need of a guardian has been determined to be incapacitated.

"Guardian ad litem" means an attorney appointed by the court to represent the interest of the person adult for whom a guardian or committee conservator is requested. On the hearing of the petition for appointment of a guardian or committee conservator, the guardian ad litem advocates for the person adult who is the subject of the hearing, and his duties are usually concluded when the case is decided.

"Incapacitated person" means any adult who is impaired by reason of mental illness, mental retardation, physical illness or disability, [dementia, advanced age, other causes] to the extent that the adult lacks sufficient understanding or capacity to make, communicate or carry out reasonable decisions concerning his or her well-being. This definition is for the purpose of establishing an adult's eligibility for adult protective services and such adult may or may not have been found incapacitated through court procedures.

"Involuntary protective services" means those services authorized by the court for an adult who has been determined to need protective services and who has been adjudicated incapacitated and lacking the capacity to consent to receive the needed protective services.

"Lacks capacity to consent" means a preliminary judgment of a local department of social services social worker that an adult is unable to consent to receive needed services for reasons that relate to emotional or psychiatric problems, mental retardation, developmental delay, or other reasons which impair the adult's ability to recognize a substantial risk of death or immediate and serious harm to himself. The lack of capacity to consent may be either permanent or temporary. The worker must make a preliminary judgment that the adult lacks capacity to consent before petitioning the court for authorization to provide protective services on an emergency basis pursuant to § 63.2-1609 of the Code of Virginia.

"Legally incapacitated" means that the person has been adjudicated incapacitated by a circuit court because of a mental or physical condition which renders him, either wholly or partially, incapable of taking care of himself or his estate.
Regulations

"Legally incompetent" means a person who has been adjudicated incompetent by a circuit court because of a mental condition which renders him incapable of taking care of his person or managing his estate.

"Legitimate interest" means that a public or private agency or the representative of such an agency has a need for specific information which is maintained by a local department of social services as a result of an adult protective services report or investigation. The information is needed in order to fulfill a recognized agency function which can reasonably be expected to serve the best interest of the adult who is the subject of the information. Agencies that may have a legitimate interest in such information are specified in 22 VAC 40-740-50 B a lawful, demonstrated privilege to access the information as defined in § 63.2-104 of the Code of Virginia.

"Local department" means any local department of social services in the Commonwealth of Virginia.

"Mandated reporters" means those persons who are required [ to report ] pursuant to § 63.2-1606 of the Code of Virginia, [ to report immediately to the local department ] of social services [ or the adult protective services hotline ] when such persons have reason to suspect that an adult is abused, neglected, [ or ] exploited or is at risk of adult abuse, neglect, or exploitation. [ "Immediately" means without delay and not later than the conclusion of any review necessary to determine when the suspicion is reasonable. ] Persons required to make such reports include any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, any person employed by a public or private agency or facility and working with adults, any person providing full time or part time care to adults for pay on a regularly scheduled basis, any person employed as a social worker, any mental health professional, and any law-enforcement officer. [ Reports shall be made forthwith by the following persons acting in their professional capacity upon their suspicion that adult abuse, neglect or exploitation has occurred:

1. Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503 of the Code of Virginia, with the exception of persons licensed by the Board of Veterinary Medicine;
2. Any mental health services provider as defined in § 54.1-2400.1 of the Code of Virginia;
3. Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5 of the Code of Virginia;
4. Any guardian or conservator of an adult;
5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
6. Any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to, companion, chore, homemaker, and personal care workers;
7. Any law enforcement officer and
8. Medical facilities inspectors of the Department of Health. However, medical facilities inspectors are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with Title XVIII (Section 1846) and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § 32.1-123 of the Code of Virginia. Findings of adult abuse, neglect or exploitation by a medical facilities inspector shall be made known to adult protective services after the exit conference at the facility so that the local department can provide follow-up to facility residents who may be at risk of further abuse, neglect or exploitation. ]

"Mental anguish" means a state of emotional pain or distress resulting from activity (verbal or behavioral) of a perpetrator. The intent of the activity is to threaten or intimidate, [ to cause sorrow or fear, ] to humiliate [ , or ] ridicule. There must be evidence that it is the perpetrator's activity which has caused the adult's feelings of pain or distress.

"Neglect" means that an adult is living under such circumstances that he is not able to provide for himself or is not being provided such services as are necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. Neglect includes the failure of a caregiver, or some other responsible person [ , ] to provide for basic needs to maintain the adult's physical and mental health and well-being [ , and it includes the adult's neglect of self. Neglect includes, but is not limited to:

1. The lack of clothing considered necessary to protect a person's health;
2. The lack of food necessary to prevent physical injury or to maintain life, including failure to receive appropriate food when persons have for adults with conditions requiring special diets;
3. Shelter which is not structurally safe; has rodents or other infestations which may result in serious health problems; or does not have a safe and accessible water supply, safe heat source or sewage disposal. Adequate shelter for a person an adult will depend on the impairments of an individual person adult; however, the person adult must be protected from the elements which would seriously endanger his health (e.g., rain, cold, or
heat) and could result in serious illness or debilitating conditions;

4. Inadequate supervision by a caregiver (paid or unpaid) who has been designated to provide the supervision necessary to protect the safety and well-being of adults in his care;

5. The failure of persons who are responsible for caregiving to seek needed medical care or to follow medically prescribed treatment for an adult, or the adult has failed to obtain such care for himself. The needed medical care is believed to be of such a nature as to result in physical and/or mental injury or illness if it is not provided; and

6. Medical neglect includes, but is not limited to, the withholding of medication or aids needed by the adult such as dentures, eye glasses, hearing aids, walker, etc. It also includes the unauthorized administration of prescription drugs, over- or under-medicating, and the administration of drugs for other than bona fide medical reasons, as determined by a licensed health care professional; and

6. An adult who is self-neglecting by

7. Self-neglect by an adult who is not meeting his own basic needs due to mental and/or physical impairments. Basic needs refer to such things as food, clothing, shelter, health or medical care.

"Notification" means informing designated and appropriate individuals of the local department’s action and the individual’s rights.

"Preponderance of evidence" means the evidence as a whole shows that the facts are more probable and credible than not. It is evidence that is of greater weight or more convincing than the evidence offered in opposition.

"Report" means an allegation by any person to a local department of social services, that an adult is in need of protective services. The term "report" shall refer to both reports and complaints of abuse, neglect, and exploitation of adults. The report may be made orally or in writing to the local department or by calling the Adult Protective Services Hotline.

"Service plan" means a plan of action to address the service needs of an adult in order to protect the adult, to prevent future abuse, neglect or exploitation, and to preserve the autonomy of the adult whenever possible.

"Unreasonable confinement" means the use of restraints (physical or chemical), isolation, or any other means of confinement without medical orders, when there is no emergency and for reasons other than the adult's safety or well-being, or the safety of others.

"Valid report" means the local department of social services has evaluated the information and allegations of the report and determined that the local department shall conduct an investigation because all of the following elements are present:

1. The alleged victim adult is 60 years of age or older or is 18 years of age or older and is incapacitated;

2. There is [an identifiable specific] adult [with enough identifying information to locate the adult];

3. Circumstances allege abuse, neglect or exploitation or risk of abuse, neglect or exploitation; and

4. The local department receiving the report is a local department of jurisdiction [as described in 22 VAC 40-740-21].

"Voluntary protective services" means those services given provided to an adult who, after investigation by a local department, is determined to be in need of protective services and consents to receiving the services so as to mitigate the risk of abuse, neglect, or exploitation prevent further abuse, neglect, and exploitation of an adult at risk of abuse, neglect and exploitation.


Reports shall be made forthwith by the following persons acting in their professional capacity upon their suspicion that adult abuse, neglect or exploitation has occurred:

1. Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503 of the Code of Virginia, with the exception of persons licensed by the Board of Veterinary Medicine;

2. Any mental health services provider as defined in § 54.1-2400.1 of the Code of Virginia;

3. Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5 of the Code of Virginia;

4. Any guardian or conservator of an adult;

5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;

6. Any person providing full, intermittent or occasional care to an adult for compensation including, but not limited to, companion, chore, homemaker, and personal care workers;

7. Any law-enforcement officer; and

8. Medical facilities inspectors of the Department of Health. However, medical facilities inspectors are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with Title XVIII (§ 1846) and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § 32.1-123 of the Code of Virginia. Findings of adult
abuse, neglect or exploitation by a medical facilities inspector shall be made known to adult protective services after the exit conference at the facility so that the local department can provide follow up to facility residents who may be at risk of further abuse, neglect or exploitation.

[ PART II.

POLICY. ]

22 VAC 40-740-20. Application. (Repealed.)

A. The application process is designed to assure the prompt provision of needed adult protective services including services to adults who are not able to complete and sign a service application.

B. Persons who may complete and sign an application for adult protective services on behalf of an adult who needs the service:

1. The adult who will receive the services or the adult's legally appointed guardian or conservator;
2. Someone authorized by the adult; or
3. The local department.

C. Primary responsibility for the investigation when more than one local department may have jurisdiction under § 63.2-1606 of the Code of Virginia, shall be assumed by the local department:

1. Where the subject of the investigation resides when the place of residence is known and when the alleged abuse, neglect, or exploitation occurred in the city or county of residence;
2. Where the abuse, neglect, or exploitation is believed to have occurred when the report alleges that the incident occurred outside the city or county of residence;
3. Where the abuse, neglect, or exploitation was discovered if the incident did not occur in the city or county of residence or if the city or county of residence is unknown and the place where the abuse, neglect, or exploitation occurred is unknown;
4. Where the abuse, neglect, or exploitation was discovered if the subject of the report is a nonresident who is temporarily in the Commonwealth.

D. When an investigation extends across city or county lines, local departments in those cities or counties shall assist with the investigation at the request of the local department with primary responsibility.

22 VAC 40-740-21. The adult protective services investigation.

A. This section establishes the process for the adult protective services investigation and provides priority to situations that are most critical.

B. The validity of the report shall be determined. Investigations shall be initiated by the local department not later than 24 hours from the time a valid report was received in the local department.

1. To initiate the investigation, the social worker must gather enough information concerning the report to determine (i) if the report is valid and (ii) if an immediate response is needed to ensure the safety of the alleged victim. Pertinent information may be obtained from the report, case record reviews, contact with the alleged victim, the reporter, friends and neighbors and service providers.
2. When determining the need for an immediate response, the social worker shall consider the following factors:
   a. The imminent danger to the adult or to others;
   b. The severity of the alleged abuse, neglect or exploitation;
   c. The circumstances surrounding the alleged abuse, neglect or exploitation; and
   d. The physical and mental condition of the adult.
3. A face-to-face contact with the alleged victim shall be made as soon as possible but not later than five calendar days after the initiation of the investigation unless there are valid reasons that the contact could not be made. Those reasons shall be documented in the Adult Protective Services Assessment Narrative as described in 22 VAC 40-740-40. The timing of the interview with the alleged victim should occur in a reasonable amount of time pursuant to circumstances in subdivision 2 of this subsection.
C. The report shall be reduced to writing within 72 hours of receiving the report on a form prescribed by the department.
D. The purpose of the investigation is to determine whether the adult alleged to be abused, neglected or exploited or at risk of abuse, neglect or exploitation is in need of protective services and, if so, to identify services needed to provide the protection.
E. The local department shall conduct a thorough investigation of the report.
F. The investigation shall include a visit and private interview with the adult alleged to be abused, neglected or exploited.
G. The investigation shall include consultation with others having knowledge of the facts of the particular case.
H. Primary responsibility for the investigation when more than one local department may have jurisdiction under § 63.2-1605 of the Code of Virginia shall be assumed by the local department:
   1. Where the subject of the investigation resides when the place of residence is known and when the alleged abuse,
neglect or exploitation occurred in the city or county of residence;

2. Where the abuse, neglect or exploitation is believed to have occurred when the report alleges that the incident occurred outside the city or county of residence;

3. Where the abuse, neglect or exploitation was discovered if the incident did not occur in the city or county of residence or if the city or county of residence is unknown and the place where the abuse, neglect or exploitation occurred is unknown; or

4. Where the abuse, neglect or exploitation was discovered if the subject of the report is a nonresident who is temporarily in the Commonwealth.

I. When an investigation extends across city or county lines, local departments in those cities or counties shall assist with the investigation at the request of the local department with primary responsibility.

J. When the local department receives information on suspicious deaths of adults, local department staff shall immediately notify the appropriate medical examiner and law enforcement.

22 VAC 40-740-30. Investigation. (Repealed.)

A. This chapter establishes a time frame for beginning the adult protective services investigation and gives priority to situations believed to be the most critical.

B. Investigations shall be initiated by the local department:

1. Not later than 24 hours from the time the report was received if the situation is an emergency, as defined by § 63.2-1603 of the Code of Virginia.

2. Not later than five calendar days from the time the report was received for all other reports.

22 VAC 40-740-31. Application for the provision of services.

A. Local departments are authorized to receive and investigate reports of suspected adult abuse, neglect and exploitation pursuant to Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 54.1 of the Code of Virginia.

B. Upon completion of the investigation and the determination that the adult is in need of protective services, the adult protective services worker must obtain an application signed by the adult in need of services or his representative prior to service provision.

C. The application process is designed to assure the prompt provision of needed adult protective services including services to adults who are not able to complete and sign a service application.

D. Persons who may complete and sign an application for adult protective services on behalf of an adult who needs the service include:

1. The adult who will receive the services or the adult's legally appointed guardian or conservator;

2. Someone authorized by the adult; or

3. The local department.


A. The disposition provides a concise statement of how the report of adult abuse, neglect, or exploitation has been resolved.

A. An assessment narrative shall be required for all adult protective services investigations and shall be titled "Adult Protective Services Assessment Narrative." The narrative must address, but is not limited to, the following:

1. Allegations in the report or circumstances discovered during the investigation that meet the definitions of abuse, neglect or exploitation.

2. The extent to which the adult is physically, emotionally and mentally capable of making and carrying out decisions concerning his health and well-being.

3. The risk of serious harm to the adult.

4. The need for an immediate response by the adult protective services worker upon receipt of a valid report.

5. The ability to conduct a private interview with the alleged victim, the alleged perpetrator (if known) and any collateral contacts having knowledge of the case.

B. After investigating the report, the adult protective services worker must review and evaluate the facts collected and make a disposition as to whether the adult is in need of protective services and, if so, what services are needed.

C. The disposition that the adult needs protective services shall be based on the preponderance of evidence that abuse, neglect or exploitation has occurred or that the adult is at risk of abuse, neglect or exploitation.

B. D. Possible dispositions.

1. The subject of the report Needs protective services. This disposition shall be used when:

a. A review of the facts shows convincing a preponderance of evidence that adult abuse, neglect or exploitation has occurred or is occurring; or

b. There is reason to suspect A review of the facts shows a preponderance of evidence that the adult is at risk of abuse, neglect, or exploitation and needs protective services in order to reduce that risk. |
c. The adult consents to receive services pursuant to § 63.2-1610 of the Code of Virginia; or

d. Involuntary services are ordered by the court pursuant to § 63.2-1609 or Article [ k+ ] [ § [ 37.1-134.6 37.2-1000 ] et seq.] of Chapter [ 410 ] of Title [ 37.2 ] of the Code of Virginia.

2. Needs protective services and refuses. This disposition shall be used when:

a. A review of the facts shows a preponderance of evidence that adult abuse, neglect or exploitation has occurred or is occurring or the adult is at risk of abuse, neglect and exploitation; and

b. The adult refuses or withdraws consent to accept protective services pursuant to § 63.2-1610 of the Code of Virginia.

3. The report is unfounded. A. Unfounded. This disposition shall be used when the subject of the report no longer needs protective services. A review of the facts shows a preponderance of evidence that adult abuse, neglect, or exploitation has occurred. However, at the time the investigation is initiated or during the course of the investigation, the person who is the subject of the report ceases to be at risk of further abuse, neglect, or exploitation.

3. The report is unfounded. A. Unfounded. This disposition shall be used when the subject of the report no longer needs protective services. A review of the facts shows a preponderance of evidence that adult abuse, neglect, or exploitation has occurred. However, at the time the investigation is initiated or during the course of the investigation, the person who is the subject of the report ceases to be at risk of further abuse, neglect, or exploitation.

E. The investigation shall be completed and a disposition assigned by the local department within 45 days of the date the report was received. If the investigation is not completed within 45 days, the record shall document reasons.

F. A notice of the completion of the investigation must be made in writing and shall be mailed to the reporter within 10 working days of the completion of the investigation.

G. The Adult Protective Services Program shall respect the rights of adults with capacity to consider options offered by the program and refuse services, even if those decisions do not appear to reasonably be in the best interests of the adult.


A. This chapter describes the protection of confidential information including a description of when such information must be disclosed, when such disclosure of the information is at the discretion of the local department, what information may be disclosed, and the procedure for disclosing the information.

B. Departments that have a legitimate interest in confidential information:

1. Department of Mental Health, Mental Retardation and Substance Abuse Services;

2. Virginia Office for Protection and Advocacy;

3. Office of the Attorney General, including the Medicaid Fraud Control Program;

4. Department for the Aging;

5. Department of Health, including the Center for Quality Health Care Services and Consumer Protection and the Office of the Chief Medical Examiner;

6. Department of Medical Assistance Services;

7. Department of Health Professions;

8. Department for the Blind and Vision Impaired;

9. Department of Social Services, including the Division of Licensing Programs; and

10. The Office of the State Long-Term Care Ombudsman and local ombudsman;

3. Other public and private agencies including community services boards, area agencies on aging, and local health departments may have legitimate interest in confidential information.

11. Law-enforcement agencies;

12. Medical examiners;

13. Adult fatality review teams;

14. Prosecutors; and

15. Any other entity deemed appropriate by the commissioner or local department director that demonstrates a legitimate interest.

D. The local department shall disclose all relevant information to representatives of the agencies identified in subsection C of this section except the identity of the person who reported the abuse, neglect or exploitation unless the reporter authorizes the disclosure of his identity or the disclosure is ordered by the court.
E. The local department shall refer any appropriate matter and all relevant documentation to the appropriate licensing, regulatory or legal authority for administrative action or criminal investigation.

C. F. Local departments may release information to the following persons when the local department has determined the person making the request has legitimate interest [ in accordance with § 63.2-104 of the Code of Virginia ] and the release of information is in the best interest of the adult:

1. Representatives of public and private agencies including community services boards, [ are area ] agencies on aging and local health departments requesting disclosure when the agency has legitimate interest as identified in subsection B of this section;
2. Police or other law enforcement officials who are investigating adult abuse, neglect, or exploitation;
3. A physician who is treating an adult whom he reasonably suspects is abused, neglected, or exploited;
4. The adult's legally appointed guardian or conservator;
5. A guardian ad litem who has been appointed for an adult who is the subject of an adult protective services report;
6. A family member who is responsible for the welfare of an adult who is the subject of an adult protective services report;
7. An attorney representing a local department in an adult protective services case; or
8. The Social Security Administration; or
9. Any other entity that demonstrates to the commissioner or local department director that legitimate interest is evident.

D. G. Local departments are required to disclose information under the following circumstances:

1. When disclosure is ordered by a court;
2. When a person has made an adult protective services report and an investigation has determined the report to be unfounded, the person who made the report shall be notified of the finding pursuant to § 63.2-104 of the Code of Virginia been completed; or
3. When a request for access to information is made pursuant to the Government Data Collection and Dissemination Practices Act (§ 2.2-3800 et seq. of the Code of Virginia).

E. H. Any or all of the following specific information may be disclosed at the discretion of the local department to agencies or persons specified in subsection C F of this section:

1. Name, address, age, race, sex and gender of the adult who is the subject of the request for information;
2. Name, address, age, race, sex and gender of the person who is alleged to have perpetrated the abuse, neglect, or exploitation;
3. Description of the incident or incidents of abuse, neglect, or exploitation;
4. Description of medical problems to the extent known;
5. Disposition of the adult protective services report; or and
6. The protective service needs of the adult.

I. The identity of the person who reported the suspected abuse, neglect or exploitation shall be held confidential unless the reporter authorizes the disclosure of his identity or disclosure is ordered by the court.

F. I. Agencies or persons who receive confidential information pursuant to subdivisions 1 through 8 of subsection C G of this section shall provide the following assurances to the local department:

1. The purposes for which information is requested is related to the adult protective services goal in the service plan for the client adult;
2. The information will be used only for the purpose for which it is made available; and
3. The information will be held confidential by the department or individual receiving the information except to the extent that disclosure is required by law.

G. K. Methods of obtaining assurances. Any one of the following methods may be used to obtain assurances required in subsection F I of this section:

1. Agreements between local departments and other community service providing agencies which that provide blanket assurances required in subsection F I of this section for all adult protective services cases; or
2. State-level agreements which that provide blanket assurances required in subsection F C of this section for all adult protective services cases.

H. L. Notification that information has been disclosed. When information has been disclosed pursuant to this chapter, notice of the disclosure shall be given to the person adult who is the subject of the information or to his legally appointed guardian. If the client adult has given permission to release the information, further notification is unnecessary shall not be required.

22 VAC 40-740-60. Services provided opening a case for service provision.

A. A range of services must be made available to any abused, neglected, or and exploited adult or to adults at risk of abuse,
neglect or exploitation to protect the adult and to prevent any future abuse, neglect, or exploitation.

1. Opening a case to adult protective services. Once a disposition of the report and an assessment of the adult’s needs and strengths have been made, the department shall assess the adult’s service needs. A case shall be opened for adult protective services when:

   a. The service needs are identified;

   b. The disposition is that the adult needs protective services; and

   c. The adult agrees to accept protective services or protective services are ordered by the court.

2. Service planning. A service plan which is based on the investigative findings and the assessment of the adult's need for protective services shall be developed. The service plan is the basis for the activities that the worker, the adult, and other support persons will undertake to provide the services necessary to protect the adult.

3. Implementation of the service plan. Implementation of the service plan is the delivery of the services needed necessary to provide adequate protection to the adult. The services may be delivered directly, through purchase of service, through informal support, or through referral. The continuous monitoring of the adult's progress and the system's response is a part of the implementation.

4. Local departments are required to provide services beyond the investigation to the extent that federal or state matching funds are made available.

5. Provision of protective services without the consent of the adult. Protective services without the consent of the adult are provided when so ordered by the court.

22 VAC 40-740-70. Civil penalty for nonreporting.

A. The department may impose civil penalties when it is determined that a mandated reporter failed to report suspected adult abuse, neglect or exploitation pursuant to § 63.2-1606 of the Code of Virginia.

B. Civil penalties for all mandated reporters except law-enforcement officers shall be imposed as described in 22 VAC 40-740-80.

22 VAC 40-740-80. Imposition of civil penalty.

A. Local department review and recommendation.

1. Based on a decision by the local department director or his designee that a mandated reporter failed to report as required by § 63.2-1606 of the Code of Virginia, the local director shall notify the mandated reporter in writing within 15 calendar days from the date of the determination of the intent to recommend that a civil penalty be imposed prepare a written statement of fact concerning the mandated reporter's failure to report and submit the statement of fact to the commissioner.

2. The mandated reporter may not appeal the findings of an adult protective services investigation local director or his designee shall notify the mandated reporter in writing within 15 calendar days from the date of the determination of the intent to recommend that a civil penalty be imposed. The notification will include a copy of the local director’s statement of fact concerning the mandated reporter’s failure to report. The notification shall state the mandated reporter’s right to submit a written statement to the commissioner concerning the mandated reporter’s failure to report. The date of the notification is the postage date.

3. The mandated reporter's statement concerning his failure to report must be received by the commissioner within 45 days from the date of the local director’s notification of intent to recommend the imposition of a civil penalty. A mandated reporter’s statement received after the 45 days shall not be considered by the commissioner.

B. Review by the commissioner or his designee.

1. The commissioner or his designee shall review the local director’s recommendation and determine whether to impose a civil penalty written statement of fact concerning the mandated reporter's failure to report and the mandated reporter's written statement in determining whether to impose a civil penalty.

2. In the case of law-enforcement officers who are alleged to have not reported as required, the commissioner or his designee shall forward the recommendation to a court of competent jurisdiction.

3. The commissioner or his designee shall impose a civil penalty upon a mandated reporter who is determined to
have not reported as required pursuant to § 63.2-1606 of the Code of Virginia. Penalties shall be imposed as follows:

a. For first offenses of nonreporting [in which the adult is not injured or otherwise harmed pursuant to § 63.2-1606 H of the Code of Virginia], the penalty shall be not more than $500.

b. For first offenses in which the adult is injured or otherwise harmed pursuant to § 63.2-1606 H of the Code of Virginia, the penalty shall be not more than $500.

c. For second and subsequent offenses [in which the adult is not injured or otherwise harmed pursuant to § 63.2-1606 H of the Code of Virginia], the penalty shall be not less than $100 and not more than $1,000.

d. For second and subsequent offenses in which the adult is injured or otherwise harmed pursuant to § 63.2-1606 H of the Code of Virginia, the penalty shall be not less than $100 and not more than $1,000.

4. The commissioner or his designee shall notify the mandated reporter whether a civil penalty will be imposed and, if so, the amount of the penalty. This written notice shall describe the reasons for the imposition of the civil penalty. The date of notification shall be deemed to be the date the mandated reporter received written notice of the alleged violation. This notice shall include specifics of the violation charged and shall be sent by overnight express mail or by registered or certified mail, return receipt requested.

5. If a civil penalty is imposed, a copy of the notice to the mandated reporter shall be sent to the appropriate licensing, regulatory, or administrative agency and to the local director who recommended the imposition of the penalty.

6. Any mandated reporter has the right to appeal the decision to impose a civil penalty in accordance with § 2.2-4026 of the Code of Virginia and pursuant to Rules of the Supreme Court of Virginia.

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DEPARTMENT OF ENVIRONMENTAL QUALITY

Restore Water Quality in North Fork and South Fork Pound Rivers

Announcement of an effort to restore water quality in North Fork and South Fork Pound Rivers in Wise County, Virginia.

Public meeting location: Pound Town Hall, 8422 North River Rd, Pound, Virginia, on January 30, 2007, from 7 to 9 p.m. (If Wise County public schools are closed due to inclement weather, the snow date for the meeting will be February 6, 2007, from 7 to 9 p.m.)

Purpose of notice: The Virginia Department of Environmental Quality, Department of Mines, Minerals and Energy and the Department of Conservation and Recreation are announcing a study to restore water quality, a public comment opportunity, and public meeting.

Meeting description: First public meeting on a study to restore water quality.

Description of study: DEQ is working to identify sources of pollutants affecting the aquatic organisms in the waters of the North and South Fork Pound Rivers. The South Fork Pound River flows along Route 671 and confluences with the North Fork Pound River in the Town of Pound along Bus. 23. The "impaired" stream segments are estimated to total approximately 7.64 miles. The stream is impaired for failing to meet the Aquatic Life Use based on violations of the general standard for aquatic organisms.

During the study, the pollutants impairing the aquatic community will be identified and total maximum daily loads, or TMDLs, developed for the impaired waters. 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 must be reduced to the TMDL amount.

How a decision is made: The development of a TMDL includes public meetings and a public comment period once the study report is drafted. After public comments have been considered and addressed, DEQ will submit the TMDL report to the U.S. Environmental Protection Agency for approval.

How to comment: DEQ accepts written comments by email, fax or postal mail. Written comments should include the name, address and telephone number of the person commenting and be received by DEQ during the comment period January 30, 2007, to March 1, 2007. DEQ also accepts written and oral comments at the public meeting announced in this notice.

To review fact sheets: Fact sheets are available on the impaired waters from the contacts below or on the DEQ website at www.deq.virginia.gov/tmdl.

Contact for additional information: Shelley Williams, Regional TMDL Coordinator, Virginia Department of Environmental Quality, Southwest Regional Office, 355 Deadmore Street, P.O. Box 1688, Abingdon, VA 24212-1688, telephone (276) 676-4845, FAX (276) 676-4899, or email sdwilliams@deq.virginia.gov.

Total Maximum Daily Load (TMDL) - Potomac River

Announcement of the fourth Technical Advisory Committee meeting for the Total Maximum Daily Load (TMDL) study to restore water quality in the tidal Potomac River, including selected tributaries to the tidal Potomac River in Maryland, Washington, D.C., and Virginia, which are impaired by the pollutant Polychlorinated Biphenyl (PCB).

Purpose of notice: The Virginia Department of Environmental Quality, Washington D.C., Department of Health, Maryland Department of the Environment, and Interstate Commission for the Potomac River Basin announce the fourth Technical Advisory Committee (TAC) meeting to update members of the TAC and other interested stakeholders on the progress of the TMDL study.

Technical advisory committee meeting:

Metropolitan Washington Council of Governments - First Floor Training Center
777 North Capitol Street, NE, Washington, DC 20002-4239
Tuesday, January 30, 2007, 10 a.m. to noon
(Due to limited parking, COG strongly urges guests to use METRO.)

Meeting description: This is the fourth Technical Advisory Committee meeting for the Potomac PCB Project. The TMDL study addresses elevated levels of polychlorinated biphenyls (PCBs) in the Potomac River estuary.

Description of study: Virginia, Maryland, and Washington, D.C., agencies are working to understand the nature of the PCB contamination in the tidal waters of the Potomac River. This study aims to identify the sources of PCBs into the estuary, understand the fate and transport of the pollutants, and determine the reductions in PCB loadings needed to achieve compliance with water quality standards and fish consumption goals. These load reductions are known as total maximum daily loads, or TMDLs. A TMDL is the total amount of a pollutant a water body can contain and still meet water quality standards. To restore water quality, PCB levels have to be reduced to the TMDL amount.

How to comment: The public comment period on the materials presented at this meeting, including draft documentation on PCB loadings, will extend from January 30, 2007, to February 28, 2007. DEQ accepts written comments by email, fax, or postal mail. Written comments should include the name, address, and telephone number of the person commenting and be received by DEQ during the comment period.
Total Maximum Daily Load (TMDL) - Tazewell County

The Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation (DCR) seek written and oral comments from interested persons on the development of an Implementation Plan (IP) for the Upper Clinch River sediment Total Maximum Daily Load (TMDL) in Tazewell County. The impaired 5.5-mile stream segment includes the mainstem of the Clinch River from the Lincolnshire Branch confluence to the Plum Creek confluence. EPA approved the Upper Clinch River sediment TMDL on April 26, 2004. TMDL study reports can be found at the DEQ website http://www.deq.virginia.gov/tmdl.

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

The first public meeting on the development of the IP for the Upper Clinch River will be held on Thursday, February 1, 2007, from 7 to 9 p.m. at the Tazewell County PSA (Public Service Authority) building located at 273 Mile Circle, Tazewell, VA. The public comment period on the materials presented at this meeting will be from February 1, 2007, to March 1, 2007.

A fact sheet on the development of the IP is available upon request. Questions and inquiries and comments should include the name, address, and telephone number of the person submitting the comments and should be sent to Ms. Theresa Carter, Department of Conservation and Recreation, 252 W. Main Street, Suite 3, Abingdon, VA 24210, telephone (276) 676-5418, FAX (276) 676-5527, or email theresa.carter@dcr.virginia.gov.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Notice of Public Comment Period

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services announces Public Comment Period and is accepting comment on Virginia's State Application for Federal Fiscal Year 2007 Grant Award Under Part C of the Individuals with Disabilities Education Act which has been completed and submitted to the United States Department of Education.

The Commonwealth of Virginia is making this document available for a 60-day public exposure period beginning January 27, 2007, and will conclude on March 27, 2007. There will also be a 30-day public comment period that will begin on February 26, 2007, and conclude on March 27, 2007. The application is available on the website (www.infantva.org) under the section "What's New."

For a printed copy of the application or to submit public comment contact: Karen Durst, Part C Technical Consultant, Department of Mental Health, Mental Retardation and Substance Abuse Services, Infant & Toddler Connection of Virginia, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-9844, FAX (804) 371-7959, or email karen.durst@co.dmhmrsas.virginia.gov.

VIRGINIA CODE COMMISSION

Notice to State Agencies

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

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

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

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

FORMS:
NOTICE of INTENDED REGULATORY ACTION-RR01
NOTICE of COMMENT PERIOD-RR02
PROPOSED (Transmittal Sheet)-RR03
FINAL (Transmittal Sheet)-RR04
EMERGENCY (Transmittal Sheet)-RR05
NOTICE of MEETING-RR06
AGENCY RESPONSE TO LEGISLATIVE OBJECTIONS-RR08
RESPONSE TO PETITION FOR RULEMAKING-RR13
FAST-TRACK RULEMAKING ACTION-RR14
CALENDAR OF EVENTS

Symbol Key
† Indicates entries since last publication of the Virginia Register
A Location accessible to persons with disabilities
TTY 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

BOARD OF ACCOUNTANCY

January 26, 2007 - 9 a.m. -- Open Meeting
Board of Accountancy, 3600 West Broad Street, Suite 378, Richmond Virginia

An informal fact-finding conference to gather facts during a public hearing regarding disciplinary cases.

Contact: Jean Grant, Enforcement Manager, Board of Accountancy, 3600 W. Broad St., Suite 378, Richmond, VA 23230-4923, telephone (804) 367-0725, FAX (804) 367-2174, (804) 367-9753/TTY A, email jean.grant@boa.virginia.gov.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

April 8, 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 Agriculture and Consumer Services intends to amend regulations entitled 2 VAC 5-490, Regulations Governing Grade "A" Milk. The purpose of the proposed action is adopt the requirements contained in the 2005 revision of the Pasteurized Milk Ordinance (PMO). The PMO is a federal model regulation for adoption by the states to governing the production, processing, distribution and sale of milk and milk products in the United States. The current Regulations Governing Grade “A” Milk adopted the 1989 revision of the PMO.

Statutory Authority: § 3.1-530.1 of the Code of Virginia.

Contact: John A. Beers, Program Supervisor, 102 Governor St., Suite 300, Charlottesville, VA 22903, telephone (434) 984-0573, FAX (434) 984-4156, email david.robishaw@vdacs.virginia.gov.

Virginia State Apple Board

January 24, 2007 - 11:30 a.m. -- Open Meeting
Crowne Plaza Hotel, 6945 Pocahontas Trail, Williamsburg, Virginia

A meeting to (i) approve the minutes of the last meeting held January 25, 2006, (ii) review the financial statement, and (iii) discuss old business arising from the last meeting and any new business. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact David Robishaw at least five days before the meeting date so that suitable arrangements can be made.

Contact: David Robishaw, Secretary, Virginia State Apple Board, 900 Natural Resources Dr., Suite 300, Charlottesville, VA 22903, telephone (434) 984-0573, FAX (434) 984-4156, email david.robishaw@vdacs.virginia.gov.

Bright Flue-Cured Tobacco Board

† February 15, 2007 - 9:30 a.m. -- Open Meeting
Sheldon's Restaurant, Business Route 15 and 360, Keysville, Virginia

A meeting to (i) approve the minutes of the last meeting held January 25, 2006, (ii) review the financial statement, and (iii) discuss old business arising from the last meeting and any new business. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact David Robishaw at least five days before the meeting date so that suitable arrangements can be made.
any accommodation in order to participate in the meeting should contact D. Stanley Duffer at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** D. Stanley Duffer, Secretary, Bright Flue-Cured Tobacco Board, P.O. Box 129, Halifax, VA 24558, telephone (804) 434-4568, FAX (804) 434-8234.

### Virginia Corn Board

**February 19, 2007 - 8 a.m. -- Open Meeting**

Double Tree Hotel, Richmond Airport, 5501 Eubank Road, Richmond, Virginia.

A meeting to (i) discuss checkoff revenues resulting from sales of the 2006 corn crop, (ii) approve the previous meeting minutes, (iii) hear FY 2006-2007 project reports and receive FY 2007-2008 project proposals, and (iv) make funding decisions for the fiscal year beginning July 1, 2007. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Philip T. Hickman at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Philip T. Hickman, Program Director, Virginia Corn Board, 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., 3rd Floor, Room 318, Richmond, VA 23219, telephone (804) 786-5842, FAX (804) 371-7786, email andrea.heid@vdacs.virginia.gov.

### Virginia Irish Potato Board

† **January 30, 2007 - 7 p.m. -- Open Meeting**

Painter Research Station, Research Drive, Painter, Virginia.

A meeting to (i) read and approve minutes of the last board meeting; (ii) review the board's financial statement; (iii) discuss Irish potato industry promotion, research, and education programs; (iv) review the annual budget; and (v) review and evaluate grant proposals for the 2007 fiscal year. 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 Butch Nottingham at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Butch Nottingham, Program Manager, Department of Agriculture and Consumer Services, P.O. Box 26, Onley, VA 23418, telephone (757) 787-5867, FAX (757) 787-5973, email butch.nottingham@vdacs.virginia.gov.

### Virginia Marine Products Board

**January 30, 2007 - 6 p.m. -- Open Meeting**

Bill's Seafood House, Denbigh Boulevard and Route 17, Grafton, Virginia.

A meeting to (i) hear the reading and approval of minutes of the previous board meeting; (ii) hear and evaluate the financial report; and (iii) hear reports on trade shows, industry tours, and cooperative programs with the Virginia Department of Agriculture and Consumer Services. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Shirley Estes at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Shirley Estes, Executive Director, Virginia Marine Products Board, 554 Denbigh Blvd., Suite B, Newport News, VA 23608, telephone (757) 874-3474, FAX (757) 886-0671, email shirley.estes@vdacs.virginia.gov.

### Virginia Pork Industry Board

† **January 31, 2007 - 4:30 p.m. -- Open Meeting**

Paul D. Camp Community College, Franklin, Virginia.

A meeting to (i) review and approve the minutes of the last meeting, (ii) review the board's financial statement, (iii) select National Pork Board committee candidates, and (iv) conduct general business of 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 John H. Parker at least five days
Calendar of Events

A public hearing to receive comments on Quebecor World Richmond, Inc., applications to modify their major source and federal operating permits. The proposed amendments to the permit would allow for the removal of one small press, the increase of daily emissions from a larger press, and clarification of some terms used in the permits. The expected effect on local air quality will be a decrease in annual emissions of 3.8 tons of VOC from the removal of the small press.

Contact: Alison Sinclair, Department of Environmental Quality, 4949-A Cox Rd., Glen Allen, Virginia. Email: amsinclair@deq.virginia.gov. Phone: (804) 527-5155, Fax: (804) 527-5106.

STATE AIR POLLUTION CONTROL BOARD

† January 31, 2007 - 5:30 p.m. -- Public Hearing Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

A public hearing to receive comments on Quebecor World Richmond, Inc., applications to modify their major source and federal operating permits. The proposed amendments to the permit would allow for the removal of one small press, the increase of daily emissions from a larger press, and clarification of some terms used in the permits. The expected effect on local air quality will be a decrease in annual emissions of 3.8 tons of VOC from the removal of the small press.

Contact: Alison Sinclair, Department of Environmental Quality, 4949-A Cox Rd., Glen Allen, VA 23060, telephone (804) 527-5155, FAX (804) 527-5106, email amsinclair@deq.virginia.gov.

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

January 23, 2007 - 9 a.m. -- Open Meeting Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting of the Continuing Education Committee to develop draft wording for the board's consideration for implementing the mandatory continuing education program.

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) 367-0795, (804) 367-9753/TTY, 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.
**Calendar of Events**

**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.

**March 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 full board to conduct board business. A portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or email apelscidla@dpor.virginia.gov.

**VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS**

**February 1, 2007 - 9 a.m. -- Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, 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**

† **April 12, 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. 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:** 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.

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

**February 15, 2007 - 9:30 a.m. -- Open Meeting**
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.

A meeting to discuss general business matters as it relates to the practice of audiology and speech-language pathology.

**Contact:** Lisa R. Hahn, Executive Director, Board of Audiology and Speech-Language Pathology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9111, FAX (804) 662-9523, (804) 662-7197/TTY, email lisa.hahn@dhp.virginia.gov.

**DEPARTMENT FOR THE BLIND AND VISION IMPAIRED**

† **March 3, 2007 - 10 a.m. -- Open Meeting**
Department for the Blind and Vision Impaired, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A quarterly meeting of the Statewide Rehabilitation Council for the Blind to advise the Department for the Blind and Vision Impaired on matters related to vocational
rehabilitation services for the blind and visually impaired citizens of the Commonwealth.

Contact: Susan D. Payne, VR Program Director, Department for the Blind and Vision Impaired, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3184, FAX (804) 371-3390, toll-free (800) 622-2155, (804) 371-3140/TTY, email susan.payne@dbvi.virginia.gov.

† April 17, 2007 - 1 p.m. -- Open Meeting
Department for the Blind and Vision Impaired, 397 Azalea Avenue, Richmond, Virginia.

A meeting to review information regarding the Department for the Blind and Vision Impaired's activities and operations, review expenditures from board endowment funds, and discuss other issues raised by the board members.

Contact: Katherine C. Proffitt, Administrative Staff Assistant, Department for the Blind and Vision Impaired, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3145, FAX (804) 371-3157, toll-free (800) 622-2155, (804) 371-3140/TTY, email kathy.proffitt@dbvi.virginia.gov.

BOARD FOR BRANCH PILOTS
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.

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.

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD
February 13, 2007 - 10 a.m. -- Open Meeting
Division of Chesapeake Bay Local Assistance, 101 North 14th Street, 17th Floor, Richmond, Virginia.

A meeting of the Northern Area Review Committee to review local programs.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, email david.dowling@dcr.virginia.gov.

February 13, 2007 - 2 p.m. -- Open Meeting
Division of Chesapeake Bay Local Assistance, 101 North 14th Street, 17th Floor, Richmond, Virginia.

A meeting of the Southern Area Review Committee to review local programs.

Contact: David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, email david.dowling@dcr.virginia.gov.

March 26, 2007 - 10 a.m. -- Open Meeting
Location to be announced.

A regular business 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
† March 21, 2007 - 1:30 p.m. -- Open Meeting
Lord Fairfax Community College, Middletown Campus, 173 Skirmisher Lane, Middletown, Virginia.

Meetings of the Academic Committee, Student Affairs and Workforce Development Committee, Budget and Finance Committee, Facilities Committee, Audit Committee, Personnel Committee, and Executive Committee.

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.

March 22, 2007 - 9 a.m. -- Open Meeting
Lord Fairfax Community College, Middletown Campus, 173 Skirmisher Lane, Middletown, Virginia.

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

† February 21, 2007 - 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.

BOARD FOR CONTRACTORS

January 23, 2007 - 9 a.m. -- Open Meeting
February 27, 2007 - 9 a.m. -- Open Meeting
March 27, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulations, 3600 West Broad Street, 4th Floor Richmond, Virginia.

A 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 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: 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.

January 23, 2007 - 2 p.m. -- Open Meeting
January 25, 2007 - 9 a.m. -- Open Meeting
January 30, 2007 - 9 a.m. -- Open Meeting
February 6, 2007 - 9 a.m. -- Open Meeting
† February 13, 2007 - 9 a.m. -- Open Meeting
February 22, 2007 - 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.

February 27, 2007 - 1 p.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia.

A quarterly meeting of the Board for Contractors Committee. The meeting starts after the Board for Contractors meeting ends.

Contact: Kevin Hooft, Regulatory Boards Administrator, 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 CORRECTIONS

March 20, 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.

March 20, 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.

March 21, 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.

March 21, 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.
BOARD OF COUNSELING

January 29, 2007 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

An informal conference.

Contact: Evelyn B. Brown, Executive Director, Board of 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.

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.


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.

March 8, 2007 - 11 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A general business meeting.

Contact: Leon D. Baker, Jr., Division Director, Criminal Justice Services Board, 9th Street Office Bldg., 202 N. 9th St., 5th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, email leon.baker@dcjs.virginia.gov.

BOARD OF DENTISTRY

February 2, 2007 - 9 a.m. -- Open Meeting
March 30, 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.

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.

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.

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.
March 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 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.

BOARD OF EDUCATION

January 22, 2007 - 9 a.m. -- Open Meeting
March 19, 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.

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.

DEPARTMENT OF ENVIRONMENTAL QUALITY

January 25, 2007 - 7 p.m. -- Open Meeting
Indian Hollow Elementary School, 1548 N. Hayfield Road, Winchester, Virginia.

The first public meeting on the development of a bacteria TMDL for Hogue Creek in Frederick County.

Contact: Robert Brent, Department of Environmental Quality, 4411 Early St., P.O. Box 3000, Harrisonburg, VA 22801, telephone (540) 574-7848, FAX (540) 574-7878, email rbrent@deq.virginia.gov.

† January 30, 2007 - 7 p.m. -- Open Meeting
Pound Town Hall, 8422 North River Road, Pound, Virginia.

The first public meeting on a TMDL water quality study of the North and South Fork Pound Rivers in and around the Town of Pound. The public notice will appear in the
Calendar of Events


Contact: Shelley Williams, Department of Environmental Quality, 355 Deadmore St., P.O. Box 1688, Abingdon, VA 24212, telephone (276) 676-4845, FAX (276) 676-4899, email sdwilliams@deq.virginia.gov.

March 8, 2007 - 10 a.m. -- Open Meeting
Chesterfield County Airport, Iron Bridge Road, Conference Room, Chesterfield County, Virginia.

A regular meeting of the Recycling Markets Development Council.

Contact: Thomas J. Smith, PE, 5 County Complex Court, Suite 250, Prince William, VA 22192, telephone (703) 792-6252, email tsmith@pwcgov.org.

March 20, 2007 - 9 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

A regular meeting of the Ground Water Protection Steering Committee.

Contact: Mary Ann Massie, Department of Environmental Quality, P.O. Box 1105, Richmond, VA 23218, telephone (804) 698-4042, email mamassie@deq.virginia.gov.

VIRGINIA FIRE SERVICES BOARD

February 21, 2007 - 11 a.m. -- Open Meeting
Virginia Beach Convention Center, Virginia Beach, Virginia.

A work session of the board. The Executive Subcommittee meets at 3 p.m.

Contact: Brook M. Pittinger, Policy, Planning and Legislative Manager, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 371-0220, email brook.pittinger@vdfp.virginia.gov.

February 22, 2007 - 10 a.m. -- Open Meeting
Virginia Beach Convention Center, Virginia Beach, Virginia.

Committee meetings:
10 a.m. - Training and Education
2 p.m. - Prevention and Control
3 p.m. - Finance and Policy

Contact: Brook M. Pittinger, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 371-0220, email brook.pittinger@vdfp.virginia.gov.

February 23, 2007 - 9 a.m. -- Open Meeting
Virginia Beach Convention Center, Virginia Beach, Virginia.

A full board meeting.

Contact: Brook M. Pittinger, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 371-0220, email brook.pittinger@vdfp.virginia.gov.

February 24, 2007 - 8 a.m. -- Open Meeting
Virginia Beach Convention Center, Virginia Beach, Virginia.

The Governor's 2006 Virginia Fire Services Awards Ceremony held in conjunction with the welcome and opening ceremonies of the Virginia Fire Chiefs Association 2007 Mid-Atlantic Expo and Symposium.

Contact: Brook M. Pittinger, Virginia Fire Services Board, 1005 Technology Park Dr., Glen Allen, VA 23059, telephone (804) 371-0220, email brook.pittinger@vdfp.virginia.gov.

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.

GOVERNOR'S HEALTH REFORM COMMISSION

February 26, 2007 - 1 p.m. -- Open Meeting
† March 26, 2007 - 1 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 7th Floor, Conference Room 7B, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Quality, Transparency, and Prevention Workgroup to focus on quality, specifically pay for performance (P4P) initiatives in Medicaid and nursing homes. The goal of the meeting will be to develop ideas and solutions for how the Commonwealth can best implement P4P in Medicaid.

Contact: Aryana Khalid, Assistant Secretary of Health and Human Resources, Office of the Governor, 1111 E. Broad St., Richmond, VA 23219, telephone (804) 692-2575, email aryana.khalid@governor.virginia.gov.

February 27, 2007 - 1 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 7th Floor, Conference Room 7B, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Workforce Workgroup to focus on workforce issues for nurses and nurse aides. The goal of the meeting will be to develop ideas and solutions for how the Commonwealth can increase the workforce from both supply and demand perspectives as well as how to retain and reengage the existing workforce in the Commonwealth.
**Contact:** Aryana Khalid, Assistant Secretary of Health and Human Resources, Office of the Governor, 1111 E. Broad St., Richmond, VA 23219, telephone (804) 692-2575, email aryana.khalid@governor.virginia.gov.

**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 the Governor, 1111 E. Broad St, 4th Floor, Richmond, VA 23219, telephone (804) 786-7765, email heidi.dix@governor.virginia.gov.

**March 29, 2007 - 10 a.m. -- Open Meeting**
Department of Medical Assistance Services, 600 East Broad Street, Room 7 B, Richmond, Virginia.

A meeting of the Workforce Workgroup to focus on workforce issues for physicians. The goal of the meeting will be to develop ideas and solutions for how the Commonwealth can increase the workforce from both supply and demand perspectives as well as how to retain and reengage the workforce we already have in the Commonwealth.

**Contact:** Aryana Khalid, Assistant Secretary of Health and Human Resources, Office of the Governor, 1111 East Broad St., Richmond, VA 23219, telephone (804) 692-2575, email aryana.khalid@governor.virginia.gov.

† **April 18, 2007 - 1 p.m. -- Open Meeting**
Department of Medical Assistance Services, 600 East Broad Street, Room 7 B, Richmond, Virginia.

A meeting of the Workforce Workgroup to focus on final recommendations to the commission concerning the physician, nurse, and nurse aide workforce.

**Contact:** Aryana Khalid, Assistant Secretary of Health and Human Resources, Office of the Governor, 1111 East Broad St., Richmond, VA 23219, telephone (804) 692-2575, email aryana.khalid@governor.virginia.gov.

**STATE BOARD OF HEALTH**

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](https://www.vdh.virginia.gov/regs/repeal.php), and adopt regulations entitled [12 VAC 5-191, State Plan for the Children with Special Health Care Needs Program](https://www.vdh.virginia.gov/regs/adopt.php). 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](https://www.vdh.virginia.gov/regs/adopt.php), 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**

February 13, 2007 - 9 a.m. -- Open Meeting

† **April 17, 2007 - 9 a.m. -- Open Meeting**
Department of Health, 109 Governor Street, 5th Floor Conference Room, Richmond, Virginia.

A meeting of the Authorized Onsite Soil Evaluator Regulations Advisory Committee to make recommendations to the commissioner regarding AOSE/PE
Calendar of Events

policies and programs. The meeting will also be scheduled in remote locations via video conference.

Contact: Dwayne Roadcap, Program Manager, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 864-7462, FAX (804) 864-7476, email dwayne.roadcap@vdh.virginia.gov.

† April 17, 2007 - 10 a.m. -- Open Meeting
Division of Consolidated Laboratory Services, 600 North 5th Street, Training Room T-23, Richmond, Virginia.

A meeting of the Genetics Advisory Committee to advise the Department of Health on coordinating access to clinical genetics services across the Commonwealth and assuring the provision of genetic awareness and quality services and education for consumers and providers taking into consideration issues of confidentiality, privacy and consent.

Contact: Nancy Ford, Director of Pediatric Screening and Genetics Services, Department of Health, 109 Governor St., 8th Floor, Richmond, VA 23219, telephone (804) 864-7691, email nancy.ford@vdh.virginia.gov.

State Emergency Medical Services Advisory Board

February 8, 2007 - 1 p.m. -- Open Meeting
Richmond Marriott West, 4240 Dominion Boulevard, Glen Allen, Virginia.

A quarterly meeting of the Financial Assistance Review Committee to discuss upcoming grant cycles, initiatives, problems with past grants, and Rescue Squad Assistance Fund (RSAF) finances. The committee is responsible for recommending to the Commissioner of Health monetary awards as stipulated in the Code of Virginia.

Contact: Amanda Davis, Grants Administrator, 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 amanda.davis@vdh.virginia.gov.

February 9, 2007 - 1 p.m. -- Open Meeting
Richmond Marriott West, 4240 Dominion Boulevard, Glen Allen, Virginia.

A quarterly meeting to provide advice and counsel regarding methods and procedures for planning, developing and maintaining a statewide emergency medical services system to the Office of Emergency Medical Services and the State Board of Health.

Contact: Gary R. Brown, Director, 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 gary.brown@vdh.virginia.gov.

DEPARTMENT OF HEALTH PROFESSIONS

† April 18, 2007 - 11 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting of the Prescription Monitoring Program Advisory Committee to review collected data for the program evaluation workplan and to receive a progress report on the enhancement and expansion of the program. The committee will discuss the development of criteria to provide these reports and the resource information that will be provided with them. Public comments will be received during the meeting.

Contact: Ralph A. Orr, Prescription Monitoring Program Manager, Department of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9133, FAX (804) 662-9240, (804) 662-7197/TTY, email ralph.orr@dhp.virginia.gov.

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

January 22, 2007 - 11 a.m. -- Open Meeting
Department of Housing and Community Development, 501 North 2nd Street, Richmond, Virginia.

A regular business meeting.

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

VIRGINIA COUNCIL ON HUMAN RESOURCES

March 22, 2007 - 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 creed@dhrm.virginia.gov.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY

January 31, 2007 - 9 a.m. -- Open Meeting
VRS Headquarters, 1200 East Main Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Mobile Workforce Workgroup of the Council on Technology Services.

Contact: Mike Hammel, Enterprise Architect, Virginia Information Technologies Agency, 411 E. Franklin St., Suite 500, Richmond, VA 23219, telephone (804) 225-4016, email mike.hammel@vita.virginia.gov.

STATE BOARD OF JUVENILE JUSTICE

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.

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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.

† April 11, 2007 - 10 a.m. -- Open Meeting
Department of Juvenile Justice, 7th and Franklin Streets, Richmond, Virginia.

The Secure Services Committee and Nonsecure Services Committee meet at 9 a.m. to receive certification audit reports of several residential and nonresidential programs. The full board meets at 10 a.m. to take action on the certification reports and hear other such business as comes before the board. The board will receive public comment at each of its regular meetings. In order to allow the board sufficient time for its other business, the total time allotted to public comment will be limited to 30 minutes at the beginning of the meeting with additional time allotted at the end of the meeting for 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 to the board are strongly encouraged to 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 insure 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.

Contact: Deborah C. Hayes, Administrative Assistant, Department of Juvenile Justice, 700 Centre, 700 E. Franklin St., 4th Floor, Richmond, VA 23219, telephone (804) 371-0704, FAX (804) 371-0725.
STATE LIBRARY BOARD
March 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
† April 17, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting to discuss board 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.

MARINE RESOURCES COMMISSION
† January 23, 2007 - 9:30 a.m. -- Open Meeting
† February 27, 2007 - 9:30 a.m. -- Open Meeting
† March 27, 2007 - 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 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.

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.


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.

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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.


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
January 23, 2007 - 9 a.m. -- Open Meeting
† March 20, 2007 - 9 a.m. -- Open Meeting
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia.

† January 31, 2007 - 9 a.m. -- Open Meeting
† March 7, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A special conference committee will convene informal conferences to inquire into allegations that certain practitioners of medicine or other healing arts may have violated certain laws and regulations governing the practice of medicine. Further, the committee may review cases with board staff for case disposition, including consideration of consent orders for settlement. The committee will meet in open and closed sessions pursuant to the Code of Virginia. Public comment will not be received.

Contact: Renee S. Dixson, Discipline Case Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-7009, FAX (804) 662-9517, (804) 662-7197/TTY, 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.

April 6, 2007 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street,
5th Floor, Board Room 2, Richmond, Virginia.

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

Contact: William L. Harp, M.D., Executive Director, Board
of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor,
Richmond, VA 23230-1712, telephone (804) 662-9908, FAX
(804) 662-9943, (804) 662-7197/TTY #, 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 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 Radiological 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
Calendar of Events

technologists-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.

STATE MILK COMMISSION
February 15, 2007 - 10 a.m. -- Open Meeting
Department of Agriculture and Consumer Services, Oliver Hill Building, 102 Governor Street, Room 232, Richmond, 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 Rodney L. Phillips at least five working days prior to the meeting date so that suitable arrangements can be made.

Contact: Rodney L. Phillips, Administrator, State Milk Commission, Oliver Hill Bldg., 102 Governor St., Room 205, Richmond, VA 23218, telephone (804) 786-2013, FAX (804) 786-3779, email rodney.phillips@vdacs.virginia.gov.

VIRGINIA MUSEUM OF FINE ARTS
February 6, 2007 - 8 a.m. -- Open Meeting
March 6, 2007 - 8 a.m. -- Open Meeting
April 5, 2007 - 9 a.m. -- Open Meeting

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, email suzanne.broyles@vmfa.museum.

February 20, 2007 - 2 p.m. -- Open Meeting

A meeting of the Statewide 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.

February 21, 2007 - 9 a.m. -- Open Meeting
Virginia Museum of Fine Arts, 200 North Boulevard, Richmond, Virginia.

Meetings of the following committees:
9 a.m. - Museum Expansion - Pauley Center Parlor
11:15 a.m. - Art Acquisitions Subcommittee - Museum Library
1 p.m. - Artistic Oversight - Pauley Center Parlor
3 p.m. - Government Affairs - Pauley Center 2

Public comment will not be received at committee meetings.

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.

February 22, 2007 - 9 a.m. -- Open Meeting
Virginia Museum of Fine Arts, 200 North Boulevard, 2nd Floor Meeting Room, Richmond, Virginia.

A meeting of the Fiscal Oversight Committee for staff to update the committee. Public comment will not be received.

Contact: Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 200 N. Boulevard, Richmond, VA 23220, telephone (804) 340-1503, email suzanne.broyles@vmfa.museum.

February 22, 2007 - Noon -- Open Meeting

A meeting of the Board of Trustees. Part of the meeting will be held 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.
Calendar of Events

BOARD OF NURSING

January 22, 2007 - 9 a.m. -- Open Meeting
March 19, 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
March 20, 2007 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Room 2 Richmond, Virginia.

A general business meeting to include 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
March 21, 2007 - 9 a.m. -- Open Meeting
March 22, 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.

BOARDS OF NURSING AND MEDICINE

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
March 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.

April 6, 2007 - 1:30 p.m. -- Open Meeting
Webb University Center, Old Dominion University, Norfolk, Virginia.

A quarterly meeting of the Board of Visitors to discuss business of the board and the institution as determined by the rector and the president. Public comment will not be received by the board.

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

BOARD OF OPTOMETRY

† January 30, 2007 - 9 a.m. -- Open Meeting
Alcoa Building, 6603 West Broad Street, 5th Floor, Room 4, Richmond, Virginia.

A meeting of the Continuing Education Committee to receive additional comment in response to a Notice of Intended Regulatory Action and consider proposed regulatory amendments to the continuing education 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.

VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

March 15, 2007 - 11 a.m. -- Open Meeting
Wyndham Hotel, 4700 South Laburnum Avenue, Richmond, Virginia.
Calendar of Events

A meeting of the Executive Committee.

**Contact:** Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-9368, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY, email sandra.smalls@vbpd.virginia.gov.

**March 16, 2007 - 8:30 a.m. -- Open Meeting**
Wyndham Hotel, 4700 South Laburnum Avenue, Richmond, Virginia.

A quarterly board meeting.

**Contact:** Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-9368, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 786-0016/TTY, email sandra.smalls@vbpd.virginia.gov.

**BOARD OF PHARMACY**

**January 22, 2007 - 9 a.m. -- Open Meeting**
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.

A meeting of the Special Conference Committee to discuss disciplinary matters. This is a public meeting, however, public comment will not be received.

**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.

**January 31, 2007 - 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.

**† January 31, 2007 - 1 p.m. -- Open Meeting**
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.

A meeting of the Ad Hoc Committee on Examination to review the request of Ken Schafermeyer, Director of Education for the Institute for the Certification of Pharmacy Technicians (ICPT), to approve the ExCPT national certification exam for pharmacy technicians as another approved board examination.

**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**

**April 5, 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.

**VIRGINIA PORT AUTHORITY**

**† January 23, 2007 - 11 a.m. -- Open Meeting**
Virginia Port Authority, 600 World Trade Center, Norfolk, Virginia.

A regular meeting of the Board of Commissioners. The agenda is pending.

**Contact:** Debbie McNulty, Clerk to the Board, Virginia Port Authority, 600 World Trade Center, Norfolk, VA 23510, telephone (757) 683-2102, FAX (757) 683-2059, toll-free (800) 446-8098, email dmcnulty@portofvirginia.com.

**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) 367-8514, email mark.courtney@dpor.virginia.gov.
BOARD OF PSYCHOLOGY
† April 10, 2007 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.
A business meeting to include reports from standing committees and any regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

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

VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD
January 25, 2007 - 10 a.m. -- CANCELED
March 22, 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, Guardianship Program Specialist, 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
February 15, 2007 - 10 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.

REAL ESTATE BOARD
† January 24, 2007 - 3 p.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia.
A meeting to discuss education issues.

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.

† January 25, 2007 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia.
A meeting to discuss board business.

Contact: Christine Martine, Executive Director, Real Estate 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
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.

REAL ESTATE APPRAISER BOARD
† January 24, 2007 - 9:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia.
A meeting to conduct licensing IFFs.

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
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.

VIRGINIA RESEARCH AND TECHNOLOGY ADVISORY COMMISSION
March 20, 2007 - 1 p.m. -- Open Meeting
Northern Virginia.
Calendar of Events

A quarterly meeting. Specific time and location to be determined.

Contact: Nancy Vorona, VP Research Investment, CIT, Virginia Research and Technology Advisory Commission, 2214 Rock Hill Rd., Suite 600, Herndon, VA 20170, telephone (703) 689-3043, FAX (703) 464-1720, email nvorona@cit.org.

STATE BOARD OF SOCIAL SERVICES

February 14, 2007 - 9 a.m. -- Open Meeting
February 15, 2007 - 9 a.m. -- Open Meeting
Department of Social Services, 7 North 8th Street, 6th Floor, Board Conference Room, Richmond, Virginia.

A regular meeting.

Contact: Pat Rengnerth, Board Liaison, Office of Legislative and Regulatory Affairs, Department of Social Services, 7 N. 8th St., Room 5214, Richmond, VA 23219, telephone (804) 726-7905, FAX (804) 726-7906, (800) 828-1120/TTY, email patricia.rengnerth@dss.virginia.gov.

March 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 Social Services intends to adopt regulations entitled 22 VAC 40-211, Resource, Foster and Adoptive Family Home Approval Standards. The purpose of the proposed action is to adopt a new regulation specific to the approval requirements for resource, foster and adoptive family home providers approved by local departments of social services. The new regulation will ensure compliance with changes to federal and state laws and regulations regarding resource, foster and adoptive family homes.

Statutory Authority: §§ 63.2-217 and 63.2-901.1 of the Code of Virginia.

Contact: Tamara Temoney, Foster Care Policy Specialist, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7538, FAX (804) 726-7499 or email tamara.temoney@dss.virginia.gov.

March 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 Social Services intends to repeal regulations entitled 22 VAC 40-770, Standards and Regulations for Agency Approved Providers, and adopt regulations entitled 22 VAC 40-771, Adult Services Approved Providers. The purpose of the proposed action is to repeal 22 VAC 40-770 and establish a new regulation, 22 VAC 40-771, Adult Services Approved Providers, to address standards for providers contracted through local department adult services programs.

Statutory Authority: §§ 63.2-217 and 63.2-1600 of the Code of Virginia.

Contact: Gail Nardi, Adult Services/Adult Protective Services Program Manager, Department of Social Services, 7 N. 8th St., 4th Floor, Richmond, VA 23219, telephone (804) 726-7537, FAX (804) 726-7895 or email gail.nardi@dss.virginia.gov.

BOARD FOR PROFESSIONAL SOIL SCIENTISTS 
AND WETLAND PROFESSIONALS

January 30, 2007 - 10 a.m. -- Open Meeting
† April 17, 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

February 23, 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 amend regulations entitled 23 VAC 10-20, General Provisions Applicable to All Taxes Administered by the Department of Taxation. The purpose of the proposed action is to repeal unnecessary general provisions applicable to all taxes administered by the Department of Taxation.


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.
February 23, 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 amend regulations entitled 23 VAC 10-55, Virginia Corn Excise Tax. The purpose of the proposed action is to repeal unnecessary sections of the Virginia Corn Excise Tax regulations.


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.

February 23, 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 amend regulations entitled 23 VAC 10-60, Virginia Egg Excise Tax. The purpose of the proposed action is to repeal unnecessary egg excise tax regulations.


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.

February 23, 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 amend regulations entitled 23 VAC 10-65, Virginia Peanut Excise Tax. The purpose of the proposed action is to repeal an obsolete section (23 VAC 10-65-20) of the Virginia Peanut Excise Tax regulations.


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.

February 23, 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 10-65, Virginia Peanut Excise Tax. The purpose of the proposed action is to repeal an obsolete section (23 VAC 10-65-20) of the Virginia Peanut Excise Tax regulations.


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 10-65, Virginia Peanut Excise Tax Regulations. The purpose of the proposed action is to repeal an obsolete section (23 VAC 10-65-20) of the Virginia Peanut Excise Tax regulations.


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.

February 23, 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 amend 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.


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.

February 23, 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 amend regulations entitled 23 VAC 10-75, Virginia Soybean Excise Tax Regulations. The purpose of the proposed action is to repeal an obsolete section (23 VAC 10-75-10) of the Virginia Soybean Excise Tax Regulations.


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.
to amend 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 Regulations that provide no additional guidance to clear and unambiguous statutes.


**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.

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**February 23, 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 amend regulations entitled **23 VAC 10-110, Individual Income Tax**. The purpose of the proposed action is to repeal 10 individual income tax sections that have been made obsolete by changes in state law.


**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.

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**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 amend regulations entitled **23 VAC 10-112, Declaration of Estimated Income Tax by Individuals**. The purpose of the proposed action is to repeal certain sections of the Declaration of Estimated Income Tax by Individuals tax regulations that provide no additional guidance to clear and unambiguous statutes.


**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.

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**February 23, 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 amend regulations entitled **23 VAC 10-115, Fiduciary Income Tax**. The purpose of the proposed action is to repeal certain sections of the Fiduciary Income Tax regulations that provide no additional guidance to clear and unambiguous statutes.


**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.

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**February 23, 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 amend regulations entitled **23 VAC 10-120, Corporation Income Tax**. The purpose of the proposed action is to repeal unnecessary sections of the Corporation Income Tax regulations.


**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


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.

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February 23, 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 10-130, Taxation of Partnerships Regulations. The purpose of the proposed action is to repeal the chapter on partnership tax regulations, which has become obsolete.


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.

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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 amend regulations entitled 23 VAC 10-140, Income Tax Withholding. The purpose of the proposed action is to repeal certain sections of the Income Tax Withholding regulations that provide no additional guidance to clear and unambiguous statutes.


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.

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February 23, 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 amend regulations entitled 23 VAC 10-210, Retail Sales and Use Tax. The purpose of the proposed action is to repeal certain sections of the Virginia Retail Sales and Use Tax regulations because they are obsolete.


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.

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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 amend regulations entitled 23 VAC 10-220, Aircraft Sales and Use Tax Regulations. The purpose of the proposed action is to repeal certain sections of the Aircraft Sales and Use Tax Regulations that provides no additional guidance to clear and unambiguous statutes.


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.

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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 amend regulations entitled 23 VAC 10-230, Watercraft Sales and Use Tax. The purpose of the proposed action is to repeal one Water Sales and Use Tax regulation that is obsolete due to a statutory change.


Contact: Mark C. Haskins, Director of Policy Development, Department of Taxation, 600 E. Main St., Richmond, VA
Calendar of Events

23219, telephone (804) 371-2296, FAX (804) 371-2355, or email mark.haskins@tax.virginia.gov.

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February 23, 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 amend regulations entitled 23 VAC 10-230, Watercraft Sales and Use Tax. The purpose of the proposed action is to repeal unnecessary sections of the Watercraft Sales and Use Tax regulations.


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.

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February 23, 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 10-250, Tire Tax Regulations. The purpose of the proposed action is to repeal the chapter on Tire Tax Regulations because it is obsolete due to statutory changes.


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.

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February 23, 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 amend regulations entitled 23 VAC 10-300, Estate Tax. The purpose of the proposed action is to repeal unnecessary sections of the Estate Tax regulations.


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.

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February 23, 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 amend regulations entitled 23 VAC 10-330, Bank Franchise Tax. The purpose of the proposed action is to repeal unnecessary sections of the Bank Franchise Tax regulations.


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.

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February 23, 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 10-340, Intangible Personal Property Tax Regulations. The purpose of the proposed action is to repeal unnecessary sections of the Intangible Personal Property Tax Regulations.


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.

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February 23, 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 amend regulations entitled 23 VAC 10-350, Forest Products Tax Regulations. The purpose of the proposed action is to repeal unnecessary sections of the Forest Products Tax Regulations.


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.

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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 amend 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.


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.

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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 amend regulations entitled 23 VAC 10-370, Cigarette Tax Regulations. The purpose of the proposed action is to repeal certain sections of the Cigarette Tax Regulations that are obsolete due to statutory changes.


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.

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February 23, 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 amend regulations entitled 23 VAC 10-380, Set-Off Debt Collection Act Regulations. The purpose of the proposed action is to repeal the chapter on Set-Off Debt Collection Act Regulations.


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.

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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 amend regulations entitled 23 VAC 10-390, Virginia Soft Drink Excise Tax Regulations. The purpose of the proposed action is to repeal certain sections of the Cigarette Tax Regulations that are obsolete due to statutory changes.


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.

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Calendar of Events

Tax Regulations that provide no additional guidance to clear and unambiguous statutes.


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.

TREASURY BOARD

February 21, 2007 - 9 a.m. -- Open Meeting
March 21, 2007 - 9 a.m. -- Open Meeting
† April 18, 2007 - 9 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, 3rd Floor, Richmond, Virginia.

A regular meeting.

Contact: Kathi B. Scearce, Secretary to the Board, Treasury Board, James Monroe Bldg., 101 N. 14th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-6011, email kathi.scearce@trs.virginia.gov.

BOARD OF VETERINARY MEDICINE

† February 7, 2007 - 9 a.m. -- Open Meeting
Hotel Roanoke and Conference Center, 110 Shenandoah Avenue, Roanoke, Virginia.✉

A board meeting to receive a report from the Regulatory Review Committee, approve the minutes, and conduct general board business.

Contact: Elizabeth Young, Executive Director, Board of Veterinary Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9915, FAX (804) 662-7098, (804) 662-7197/TTY ☎, email elizabeth.young@dhp.virginia.gov.

† February 8, 2007 - 9 a.m. -- Open Meeting
Hotel Roanoke and Conference Center, 110 Shenandoah Avenue, Roanoke, Virginia.✉

A Special Conference Committee meeting to hold informal disciplinary hearings.

Contact: Elizabeth Young, Executive Director, Board of Veterinary Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9915, FAX (804) 662-9504, (804) 662-7197/TTY ☎, email elizabeth.young@dhp.virginia.gov.

STATE WATER CONTROL BOARD

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.

† February 1, 2007 - 7 p.m. -- Public Hearing
Virginia Military Institute, Nichols Auditorium, Lexington, Virginia.✉

A public hearing to receive comments on the Irvine and Irvine, LLC, VPDES permit proposal to release treated sewage wastewater at a rate of 0.01 million gallons per day into an unnamed tributary to Kerrs Creek in Rockbridge County in the Upper Maury River/Kerrs Creek watershed. The permit will limit the following pollutants to amounts that protect water quality: organic matter, solids, chlorine, bacteria, ammonia, dissolved oxygen, and pH. Sludge from the treatment process is to be treated as septic tank waste and hauled by a licensed septic hauler for disposal. An informational session will begin at 6:30 p.m.

Contact: Dawn Jeffries, Department of Environmental Quality, 4411 Early Rd., P.O. Box 3000, Harrisonburg, VA 22801, telephone (540) 574-7898, FAX (540) 574-7878, email dmjeffries@deq.virginia.gov.

February 16, 2007 - 12:30 p.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.✉

A meeting of a workgroup assisting in the development of implementation guidance for non-point source nutrient reductions, which are intended to offset new and expanded point source discharges of Total Nitrogen and Total Phosphorus in the Chesapeake Bay Watershed.

Contact: Kyle I. Winter, Department of Environmental Quality, 629 E. Main St., P.O. Box 1105, Richmond, VA 23218, telephone (804) 698-4182, email kiwinter@deq.virginia.gov.

February 21, 2007 - 10 a.m. -- Open Meeting
March 21, 2007 - 10 a.m. -- Open Meeting
† April 18, 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.
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

† January 29, 2007 - 6 p.m. -- Open Meeting
Virginia Office for Protection and Advocacy, 1910 Byrd Avenue, Suite 5, Richmond, Virginia (Interpreter for the deaf provided upon request)

Committees will meet as follows:

11 a.m. - Finance Committee
4 p.m. - Internal Policy Committee
6 p.m. - Public Awareness and Goals Committee

Public comment is welcomed by telephone and will be received at the beginning of each committee meeting. If you wish to provide public comment via telephone contact Lisa Shehi at 1-800-552-3962 (Voice/TTY) or via email at lisa.shehi@vopa.virginia.gov no later than Tuesday, 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, directions to the meeting, or interpreter services or other accommodations 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.

January 30, 2007 - 9 a.m. -- Open Meeting
Virginia Office for Protection and Advocacy, 1910 Byrd Avenue, Suite 5, Richmond, Virginia (Interpreter for the deaf provided upon request)

A 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.

Disability Advisory Council

March 21, 2007 - 10 a.m. -- Open Meeting
1910 Byrd Avenue, Suite 5, Richmond, Virginia (Interpreter for the deaf provided upon request)

A regular meeting. Public comment is welcome and will be received shortly after 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 March 7, 2007. Ms. Manley will take your name and phone number and you will be telephoned during the public comment period. For further information, directions to the meeting, or interpreter services or other accommodations, please contact Ms. Manley no later than March 7, 2007.

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.
VIRGINIA RETIREMENT SYSTEM

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.

February 15, 2007 - 1 p.m. -- Open Meeting
† April 12, 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.

† April 10, 2007 - Noon -- Open Meeting
Location to be determined.

A meeting of the Optional Retirement Plan for Higher Education. 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.

LEGISLATIVE Notice

Legislative meetings held during the Session of the General Assembly are exempted from publication in the Virginia Register of Regulations. You may call Legislative Information at (804) 698-1500 for information on standing committee meetings or check the legislative meetings calendar on the General Assembly's website (legis.state.va.us).

CHRONOLOGICAL LIST

OPEN MEETINGS

January 22
Education, Board of

Housing and Community Development, Board of Nursing, Board of Pharmacy, Board of

January 23
Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, Board for Contractors, Board for
† Marine Resources Commission Medicine, Board of Nursing, Board of
† Port Authority, Virginia

January 24
Agriculture and Consumer Services, Department of - Virginia State Apple Board - Virginia State Marine Products Board

January 25
Contractors, Board for Environmental Quality, Department of Nursing, Board of
† Real Estate Board

January 26
Accountancy, Board of Medicine, Board of Rehabilitative Services, Department of

January 29
Counseling, Board of
† Protection and Advocacy, Virginia Office for

January 30
Agriculture and Consumer Services, Department of - Virginia Irish Potato Board - Virginia Marine Products Board Contractors, Board for
† Environmental Quality, Department of
† Optometry, Board of Protection and Advocacy, Virginia Office for - Soil Scientists and Wetland Professionals, Board for Professional

January 31
† Agriculture and Consumer Services, Department of - Virginia Pork Industry Board - Virginia Farmer's Market and Farmers' Cooperative Board - Virginia Horse Industry Board - Virginia Horse Industry Board

February 1
Asbestos, Lead, and Home Inspectors, Virginia 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
Contractors, 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 Radiological Technology
† Veterinary Medicine, Board of

February 8
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Health, Department of
- State EMS Advisory Board
Medicine, Board of
- Advisory Board on Athletic Training
- Advisory Board on Physician Assistants
† Veterinary Medicine, Board of

February 9
Dentistry, Board of
Health, Department of
- State EMS Advisory Board

February 13
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Chesapeake Bay Local Assistance Board
† Contractors, Board for
Health, Department of

February 14
Retirement System, Virginia
Social Services, State Board of

February 15
† Agriculture and Consumer Services, Department of
- Bright-Flue-Cured Tobacco Board
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Audiology and Speech-Language Pathology, Board of
Milk Commission, State
Real Estate Appraiser Board
Retirement System, Virginia
Social Services, State Board of

February 16
Water Control Board, State

February 19
Agriculture and Consumer Services, Department of
- Virginia Corn Board

Old Dominion University

February 20
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Museum of Fine Arts, Virginia

February 21
† Compensation Board
Fire Services Board, Virginia
Museum of Fine Arts, Virginia
Nursing and Medicine, Joint Boards of
Treasury Board
Water Control Board, State

February 22
Contractors, Board for
Fire Services Board, Virginia
Medicine, Board of
Museum of Fine Arts, Virginia

February 23
Dentistry, Board of
Fire Services Board, Virginia

February 24
Fire Services Board, Virginia

February 26
Governor's Health Reform Commission

February 27
Contractors, Board for
Governor's Health Reform Commission
† Marine Resources Commission

February 28
Education, Board of

March 2
Governor's Health Reform Commission

March 3
† Blind and Vision Impaired, Department for the

March 5
Professional and Occupational Regulation, Board for

March 6
Museum of Fine Arts, Virginia

March 7
† Medicine Board of
Waterworks and Wastewater Works Operators, Board for

March 8
Criminal Justice Services Board
Dentistry, Board of
Environmental Quality, Department of

March 9
Dentistry, Board of

March 15
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
People with Disabilities, Virginia Board for

March 16
People with Disabilities, Virginia Board for
Calendar of Events

March 19
Education, Board of
Library Board, State
Nursing, Board of
Old Dominion University

March 20
Corrections, Board of
Environmental Quality, Department of
† Medicine, Board of
Nursing, Board of
Research and Technology Advisory Commission, Virginia

March 21
† Community Colleges, State Board for
Corrections, Board of
Nursing, Board of
Protection and Advocacy, Virginia Office for
† Disability Advisory Council
Treasury Board
Water Control Board, State

March 22
Community Colleges, State Board for
Human Resources, Virginia Council on
† Nursing, Board of
Public Guardian and Conservator Advisory Board, Virginia

March 23
Dentistry, Board of

March 26
Chesapeake Bay Local Assistance Board
† Governor's Healthcare Reform Commission

March 27
Contractors, Board for
† Marine Resources Commission

March 28
Education, Board of

March 29
Governor's Health Reform Commission

March 30
Dentistry, Board of

April 5
Museum of Fine Arts, Virginia
Polygraph Examiners Advisory Board

April 6
Medicine, Board of
Old Dominion University

April 10
† Psychology, Board of
† Retirement System, Virginia

April 11
† Juvenile Justice, State Board of

April 12
† Auctioneers Board
† Retirement System, Virginia

April 17
† Blind and Vision Impaired, Department for the
† Health, Department of
† Long-Term Care Administrators, Board of
† Soil Scientists and Wetland Professionals, Board for

April 18
† Education, Board of
† Governor's Healthcare Reform Commission
† Health Professions, Department of
† Treasury Board
† Water Control Board, State

April 19
† Education, Board of

April 20
† Education, Board of

PUBLIC HEARINGS

January 31
† Air Pollution Control Board, State
February 1
† Water Control Board, State
March 8
Criminal Justice Services Board