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THE VIRGINIA REGISTER OF REGULATIONS is an official state publication issued every other week throughout the year. Indexes are published quarterly, and are cumulative for the year. 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, and notices of public hearings on regulations.

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 on 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 shall 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 period for which the Governor has provided for additional public comment; (ii) 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 (iii) 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.

A 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

Pursuant to § 2.2-4011 of the Code of Virginia, an agency, upon consultation with the Attorney General, and at the discretion of the Governor, may adopt emergency regulations that are necessitated by an emergency situation. An agency may also adopt an emergency regulation when Virginia statutory law or the appropriation act or federal law or federal regulation requires that a regulation be effective in 280 days or less from its enactment. 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 no more than 18 months in duration; however, may be extended for six months under certain circumstances as provided for in § 2.2-4011 D. Emergency regulations are published as soon as possible in the Register.

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

STATEMENT

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

CITATION TO THE VIRGINIA REGISTER

The Virginia Register is cited by volume, issue, page number, and date. 29:5 VA.R. 1075-1192 November 5, 2012, refers to Volume 29, Issue 5, pages 1075 through 1192 of the Virginia Register issued on November 5, 2012. 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: John S. Edwards, Chairman; Gregory D. Habeeb; James M. LeMunyon; Ryan T. McDougle; Robert L. Calhoun; E.M. Miller, Jr.; Thomas M. Moncure, Jr.; Charles S. Sharp; Robert L. Tavenner; Christopher R. Nolen.

Staff of the Virginia Register: Jane D. Chaffin, Registrar of Regulations; Karen Perrine, Assistant Registrar; Anne Bloomsburg, Regulations Analyst; Rhonda Dyer, Publications Assistant; Terri Edwards, Operations Staff Assistant.
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*Filing deadlines are Wednesdays unless otherwise specified.
PETITIONS FOR RULEMAKING

TITLE 4. CONSERVATION AND NATURAL RESOURCES
DEPARTMENT OF MINES, MINERALS AND ENERGY

Agency Decision

Title of Regulation: 4VAC25-150. Virginia Gas and Oil Regulation.
Statutory Authority: §§ 45.1-161.3 and 45.1-361.27 of the Code of Virginia.
Name of Petitioner: Virginia Oil and Gas Association.
Nature of Petitioner's Request: The membership of the Virginia Oil and Gas Association (Association) petitions the Department of Mines, Minerals and Energy (DMME) to amend the Virginia Gas and Oil Regulation to add a requirement that all companies participate in Frac Focus. Frac Focus is a website developed by the Groundwater Protection Council. This will ensure that all chemicals used for fracing by Virginia's natural gas and oil industries will be fully disclosed and available to the public. The Association believes DMME has the authority under 4VAC25-150 to open the regulation for this limited purpose and this purpose only. Therefore, the Association petitions this new regulation under § 2.2-4007 of the Code of Virginia. This initiative is intended to alleviate public concern that they are not aware of chemicals utilized in the fracing process. Even though this industry has been safely utilizing the fracing process for over 50 years, the Association wants to be totally transparent.

Agency Decision: Request granted.

Statement of Reason for Decision: DMME will incorporate this petition for rulemaking into its pending Notice of Intended Regulatory Action for the Virginia Gas and Oil Regulation (4VAC25-150).

Agency Contact: Michael Skiffington, Program Support Manager, Department of Mines, Minerals and Energy, 1100 Bank Street, 8th Floor, Richmond, VA 23219, telephone (804) 692-3212, or email michael.skiffington@dmme.virginia.gov.

Name of Petitioner: Jacqueline Biggs.
Nature of Petitioner's Request: To amend qualifications for supervisors of residents to include art therapists.
Agency Plan for Disposition of Request: In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on March 10, 2014, with comment requested until April 9, 2014. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of the comment period, scheduled for May 9, 2014, the board will consider the request to amend regulations and all comments received and decide whether to initiate rulemaking.
Public Comment Deadline: April 9, 2014.

Agency Contact: Catherine Chappell, Executive Director, Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, telephone (804) 367-4406, or email catherine.chappell@dhp.virginia.gov.

V.A.R. Doc. No. R14-17; Filed February 5, 2014, 1:02 p.m.

BOARD OF VETERINARY MEDICINE

Initial Agency Notice

Title of Regulation: 18VAC150-20. Regulations Governing the Practice of Veterinary Medicine.
Name of Petitioner: Diana Stuebing.
Nature of Petitioner's Request: To increase the minimum requirement for continuing education for veterinary technicians from six hours a year to eight hours a year for each annual renewal.
Agency Plan for Disposition of Request: The petition will be published on March 10, 2014, in the Register of Regulations and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending April 9, 2014. Following receipt of all comments on the petition to amend regulations, the board will decide whether to make any changes to the regulatory language. This matter will be on the board's agenda for its meeting schedule for June 11, 2014.
Public Comment Deadline: April 9, 2014.

Agency Contact: Elaine Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, telephone (804) 367-4688, or email elaine.yeatts@dhp.virginia.gov.

V.A.R. Doc. No. R14-18; Filed February 18, 2014, 1:20 p.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING
BOARD OF COUNSELING

Initial Agency Notice

Title of Regulation: 18VAC115-20. Regulations Governing the Practice of Professional Counseling.
CHAPTER 41
REGULATION FOR THE CERTIFICATION OF LABORATORIES ANALYZING DRINKING WATER

Part I
General Provisions

1VAC30-41.10. Purpose.
A. This chapter establishes the requirements for certification of drinking water laboratories.
B. The federal Safe Drinking Water Act (SDWA) mandates the establishment of a national drinking water program to protect public health. The U.S. Environmental Protection Agency (EPA) at 40 CFR 141.28 requires that laboratories be certified to analyze samples of drinking water for compliance purposes. EPA at 40 CFR 142.10(b)(3)(i) requires states to establish and maintain programs for the certification of drinking water laboratories.
C. The Virginia Department of Health, Office of Drinking Water (VDH-ODW) maintains primary enforcement responsibility (primacy) under the SDWA and the federal SDWA regulations for the Commonwealth of Virginia. The VDH-ODW at 12VAC5-590-340 requires that all analyses done to demonstrate compliance with primary and secondary maximum contaminant levels or action levels be performed by the Division of Consolidated Laboratory Services of the Department of General Services (DCLS) or by laboratories certified by DCLS. VDH-ODW at 12VAC5-590-440 further requires that laboratories seeking certification to perform drinking water analyses shall comply with this chapter.

1VAC30-41.20. Applicability.
A. This chapter applies to the following:

1. Owners of drinking water laboratories in Virginia.
2. Owners of drinking water laboratories located outside Virginia who seek reciprocal certification under 1VAC30-41.90.

B. Covered contaminants.

1. This chapter covers the contaminants regulated in 40 CFR Parts 141 and 143 as specified in 12VAC5-590 Waterworks Regulations, of the Virginia Department of Health.
2. Laboratory testing for alkalinity, calcium, chloride, conductivity, disinfectant residual, orthophosphate, pH, silica, temperature, and turbidity for compliance purposes may be performed by laboratories or persons not certified under this chapter but acceptable to VDH-ODW.
1VAC30-41-30. Alternative certification for drinking water laboratories.

Drinking water laboratories may become certified by meeting the requirements for accreditation set out in 1VAC30-46.

1VAC30-41-40. Definitions.

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

"Analyst" means a chemist, microbiologist, physicist, or technician who actually performs a test. The analyst may carry out the complete test or participate jointly with other analysts.

"Certification officer" means a DCLS employee who has the responsibility for evaluating drinking water laboratories for certification.

"Contaminant" means any objectionable or hazardous physical, chemical, biological, or radiological substance or matter in water. Contaminants are the analytes for which drinking water laboratories test in the drinking water samples they analyze.

"Corrective action" means the action taken to eliminate the causes of an existing nonconformity, defect, or other undesirable situation in order to prevent recurrence.

"DCLS" means the Division of Consolidated Laboratory Services of the Department of General Services.

"Drinking water laboratory" or "laboratory" means a laboratory that performs analyses to demonstrate compliance with primary or secondary maximum contaminant levels or action levels or any combination of these specified in 12VAC5-590.

"EPA" means the United States Environmental Protection Agency.

"Findings" means factual, objective statements that provide evidence of deficiencies in meeting the requirements of this chapter.

"Laboratory director" or "laboratory supervisor" means the person who directs the operation of the drinking water laboratory on a day-to-day basis.


"Maximum contaminant level" or "MCL" means the maximum permissible level of a contaminant in [ pure ] water that is delivered to any user of a waterworks [ except in the cases of turbidity and volatile organic compounds (VOCs), where the maximum permissible level is measured at each entry point to the distribution system. Contaminants added to the water under circumstances controlled by the user, except those resulting from corrosion of piping and plumbing caused by water quality, are excluded from this definition. MCLs are set as close to the MCLGs as feasible using the best available treatment technology. ] Maximum contaminant levels may be either "primary" (PMCL), meaning based on health considerations, or "secondary" (SMCL), meaning based on aesthetic considerations.

"Maximum contaminant level goal" or "MCLG" means the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

"National Environmental Laboratory Accreditation Program" or "NELAP" means the national program to establish and implement a program for the accreditation of environmental laboratories. NELAP relies on consensus standards representing the best professional practices in the industry to establish the requirements for this program, which is then implemented by state agencies recognized by the NELAC Institute (TNI) as accreditation bodies. ]

"Owner" means any person who owns, operates, leases, or controls a drinking water laboratory.

"Persistent" means to continue an activity without change in spite of opposition or warning.

"Private laboratory" means a laboratory that is, or is part of, a commercial entity.

"Proficiency testing sample" or "PT sample" means a sample, the composition of which is unknown to both the analyst and the laboratory. The PT sample tests whether the analyst or laboratory or both can produce analytical results within specified acceptance criteria.

"Public laboratory" means a laboratory that is, or is part of, a local, state, or U.S. governmental agency.

"Pure water" means water fit for human consumption and domestic use that is sanitary and normally free of minerals, organic substances, and toxic agents and in excess of reasonable amounts for domestic usage in the area served and normally adequate in quantity and quality for the minimum health requirements of the persons served (see Article 2 (§ 32.1-167 et seq.) of Chapter 6 of Title 32.1 of the Code of Virginia). ]

"Quality assurance" means an integrated system of management activities involving planning, quality control, quality assessment, reporting, and quality improvement to ensure that a product or service meets defined standards of quality with a stated level of confidence.

"Quality assurance plan" or "QA plan" means a comprehensive plan detailing the aspects of quality assurance needed to adequately fulfill the data needs of a program.
"Quality control" means:
1. The overall system of technical activities whose purpose is to measure and control the quality of a product or service so that it meets the needs of the users.
2. The operational techniques and activities that are used to fulfill requirements for quality.

"SDWA" means the Safe Drinking Water Act (42 USC § 300f et seq.).
"VDH-ODW" means the Virginia Department of Health - Office of Drinking Water.

A. The following EPA guidance documents are incorporated by reference into this chapter:
B. The federal regulatory requirements incorporated by reference into 1VAC30-41-55 shall govern if a conflict is found between the requirements of the Manual or the Manual Supplement and the requirements incorporated by reference into 1VAC30-41-55.

A. The sampling, analytical methodology, and laboratory certification requirements of 40 CFR 141 and 143 in effect as of July 1, [2014], are incorporated by reference into this chapter.
B. The specific sampling, analytical methodology, and laboratory certification requirements incorporated by reference are listed as follows by category for information purposes:
5. Alternative testing methods: 40 CFR Part 141, Subpart C, Appendix A.
C. The exceptions to the requirements for laboratory certification in 40 CFR 141.28, 40 CFR 141.74(a), 40 CFR 141.89(a)(1), 40 CFR 141.131(b)(3), and 40 CFR 141.131(c)(3) are incorporated by reference into this chapter.

Part II
Certification of Laboratories - General Requirements

1VAC30-41-60. Categories of certification.
A. Laboratories may apply to be certified for inorganic chemistry, organic chemistry, microbiology, radiochemistry, or any combination of these four categories of certification.
B. Within each category, laboratories may be certified for specific contaminants or contaminant groups and for one or more methods used to determine the levels of these contaminants.

1VAC30-41-70. Initial certification application.
A. Application for initial certification. Drinking water laboratories applying under this chapter shall submit a completed Application for Certification, obtained by contacting the DCLS Laboratory Certification Office. A complete application contains:
1. Specific laboratory information, including name of organization, name of laboratory director, and contact information.
2. Identification of public water systems served by the laboratory.
3. Identification of the drinking water certification contaminants or contaminant groups and related methods for which the laboratory requests certification.
4. A quality assurance plan that meets the requirements of (i) Chapter III, Section 11 of the Manual and (ii) the Manual Supplement to Chapter III, Section 2 as required by 1VAC30-41-120.
5. A satisfactory report of at least one proficiency test performed within the last 12 months for each method and contaminant for which the laboratory seeks certification.
6. Laboratory personnel list.
7. Requested laboratory data, including at a minimum:
   a. For microbiology applications:
      (1) Equipment and supply list.
      (2) Sampling information and test results for at least 20 analyses for each method and contaminant for which the laboratory seeks certification.
   b. For chemistry applications:
      (1) Instrumentation and equipment list.
      (2) Method detection limit (MDL) documentation for each requested method and contaminant for which the laboratory seeks certification.
   c. For radiochemistry applications:
      (1) Instrumentation and equipment list.

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(2) Minimum detectable activity (MDA) documentation for each requested method and contaminant for which the laboratory seeks certification.

(3) Initial demonstration of capability (IDC) documentation for each requested method and contaminant for which the laboratory seeks certification.

8. Payment of the fee required by 1VAC30-41-270.

B. DCLS review of application submittal.

1. DCLS shall administratively review the application submittal and respond to the applicant laboratory within 60 calendar days.

2. If DCLS finds that the application submittal is complete, a certification officer shall arrange a mutually agreeable time and date with the laboratory for an onsite assessment.

3. If DCLS finds that the application submittal is incomplete, a certification officer shall request the applicant laboratory to submit the additional information or documentation required within 90 days.

4. If the laboratory has not submitted the required additional information within 90 days of the DCLS request for information, DCLS may return the incomplete application and inform the laboratory that the application cannot be processed. The laboratory may then submit a new application.

1VAC30-41-80. Certification requirements.

To become certified, a laboratory shall meet or successfully complete the following:

1. Requirements for a quality assurance plan in 1VAC30-41-120.

2. Analysis of a proficiency testing sample for each contaminant and each method for which certification is sought. Proficiency testing requirements are set out in 1VAC30-41-130.

3. Specific requirements for chemistry, microbiology, or radiochemistry that are pertinent to the specific laboratory's application for certification. These requirements are set out in Part III (1VAC30-41-300 et seq.) through Part V (1VAC30-41-500) of this chapter.

4. Onsite assessment by DCLS certification officers at least once every three years. Onsite assessment requirements are set out in 1VAC30-41-150.

5. The laboratory ethics and fraud detection and deterrence requirements set out in 1VAC30-41-140.

6. Payment of the fee required by 1VAC30-41-270.

1VAC30-41-90. Reciprocity.

A. DCLS may grant reciprocal certification to a drinking water laboratory located outside Virginia, provided the laboratory demonstrates the need to serve customers in Virginia and is certified by EPA or another state under equivalent certification criteria.

B. To be considered for certification, the applicant laboratory shall send DCLS the following:

1. A copy of the certificate and scope of certification issued by the laboratory's primary certifying or accrediting authority.

2. A list of the methods and the contaminants tested under each method for which the laboratory is requesting certification.

3. The most recent proficiency testing report for each method and contaminant combination listed by the laboratory under subdivision 2 of this subsection.

4. The fee required under 1VAC30-41-270.

5. Confirmation that Virginia has been added to the proficiency testing provider's list of certifying authorities to whom the laboratory's proficiency testing results will be submitted.

C. Out-of-state laboratories holding National Environmental Laboratory Accreditation Program (NELAP) accreditation for drinking water that seek reciprocal accreditation for drinking water in Virginia shall apply for that accreditation under 1VAC30-46.

1VAC30-41-100. Renewal of certification.

DCLS shall renew the certification for a drinking water laboratory if the laboratory maintains its certified status as required by 1VAC30-41-180, and pays the annual fee as required by 1VAC30-41-270.

1VAC30-41-110. Modification of certification.

A. To request the addition of contaminants or methods to its certification, the drinking water laboratory shall submit the following to DCLS:

1. A completed DCLS drinking water certification application form.

2. An acceptable proficiency testing report for each requested method and contaminant, performed within the last 12 months.

3. The standard operating procedures for the requested methods.

4. The current quality assurance plan, if requested.

5. For chemistry:
   a. Method detection limit (MDL) documentation for each requested method and contaminant for which the laboratory seeks certification.
   b. Initial demonstration of capability (IDC) documentation for each requested method and contaminant for which the laboratory seeks certification.

6. For microbiology, sampling information and test results for at least 20 analyses by the requested method and contaminant combination.

7. Applicable fees as required by 1VAC30-41-270.
B. To drop a contaminant or a method from the laboratory's certification, the laboratory shall submit a request in writing to the DCLS Laboratory Certification Office.

1VAC30-41-120. Quality assurance plan.
A drinking water laboratory shall develop and maintain a quality assurance plan that meets the requirements of (i) Chapter III, Section 11 of the Manual and (ii) the Manual Supplement to Chapter III, Section 2.

1VAC30-41-130. Proficiency testing.
A. A drinking water laboratory shall meet the following requirements pertaining to proficiency testing (PT):
1. The requirements of this section.
3. The specific requirements of the Manual for chemistry in Chapter IV, Section 7.2.1; for microbiology in Chapter V, Section 7.2; and for radiochemistry in Chapter VI, Section 7.4 that are pertinent to the laboratory.
4. Proficiency testing requirements incorporated by reference in 1VAC30-41-55.
B. A drinking water laboratory shall successfully participate in at least one water supply (WS) PT study per calendar year for each contaminant and by each method for which the laboratory seeks or wants to maintain certification.
C. Drinking water laboratories shall obtain WS PT studies from PT providers approved by the American Association for Laboratory Accreditation utilizing the National Standards for Water Proficiency Testing Studies.
D. Drinking water laboratories shall instruct the PT providers to send the results of the WS PT studies to the DCLS Laboratory Certification Office.
E. WS PT study results.
1. DCLS shall certify or maintain certification for a drinking water laboratory for which WS PT study results are reported by the proficiency test provider as "acceptable."
2. A drinking water laboratory for which some or all WS PT study results are reported as "not acceptable" shall follow the procedure in subsection F of this section.
F. Procedure and requirements for "not acceptable" PT study results.
1. When a laboratory receives a PT study result of "not acceptable," the laboratory shall perform and document corrective action. The corrective action documentation shall be submitted to DCLS within 30 days of receiving the "not acceptable" PT study result.
2. Upon completion of the corrective action, the laboratory shall perform another PT study for each contaminant that had a "not acceptable" initial PT study result.
3. If the result of the laboratory's makeup PT study is "acceptable," DCLS shall not downgrade the laboratory.
4. If the laboratory fails the makeup PT study, DCLS shall downgrade the laboratory to provisionally certified status for the contaminant or contaminants for which the PT study was "not acceptable."
5. When DCLS becomes aware of a failure to comply with PT study requirements, DCLS shall notify the laboratory of its downgraded status within 14 days of the downgrade.
DCLS shall send the notification by certified mail or an equivalent mailing service.
6. The laboratory shall correct the problems that caused the downgrade and satisfactorily analyze another PT study within three months. A laboratory may not be provisionally certified for more than three months.
7. If the result of the second makeup PT study is "acceptable," the laboratory can request DCLS in writing to restore its certified status.
8. If the result of the second makeup PT is "not acceptable," DCLS shall revoke certification for the contaminant or contaminants for which the PT study was unsuccessful.
9. DCLS shall follow the provisions of 1VAC30-41-240 in revoking the laboratory's certification.

1VAC30-41-140. Laboratory ethics and fraud detection and deterrence.
Drinking water laboratories shall meet the requirements of the Manual Supplement to Chapter III of the Manual concerning laboratory ethics and fraud detection and deterrence.

1VAC30-41-150. Onsite laboratory assessment.
A. Frequency of onsite laboratory assessments.
1. DCLS shall assess a drinking water laboratory when the laboratory owner initially applies for certification and at least once every three years after initial certification is granted.
2. DCLS may perform an onsite assessment if major changes in personnel or equipment occur at the laboratory or if the location of the laboratory changes.
3. DCLS may perform interim onsite assessments to confirm that a laboratory has carried out a corrective action plan.
4. DCLS may perform unannounced onsite assessments.
B. Action prior to a scheduled onsite assessment.
1. DCLS shall arrange a mutually agreeable date and time for the onsite assessment with the drinking water laboratory's management.
2. Prior to the onsite audit, DCLS shall request and the laboratory shall provide current records and information that are necessary to evaluate the laboratory. These records and information may include the following:
   b. Personnel list.
c. Instrument list or equipment list or both.
d. Standard operating procedure (SOP) for each method
to be evaluated.
e. A data package specified by the certification officer.
f. For chemistry, the most recent method detection limit
(MDL) study for each regulated contaminant to which
the MDL requirement applies.

C. Opening conference. The DCLS onsite assessor or team
shall begin the process of the onsite assessment by holding a
conference to state the purpose of the assessment, identify the
assessment team, and set out the tasks to be done during the
assessment.

D. Assessment process.
1. The DCLS onsite assessment team shall evaluate
laboratory personnel qualifications and training,
operations, equipment, supplies, general laboratory
practices, sample handling procedures, methodology,
written procedures, and records. The team shall perform
the assessment for those specific methods and contaminants for which the laboratory has requested
certification.
2. DCLS may require a laboratory to demonstrate drinking
water testing methods during the assessment.
3. The DCLS onsite assessment team shall perform a data
audit on at least one sample and on one PT sample for at
least one method.
4. The DCLS onsite assessment team shall discuss
observed deviations at the time such deviations are
observed.
5. Findings or deviations are considered preliminary until
the final report is issued.

E. Closing conference.
1. The onsite assessment team shall conduct a closing
conference to review the results of the assessment with
laboratory staff and management.
2. The onsite assessment team shall discuss the following:
   a. Any deviations in the observed procedures and
      records.
   b. The time frame for any corrective actions needed and
      the response.
   c. Recommendations, if necessary, for changes in
equipment and supplies, staffing, and facility.

F. Notification. Within 30 calendar days after the onsite
assessment, DCLS shall notify the laboratory of its
certification status and send the laboratory the final onsite
assessment report.

G. Final report. In its final onsite report, DCLS:
1. Shall list the certification status for each contaminant or,
   if applicable, each class of contaminants evaluated as
determined by DCLS as a result of the onsite assessment.
2. Shall list and describe each finding, providing a
   reference to the underlying requirement.
3. May recommend changes to correct the problems
   described in the findings that have resulted in the
   laboratory not obtaining certification for a particular
   contaminant.
4. May recommend improvements to laboratory operation,
   recognize outstanding performance, and provide other
   information of use to the laboratory.

H. Results of the onsite assessment.
1. DCLS shall certify the laboratory when the onsite
   assessment shows that the laboratory has established or is
   maintaining the standards of quality required under this
chapter.
2. When DCLS finds during the onsite assessment that the
   laboratory is not maintaining the standards of quality
   required under this chapter, the laboratory shall follow the
   procedure in subsection I of this section.

I. Procedures and requirements when findings are reported.
1. The laboratory shall respond with a corrective action
   plan for all findings issued in the report within 60 calendar
days. This corrective action plan shall specify what
   immediate corrective actions are being taken and any
   proposed actions that need the concurrence of DCLS.
2. DCLS shall review the corrective action plan. If DCLS
   finds that any aspect of the laboratory's corrective action
   plan is inadequate, it shall notify the laboratory director in
   writing by certified mail or other equivalent mailing
   service of its intent to downgrade the laboratory.
3. The laboratory director shall respond within 30 calendar
days with an additional corrective action plan. If the
additional corrective action plan is still deficient, DCLS
shall not issue a certificate for the initial application or
shall downgrade the laboratory to provisionally certified
status.
4. DCLS shall respond within 14 days of determining the
   laboratory's letter and corrective action plan are deficient.
5. The laboratory shall correct the problems cited in the
   initial notification letter within three months of the date the
   laboratory was downgraded.
6. If within three months the laboratory has not corrected
   the problems for which DCLS downgraded the laboratory
to provisionally certified status, DCLS shall revoke the
   laboratory's certification status.
7. DCLS shall revoke certification only for the
   contaminants and methods for which the laboratory was
   initially cited.
8. DCLS shall follow the provisions of 1VAC30-41-240 in
   revoking the laboratory's certification.
9. When DCLS reports a finding that had been identified in
   the previous triannual onsite assessment where the
laboratory had not implemented corrective action, DCLS shall downgrade the laboratory to provisionally certified.

10. A provisionally certified laboratory may continue to analyze samples for compliance purposes but shall notify its clients in writing of its downgraded status and shall indicate its downgraded status in writing on any report.

1VAC30-41-160. Levels of certification.

A. Certified. DCLS shall certify a laboratory that meets the criteria set out in this chapter.

B. Interim certification. DCLS may issue an interim certification when it finds that performing an onsite assessment is unnecessary or when the onsite assessment cannot be scheduled within a reasonable time. This may occur when DCLS reviews a laboratory application for an addition to its certification status or when a laboratory notifies DCLS that its location is changing. The laboratory shall maintain the requirements for certification while awaiting the onsite assessment. DCLS shall perform the onsite assessment as soon as possible. Interim certification status is equivalent to certified status.

C. Provisionally certified. DCLS shall provisionally certify a laboratory that has deficiencies as a preliminary stage prior to revocation. A provisionally certified laboratory may continue to analyze drinking water samples for compliance purposes. The laboratory shall notify its clients of the downgraded status in writing and indicate the status on reports. A laboratory may not be provisionally certified for more than three months.

D. Not certified. DCLS shall not certify a laboratory that possesses deficiencies and, in the opinion of DCLS, cannot consistently produce valid data. A laboratory that has had its certification revoked in whole or in part shall notify its clients of its revoked status in writing.

1VAC30-41-170. Term of certification.

DCLS shall certify drinking water laboratories for a period of one year.

1VAC30-41-180. Maintenance of certified status.

To maintain its certified status, a laboratory shall:

1. Continue to meet the requirements for certification listed in 1VAC30-41-80.

2. Successfully pass water supply proficiency testing studies annually as required by 1VAC30-41-130.

3. Notify DCLS in writing within 30 calendar days of major changes in personnel, equipment, or laboratory location as specified in 1VAC30-41-200.

4. Use approved methodology as required by this chapter and incorporated by reference into 1VAC30-41-55.

5. Comply with the reporting requirements specified in 1VAC30-41-190.

1VAC30-41-190. Reporting requirements.

A. To maintain certification, drinking water laboratories shall comply with the reporting requirements set out in the VDH-ODW regulations specified as follows:

1. Compliance, monitoring, and exceedances, 12VAC5-590-530.

2. Public notices, 12VAC5-590-540 in 12VAC5-590-530.

B. Drinking water laboratories shall report the results of analyses to the VDH-ODW within three days of completion unless 12VAC5-590-530 or 12VAC5-590-540 requires a different time limit.

1VAC30-41-200. Major changes in personnel or equipment or a change of laboratory location.

A. Major change in personnel.

1. The drinking water laboratory shall notify DCLS of a major change in the laboratory’s personnel in writing within 30 calendar days of the change.

2. A "major change in personnel" is defined as (i) the loss or replacement of the laboratory director or laboratory supervisor or (ii) the loss of all the trained and experienced analysts who had been available to analyze a particular contaminant for which certification has been granted.

3. DCLS shall follow the procedure in 1VAC30-41-220 to downgrade the laboratory to provisionally certified status if the laboratory fails to notify DCLS within 30 calendar days of a major change in personnel.

B. Change of laboratory location.

1. The laboratory shall notify DCLS of a change in the laboratory’s location in writing at least 30 calendar days prior to the location change.

2. DCLS may perform an onsite assessment of the new facility when a laboratory changes location.

3. DCLS shall follow the procedure in 1VAC30-41-220 to downgrade the laboratory to provisionally certified status if the laboratory fails to notify DCLS of a change in the laboratory’s location at least 30 days prior to the location change.

C. Equipment.

1. A drinking water laboratory shall notify DCLS of a major change in the laboratory’s equipment or a change of laboratory location in writing within 30 calendar days of a major change in equipment.

2. A drinking water laboratory shall provide the following information to DCLS about new equipment:

a. Make and model of the new instrument.

b. Date of installation and training.

c. Initial demonstration of capability (IDC) and minimum detection limit (MDL).

d. Updated standard operating procedure (SOP).
e. Methods and contaminants for which the instrument will be used.

f. Successful proficiency testing analyzed on the new instrument.

G. Date the instrument was put into service analyzing compliance samples.

3. DCLS shall follow the procedure in 1VAC30-41-220 to downgrade the laboratory to provisionally certified status if the laboratory fails to notify DCLS within 30 calendar days of any major change in equipment.

D. Laboratory action to address major changes to personnel or equipment or a change of location.

1. When a major change to laboratory personnel or equipment or a change of location occurs, the laboratory shall establish a schedule to address the change and provide the schedule in writing to DCLS. The laboratory shall submit the schedule to DCLS along with the notification of the change.

2. If DCLS determines that the laboratory can no longer produce valid data because of the major change in personnel or equipment or the change of location, DCLS shall follow the procedure in 1VAC30-41-240 to revoke certification for the contaminants in question.

1VAC30-41-210. Downgrading to provisionally certified status.

DCLS shall downgrade a certified drinking water laboratory's status to provisionally certified for each contaminant and by each method for any of the following reasons:

1. Failure to analyze a PT sample each calendar year during the period defined by DCLS and within the acceptance limits specified in the regulations incorporated by reference in 1VAC30-41-55.

2. Failure to successfully analyze a PT sample for a contaminant after participating in two successive PT studies.

3. Failure to notify DCLS within 30 calendar days of major changes in personnel or equipment or a change in laboratory location as required by 1VAC30-41-200.

4. Failure to provide DCLS with the schedule to address the change and notification of the change.

5. Failure to comply with the reporting requirements of 1VAC30-41-190 in a timely manner.

1VAC30-41-220. Procedure to downgrade to provisionally certified status.

A. DCLS shall notify the laboratory director in writing that DCLS intends to downgrade the laboratory to provisionally certified status. DCLS shall send this notification within 14 days of becoming aware of the cause for the downgrade. DCLS shall send the notification by certified mail or other equivalent mailing service.

B. The laboratory director shall review the problems cited in the notice. Within 30 days of receiving the notice, the laboratory director shall send DCLS a letter specifying what immediate corrective actions are being taken and any proposed action that needs the concurrence of DCLS.

C. DCLS shall consider the adequacy of the laboratory's response and notify the laboratory director in writing by certified mail or other equivalent mailing service of the laboratory's certification status. DCLS shall respond within 14 days of receiving the laboratory's letter and corrective action plan.

D. The laboratory shall correct the problems cited in the initial notification letter from DCLS within three months of the date of the DCLS response to the laboratory's corrective action plan.

E. If within three months the laboratory has not corrected the problems for which DCLS downgraded the laboratory to provisionally certified status, DCLS shall revoke the laboratory's certification status. This revocation shall apply only to the contaminants and methods for which the laboratory was initially cited in the DCLS downgrade notification.

F. DCLS shall follow the provisions of 1VAC30-41-240 in revoking the laboratory's certification.

G. A provisionally certified laboratory may continue to analyze samples for compliance purposes but shall notify its clients in writing of its downgraded status and shall indicate its downgraded status in writing on any report.

1VAC30-41-230. Revocation of certified status.

DCLS shall downgrade a drinking water laboratory's status to not certified from certified or provisionally certified or interim certified status for each contaminant and by each method for any of the following reasons:

1. Falsification of data or use of other deceptive practices.

2. Reporting proficiency testing data from another laboratory as its own.

3. Failure to use the federally-approved methods incorporated by reference into this chapter at 1VAC30-41-55.

5. Failure to pay the annual fee to DCLS.

6. For provisionally certified laboratories, failure to successfully analyze a PT sample or any other unknown test sample for a particular contaminant within the specified acceptance limits.

7. For provisionally certified laboratories, failure to satisfy DCLS that the laboratory has corrected identified deficiencies based on an onsite assessment.

8. For provisionally certified laboratories, persistent failure to comply with the reporting requirements specified in 1VAC30-41-190.
1VAC30-41-240. Procedure to revoke certification.

A. DCLS shall notify the laboratory owner in writing of its intent to revoke certification. DCLS shall describe in detail the reasons and circumstances that form the basis for revoking certified status in this notice. DCLS shall send the notification by certified mail or an equivalent mailing service.

B. DCLS shall provide an opportunity for an informal fact-finding conference pursuant to § 2.2-4019 of the Code of Virginia prior to making a final decision to revoke certification.

C. A drinking water laboratory that has had its certification revoked for methods and contaminants under the methods shall do the following:

1. Stop analyzing SDWA compliance samples for these contaminants and methods.
2. Send the samples to a laboratory that is certified to perform the analyses.
3. Notify its clients of its revoked status in writing.

1VAC30-41-250. Appeal procedure.

A laboratory may appeal a final decision to revoke certification by DCLS pursuant to the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

1VAC30-41-260. Reinstatement of certification.

A. A drinking water laboratory may request in writing to have its certification status upgraded or reinstated.

B. DCLS shall upgrade or reinstate certification when the laboratory can demonstrate that it has corrected the deficiencies that produced the downgrading or revocation of certified status.

C. DCLS may require an onsite assessment or successful completion of a water supply proficiency testing study or both before upgrading or reinstating a drinking water laboratory. If the onsite assessment is necessary, the laboratory shall pay the fees set out in 1VAC30-41-270 H.

1VAC30-41-270. Fees.

A. DCLS shall charge a fee to certify drinking water laboratories. This fee shall be limited to the cost of administering the certification program.

B. Required fees.

1. Drinking water laboratories shall submit payment of the fee with the initial applications for certification.

2. Drinking water laboratories located out-of-state and applying for reciprocal certification shall submit payment of the fee with the initial applications.

3. Once certified under this chapter, drinking water laboratories shall pay the fee annually. DCLS shall send an invoice to the certified drinking water laboratory.

4. Additional fees may apply under subsection K of this section when changes to the laboratory's certification require DCLS staff time to administer the change.

C. DCLS shall not consider an application to be complete until the applicant laboratory submits payment of the certification fee.

D. All incomplete payments shall be deemed as nonpayment. Nonpayment of fees shall result in denial or revocation of certification.

E. Payment of fees shall be nonrefundable.

F. DCLS, under 1VAC30-41-230, may revoke the certification of any certified laboratory that does not pay its annual fee.

G. Fee computation.

1. Fees for certification of drinking water laboratories shall be applied on an annual basis.

2. Drinking water laboratories shall pay the total of the base year fees as required by subsections H and J of this section for the first 12 months following [insert the effective date of this chapter] May 1, 2014.

3. Beginning [insert the thirteenth month following the effective date of this chapter] May 1, 2015, drinking water laboratories shall pay the total of the base year fees required by subsection H and Table 1 of subsection J of this section as adjusted by the method set out in subsection I of this section.


1. DCLS charges a fee for the review and certification of the drinking water laboratory's quality system. This includes a review of the test methods for which the drinking water laboratory requests or holds certification. The fees are based on the number of test methods for which the laboratory would be certified within each of the six testing categories set out in Table 1 of subsection J of this section.

2. DCLS shall calculate a laboratory's fees by adding the fees for the number of test methods in each category as set out in Table 1 of subsection J of this section for which the laboratory applies or is certified.

3. For example, a laboratory may be certified for three microbiological methods ($700); five inorganic chemistry, nonmetals methods ($850); two inorganic chemistry, metals methods ($1000); and two organic chemistry methods ($1050). The total annual fee would be $3600.

I. Calculation of fees - fees beginning [insert the thirteenth month following the effective date of this chapter] May 1, 2015.

1. DCLS shall revise the base year fees after the first 12 months following [insert the effective date of this chapter] May 1, 2014, and every 12-month period thereafter.

2. DCLS shall increase or decrease the fees set out in Table 1 of subsection J of this section using the Consumer Price Index-Urban (CPI-U) percentage change, average-average for the previous calendar year. (The CPI-U for all urban...
consumers is published by the U.S. Department of Labor, Bureau of Labor Statistics.)

3. DCLS shall revise each previous year’s Table 1 of subsection J of this section so that the revisions will be cumulative, reflecting the changes in the CPI-U over time.

4. DCLS shall round the revised fees to the nearest whole dollar.

5. DCLS shall publish the revised fee table annually on its website for drinking water laboratory certification. This website can be found by going to the DCLS page of the Department of General Services’ website at http://dgs.virginia.gov.

J. Fee tables.

1. Fees are calculated using the base year fees in Table 1.  

<table>
<thead>
<tr>
<th>Testing Category</th>
<th>Fee ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbiological testing</td>
<td></td>
</tr>
<tr>
<td>1 - 2 methods</td>
<td>600</td>
</tr>
<tr>
<td>3 - 5 methods</td>
<td>700</td>
</tr>
<tr>
<td>6+ methods</td>
<td>800</td>
</tr>
<tr>
<td>Inorganic chemistry, nonmetals testing</td>
<td></td>
</tr>
<tr>
<td>1 - 2 methods</td>
<td>650</td>
</tr>
<tr>
<td>3 - 5 methods</td>
<td>850</td>
</tr>
<tr>
<td>6 - 8 methods</td>
<td>1050</td>
</tr>
<tr>
<td>9+ methods</td>
<td>1250</td>
</tr>
<tr>
<td>Inorganic chemistry, metals testing</td>
<td></td>
</tr>
<tr>
<td>1 - 2 methods</td>
<td>1000</td>
</tr>
<tr>
<td>3 - 5 methods</td>
<td>1200</td>
</tr>
<tr>
<td>6+ methods</td>
<td>1400</td>
</tr>
<tr>
<td>Organic chemistry</td>
<td></td>
</tr>
<tr>
<td>1 - 2 methods</td>
<td>1050</td>
</tr>
<tr>
<td>3 - 5 methods</td>
<td>1250</td>
</tr>
<tr>
<td>6 - 8 methods</td>
<td>1450</td>
</tr>
<tr>
<td>9+ methods</td>
<td>1650</td>
</tr>
<tr>
<td>Radiochemistry</td>
<td></td>
</tr>
<tr>
<td>1 - 2 methods</td>
<td>1100</td>
</tr>
<tr>
<td>3 - 5 methods</td>
<td>1300</td>
</tr>
<tr>
<td>6+ methods</td>
<td>1500</td>
</tr>
</tbody>
</table>

2. Table 2 shows the relationship between the testing categories for fees and the drinking water laboratory certification categories.

<table>
<thead>
<tr>
<th>Fee Testing Category</th>
<th>Laboratory Certification Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbiological testing</td>
<td>Microbiology (includes coliform, E. coli, heterotrophic bacteria)</td>
</tr>
<tr>
<td>Inorganic chemistry, nonmetals testing</td>
<td>Physical/inorganic: aggregate properties (includes turbidity, alkalinity, total dissolved solids, conductivity, pH) Wet chemistry (includes fluoride, nitrate/nitrite, cyanide, sulfate, orthophosphate, pH) Organic aggregate properties (includes DOC, TOC, UV254, Surfactants/SUVA)</td>
</tr>
<tr>
<td>Inorganic chemistry, metals testing</td>
<td>Trace metals (includes lead, copper, chromium, beryllium, mercury, barium, cadmium)</td>
</tr>
<tr>
<td>Organic chemistry, trace</td>
<td>Organic chemistry (includes pesticides, herbicides, SOC, PCB, THM, VOC, HAA5, carbamates, fumigants)</td>
</tr>
<tr>
<td>Radiochemistry</td>
<td>Radiochemistry (includes alpha, beta, radium, gamma, uranium, stronitium-89)</td>
</tr>
<tr>
<td>Asbestos</td>
<td>Asbestos</td>
</tr>
</tbody>
</table>

K. Additional fees.

1. An additional fee shall be charged to a laboratory:  
   a. Applying for modification of certification under 1VAC30-41-110.
b. Moving its location when the move requires DCLS to perform an onsite assessment.

c. Requesting reinstatement of certification when DCLS requires an onsite assessment.

2. The fee charged shall be the sum of the total hourly charges for all reviewers plus any onsite assessment cost incurred.

a. An hourly charge per reviewer shall be $61 as of [insert the effective date of this chapter May 1, 2014], DCLS shall revise the hourly charge after the first 12 months following [insert the effective date of this chapter May 1, 2014] and every 12-month period thereafter. The hourly charge shall increase or decrease using the Consumer Price Index-Urban (CPI-U) percentage change, average-average for the previous calendar year.

b. The charge per reviewer shall be determined by multiplying the number of hours expended in the review by the reviewer's hourly charge.

c. If an onsite review is required, travel time and onsite review time shall be charged at the same hourly charge per reviewer, and any travel expenses shall be added.

L. Method of payment. Fees shall be paid by check, draft, or postal money order payable to the Treasurer, Commonwealth of Virginia, or submitted electronically, if available, and must be in U.S. currency, except that agencies and institutions of the Commonwealth of Virginia may submit interagency transfers for the amount of the fee. All fees shall be sent to the following address, or submitted electronically, if available: DCLS, Attn: Lab Certification, 600 North 5th Street, Richmond, VA 23219. Laboratories may also pay fees using credit cards. Laboratories shall fill out the DCLS Fee Payment Form for Virginia Laboratory Certification Programs and send the completed form with the fee.

1VAC30-41-280. (Reserved).
1VAC30-41-290. (Reserved).

Part III
Chemistry

1VAC30-41-300. Personnel.
Drinking water laboratories shall meet the requirements of Chapter III, Section 10 and Chapter IV, Section 1 of the Manual.

1VAC30-41-310. Laboratory facilities.
Drinking water laboratories shall meet the requirements of Chapter IV, Section 2 of the Manual.

1VAC30-41-320. Laboratory equipment and instrumentation.
A. Drinking water laboratories shall meet the requirements set out in the approved methods incorporated by reference into 1VAC30-41-55 and in use by the laboratory.

B. Drinking water laboratories shall meet the requirements of Chapter IV, Section 3 of the Manual.

1VAC30-41-330. General laboratory practices.
A. Drinking water laboratories shall meet the requirements set out in the approved methods incorporated by reference into 1VAC30-41-55 and in use by the laboratory.

B. Drinking water laboratories shall meet the requirements of Chapter IV, Section 4 of the Manual with the exception of Table IV-1.

A. Laboratories shall meet the sampling and analytical methodology requirements incorporated by reference at 1VAC30-41-55 for primary inorganic chemical contaminants, primary organic chemical contaminants, alternative testing methods for chemistry, and secondary maximum contaminant levels.

B. Laboratories shall meet the requirements of Chapter IV, Section 5.1 of the Manual with the exception of Tables IV-2 through IV-5 and Table IV-11.

C. A drinking water laboratory shall perform a minimum of five water analyses monthly for each chemical contaminant for which the laboratory is certified in order to maintain certification status or qualify for initial certification.

D. Exceptions to laboratory certification requirements of 1VAC30-41-20 B 2.

1. Laboratory testing for alkalinity, calcium, chloride, conductivity, disinfectant residual, orthophosphate, pH, silica, temperature, and turbidity for compliance purposes may be performed by laboratories or persons not certified under this chapter but acceptable to VDH-ODW.

2. This testing shall be performed using approved sampling and analytical methodology as incorporated by reference into 1VAC30-41-55 C.

3. Laboratories performing this testing shall meet the requirements of Chapter IV, Section 5.2 of the Manual, with the exception of Tables IV-2 through IV-5.

1VAC30-41-350. Sample collection, handling, and preservation.
A. Drinking water laboratories shall meet the sample container, required preservation, and maximum holding time requirements incorporated by reference at 1VAC30-41-55 for primary inorganic chemical contaminants, primary organic chemical contaminants, alternative testing methods for chemistry, and secondary maximum contaminant levels.

B. Drinking water laboratories shall meet the requirements of Chapter IV, Section 6 of the Manual with the exception of Table IV-6, and the Manual Supplement to Chapter IV, Section 6 of the Manual.

C. Drinking water laboratories shall reject any sample not meeting the criteria of this section and notify the system or individual requesting the analyses.
D. The laboratory shall have a written sample rejection policy covering samples that do not meet sampling requirements.

1VAC30-41-360. Quality assurance.

Drinking water laboratories shall meet the quality assurance and quality control requirements of both the Manual and the required analytical methods incorporated by reference into 1VAC30-41-55. These requirements include the following:
1. The approved test methods and associated quality assurance and quality control requirements incorporated by reference into 1VAC30-41-55.
3. Chapter IV, Section 7 of the Manual with the exception of Tables IV-7 through IV-10.

1VAC30-41-370. Recordkeeping and data reporting.

Drinking water laboratories shall meet the recordkeeping and data reporting requirements of the following:
1. The approved test methods incorporated by reference into 1VAC30-41-55.
2. Chapter IV, Section 8 of the Manual.

1VAC30-41-380. Action response to laboratory results.

Drinking water laboratories shall meet the action response requirement of Chapter IV, Section 9 of the Manual and the requirements of 1VAC30-41-190.

1VAC30-41-390. (Reserved).

Part IV
Microbiology

1VAC30-41-400. Personnel.

Drinking water laboratories shall meet the requirements of Chapter III, Section 10 and Chapter V, Section 1 of the Manual.

1VAC30-41-410. Laboratory facilities.

A. Drinking water laboratories shall meet the requirements of Chapter V, Section 2 of the Manual.
B. The laboratory shall have provisions for decontamination and disposal of microbiological waste.
C. The laboratory shall have provisions for decontamination and disposal of microbiological waste.
D. Office areas for clerical work and recordkeeping shall be segregated from laboratory work areas.

1VAC30-41-420. Laboratory equipment and supplies.

Drinking water laboratories shall meet the following requirements:
1. The requirements set out in the approved methods incorporated by reference into 1VAC30-41-55 and in use by the laboratory.

2. The requirements of Chapter V, Section 3 of the Manual.

1VAC30-41-430. General laboratory practices.

Drinking water laboratories shall meet general laboratory practices of the following:
1. The requirements set out in the approved methods incorporated by reference into 1VAC30-41-55 and in use by the laboratory.
2. The requirements of Chapter V, Section 4 of the Manual.

1VAC30-41-440. Analytical methodology.

A. Drinking water laboratories shall meet the sampling and analytical methodology requirements incorporated by reference into 1VAC30-41-55 for microbiology and alternative testing methods for microbiology.
B. Drinking water laboratories shall meet the requirements of Chapter V, Section 5 of the Manual and the Manual Supplement to Chapter V, Section 5 of the Manual unless these requirements conflict with the requirements specified in subsection A of this section.
C. A drinking water laboratory shall perform a minimum of 20 coliform analyses monthly by each coliform method for which it is certified in order to maintain certification status or qualify for initial certification. The minimum number of coliform analyses (20) may be performed on a variety of water sample types collected from different stages of the water treatment process, raw source water, and surface or ground water, as well as drinking water samples collected from a distribution system or private wells.

1VAC30-41-450. Sample collection, handling, and preservation.

A. Laboratories that perform sampling shall meet the sample container, required preservation, and maximum holding time requirements incorporated by reference at 1VAC30-41-55 for microbiology and alternative testing methods for microbiology.
B. Laboratories that perform sampling shall meet the requirements of Chapter V, Section 6 of the Manual and the Manual Supplement to Chapter V, Section 6 of the Manual unless these requirements conflict with the requirements specified in subsection A of this section.
C. Drinking water laboratories shall reject any sample not meeting the sampling criteria of this section and notify the system or individual requesting the analyses.
D. The laboratory shall have a written sample rejection policy covering samples that do not meet sampling requirements.

1VAC30-41-460. Quality assurance.

Drinking water laboratories shall meet the quality assurance and quality control requirements of both the Manual and the required analytical methods incorporated by reference into 1VAC30-41-55. These requirements include the following:

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1. The approved test methods and associated quality assurance and quality control requirements incorporated by reference into 1VAC30-41-55.

2. Chapter III, Section 11 and Chapter V, Section 7 of the Manual.


1VAC30-41-470. Recordkeeping and data reporting. Laboratories shall meet the recordkeeping and data reporting requirements of the following:

1. The approved test methods incorporated by reference into 1VAC30-41-55.

2. Chapter V, Section 8 of the Manual.

1VAC30-41-480. Action response to laboratory results. Drinking water laboratories shall meet the requirements of Chapter V, Section 9 of the Manual and the requirements of 1VAC30-41-190.

1VAC30-41-490. (Reserved).

Part V
Radiochemistry

1VAC30-41-500. Radiochemistry. A. Drinking water laboratories shall meet the sampling and analytical methodology requirements [including the quality assurance and quality control requirements] incorporated by reference into 1VAC30-41-55 for radiochemistry and alternative testing methods for radiochemistry.

B. Drinking water laboratories shall meet the requirements of Chapters III and VI of the Manual as follows:

1. Personnel: Chapter III, Section 10 and Chapter VI, Section 1.

2. Laboratory facilities: Chapter VI, Section 2.

3. Laboratory equipment and instrumentation: Chapter VI, Section 3.

4. General laboratory practices: Chapter VI, Section 4.

5. Analytical methods: Chapter VI, Section 5, with the exception of Table VI-1.

6. Sample collection, handling, and preservation: Chapter VI, Section 6, with the exception of Table VI-2.

7. Quality assurance: Chapter III, Section 11 and Chapter VI, Section 7.

8. Recordkeeping and data reporting: Chapter VI, Section 8.

9. Action response to laboratory results: Chapter VI, Section 9 and the requirements of 1VAC30-41-190.

NOTICE: The following forms used in administering the regulation were filed by the agency. The forms are not being published; however, online users of this issue of the Virginia Register of Regulations may click on the name to access a form. The forms are also available from the agency contact or may be viewed at the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia 23219.

FORMS (1VAC30-41)

Application for Virginia Certification Safe Drinking Water Program, DGS-21-109 (rev. 5/30/13)

Fee Payment Form for Virginia Laboratory Certification Programs, DGS-35-232 (rev. 1/14/11)

DOCUMENTS INCORPORATED BY REFERENCE (1VAC30-41)


[ Chapters I through IV]

Chapters V and VI

Appendices]

Supplement 1 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water, June 2008 (EPA 815-F-08-006)

VA.R. Doc. No. R10-2245; Filed February 18, 2014, 11:35 a.m.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

Fast-Track Regulation


Statutory Authority: § 2.2-2818 of the Code of Virginia.

Public Hearing Information: No public hearings are scheduled.

Public Comment Deadline: April 9, 2014.

Effective Date: April 24, 2014.

Agency Contact: Charles Reed, Associate Director, Department of Human Resource Management, 101 North 14th Street, 13th Floor, Richmond, VA 23219, telephone (804) 786-3124, FAX (804) 371-0231, or email charles.reed@dhrm.virginia.gov.

Basis: Section 2.2-2818 of the Code of Virginia authorizes the Department of Human Resource Management (DHRM) to establish and administer the health insurance plan for state employees.

Purpose: The amendments make certain technical corrections to definitions and remove the reference to the State Advisory Council because it is no longer authorized under the Code of Virginia.
Due to changes in the Health Insurance Portability and Accountability Act (HIPAA), the amendments allow an employee 60 days to add a newborn or an adopted child and allow new employees retroactive coverage, as long as they enroll within 30 days of their employment date. The employee's coverage will be effective the first of the month coinciding with or following the date of employment. IRS Section 125 had previously required this election to be on a prospective basis. The amendments provide greater access to health care for state employees thereby improving their health and welfare.

Furthermore, due to the uncertainty surrounding the number of hours required for benefits under the employer mandate of the Affordable Care Act, the amendment removes any reference to the number of hours required for full-time eligibility under the state plan. This information will be placed in DHRM's guidance documents.

Rationale for Using Fast-Track Process: The amendments only make technical corrections, liberalize eligibility rules, and make changes that are or will be required by the Code of Virginia or the Affordable Care Act. The proposed amendments to this regulation make technical corrections and changes that are or will be required by the Code of Virginia or the Affordable Care Act. Additionally, due to changes in HIPAA, this amendment allows an employee 60 days to add a newborn or an adopted child. It also allows new employees retroactive coverage, as long as they enroll within 30 days of their employment date. IRS Section 125 had previously required this election to be on a prospective basis. The only substantive amendment to the existing regulation is the liberalization of coverage rules.

Issues: This regulatory action poses no disadvantage to the public or the Commonwealth. The primary advantage of the regulatory amendments to the public and the Commonwealth is that they bring the Commonwealth into compliance with the Affordable Care Act in order to avoid penalties.

Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Amendments to Regulation. The Department of Human Resource Management (Department) proposes to amend language in the Commonwealth of Virginia Health Benefits Program regulations in order to make clarifications, update definitions, and bring consistency with the Code of Virginia and federal law.

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

Estimated Economic Impact. The Department's proposed amendments do not change any requirements in practice. Thus, the proposed amendments will have no impact beyond providing a small benefit through a potential reduction in confusion concerning the requirements by readers of the regulations.

Businesses and Entities Affected. The regulations affect current and retired employees of the Commonwealth, and current and retired employees of local Virginia jurisdictions that participate in the Commonwealth of Virginia's The Local Choice health benefits program, as well as health insurance firms.

Localities Particularly Affected. The proposed amendments do not disproportionately affect particular localities.

Projected Impact on Employment. The proposed amendments are unlikely to significantly affect employment.

Effects on the Use and Value of Private Property. The proposed amendments are unlikely to significantly affect the use and value of private property.

Small Businesses: Costs and Other Effects. The proposed amendments are unlikely to significantly affect small businesses.

Small Businesses: Alternative Method that Minimizes Adverse Impact. The proposed amendments are unlikely to significantly affect small businesses.

Real Estate Development Costs. The proposed amendments are unlikely to significantly affect real estate development costs.

Legal Mandate. The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007.04 of the Administrative Process Act and Executive Order Number 14 (10). Section 2.2-4007.04 requires that such economic impact analyses include, but need not be limited to, a determination of the public benefit, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. Further, if the proposed regulation has an adverse effect on small businesses, § 2.2-4007.04 requires that such economic impact analyses include (i) an identification and estimate of the number of small businesses subject to the regulation; (ii) the projected reporting, recordkeeping, and other administrative costs required for small businesses to comply with the regulation, including the type of professional skills necessary for preparing required reports and other documents; (iii) a statement of the probable effect of the regulation on affected small businesses; and (iv) a description of any less intrusive or less costly alternative methods of achieving the purpose of the regulation. The analysis presented above represents DPB's best estimate of these economic impacts.

Agency's Response to Economic Impact Analysis: The agency has reviewed the economic impact analysis prepared by the Department of Planning and Budget. The agency concurs with this analysis.
Summary:

The amendments (i) make technical corrections to definitions; (ii) remove the authority of the State Advisory Council to conform the regulations to the Code of Virginia; (iii) conform the regulations to changes in the Health Insurance Portability and Accountability Act (HIPPA), which include allowing an employee 60 days to add a newborn or an adopted child to his state health plan and allowing new employees retroactive coverage provided they enroll within 30 days of their employment date; and (iv) amend the definition of "full-time employee" by removing the number of work hours necessary for eligibility for participation in the state health plan.

Part I

General


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

"Accident or health plan" means a plan described in the Internal Revenue Code § 105.

"Administrative services arrangement" means an arrangement whereby a third party administrator agrees to administer all or part of the benefits program.

"Adoption agreement" means an agreement executed between a local employer and the department specifying the terms and conditions of the local employer's participation in the health benefits program.

"Adverse experience adjustment" means the adjustment determined by the department, consistent with its actuarial practices, to premiums for the year in which a local employer withdraws from the plan.

"Alternative health benefits plans" means optional medical benefits plans, inclusive of but not limited to HMOs and PPOs, which are offered pursuant to the health benefits program in addition to the basic statewide plan(s) plan.

"Basic statewide plan(s) plan" means the statewide hospitalization, medical and major medical plan health benefits plan for state employees offered at a uniform rate to all state employees pursuant to § 2.2-2818 of the Code of Virginia.

"Benefits administrator" or "group benefits administrator" means the person or office designated in the application and adoption agreement to be responsible for the day-to-day administration of the health benefits program at the local level. The benefits administrator is an employee of the agency or local employer that employs the benefits administrator. The benefits administrator is not an agent of the health insurance plan or the Department of Human Resource Management.

"Coordinated service" means a health care service or supply covered under both the program and another health plan. The coordinated service will be provided under the program only to the extent it is not excluded or limited under the program.

"Coordination of benefits" means the establishment of a priority between two or more underwriters which that provide health benefits protection covering the same claims incident.

"Department" means the Department of Human Resource Management.

"Dependent" means any person who is determined to be an eligible family member of an employee pursuant to subsection E of IVAC55-20-320.

"Director" means the Director of the Department of Human Resource Management.

"Dual membership" means the coverage in the health benefits program of the employee and either the spouse or one dependent. This definition does not include coverage of retirees or employees or their spouses who are otherwise covered by Medicare.

"Effective date of coverage" means the date on which a participant is enrolled for benefits under a plan or plans elected under the health benefits program.

"Employee" means a person employed by an employer participating in the health benefits program or, where demanded by the context of this chapter, a retired employee of such an employer. The term "employee" shall include state employees and employees of local employers.

"Employee health insurance fund" or "health insurance funds" means accounts established by the state treasury and maintained by the department within which contributions to the plan shall be deposited.

"Employer" means the entity with whom a person maintains a common law employee-employer relationship. The term "employer" is inclusive of each state agency and of a local employer.

"Employer application" or "application" means the form, to be provided by the department, to be used by the local employer for applying to participate in the health benefits program.

"Enrollment action" means providing the information, which would otherwise be contained on an enrollment form, through an alternative means such as through the world wide web Internet or through an interactive voice response system, for the purpose of securing or changing membership or coverage in the employee health benefits program. Submitting a properly completed enrollment form and taking an enrollment action through an employee self-service system are used interchangeably to indicate equivalent actions.

"Enrollment form" means the form, to be provided by the department, to be used by participants to enroll in a plan or to indicate a change in coverage.

"Experience adjustment" means the adjustment determined by the department, consistent with its actuarial practices, to
premiums for the year in which a local employer withdraws from the plan.

"Family membership" means the coverage in the health benefits program of the employee and two or more eligible dependents.

"Health benefits program" or "program" means, individually or collectively, the plan or plans the department may establish pursuant to §§ 2.2-1204 and 2.2-2818 of the Code of Virginia.

"Health Maintenance Organization" or "HMO" means an entity created under federal law, "The Health Maintenance Organization Act of 1973" (Title XIII of the Public Health Service Act), as amended, or one defined under state law.

"Health benefits program" or "program" means, individually or collectively, the plan or plans the department may establish pursuant to §§ 2.2-1204 and 2.2-2818 of the Code of Virginia.

"Health plan" means:

1. A plan or program offering benefits for, or as a result of, any type of health care service when it is:
   a. Group or blanket insurance (including school insurance programs); or
   b. Blue Cross, Blue Shield, group practice (including HMOs and PPOs), individual practice (including IPAs), or any other prepayment arrangement (including this program) when:
      1. An employer contributes any portion of the premium; or
      2. An employer contracts for the group coverage on behalf of employees; or
      3. It is any labor-management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan.

2. The term "health plan" refers to each plan or program separately. It also refers to any portion of a plan or program which that reserves the right to take into account benefits of other health plans when determining its own benefits. If a health plan has a coordination of benefits provision which applies to only part of its services, the terms of this section will be applied separately to that part and to any other part.

3. A prepaid health care services contract or accident or health plan meeting all the following conditions is not a health plan:
   a. One that is individually underwritten;
   b. One that is individually issued;
   c. One that provides only for accident and sickness benefits; and
   d. One that is paid for entirely by the subscriber.

A contract or policy of the type described in this subdivision 3 of this definition is not subject to coordination of benefits.

"Independent hearing officer" means an individual requested by the director of the department from a list maintained by the Executive Secretary of the Supreme Court of Virginia to arbitrate disputes that may arise in conjunction with these regulations or the health benefits program.

"Impartial health entity" means an organization, which that, upon written request from the Department of Human Resource Management, examines the adverse health benefits claim decision made by the Commonwealth’s Third Party Administrator (TPA). The impartial health entity independent review organization should determine whether the TPA’s decision is objective, clinically valid, compatible with established principles of health care, and appropriate under the terms of the contractual obligations to the covered person.

"Insured arrangement" means an accident or health plan underwritten by an insurance company wherein the department's only obligation as it may relate to claims is the payment of insurance company premiums.

"Independent hearing officer," means an individual requested by the director of the department from a list maintained by the Executive Secretary of the Supreme Court to arbitrate disputes which may arise in conjunction with these regulations or the health benefits program.

"Local employees" or "employees of local governments" means all officers and employees of the governing body of any county, city, or town, and the directing or governing body of any political entity, subdivision, branch, or unit of the Commonwealth or of any commission or public authority or body corporate created by or under an act of the General Assembly specifying the power or powers, privileges or authority capable of exercise by the commission or public authority or body corporate, as distinguished from §§ 15.2-1300; or 15.2-1303 of the Code of Virginia, or similar statutes, provided that the officers and employees of a social services department, welfare board, mental health and mental retardation community services board, or behavioral health authority, or library board of a county, city, or town shall be deemed to be the employees of local government.

"Local employer" means any county, city, or town, school board, and the directing or governing body of any political entity, subdivision, branch or unit of the Commonwealth or of any commission or public authority or body corporate created by or under an act of the General Assembly specifying the power or powers, privileges or authority capable of exercise by the commission or public authority or body corporate, as distinguished from §§ 15.2-1300, or 15.2-1303 of the Code of Virginia, or similar statutes.

"Local officer" means the treasurer, registrar, commissioner of revenue, attorney for the Commonwealth, clerk of a circuit court, sheriff, or constable of any county or city or deputies or employees of any of the preceding local officers.
"Local retiree" means a former local employee who has met the terms and conditions for early, normal, or late retirement from a local employer.

"Open enrollment" means the period during which an employee may elect to commence, to waive, or to change membership or plans offered pursuant to the health benefits program.

"Part-time employee," as defined by each local employer, means an employee working less than full time but more than 20 hours per week whom a local employer has determined to be eligible to participate in the program. The conditions of participation for these employees shall be decided by the local employer in a nondiscriminatory manner.

"Participants" means individuals covered by the plan due to their relationship with the employer. They are not covered as dependents under the plan.

"Plan administrator" means the department.

"Preferred provider organization" or "PPO" means an entity through which a group of health care providers, such as doctors, hospitals, and others, agree to provide specific medical and hospital care and some related services at a negotiated price.

"Preexisting condition" means a condition which that, in the opinion of the plan's medical advisors, displayed signs or symptoms before the participant's effective date of coverage. These signs or symptoms must be ones of which the participant was aware or should reasonably have been aware. The condition is considered preexisting whether or not the participant was seen or treated for the condition. It is also considered preexisting whether or not the signs and symptoms of the condition were correctly diagnosed.

"Preferred provider organization" or "PPO" means an entity through which a group of health care providers, such as doctors, hospitals, and others, agree to provide specific medical and hospital care and some related services at a negotiated price.

"Primary coverage" means the health plan which that will provide benefits first. It does not matter whether or not a claim has been filed for benefits with the primary health plan.

"Retiree" means any person who meets the definition of either a state retiree or a local retiree.

"Secondary coverage" means the health plan under which the benefits may be reduced to prevent duplicate or overlapping coverage.

"Self-funded arrangement" means a facility through which the plan sponsor agrees to assume the risk associated with the type of benefit provided without using an insurance company.

"Single membership" means coverage of the employee only under the health benefits program.

"State" means the Commonwealth of Virginia.

"State agency" means a court, department, institution, office, board, council, or other unit of state government located in the legislative, judicial, or executive departments or group of independent agencies, as shown in the Appropriation Act, and which is designated in the Appropriation Act by title and a three-digit agency code.

"State employee" means any person who is regularly employed full time on a salaried basis, whose tenure is not restricted as to temporary or provisional appointment, in the service of, and whose compensation is payable, no more often than biweekly, in whole or in part, by the Commonwealth or any department, institution, or agency thereof. "State employee" shall include the Governor, Lieutenant Governor, Attorney General, and members of the General Assembly. It includes "judge" as defined in § 51.1-301 of the Code of Virginia and judges, clerks, and deputy clerks of regional juvenile and domestic relations, county juvenile and domestic relations, and district courts of the Commonwealth.

"State retiree" means a former state employee who has met the terms and conditions for early, normal or late retirement from the Commonwealth.

"Teacher" means any employee of a county, city, or other local public school board.

1VAC55-20-40. State advisory council. (Repealed.)

In the administration of the health benefits program or any component plan or plans comprising such program, the department shall consider the recommendations of any state human resource advisory council (the "council" or "advisory council"). The council is created pursuant to § 2.2-2675 of the Code of Virginia and operates in accordance therewith. Such advisory council will serve to advise the Secretary of Administration on among other things, issues and concerns of active and retired employees of the Commonwealth who are participating in the health benefits program, such as the type and amount of benefits provided by the program, the cost to employees to participate in the program and ways to effectively control claims experience. The department shall consider the findings and recommendations of the council in its decision making process. Further, the department may request the council's guidance on other issues of concern to the department.

1VAC55-20-90. Appeals.

A. The director of the department shall be the final arbiter of any disputes arising under this chapter. The director may not redelegate this authority other than to an independent hearing officer except as provided under subsection C of this section.

All disputes arising under this chapter shall be submitted to the department, which shall have the responsibility for interpreting and administering this chapter. All disputes shall be made in writing in such manner as may be reasonably required by the department and shall set forth the facts which that the applicant believes to be sufficient to entitle to relief hereunder. The department may adopt forms for such submissions in which case all appeals shall be filed on such forms.
B. Appeals not filed within the time frames established herein shall be denied.

Requests for review of procurements under the provisions of the Virginia Public Procurement Act (§ 2.2-4300 et seq. of the Code of Virginia) shall be filed within 10 days of the department's notice of intent to award a contract.

Requests for relief from local employers or state agencies with respect to any action of the department other than a procurement shall be filed within 30 days of the action grieving the applicant. Requests for relief from state or local employees with respect to any action of the department other than a procurement shall be filed within 60 days of the action grieving the employee.

C. Upon receipt by the department for a request for review under this section, it shall determine all facts which are necessary to establish the right of an applicant for relief. The department shall approve, deny, or investigate any and all disputes arising hereunder. Upon request, the department will afford the applicant the right of a hearing with respect to any finding of fact or determination related to any claim under this section. In the event of an adverse decision by the department, the applicant shall be notified of such decision as hereinafter provided in this section. Reviews for treatment authorizations or medical claims that have been denied will be sent to an impartial health entity independent review organization. The impartial health entity independent review organization shall examine the final denial of claims or treatment authorizations to determine whether the decision is objective, clinically valid, and compatible with established principles of health care. The decision of the impartial health entity independent review organization shall be in writing, (ii) contain findings of fact as to the material issues in the case and the basis for those findings, and (iii) be final and binding if consistent with law and policy.

D. The applicant shall be notified in writing of any adverse decision with respect to his claim within 90 days after its submission. The notice shall be written in a manner calculated to be understood by the applicant and shall include:

1. The specific reason or reasons for the denial;
2. Specific references to law, this chapter, contracts awarded pursuant to this chapter, or the Health Insurance Manual/Local Administrative Manual and related instructions on which the denial is based;
3. A description of any additional material or information necessary to the applicant to perfect the claim and an explanation why such material or information is necessary; and
4. An explanation of the review process.

If special circumstances require an extension of time for processing an initial application, the department shall furnish written notice of the extension and the reason therefore to the applicant before the end of the initial 90-day period. In no event shall such extension exceed 90 days.

E. Standards, credentials, and qualifications of the impartial health entity independent review organization.

1. In order to qualify to perform either standard or expedited external reviews pursuant to this chapter or the Code of Virginia, an impartial health entity independent review organization shall have and maintain written policies and procedures that govern all aspects of the standard and expedited external review processes that include, at a minimum, a quality assurance mechanism in place that ensures that:
   a. External reviews are conducted within the specified time frames and required notices are provided in a timely manner;
   b. Qualified and impartial clinical peer reviewers are selected to conduct external reviews on behalf of the impartial health entity and reviewers are suitably matched to specific cases; and
   c. The confidentiality of medical records is maintained in accordance with the confidentiality and disclosure laws of the Commonwealth and/or the Health Insurance Portability and Accountability Act.

2. All clinical peer reviewers assigned by an impartial health entity independent review organization to conduct external reviews shall be physicians or other appropriate health care providers who meet the following minimum qualifications:
   a. Are expert in the treatment of the covered person's medical condition that is the subject of the external review;
   b. Are knowledgeable about the recommended health care service or treatment through recent or current actual clinical experience treating patients with the same or similar medical conditions as the covered person's;
   c. Hold a nonrestricted license in a state of the United States and, for physicians, a current certification by a recognized American medical specialty board in the area or areas appropriate to the subject of the external review; and
   d. Have no history of disciplinary actions or sanctions, including loss of staff privileges or participation restrictions, that have been taken or are pending by any hospital, governmental agency or unit, or regulatory body that raise a substantial question as to the clinical peer reviewer's physical, mental, or professional competence or moral character.

3. An impartial health entity independent review organization shall not be affiliated with or a subsidiary of nor be owned or controlled by a health plan, a trade association of health plans, or a professional association of health care providers.

4. In determining whether an independent review organization or a clinical peer reviewer of the impartial health entity independent review organization has a
material, professional, familial, or financial conflict of interest, the director may take into consideration situations where the characteristics of that relationship or connection are such that they are not materially sufficient to disqualify the impartial health entity, independent review organization or the clinical peer reviewer from conducting the external review.

1VAC55-20-160. Establishing contribution rates and accounting for contributions and claims.

A. The department shall establish one or more pools for establishing contribution rates and for accounting for claims and contributions for state employees and participating local employers. The plan for local employers shall be rated separately from the plan established for state employees. There are hereby authorized pools based on geographic and demographic characteristics and employment relationships. Such pools may include but shall not be limited to:

1. Active state employees, including retirees under age 65 and not eligible for Medicare;
2. Active local employees (excluding separately rated employees of public school systems);
3. Active employees of public school systems;
4. Retired state employees over age 65 and retired state employees eligible for Medicare;
5. Retired local employees (excluding separately rated employees of public school systems);
6. Retired employees of public school systems; and
7. Active employees whose employer does not sponsor a health insurance plan.

Participating employers shall make applicable contributions to the employee health insurance fund.

B. Such contributions may take into account the characteristics of the group, such as the demographics of employees, inclusive of age, sex, and dependent status of the employees of an employer; the geographic location of the employer or employees; claims experience of the employer; and the pool of the employers (for example, see subdivisions A 1 through 6 of 1VAC55-20-160 A) this section). Additionally, any such contributions may further be determined by spreading large losses, as determined by the department, across pools. Further, the department reserves the right to recognize, in its sole discretion, the claims experience of groups of sufficient size, regardless of their pool, where future claim levels can be predicted with an acceptable degree of credibility. The application of this rule by the department shall be exercised in a uniform and consistent manner.

C. The contribution rate in the aggregate will be composed of two factors; first, the current contribution and second, the amortization of experience adjustments. The current contributions will reflect the anticipated incurred claims and administrative expenses for the period; an experience adjustment will reflect gains and losses determined in accordance with an actuarial estimate. An experience adjustment will be part of the contributions for the succeeding year; however, the department may authorize the amortization of the experience adjustment for a period not to exceed three years.

D. The department will notify a terminating local employer of any adverse experience adjustment within six-calendar months of the time end of the plan year in which the local employer terminates participation in the program. Further the department reserves the right to modify the amount of the experience adjustment applicable to a terminating local employer for a period not to exceed 12 months from the end of the plan year in which such termination occurred. The experience adjustment shall be payable by the local employer in 12 equal monthly installments beginning 30 days after the date of notification by the department. In the event that a terminating local employer requests in writing an extension beyond a period of 12 months, the department may approve an extension up to 36 months provided the local employer agrees to pay interest at the statutory rate on any extended payments.

1VAC55-20-230. Entrance into the health benefits program.

A. Any local employer desiring to participate in the health benefits program shall complete an employer application provided by the department and execute an adoption agreement acknowledging the rights, duties, and responsibilities of the department and the local employer.

As a condition of participation, the department may require the local employer to complete the application in its entirety and deliver it to the department no less than 120 days prior to the effective date of coverage under the health benefits program. The application shall include the designation of a local administrator and include a list of other individuals whose responsibilities may be such that the department may have cause to contact them.

The application of a local employer may be withdrawn without penalty any time within the first 30 days after the department's delivery of rates to the employer. A 15-day extension will be available upon written request by the employer. Thereafter, the department may levy a processing charge not to exceed $500 to cover the cost of processing the application.

B. Except in unusual circumstances to be determined by the department, the completion of any waiting periods will not be required of employees of local employers joining the program at the time of a local employer's initial participation.

C. Local employers may include in the program their active employees, or their active employees and their retirees. Local employers may not elect to cover only retirees. If the local employer wishes to provide benefits to their Medicare-eligible retirees it must also provide coverage for non-Medicare retirees. The local employer's beneficiaries qualified under the Consolidated Omnibus Budget
Reconciliation Act of 1985 (COBRA) or similar legislation may also participate in the program. Coverage will not be available to a new employee unless the employee is on the payroll a minimum of 16 calendar days.

1VAC55-20-240. Payment of contributions.

A. Contributions due. It is the sole responsibility of the local employer to remit local employer and local employee contributions to the department or its designee. The local employer is may be responsible for remitting such contributions for active, retired, and COBRA-participating employees. Health benefits program contributions are to be made monthly, in advance, and are due at the department on the first of each month. If the first day of the month falls on a weekend or holiday, the payment is due at the department on the first business day of the month.

B. Nonpayment of contributions. A 10-day grace period for the nonpayment of contributions is hereby provided. If the full and complete payment of contributions is not received by the 10th of the month, a notice will be sent to the local employer by the department or its designee. Additionally, there shall be imposed an interest penalty of 12% per annum of the outstanding balance unpaid as of the 10th.

In the event that payment is not received by the 20th of the month, the department shall place a notice of nonpayment of contributions in a newspaper of general circulation in the locality of the local employer notifying the employees of such local employer that claims incurred after the end of the current month will not be paid until all outstanding contributions and interest have been paid.

Furthermore, the department reserves the right to collect from a local employer the greater of the monthly contribution or any amounts incurred for claims during a period of nonpayment as well as any other costs related thereto.

C. Nonpayment as breach. The nonpayment of contributions by a local employer shall constitute a breach of the adoption agreement and the local employer may be obligated to pay damages. In the event that the local employer terminates participation, such termination can only be prospective, and the employer shall be obligated to pay the greater of past contributions or actual claims incurred during such period and any interest and damages that may be associated with such nonpayment.

D. Coverage and contribution period. Except as noted here, coverage elections including those made by new employees are made on a prospective basis, that is, effective the first of the month coinciding with or following the receipt of the election form. However, if an election form is received from a new employee on the first business day of the month, coverage for the employee will commence on the first day of that month, (see 1VAC55-20-370). Coverage elections made for newborns, adoption, or placement for adoptions are effective the date the child is born, adopted, or placed for adoption, so long as the employee makes the coverage election within 34 to 60 days of the event. Coverage terminations are effective the end of the month following receipt of an election notice, except for terminations that are required by the plan. Coverage terminations required by the plan are effective the end of the month that the event takes place. Examples of coverage terminations required by the plan are such things as a divorce, termination of employment, or a dependent child losing eligibility.

Contributions shall always be for full calendar months. Local employers who terminate employment within a calendar month shall have coverage through the end of the month in which they terminate. In the event that a terminating local employee becomes covered under an accident or health plan of another employer prior to the end of the month in which the local employee terminates, this health benefits program shall be a secondary payor to the former local employee's new coverage.

1VAC55-20-280. Commencement of local employer participation.

Local employers may join initially at any time upon the timely submission of an employer application, but, thereafter, renewals must be as of July 1 of each year. Local school boards may have an October 1 renewal, if they so elect. Initial participation by a local employer at any time other than on July 1 (October 1) may be for the short plan year ending on the June 30 (September 30) following initial participation.

There shall be no specified time for local employee enrollment coincident with the local employer's initial participation in the health benefits program provided the department or its designee shall have knowledge of the local employee elections at least 30 days prior to the effective date of coverage. Thereafter the open enrollment period for local employees shall take place during the month of April or May of each year with the effective date of coverage then being July 1 of such year. Certain school groups may conduct their open enrollment in August and September.

1VAC55-20-290. Reparticipation of local employers.

Local employers having withdrawn from the health benefits program may reenter the program only with the consent of the department, and only on the July 1 (October 1 for school boards) following the timely submission of an employer application. The July 1 (October 1) effective date may be waived for local employers who have been away from the program for more than three years. Employees of local employers seeking reparticipation may be required to serve a waiting period.

Department consent shall not be granted until all pending contributions, penalties, and other assessments have been paid by a local employer and there is no outstanding litigation pending between the department and the local employer. A pending appeal will not prohibit a local employer from reparticipating in the health benefits program.
Part IV
Employee Participation

1VAC55-20-320. Eligible employees.

A. State employees.
1. Full-time salaried, classified employees as defined in 1VAC55-20-20 and faculty as defined in 1VAC55-20-20 are eligible for membership in the health benefits program. A full-time salaried employee is one who is scheduled to work at least 32 hours per week or carries a faculty teaching load considered to be full time at his institution.

2. Certain full-time employees in auxiliary enterprises (such as food services, bookstores, laundry services, etc.) at the University of Virginia, Virginia Military Institute, and the College of William and Mary as well as other state institutions of higher learning are also considered state employees even though they do not receive a salaried state paycheck. The Athletic Department of Virginia Polytechnic Institute and State University is an example of a local auxiliary whose members are eligible for the program.

3. Certain full-time employees of the Medical College of Virginia Hospital Authority are eligible for the program as long as they are on the authority’s payroll and were enrolled in the program on November 1, 1996. They may have payroll deductions for health benefits premiums even if they rotate to the Veterans’ Administration Hospital or other acute care facility.

4. Other employees identified in the Code of Virginia as eligible for the program.

5. Classified positions include employees who are fully covered by the Virginia Personnel Act, employees excluded from the Virginia Personnel Act by subdivision 16 of § 2.2-2905 of the Code of Virginia, and employees on a restricted appointment. A restricted appointment is a classified appointment to a position that is funded at least 10% from gifts, grants, donations, or other sources that are not identifiable as continuing in nature. An employee on a restricted appointment must receive a state paycheck in order to be eligible.

B. Local employees.

1. Full-time employees of participating local employers are eligible to participate in the program. A full-time employee is one who meets the definition set forth by the local employer in the employer application.

2. Part-time employees of local employers may participate in the plan if the local employer elects and the election does not discriminate among part-time employees. In order for the local employer to cover part-time employees, the local employer must provide to the department a definition of what constitutes a part-time employee.

The department reserves the right to establish a separate plan for part-time employees.

C. Unavailability of employer-sponsored coverage.

1. Employees, officers, and teachers without access to employer-sponsored health care coverage may participate in the plan. The employers of such employees, officers, and teachers must apply for participation and certify that other employer-sponsored health care coverage is not available. The employers shall collect contributions from such individuals and timely remit them to the department or its designee, act as a channel of communication with the covered employee and otherwise assist the department as may be necessary. The employer shall act as fiduciary with respect to such contributions and shall be responsible for any interest or other charges imposed by the department in accordance with these regulations.

2. Local employees living outside the service area of the plan offered by their local employer shall not be considered as local employees whose local employers do not offer a health benefits plan. For example, a local employee who lives in North Carolina and works in Virginia may live outside the service area of the HMO offered by his employer; however, he may not join the program individually.

3. Employer sponsorship of a health benefits plan will be broadly construed. For example, an employer will be deemed to sponsor health care coverage for purposes of this section and 1VAC55-20-260 if it utilizes § 125 of the Internal Revenue Code or any similar provision to allow employees, officers, or teachers to contribute their portion of the health care contribution on a pretax basis.

4. Individual employees and dependents who are eligible to join the program under the provisions of this subsection must meet all of the eligibility requirements pertaining to state employees except the identity of the employer.

D. Retirees.

1. Retirees are not eligible to enroll in the state retiree health benefits group outside of the opportunities provided in this section.

2. Retirees are eligible for membership in the state retiree group if a completed enrollment form is received within 31 days of separation for retirement. Retirees who remain in the health benefits group through a spouse's state employee membership may enroll in the retiree group at one of three later times: (i) future open enrollment, (ii) within 31 days of a qualifying mid-year event, or (iii) within 31 days of being removed from the active state employee spouse's membership.

3. Membership in the retiree group may be provided to an employee's spouse or dependents who were covered in the active employee group at the time of the employee's death in service.

4. Retirees who have attained the age of 65 or are otherwise covered or eligible for Medicare may enroll in certain plans as determined by the department provided
that they apply for such coverage within 31 days of their separation from active service for retirement. Medicare will be the primary payer and the program shall serve as a supplement to Medicare’s coverage.

5. Retirees who are ineligible for Medicare must apply for coverage within 31 days of their separation from active service for retirement. In order to receive coverage, the individual must meet the retirement requirements of his employer and receive an immediate annuity. For local employers, the immediate annuity requirement is not applicable as long as the retiree meets the age and service requirements imposed by the plan.

6. Local employers may offer retiree coverage at their option.

E. Dependents. 3. The following family members may be covered if the employee elects:

a. The employee's spouse. The marriage must be recognized as legal in the Commonwealth of Virginia.

b. Children. Under the health benefits program, the following eligible children may be covered to the end of the year in which they turn age 26 (age requirement is waived for adult incapacitated children):

(1) Natural children, adopted children, or children placed for adoption.

(2) Stepchildren. A stepchild is the natural or legally adopted child of the participant’s legal spouse. Such marriage must be recognized by the Commonwealth of Virginia.

(3) Incapacitated children.

(1) Adult children who are incapacitated due to a physical or mental health condition, as long as the child was covered by the plan and the incapacitation existed prior to the termination of coverage due to the child attaining the limiting age. The employee must make written application, along with proof of incapacitation, prior to the child reaching the limiting age. Such extension of coverage must be approved by the plan and is subject to periodic review. Should the plan find that the child no longer meets the criteria for coverage as an incapacitated child, the child’s coverage will be terminated at the end of the month following notification from the plan to the enrollee. The child must live with the employee as a member of the employee’s household, be unmarried, and be dependent upon the employee for financial support. In the case of a divorce, living with the spouse will satisfy the condition of living with the employee. Furthermore, the support test is met if either the employee or spouse or combination of the employee and spouse provide over one half of the child’s financial support.

(2) Adult incapacitated children of new employees may also be covered, provided that:

(a) The enrollment form is submitted within 30 days of hire;

(b) The child has been covered continuously by group employer coverage since the disability first occurred; and

(c) The disability commenced prior to the child attaining the limiting age of the plan.

The enrollment form must be accompanied by a letter from a physician explaining the nature of the incapacitation, providing the date of onset, and certifying that the dependent is not capable of self-support. This extension of coverage must be approved by the plan in which the employee is enrolled.

4. Other children. A child in which for whom a court has ordered the employee to assume sole permanent custody.

Additionally, if the employee or spouse shares custody with the minor child who is the parent of the "other child," then the other child may be covered.

When a child loses eligibility, coverage terminates at the end of the month in which the event that causes the loss of eligibility occurs.

There are certain categories of persons who may not be covered as dependents under the program. These include dependent siblings, grandchildren, nieces, and nephews except where the criteria for "other children" are satisfied. Parents, grandparents, aunts, and uncles are not eligible for coverage regardless of dependency status.

1VAC55-20-330. Enrollment form or enrollment action.

A. No coverage is available unless an employee files an enrollment form or takes an equivalent enrollment action. No changes in coverage are effective unless an employee files an enrollment form or takes an equivalent enrollment action. Employees alone are responsible for knowing when an enrollment action is required, for taking the action, and for certifying that the information conveyed is complete and true.

B. The employer is responsible for checking that the employee fills in the form completely and accurately. The employer will certify each enrollment form in the space provided on the form.

C. The effective date of coverage shall be determined from the date the enrollment form is stamped as received by a designee of the department or the date of the equivalent enrollment action. This is generally the first of the month following receipt.

Except as noted here, coverage elections including those made by new employees are made on a prospective basis, that is, effective the first of the month following the receipt of the election form or enrollment action. However, if the receipt of the form or the date of the enrollment action is the first of the month, then the effective date will be the first of the month. Additionally, if an election form or enrollment action is received from a new employee on the first business day of the
Considered the service,

members of the health benefits program generally become eligible upon receipt of the election notice, except for terminations that are required by the plan. Coverage terminations required by the plan are effective the end of the month that the event takes place. Examples of coverage terminations required by the plan are such things as a divorce, termination of employment, or a dependent child losing eligibility.

1VAC55-20-350. Membership.

A. Type of membership. Participants have a choice of three types of membership under the program:

1. Single (employee only). If a participant chooses employee only membership, the health benefits program does not cover the employee's dependents (spouse or children). A woman with single membership under the program does have maternity coverage. However, the newborn child is covered only for routine hospital nursery care, unless the mother changes to dual or family membership within 31 days of the date of birth.

2. Dual (employee and one eligible dependent).

3. Family membership (employee and two or more eligible dependents).

B. Changing type of membership.

1. Employees may change membership subject to 1VAC55-20-370.

a. During open enrollment.

b. Within 31 no more than 60 days of a qualifying mid-year event. Any such change in membership must be on account of and consistent with the event.

c. Within 31 no more than 60 days of a cost and coverage change, as acknowledged by the department.

2. All changes in membership must be made on a prospective basis except for the birth, adoption, or placement for adoption of a child.

3. If the change is from single to dual or family membership or vice versa because of a qualifying mid-year event, the employee must certify in the enrollment action the type of event and the date of the event.

1VAC55-20-370. Effective date of coverage.

A. General. Coverage and changes in coverage or membership are generally prospective, effective on the first day of the month following the month in which the enrollment action is received by the department's designee. Newly eligible employees, newly eligible employees (new hires) have up to 30 calendar days to enroll in a health plan or flexible spending account offered by the state. The 30-day countdown period begins on the first day of employment and ends 30 calendar days later. If the enrollment action is received within the 30-calendar-day time frame, coverage will be effective the first of the month coinciding with or following the date of employment. There is no discretion allowed in this area. Coverage will always be effective in this manner. In no case will coverage begin before the eligible employee's first day of employment.

B. Date coverage begins. Coverage begins on the first day of the first full month of employment following the receipt of the employee's enrollment action. Employees who begin work on the first working day of the month are considered employed effective the first of the month. Thus, if an employee submits the completed enrollment action on or prior to the first working day of the month, coverage will be effective the first of the month in which employment commenced. Qualifying mid-year events. Employees who experience a qualifying mid-year event have 60 calendar days to make a consistent election change. The 60-day countdown period begins on the day of the event. Normally changes will be effective the first of the month following receipt of the enrollment action.

C. Exceptions. With prior approval from the department, coverage may be allowed to commence on an earlier date in limited circumstances when prior coverage is unavailable; for example, a new employee who has moved out of the service area of an HMO. Terminations required by the plan. Employees can only provide coverage for family members who meet the health plans' eligibility definition.

1VAC55-20-380. Leaves Leave of absence.

Note: This section addresses various aspects of employee leave and may or may not be applicable to a local employer.

A. Leave of absence with full pay. As long as an employee is still receiving full pay, health benefits coverage continues with the employer making its contribution. Nothing special must be done to maintain coverage. No action is required.

Local employers are not required to contribute toward coverage for any part-time employee granted any type of leave of absence.

B. Virginia Sickness and Disability Program, Long-Term Disability (VSDP-LTD).

1. LTD-working employees continue in active coverage until the end of the month in which the employee transitions to LTD-not working.

2. Coverage with the employer contribution continues to the end of the month in which the LTD benefits begin, unless benefits begin on the first day of the month, in which case the employer contribution will end on the last day of the preceding month. Thereafter, employees may continue coverage by paying the entire cost of the coverage.

3. Employees receiving LTD benefits may enroll in the State Retiree Health Benefits Program upon service...
retirement regardless of whether they have maintained health coverage in the state program provided that the individuals have been continuously covered and have had no break in long-term disability benefits prior to service retirement. The LTD participant has 31 days from the date of retirement to enroll in the State Retiree Health Benefits Program. Coverage in the retiree group begins on the first day of the first full month of retirement.

C. Educational leave -- full or partial pay. An official educational leave is a leave for educational reasons with partial or full pay maintained for the leave, not for work rendered. It is possible to maintain health coverage on an educational leave even when less than full pay is given provided that at least half pay is given. Coverage may continue for the duration of the leave up to 24 months.

D. Leave of absence without pay.

1. Coverage with the employer contribution continues to the end of the month in which the leave without pay begins provided the first day of the leave is after the first work day of the month. If the person returns from leave the following month and works at least half of the workdays in the month, coverage will be continuous. If the leave without pay begins on or before the first work day of the month, coverage and the employer contribution ceases on the last calendar day of the previous month.

2. Employees who do not want to continue coverage will be asked to sign a waiver.

E. Changing coverage while on leave. Coverage changes may be made while on leave in the same manner that changes may be made while actively employed. The same procedures and rules apply.

An employee enrolled in an alternative health benefits plan who moves out of the plan's service area while on a leave of absence may change to another plan offered by the department in his new location by taking an enrollment action within 34-60 days of the date of the move.

F. Returning from leave without pay.

1. Employees who have maintained coverage while on leave without pay. If the employee has maintained coverage while on leave, the employee's coverage in the health benefits program (with the employer making its contribution) will begin on the first of the month following the date the employee returns to full-time employment. However, if the return to work falls on the first day of the month then the employer contributions may begin immediately. It is not necessary for the employee to take a new enrollment action.

Employees may change from single to dual or family membership within 34-60 days of returning from leave without pay if the employee dropped dual or family membership during the leave or if there was a qualifying mid-year event during the leave. A new enrollment action must be taken. In the case of a qualifying mid-year event, the effective date would follow the rule on initiating dual or family membership at the time of the particular qualifying mid-year event.

2. Employees who have not maintained coverage while on leave will be treated in the same manner as new employees, unless they have exercised their rights under the Family Medical Leave Act. If these rights are exercised, they will have all rights that are required by law.

a. It shall be necessary to take a new enrollment action to receive coverage. The enrollment action shall indicate the date the employee returned to work as the date that the employee's continuous full-time employment commenced.

b. The employee has a choice of type of membership and plan.

c. The usual deadlines for filing apply. Coverage begins according to the rules and procedures for new employees.

3. Employees returning from military leave for active service. Employees returning from military leave of 30 days or more have the same choice of coverage as a new employee. If the employee returning from a military leave applies for coverage within 31 days of discharge, the coverage will begin on either the first day of the month of discharge or the first of the following month, whichever is necessary to effect continuous coverage.

4. Taking a second leave without pay. If an employee returns from a leave without pay and is employed full-time on every scheduled work day for at least one full calendar month before taking another leave without pay, the second leave will be treated as a new leave. If there is less than one calendar month of full-time employment between leaves without pay, the leaves will be treated as one, regardless of the types of leave. The length of time that coverage may be continued will depend on the current type of leave.

1VAC55-20-390. Termination of coverage.

A. Coverage ends at the end of the month in which an employee terminates the employment relationship, otherwise loses group eligibility, or on the last day of the month for which premiums are paid.

B. Coverage ends on the date of a participant's death. Coverage for family members of state employees continues until the end of the month following the month in which the participant died.

1. A surviving state beneficiary may enroll in the state retiree group if:

a. The state dependent is eligible for an annuity under the Virginia Retirement System (VRS) death-in-service provision;

b. The employee had submitted a disability retirement application naming the dependent under the survivor
option before his death and the employee died prior to
achieving the retirement date; or

c. The death was job related.

To continue coverage, the family member must apply
within 60 days of the date the coverage would otherwise
end due to the death.

2. Survivors of deceased state employees who are not
eligible for an annuity from VRS can nonetheless be
covered under the State Health Benefits Program if they
had coverage at the time the employee died. To continue
coverage, the state family member must apply within 60
days of the employee’s death.

C. In the event that an employee on leave without pay
notifies the employer that he is terminating employment,
coverage ends on the last day of the month in which the leave
without pay ceases.

1VAC55-20-400. Termination of employment.
A. Coverage continues to the end of the month in which an
employee terminates. Each terminating employee may elect
continuation of coverage pursuant to Internal Revenue Code
section 4980B and accompanying regulations.

B. Terminating employees may also have the option of
certifying for a non-group policy. The carrier will send the
employee a letter offering non-group coverage. The employee
will have 30 days after the date of the letter to reply in order
for coverage to be continuous. All terminating employees will
be given certificates of coverage as required by the Health
Insurance Portability and Accountability Act.

1VAC55-20-410. Suspension and reinstatement of state
employees.
A. General.

1. Coverage generally continues with the state contribution
through the end of the month in which the suspension
began. However, if the suspension was effective on or
before the first work day of the month, there will be no
coverage for that month unless the employee is reinstated
in time to work half of the workdays in the month. For
example, if a suspension is effective on April 19, the
employee will have coverage with the state contribution
through the end of April. If the suspension is effective
April 1, the employee will have no must pay the entire cost
of coverage in for the month of April. By the same token,
if the suspension is effective April 2 and the employee's
first workday in April is April 3, the employee will not have
coverage the state contribution in April. If the
employee is reinstated in time to work half of the workdays
in the month following the month in which the suspension
began, there will be continuous coverage.

2. If the employee is suspended pending court action or
pending an official investigation, the suspension may go
beyond one pay period. In these cases, coverage will
continue with the state contribution to the end of the month
in which the suspension began. If the employee is
reinstated in time to work half of the workdays of the
month following the month in which the suspension began,
there would be no break in coverage. Suspension beyond
that period should be handled in the same way as a leave
without pay with no employer contribution. The employee
may waive coverage or remain in the group by paying the
full monthly contributions contribution to the employer in
advance. Group coverage may continue until a court
decision is issued or the official investigation is completed,
or up to a period of 12 months, whichever is less.

3. If the employee is reinstated with back benefits, the
employer should refund the employee the amount of the
employer contribution during the period the employee paid
the full premium. Single membership should be reinstated
retroactive to the date the employee was removed from the
group up to a limit of 60 days. Retroactive dual or family
membership will be available up to a maximum period of
60 days. Appropriate contributions must be made to cover
the retroactive period. Alternatively, the family
membership may begin the first full month of
reinstatement if the employee applies within 31 days of
reinstatement. Previous coverage elections, including dual
and family memberships, will be reinstated retroactively.

B. Termination and grievance reinstatement.

1. Employees who are terminated and file a grievance shall
be treated as terminated employees and may elect extended
coverage or nongroup coverage. In the event such an
employee is reinstated with back pay, he will be given
single membership retroactive up to 60 days. Retroactive
dual or family membership will be available up to a maximum period of
60 days. Previous health and flexible
spending account elections will be reinstated retroactively.
Appropriate contributions must be made to cover
the period.

2. If the employee is reinstated without full back pay, no
retroactive coverage is available.

1VAC55-20-430. Coordination of benefits.
A. Employees are required to notify the plan administrator
that they or a covered dependent are enrolled under another
plan. If a plan participant is eligible for coverage under two or
more plans, the plans involved will share the responsibility
for the participant's benefits according to these rules. New
employees will receive and be required to respond to a
coordination of benefits (COB) inquiry letter following
enrollment in the health plan. Employees should notify the
plan administrator if coverage changes during employment
for them or a covered dependent. If a plan participant is
eligible for coverage under two or more plans, the plans
involved will share the responsibility for the participant’s
benefits according to these rules.

1. If the other coverage does not have COB rules
substantially similar to the participant’s health plan’s rules,
the other coverage will be primary.
2. If a covered person is enrolled as the employee under one coverage and as a dependent under another, generally the one that covers him as the employee will be primary. The plan that covers a person as an active employee, that is an employee who is neither laid off nor retired, or as a dependent of an active employee is the primary plan. The plan covering that same person as a retired or laid-off employee or as a dependent of a retired or laid-off employee is the secondary plan.

3. If a covered person is the employee under both coverages, generally the one that covers him for the longer period of time will be primary.

4. If the dependent is covered as a dependent on his parent's or parents' plan and is also covered as a dependent on his spouse's plan, the spouse's plan is primary.

5. If the covered person is enrolled as a dependent child under both coverages (for example, when both parents cover their child), typically the coverage of the parent whose birthday falls earliest in the calendar year will be primary.

6. Special rules apply when a covered person is enrolled as a dependent child under two coverages and the child's parents are living apart. Generally, the coverage of the parent or step-parent with custody will be primary. However, if there is a court order that requires one parent to provide health care for the child, that parent's coverage will be primary. If there is a court order that states the parents share joint custody without designating that one parent is responsible for medical expenses, the parent whose birthday falls earliest in the plan year will be primary.

7. If a covered active employee or employee's dependent is also covered by Medicare, the coverage provided by the employer is primary, unless Medicare eligibility is due to end stage renal disease and the coordination period has been exhausted.

8. If a covered retiree, survivor, or long-term disability participant, or a covered dependent of any of these, is eligible for Medicare, the Medicare-eligible member is not eligible for active employee coverage under the member's health plan, except during an end stage renal disease coordination period.

B. If the other health benefit plan contains a coordination of benefits provision establishing the substantially same order of benefit determination rules as the ones in this section, the following will apply in the order of priority listed:

1. The plan that lists the person receiving services as the enrollee, insured or policyholder, not as a dependent, will provide primary coverage. There is one exception. If the person is also entitled to Medicare, and as a result of federal law Medicare is (i) secondary to the plan covering the person as a dependent; and (ii) primary to the plan covering the person as other than a dependent (e.g., a retired employee), then the benefits of the plan covering the person as a dependent are determined before those of the plan covering the person as other than a dependent.

2. Primary coverage for an enrolled child will be the plan which lists the parent whose month and day of birth occurs earliest in the calendar year as an enrollee, insured, or policyholder, except in the following circumstances:

   a. When the parents are separated or divorced, primary coverage will be the plan that covers the child as a dependent of the parent with custody. The plan of the husband or wife of a remarried parent with custody may provide primary coverage if the remarried parent with custody does not have a plan that covers the child.

   b. Despite subdivision 2a of this subsection, if there is a court order that requires one parent to provide hospital or medical/surgical coverage for the child, primary coverage will be that parent's plan. If the specific terms of a court decree state that the parents will share joint custody and the court decree does not state that one of the parents is responsible for health care expenses of the child, then the rule set forth in the first sentence of subdivision 2 of this subsection, the birthday rule, will apply.

3. If subdivisions 1 and 2 of this subsection do not apply, primary coverage will be the plan that has covered the participant for the longest uninterrupted period of time. There are two exceptions to this rule:

   a. The benefits of the plan that covers the person as a working employee (or the employee's dependent) will be determined before those of the plan that covers the person as a laid-off or retired employee (or the employee's dependent).

   b. The benefits of the plan that covers the person as an employee (or the employee's dependent) will be determined before those of the plan that covers the person under a right of continuation pursuant to federal or state law.

B. When the participant's health plan is the primary coverage, it pays first. When the participant's health plan is the secondary coverage, it pays second as follows:

1. The plan administrator calculates the amount the participant's health plan would have paid if it had been primary coverage, then coordinates this amount with the primary plan's payment. The participant's health plan's payment in combination with the other plan's payment will never exceed the amount the participant's health plan would have paid if it had been the participant's primary coverage.

2. Some plans provide services rather than making a payment (i.e., a group model HMO). When such a plan is the primary coverage, the participant's health plan will assign a reasonable cash value for the services and that will be considered the plan's primary payment. The participant's
health plan will then coordinate with the primary plan based on that value.

3. In no event will the participant's health plan pay more in benefits as secondary coverage than it would have paid as primary coverage.

C. If a plan does not have a coordination of benefits provision establishing substantially the same order of benefit determination rules as the ones in this section, that plan will be the primary coverage.

D. If, under the priority rules, the state plan is the primary coverage, participants will receive unreduced benefits for covered services to which they are entitled under this plan.

E. If the other plan is the primary coverage, the participant's benefits will be reduced so that the total benefit paid under this plan and the other plan will not exceed the benefits payable for covered services under this plan absent the other plan. In calculating benefits that would have been paid under this plan absent the other plan, any reduction in benefits for failure to receive a referral will not be considered. Benefits that would have been paid if the participant had filed a claim under the primary coverage will be counted and included as benefits provided. In a calendar year, benefits will be coordinated as claims are received.

F. When a health benefit plan provides benefits in the form of services, a reasonable cash value will be assigned to each covered service. This cash value will be considered a "benefit payment."

G. At the option of the plan administrator, payments may be made to anyone who paid for the coordinated services the participant received. These benefit payments by the administrator are ones that normally would have been made to the employee or on the employee's behalf to a facility or provider. The benefit payments made by the administrator will satisfy the obligation to provide benefits for covered services.

H. C. If the administrator provided primary coverage and discovers later that it should have provided secondary coverage, the administrator has the right to recover the excess payment from the employee or any other person or organization. If excess benefit payments are made on behalf of the employee, the employee must cooperate with the administrator in exercising its right of recovery.

D. Employees are obligated to supply the plan administrator all information needed to administer this coordination of benefits provision. This must be done before an employee is entitled to receive benefits under this plan. Further, the employees must agree that the administrator has the right to obtain or release information about covered services or benefits received. This right will be used only when working with another person or organization to settle payments for coordinated services. The employee's prior consent is not required.

1VAC55-20-460. Alternative health benefit plans.

The department also offers several health maintenance organization and preferred provider organization plans which are available to participants residing in the service area of the HMO or PPO. A list of these plans is available upon request to the department.

Non-Medicare-eligible retirees have the same enrollment options as active employees.

Retirees must enroll in a plan within 31 days of separation for retirement. A separating state employee who defers retirement will not be eligible to enroll in a retiree medical plan when the former employee seeks retirement benefits.

NOTICE: The following forms used in administering the regulation were filed by the agency. The forms are not being published; however, online users of this issue of the Virginia Register of Regulations may click on the name of a form with a hyperlink to access it. The forms are also available from the agency contact or may be viewed at the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia 23219.

FORMS (1VAC55-20)

Adoption Agreement.
Health Benefits Program Application.
Enrollment Application/Waiver Form SHBP (rev. 3/01).
Out of Area Exception Form.
Name/Address Change.
Claim Forms.
Extended Coverage.
Explanation of Benefits.
Interagency Transfer Invoice.
HIPAA Certificate.

Adoption Agreement, T20082 (R1/02)

Commonwealth of Virginia Health Benefits Program Application, T20445 (rev. 1/13)

Enrollment Form - The Local Choice Health Benefits Program, T20911 (1/14)

General Notice of Extended Coverage Rights (rev. 3/05)

Interagency Transfer Invoice, Department of Accounts DA-02-039 (rev. 7/86)

Commonwealth of Virginia Certificate of Group Health Plan Coverage and Statement of HIPAA Portability Rights (rev. 4/05).

State Health Benefits Program Appeal Form (rev. 5/11)

VA.R. Doc. No. R14-3469; Filed February 11, 2014, 4:47 p.m.
"Activities of daily living (ADLs)" or "ADL" means personal care tasks, e.g., bathing, dressing, toileting, transferring, and eating/feeding. An individual’s degree of independence in performing these activities is a part of determining appropriate level of care and services.

"Companion" means, for the purpose of these regulations, a person who provides companion services.

"Community services board" or "CSB" means the local agency, established by a city or county or combination of counties or cities, or cities and counties under Chapter 6 (§ 600 et seq.) of Title 37.2 of the Code of Virginia, that plans, provides, and evaluates mental health, mental retardation intellectual disability, and substance abuse services in the jurisdiction or jurisdictions it serves.

"Companion services" means nonmedical care, supervision, and socialization provided to an adult (age 18 and years or older). The provision of companion services does not entail hands-on care. It is provided in accordance with a therapeutic goal in the plan of care and is not purely diversional in nature.

"Behavioral health authority" or "BHA" means the local agency, established by a city or county or a combination of counties or cities or counties and cities under Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia, that plans, provides, and evaluates mental health, mental retardation intellectual disability, and substance abuse services in the jurisdiction or jurisdictions it serves.

"CARE" means the Rehabilitation Accreditation Commission, formerly known as the Commission on Accreditation of Rehabilitation Facilities.

"Case management" means services as defined in 12VAC30-50-490.

"Case manager" means the provider of case management services as defined in 12VAC30-50-490.

"Centers for Medicare and Medicaid Services" or "CMS" means the unit of the federal Department of Health and Human Services that administers the Medicare and Medicaid programs.

"Community-based waiver services" or "waiver services" means a variety of home and community-based services paid for by DMAS as authorized under a § 1915(c) waiver designed to offer individuals an alternative to institutionalization. Individuals may be preauthorized to receive one or more of these services either solely or in combination, based on the documented need for the service or services to avoid institutional placement.

"ICF/MR" means the rehabilitation accreditation, formerly known as the Commission on Accreditation of Rehabilitation Facilities.

"ICF/IID" means the rehabilitation accreditation, formerly known as the Commission on Accreditation of Rehabilitation Facilities.
"Consumer-directed employee" means, for purposes of these regulations, a person who provides consumer-directed services, personal care, companion services, and/or respite care, who is also exempt from workers' compensation.

"Consumer-directed services" means personal care, companion services, and/or respite care services where the individual or his family/caregiver, as appropriate, is responsible for hiring, training, supervising, and firing of the employee or employees.

"Consumer-directed (CD) services facilitator" means the provider enrolled with DMAS who is responsible for management training and review activities as required by DMAS for consumer-directed services.

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

"Current functional status" means an individual's degree of dependency in performing activities of daily living.

"DARS" means the Department for Aging and Rehabilitative Services.

"DBHDS" means the Department of Behavioral Health and Developmental Services.

"DBHDS staff" means employees of DBHDS who provide technical assistance and review individual level of care criteria.

"DMAS" means the Department of Medical Assistance Services.

"DMAS staff" means DMAS employees who perform utilization review, preauthorize service type and intensity, and provide technical assistance, and review of individual level of care criteria.

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

"DRS" means the Department of Rehabilitative Services.

"DSS" means the Department of Social Services.

"Day support" means training in intellectual, sensory, motor, and affective social development including awareness skills, sensory stimulation, use of appropriate behaviors and social skills, learning and problem solving, communication and self care, physical development, services and support activities. These services take place outside of the individual's home/residence.

"Direct marketing" means either (i) conducting directly or indirectly door-to-door, telephonic, or other "cold call" marketing of services at residences and provider sites; (ii) mailing directly; (iii) paying "finders' fees"; (iv) offering financial incentives, rewards, gifts, or special opportunities to eligible individuals or family/caregivers as inducements to use the providers' services; (v) continuous, periodic marketing activities to the same prospective individual or his family/caregiver, as appropriate, for example, monthly, quarterly, or annual giveaways as inducements to use the providers' services; or (vi) engaging in marketing activities that offer potential customers rebates or discounts in conjunction with the use of the providers' services or other benefits as a means of influencing the individual's or his family/caregiver's, as appropriate, use of the providers' services.

"Enroll" means that the individual has been determined by the IFDDS screening team to meet the eligibility requirements for the waiver. DMAS DBHDS has approved the individual's plan of care and has assigned an available slot to the individual, and DSS has determined the individual's Medicaid eligibility for home and community-based services.

"Entrepreneurial model" means a small business employing eight or fewer individuals with disabilities on a shift and may involve interactions with the public and coworkers with disabilities.

"Environmental modifications" means physical adaptations to a house, place of residence, primary vehicle or work site, when the work site modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act, necessary to ensure individuals' health and safety or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to individuals.

"EPSDT" means the Early Periodic Screening, Diagnosis and Treatment program administered by DMAS for children under the age of 21 years according to federal guidelines that prescribe specific preventive and treatment services for Medicaid-eligible children as defined in 12VAC30-50-130.

"Face-to-face visit" means the case manager or service provider must meet with the individual in person and that the individual should be engaged in the visit to the maximum extent possible.

"Family/caregiver training" means training and counseling services provided to families or caregivers of individuals receiving services in the IFDDS Waiver.

"Fiscal agent" means an entity handling employment, payroll, and tax responsibilities on behalf of individuals who are receiving consumer-directed services.

"Home" means, for purposes of the IFDDS Waiver, an apartment or single family dwelling in which no more than four individuals who require services live, with the exception of siblings living in the same dwelling with family. This does not include an assisted living facility or group home.

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"Volume 30, Issue 14  Virginia Register of Regulations  March 10, 2014  1794"
"Home and community-based waiver services" means a variety of home and community-based services reimbursed by DMAS as authorized under a § 1915(c) waiver designed to offer individuals an alternative to institutionalization. Individuals may be preauthorized to receive one or more of these services either solely or in combination, based on the documented need for the service or services to avoid ICF/MR, ICF/IID placement.

"ICF/MR", "ICF/IID" means a facility or distinct part of a facility certified as meeting the federal certification regulations for an Intermediate Care Facility for the Mentally Retarded Individuals with Intellectual Disabilities and persons with related conditions. These facilities must address the residents’ total needs including physical, intellectual, social, emotional, and habilitation. An ICF/MR ICF/IID must provide active treatment, as that term is defined in 42 CFR 483.440(a).

"IDEA" means the federal Individuals with Disabilities Education Act of 2004, 20 USC § 1400 et seq.

"ID Waiver" means the Intellectual Disability waiver.

"IFDDS screening team" means the persons employed by the entity under contract with DMAS who are responsible for performing level of care screenings for the IFDDS Waiver.


"In-home residential support services" means support provided primarily in the individual's home, which includes training, assistance, and specialized supervision to enable the individual to maintain or improve his health; assisting in performing individual care tasks; training in activities of daily living; training and use of community resources; providing life skills training; and adapting behavior to community and home-like environments.

"Instrumental activities of daily living-(IADL)" or "IADL" means meal preparation, shopping, housekeeping, laundry, and money management.

"Mental retardation" means a disability as defined by the American Association on Intellectual and Developmental Disabilities (AAIDD).

"MR Waiver" means the mental retardation waiver.

"Intellectual disability" or "ID" means a disability as defined by the American Association on Intellectual and Developmental Disabilities (AAIDD) in the Intellectual Disability: Definition, Classification, and Systems of Supports (11th edition, 2010).

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

"Preauthorized" means the preauthorization service authorization agent has approved a service for initiation and reimbursement of the service by the service provider.

"Primary caregiver" means the primary person who consistently assumes the role of providing direct care and support of the individual to live successfully in the community without compensation for such care.

"Qualified developmental disabilities professional" or "QDDP" means a professional who (i) possesses at least one year of documented experience working directly with individuals who have related conditions; (ii) is one of the following: a doctor of medicine or osteopathy, a registered nurse, a provider holding at least a bachelor's degree in a human service field including, but not limited to, sociology, social work, special education, rehabilitation engineering, counseling or psychology, or a provider who has documented equivalent qualifications; and (iii) possesses the required...
Virginia or national license, registration, or certification in accordance with his profession, if applicable.

"Related conditions" means those persons who have autism or who have a severe chronic disability that meets all of the following conditions identified in 42 CFR 435.1009:

1. It is attributable to:
   a. Cerebral palsy or epilepsy; or
   b. Any other condition, other than mental illness, found to be closely related to mental retardation intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation intellectual disability, and requires treatment or services similar to those required for these persons.

2. It is manifested before the person reaches age 22 years.

3. It is likely to continue indefinitely.

4. It 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.
   f. Capacity for independent living.

"Respite care" means services provided for unpaid caregivers of eligible individuals who are unable to care for themselves and are provided on an episodic or routine basis because of the absence of or need for relief of those unpaid persons who routinely provide the care.

"Respite care provider" means a participating provider that renders services designed to prevent or reduce inappropriate institutional care by providing respite care services for unpaid caregivers of eligible individuals.

"Screening" means the process conducted by the IFDDS screening team to evaluate the medical, nursing, and social needs of individuals referred for screening and to determine eligibility for an ICF/MR ICF/IID level of care.

"Skilled nursing services" means nursing services (i) listed in the plan of care that do not meet home health criteria, (ii) required to prevent institutionalization, (iii) not otherwise available under the State Plan for Medical Assistance, (iv) provided within the scope of the state's Nursing Act (§ 54.1-3000 et seq. of the Code of Virginia) and Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), and (v) provided by a registered professional nurse or by a licensed practical nurse under the supervision of a registered nurse who is licensed to practice in the state. Skilled nursing services are to be used to provide training, consultation, nurse delegation as appropriate, and oversight of direct care staff as appropriate.

"Slot" means an opening or vacancy of waiver services for an individual.

"Specialized supervision" means staff presence necessary for ongoing or intermittent intervention to ensure an individual's health and safety.

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

"Supporting documentation" means the specific plan of care developed by the individual and waiver service provider related solely to the specific tasks required of that service provider. Supporting documentation helps to comprise the overall plan of care for the individual, developed by the case manager and the individual.

"Supported employment" means work in settings in which persons without disabilities are typically employed. It includes training in specific skills related to paid employment and provision of ongoing or intermittent assistance and specialized supervision to enable an individual to maintain paid employment.

"Therapeutic consultation" means consultation provided by members of psychology, social work, rehabilitation engineering, behavioral analysis, speech therapy, occupational therapy, psychiatry, psychiatric clinical nursing, therapeutic recreation, or physical therapy or behavior consultation to assist individuals, parents, family members, in-home residential support, day support, and any other providers of support services in implementing a plan of care.

"Transition services" means set-up expenses for individuals who are transitioning from an institution or licensed or certified provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. 12VAC30-120-2010 provides the service description, criteria, service units and limitations, and provider requirements for this service.

"VDH" means the Virginia Department of Health.

12VAC30-120-710. General coverage and requirements for all home and community-based waiver services.

A. Waiver service populations. Home and community-based services shall be available through a § 1915(c) waiver. Coverage shall be provided under the waiver for individuals six years of age and older with related conditions as defined in 12VAC30-120-700, including autism, who have been determined to require the level of care provided in an ICF/MR ICF/IID. The individual must not have a diagnosis of mental retardation intellectual disability as defined by the American Association on Intellectual and Developmental Disabilities (AAIDD). Mental Retardation (MR) Intellectual Disability Waiver recipients who are six years of age on or after October 1, 2002, who are determined to not have a
2. When emergency slots become available:
   a. All individuals who have been found eligible for the IFDDS Waiver but have not been enrolled shall be notified by either DMAS DBHDS or the individual's case manager.
   b. Individuals and their family/caregivers shall be given 30 calendar days to request emergency consideration.
   c. An interdisciplinary team of DMAS DBHDS professionals shall evaluate the requests for emergency consideration within 10 calendar days from the 30-calendar day deadline using the emergency criteria to determine who will be assigned an emergency slot. If DMAS DBHDS receives more requests than the number of available emergency slots, then the interdisciplinary team will make a decision on slot allocation based on need as documented in the request for emergency consideration. A waiting list of emergency cases will not be kept.

D. Appeals. Individual appeals shall be considered pursuant to 12VAC30-110-10 through 12VAC30-110-380 12VAC30-110-370. Provider appeals shall be considered pursuant to 12VAC30-10-1000 and 12VAC30-20-500 through 12VAC30-20-599 12VAC30-20-560.

12VAC30-120-720. Qualification and eligibility requirements; intake process.

A. Individuals receiving services under this waiver must meet the following requirements. Virginia will apply the financial eligibility criteria contained in the State Plan for the categorically needy. Virginia has elected to cover the optionalIDD and/or MR/DD or ID/DD coder diagnosis of mental retardation intellectual disability, and who meet all IFDDS Waiver eligibility criteria, shall be eligible for and shall transfer to the IFDDS Waiver effective with their sixth birthday. Psychological evaluations confirming diagnoses must be completed less than one year prior to the child's sixth birthday. These recipients transferring from the MR ID Waiver will automatically be assigned a slot in the IFDDS Waiver. Such slot shall be in addition to those slots available through the screening process described in 12VAC30-120-720 B and C.

B. Covered services.
   1. Covered services shall include in-home residential supports, day support, prevocational services, supported employment, personal care (both agency-directed and consumer-directed), respite care (both agency-directed and consumer-directed), assistive technology, environmental modifications, skilled nursing services, therapeutic consultation, crisis stabilization, personal emergency response systems (PERS), family/caregiver training, companion services (both agency-directed and consumer-directed), and transition services.
   2. These services shall be appropriate and medically necessary to maintain these individuals in the community. Federal waiver requirements provide that the average per capita fiscal year expenditures under the waiver must not exceed the average per capita expenditures for the level of care provided in ICFs/ICFs/MR ID under the State Plan that would have been made had the waiver not been granted.
   3. Under this § 1915(c) waiver, DMAS waives subdivision (a)(10)(B) of § 1902 of the Social Security Act related to comparability.

C. Eligibility criteria for emergency access to the waiver.
   1. Subject to available funding and a finding of eligibility under 12VAC30-120-720, individuals must meet at least one of the emergency criteria of this subdivision to be eligible for immediate access to waiver services without consideration to the length of time an individual has been waiting to access services. In the absence of waiver services, the individual would not be able to remain in his home. The criteria are as follows:
      a. The primary caregiver has a serious illness, has been hospitalized, or has died;
      b. The individual has been determined by the DSS to have been abused or neglected and is in need of immediate waiver services;
      c. The individual demonstrates behaviors that present risk to personal or public safety;
      d. The individual presents extreme physical, emotional, or financial burden at home, and the family or caregiver is unable to continue to provide care; or
      e. The individual lives in an institutional setting and has a viable discharge plan in place.

2. When emergency slots become available:
   a. All individuals who have been found eligible for the IFDDS Waiver but have not been enrolled shall be notified by either DMAS DBHDS or the individual's case manager.
   b. Individuals and their family/caregivers shall be given 30 calendar days to request emergency consideration.
   c. An interdisciplinary team of DMAS DBHDS professionals shall evaluate the requests for emergency consideration within 10 calendar days from the 30-calendar day deadline using the emergency criteria to determine who will be assigned an emergency slot. If DMAS DBHDS receives more requests than the number of available emergency slots, then the interdisciplinary team will make a decision on slot allocation based on need as documented in the request for emergency consideration. A waiting list of emergency cases will not be kept.

D. Appeals. Individual appeals shall be considered pursuant to 12VAC30-110-10 through 12VAC30-110-380 12VAC30-110-370. Provider appeals shall be considered pursuant to 12VAC30-10-1000 and 12VAC30-20-500 through 12VAC30-20-599 12VAC30-20-560.

12VAC30-120-720. Qualification and eligibility requirements; intake process.

A. Individuals receiving services under this waiver must meet the following requirements. Virginia will apply the financial eligibility criteria contained in the State Plan for the categorically needy. Virginia has elected to cover the optional IDD and/or MR/DD or ID/DD coder diagnosis of mental retardation intellectual disability, and who meet all IFDDS Waiver eligibility criteria, shall be eligible for and shall transfer to the IFDDS Waiver effective with their sixth birthday. Psychological evaluations confirming diagnoses must be completed less than one year prior to the child's sixth birthday. These recipients transferring from the MR ID Waiver will automatically be assigned a slot in the IFDDS Waiver. Such slot shall be in addition to those slots available through the screening process described in 12VAC30-120-720 B and C.

B. Covered services.
   1. Covered services shall include in-home residential supports, day support, prevocational services, supported employment, personal care (both agency-directed and consumer-directed), respite care (both agency-directed and consumer-directed), assistive technology, environmental modifications, skilled nursing services, therapeutic consultation, crisis stabilization, personal emergency response systems (PERS), family/caregiver training, companion services (both agency-directed and consumer-directed), and transition services.
   2. These services shall be appropriate and medically necessary to maintain these individuals in the community. Federal waiver requirements provide that the average per capita fiscal year expenditures under the waiver must not exceed the average per capita expenditures for the level of care provided in ICFs/ICFs/MR ID under the State Plan that would have been made had the waiver not been granted.
   3. Under this § 1915(c) waiver, DMAS waives subdivision (a)(10)(B) of § 1902 of the Social Security Act related to comparability.

C. Eligibility criteria for emergency access to the waiver.
   1. Subject to available funding and a finding of eligibility under 12VAC30-120-720, individuals must meet at least one of the emergency criteria of this subdivision to be eligible for immediate access to waiver services without consideration to the length of time an individual has been waiting to access services. In the absence of waiver services, the individual would not be able to remain in his home. The criteria are as follows:
      a. The primary caregiver has a serious illness, has been hospitalized, or has died;
      b. The individual has been determined by the DSS to have been abused or neglected and is in need of immediate waiver services;
      c. The individual demonstrates behaviors that present risk to personal or public safety;
      d. The individual presents extreme physical, emotional, or financial burden at home, and the family or caregiver is unable to continue to provide care; or
      e. The individual lives in an institutional setting and has a viable discharge plan in place.
reduce its payment for home and community-based waiver services by the amount that remains after the following deductions:

a. For individuals to whom § 1924(d) applies, and for whom Virginia waives the requirement for comparability pursuant to § 1902(a)(10)(B), deduct the following in the respective order:

(1) The basic maintenance needs for an individual, which is equal to 165% of the SSI payment for one person. Due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than 5.0% of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus guardianship fees) for the individual exceed 300% of SSI.

(2) For an individual with a spouse at home, the community spousal income allowance determined in accordance with § 1924(d) of the Social Security Act.

(3) For an individual with a family at home, an additional amount for the maintenance needs of the family determined in accordance with § 1924(d) of the Social Security Act.

(4) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and necessary medical or remedial care recognized under state law but not covered under the State Medical Assistance Plan.

b. For individuals to whom § 1924(d) does not apply and for whom Virginia waives the requirement for comparability pursuant to § 1902(a)(10)(B), deduct the following in the respective order:

(1) The basic maintenance needs for an individual, which is equal to 165% of the SSI payment for one person. Due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than 5.0% of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus guardianship fees) for the individual exceed 300% of SSI.

(2) For an individual with a dependent child or children, an additional amount for the maintenance needs of the child or children, which shall be equal to the Title XIX medically needy income standard based on the number of dependent children.

(3) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and necessary medical or remedial care recognized under state law but not covered under the State Medical Assistance Plan.

B. Screening.

1. To ensure that Virginia's home and community-based waiver programs serve only individuals who would otherwise be placed in an ICF/MR, home and community-based waiver services shall be considered only for individuals who are eligible for admission to an ICF/MR, absent a diagnosis of mental retardation intellectual disability and are age six years or older. Home and community-based waiver services shall be the critical service that enables the individual to remain at home rather than being placed in an ICF/MR.

2. To be eligible for IFDDS Waiver services, the individual must:

a. Be determined to be eligible for the ICF/MR level of care;

b. Be six years of age or older;

c. Meet the related conditions definition as defined in 42 CFR 435.1009 or be diagnosed with autism; and

d. Not have a diagnosis of mental retardation intellectual disability as defined by the American Association on Intellectual and Developmental Disabilities (AAIDD).

3. Children under six years of age shall not be added to the waiver or the wait list until the month in which their sixth birthday occurs.

4. The IFDDS screening team shall gather relevant medical and social data and identify all services received by and supports available to the individual. The IFDDS screening team shall also gather psychological evaluations or refer the individual to a private or publicly funded psychologist for evaluation of the cognitive abilities of each screening applicant.

5. The individual's status as an individual in need of IFDDS home and community-based care waiver services shall be determined by the IFDDS screening team after
completion of a thorough assessment of the individual's needs and available supports. Screening for home and community-based care waiver services by the IFDDS screening team or DMAS DBHDS staff is mandatory before Medicaid will assume payment responsibility of home and community-based care waiver services.

6. The IFDDS screening team determines the level of care by applying existing DMAS ICF/AMR ICF/IID criteria (12VAC30-130-430).

7. The IFDDS screening team shall explore alternative settings and services to provide the care needed by the individual with the individual and his family/caregiver, as appropriate. If placement in an ICF/AMR ICF/IID or a combination of other services is determined to be appropriate, the IFDDS screening team shall initiate a referral for service to DMAS DBHDS. If Medicaid-funded home and community-based waiver services are determined to be the critical service to delay or avoid placement in an ICF/AMR ICF/IID or promote exiting from an institutional setting, the IFDDS screening team shall initiate a referral for service to a case manager of the individual's choice. Referrals are based on the individual choosing either ICF/AMR ICF/IID placement or home and community-based waiver services.

8. Home and community-based waiver services shall not be provided to any individual who resides in a nursing facility, an ICF/AMR ICF/IID, a hospital, an adult family care home approved by the DSS, a group home licensed by DMHMRAS DBHDS, or an assisted living facility licensed by the DSS. However, an individual may be screened for the IFDDS Waiver and placed on the wait list while residing in one of the aforementioned facilities.

9. The IFDDS screening team must submit the results of the comprehensive assessment and a recommendation to DMAS DBHDS staff for final determination of ICF/AMR ICF/IID level of care and authorization for home and community-based waiver services.

10. For children receiving MR ID Waiver services prior to age six to transfer to the IFDDS Waiver during their sixth year, the individual's MR ID Waiver case manager shall submit to DMAS DBHDS the child's most recent Level of Functioning form, the plan of care, and a psychological examination completed no more than one year prior to transferring. Such documentation must demonstrate that no diagnosis of mental retardation, intellectual disability exists in order for this transfer to the IFDDS Waiver to be approved. The case manager shall be responsible for notifying DMAS DMHMRAS DBHDS and DSS, via the DMAS-122 DMAS-225, when a child transfers from the MR ID Waiver to the IFDDS Waiver. Transfers must be completed prior to the child's seventh birthday.

C. Waiver approval process: available funding.

1. In order to ensure cost effectiveness of the IFDDS Waiver, the funding available for the waiver is allocated between two budget levels. The budget is the cost of waiver services only and does not include the costs of other Medicaid covered services. Other Medicaid services, however, must be counted toward cost effectiveness of the IFDDS Waiver. All services available under the waiver are available to both levels.

2. Level one is for individuals whose comprehensive plans of care cost less than $25,000 per fiscal year. Level two is for individuals whose plans of care costs are equal to or more than $25,000. There is no threshold for budget level two; however, if the actual cost of waiver services exceeds the average annual cost of ICF/AMR ICF/IID care for an individual, the individual's care is case managed by DMAS DBHDS staff.

3. Fifty percent of available waiver funds are allocated to budget level one, and 40% of available waiver funds are allocated to level two in order to ensure that the waiver is cost effective. The remaining 10% of available waiver funds is allocated for emergencies as defined in 12VAC30-120-710. In order to transition an appropriate number of level one slots to emergency slots, every third level one slot that becomes available will convert to an emergency slot until the percentage of emergency slots reaches 10%. Half of emergency slots will be allocated for individuals in institutional settings who are discharge ready and have a viable discharge plan to transition into the community within 60 days. If there are no such individuals who choose to discharge into the community when emergency slots are available for institutionalized individuals, the emergency slot will be allocated to an individual residing in the community who meets emergency criteria.

D. Assessment and enrollment.

1. The IFDDS screening team shall determine if an individual meets the functional criteria within 45 calendar days of receiving the request for screening from the individual or his family/caregiver, as appropriate. Once the IFDDS screening team determines that an individual meets the eligibility criteria for IFDDS Waiver services and the individual has chosen this service, the IFDDS screening team shall provide the individual with a list of available case managers. The individual or his family/caregiver, as appropriate, shall choose a case manager within 10 calendar days of receiving the list of case managers and the IFDDS screening team shall forward the screening materials within 10 calendar days of the case manager's selection to the selected case manager.

2. The case manager shall contact the individual within 10 calendar days of receipt of screening materials. The case manager must meet face-to-face with the individual and his family/caregiver, as appropriate, within 30 calendar days to discuss the individual's needs, existing supports and to develop a preliminary plan of care identifying needed services and estimating the annual waiver cost of the individual's plan of care. If the individual's annual waiver
services cost is expected to exceed the average annual cost of ICF/MR ICF/IID care for an individual, the individual’s case management shall be provided by DMAS DBHDS.

3. Once the plan of care has been initially developed, the case manager shall contact DMAS DBHDS to request approval of the plan of care and to enroll the individual in the IFDDS Waiver. DMAS DBHDS shall, within 14 calendar days of receiving all supporting documentation, either approve for Medicaid coverage or deny for Medicaid coverage the plan of care.

4. Medicaid will not pay for any home and community-based waiver services delivered prior to the authorization date approved by DMAS. Any plan of care for home and community-based waiver services must be pre-approved by DMAS DBHDS prior to Medicaid reimbursement for waiver services.

5. The following five criteria shall apply to all IFDDS Waiver services:
   a. Individuals qualifying for IFDDS Waiver services must have demonstrated need for the service resulting in significant functional limitations in major life activities. In order to be eligible, an individual must be six years of age or older, have a related condition as defined in these regulations, cannot have a diagnosis of mental retardation intellectual disability, and would, in the absence of waiver services, require the level of care provided in an ICF/MR ICF/IID facility, the cost of which would be reimbursed under the State Plan;
   b. The plan of care and services that are delivered must be consistent with the Medicaid definition of each service;
   c. Services must be approved by the case manager based on a current functional assessment tool approved by DMAS DBHDS or other DMAS-approved DBHDS-approved assessment and demonstrated need for each specific service;
   d. Individuals qualifying for IFDDS Waiver services must meet the ICF/MR ICF/IID level of care criteria; and
   e. The individual must be eligible for Medicaid as determined by the local office of DSS.

6. DMAS DBHDS shall only authorize a waiver slot for the individual if a slot is available. If DMAS DBHDS does not have a waiver slot for this individual, the individual shall be placed on the waiting list until such time as a waiver slot becomes available for the individual.

7. DMAS DBHDS will notify the case manager when a slot is available for the individual. The case manager shall also notify the local DSS by submitting a DMAS-122 DMAS-225 and IFDDS Level of Care Eligibility form. The case manager shall inform the individual so that the individual may apply for Medicaid if necessary and begin choosing waiver service providers for services listed in the plan of care.

8. The case manager forwards a copy of the completed DMAS-122 DMAS-225 to DMAS DBHDS. Upon receipt of the completed DMAS-122 DMAS-225, DMAS DBHDS shall enroll the individual into the IFDDS Waiver.

9. Once the individual has been determined to be Medicaid eligible and enrolled in the waiver, the individual or case manager shall contact the waiver service providers that the individual or his family/caregiver, as appropriate, chooses, who shall initiate waiver services within 60 calendar days. During this time, the individual, case manager, and waiver service providers shall meet to complete the provider’s supporting documentation for the plan of care, implementing a person-centered planning process. The waiver service providers shall develop supporting documentation for each waiver service and shall submit a copy of this documentation to the case manager. If services are not initiated within 60 calendar days, the case manager must submit information to DMAS DBHDS demonstrating why more time is needed to initiate services and request in writing a 30-day 30-calendar-day extension, up to a maximum of four consecutive extensions, for the initiation of waiver services. DMAS DBHDS must receive the request for extension letter within the 30-day 30-calendar-day extension period being requested. DMAS DBHDS will review the request for extension and make a determination within 10 calendar days of receiving the request. DMAS DBHDS has authority to approve or deny the 30-day 30-calendar-day extension request. The waiver service providers shall develop supporting documentation for each waiver service and shall submit a copy of this documentation to the case manager.

10. The case manager shall monitor the waiver service providers’ supporting documentation to ensure that all providers are working toward the identified goals of the individual. The case manager shall review and sign off on the supporting documentation. The case manager shall contact the preauthorization agent for prior service authorization of waiver services and shall notify the waiver service providers when waiver services are approved.

11. The case manager shall contact the individual at a minimum on a monthly basis and as needed to conduct case management activities as defined in 12VAC30-50-490. DMAS DBHDS shall conduct annual level of care reviews in which the individual is assessed to ensure continued waiver eligibility. DMAS DBHDS shall review individuals’ plans of care and shall review the services provided by case managers and waiver service providers.

E. Reevaluation of service need and utilization review.

1. The plan of care.
   a. The case manager shall develop the plan of care, implementing a person-centered planning process with the individual, his family/caregiver, as appropriate, other service providers, and other interested parties identified by the individual and/or family/caregiver, based on
relevant, current assessment data. The plan of care development process determines the services to be provided for individuals, the frequency of services, the type of service provided, and a description of the services to be offered. All plans of care written by the case managers must be approved by DMAS DBHDS prior to seeking authorization for services. DMAS is the single state authority responsible for the supervision of the administration of the home and community-based waiver.

b. The case manager is responsible for continuous monitoring of the appropriateness of the individual's services by reviewing supporting documentation and revisions to the plan of care as indicated by the changing needs of the individual. At a minimum, every three months the case manager must:

1. Review the plan of care face-to-face with the individual and family/caregiver, as appropriate, using a person-centered planning approach;
2. Review individual provider quarterly reports to ensure goals and objectives are being met; and
3. Determine whether any modifications to the plan of care are necessary, based upon the needs of the individual.

c. At least once per plan of care year this review must be performed with the individual present, and his family/caregivers as appropriate, in the individual's home environment.

d. DMAS DBHDS staff shall review the plan of care every 12 months or more frequently as required to assure proper utilization of services. Any modification to the amount or type of services in the plan of care must be approved by DMAS DBHDS.

2. Annual reassessment.

a. The case manager or DMAS DBHDS, if DMAS DBHDS is acting as the individual's case manager, shall complete an annual comprehensive reassessment, in coordination with the individual, family/caregiver, and service providers. If warranted, the case manager will coordinate a medical examination and a psychological evaluation for every waiver individual. The reassessment, completed in a person-centered planning manner, must include an update of the assessment instrument and any other appropriate assessment data.

b. A medical examination must be completed for adults 18 years of age and older based on need identified by the individual, his family/caregiver, as appropriate, providers, the case manager, or DMAS DBHDS staff. Medical examinations for children must be completed according to the recommended frequency and periodicity of the EPSDT program.

c. A psychological evaluation or standardized developmental assessment for children over older than six years of age and adults must reflect the current psychological status (diagnosis), adaptive level of functioning, and cognitive abilities. A new psychological evaluation is required whenever the individual's functioning has undergone significant change and the current evaluation no longer reflects the individual's current psychological status.

3. Documentation required.

a. The case management provider must maintain the following documentation for review by the DMAS DBHDS staff for each waiver individual:

1. All assessment summaries and all plans of care completed for the individual are maintained for a period of not less than six years;
2. All supporting documentation from any provider rendering waiver services for the individual;
3. All supporting documentation related to any change in the plan of care;
4. All related communication with the individual, his family/caregiver, as appropriate, providers, consultants, DMAS, DSS, DRS DARS, or other related parties;
5. An ongoing log documenting all contacts related to the individual made by the case manager that relate to the individual;
6. The individual's most recent, completed level of functioning;
7. Psychologicals;
8. Communications with DMAS DBHDS;
9. Documentation of rejection or refusal of services and potential outcomes resulting from the refusal of services communicated to the individual; and
10. Annual DMAS-122s DMAS-225.

b. The waiver service providers must maintain the following documentation for review by the DMAS or DBHDS staff for each waiver individual:

1. All supporting documentation developed for that individual and maintained for a period of not less than six years;
2. An attendance log documenting the date and times services were rendered and the amount and the type of services rendered;
3. Appropriate progress notes reflecting the individual's status and, as appropriate, progress toward the identified goals on the supporting documentation;
4. All communication relating to the individual. Any documentation or communication must be dated and signed by the provider;
5. Prior Service authorization decisions.
Regulations

(6) Plans of care specific to the service being provided;
and

(7) Assessments/reassessments as required for the service being provided.

12VAC30-120-730. General requirements for home and community-based participating providers.

A. Providers approved for participation shall, at a minimum, perform the following activities:

1. Immediately notify DMAS, in writing, of any change in the information that the provider previously submitted to DMAS.

2. Assure freedom of choice for individuals seeking services from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services were performed.

3. Assure the individual’s freedom to reject medical care, treatment, and services, and document that potential adverse outcomes that may result from refusal of services were discussed with the individual.

4. Accept referrals for services only when staff is available to initiate services within 30 calendar days and perform such services on an ongoing basis.

5. Provide services and supplies for individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d et seq.), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (Title 51.5 § 51.5-1 et seq.) of the Code of Virginia; § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act, as amended (42 USC § 12101 et seq.), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.

6. Provide services and supplies to individuals of the same quality and in the same mode of delivery as provided to the general public.

7. Submit charges to DMAS for the provision of services and supplies for individuals in amounts not to exceed the provider’s usual and customary charges to the general public and accept as payment in full the amount established by DMAS from the individual’s authorization date for waiver services.

8. Use program-designated billing forms for submission of charges.

9. Maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the care provided.

a. Such records shall be retained for at least six years from the last date of service or as provided by applicable state and federal laws, whichever period is longer. However, if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception resolved. Records of minors shall be kept for at least six years after such minor has reached the age of 18 years.

b. Policies regarding retention of records shall apply even if the provider discontinues operation. DMAS shall be notified in writing of storage, location, and procedures for obtaining records for review should the need arise. The location, agent, or trustee shall be within the Commonwealth of Virginia.

c. An attendance log or similar document must be maintained which indicates the date services were rendered, type of services rendered, and number of hours/units provided (including specific time frame).

10. Agree Consistent with 12VAC30-120-1040, agree to furnish information on request and in the form requested to DMAS, DBHDS, the Attorney General of Virginia or his authorized representatives, federal personnel, and the State Medicaid Fraud Control Unit. The Commonwealth’s right of access to provider premises and records shall survive any termination of the provider participation agreement.

11. Disclose, as requested by DMAS, all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions, or other legal entities providing any form of health care services to individuals enrolled in Medicaid.

B. Pursuant to 42 CFR Part 431, Subpart F, 12VAC30-20-90, and any other applicable federal or state law, all providers shall hold confidential and use for DMAS or DBHDS authorized purposes only all medical assistance information regarding individuals served. A provider shall disclose information in his possession only when the information is used in conjunction with a claim for health benefits or the data are necessary for the functioning of DMAS in conjunction with the cited laws. DMAS shall not disclose medical information to the public.

C. Change of ownership. When ownership of the provider changes, the provider must notify DMAS at least 15 calendar days before the date of change.

D. For (ICF/ICF-MR) (ICF/IID) facilities covered by § 1616(e) of the Social Security Act in which respite care as a home and community-based waiver service will be provided, the facilities shall be in compliance with applicable standards that meet the requirements for board and care facilities. Health and safety standards shall be monitored through the DBHDS’ licensure standards or through DSS-approved standards for adult foster care providers.

E. Suspected abuse or neglect. Pursuant to §§ 63.2-1509 and 63.2-1606 of the Code of Virginia, if a participating provider knows or suspects that a home and community-based waiver
service individual is being abused, neglected, or exploited, the party having knowledge or suspicion of the abuse, neglect, or exploitation shall report this immediately from first knowledge to the local DSS DARS adult or DSS child protective services agency, as applicable, as well as to DMAS, and, if applicable, to DBHDS Offices of Licensing and Human Rights.

F. Adherence to provider participation agreement and the DMAS provider manual. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their individual provider participation agreements and in the DMAS provider manual.

G. DMAS may terminate the provider’s Medicaid provider agreement pursuant to § 32.1-325 of the Code of Virginia and as may be required for federal financial participation. Such provider agreement terminations shall conform to 12VAC30-10-690 and Part XII (12VAC30-20-500 et seq.) of 12VAC30-20. DMAS shall not reimburse for services that may be rendered subsequent to such terminations.

H. Direct marketing. Providers are prohibited from performing any type of direct marketing activities to Medicaid individuals or their family/caregivers.

12VAC30-120-740. Participation standards for home and community-based waiver services participating providers.

A. Requests for participation. Requests will be screened to determine whether the provider applicant meets the basic requirements for participation.

B. Provider participation standards. For DMAS to approve provider participation agreements with home and community-based waiver providers, the following standards shall be met:
   1. For services that have licensure and certification requirements, licensure and certification requirements pursuant to 42 CFR 441.352.
   2. Disclosure of ownership pursuant to 42 CFR 455.104 and 455.105.
   3. The ability to document and maintain individual case records in accordance with state and federal requirements.

C. Adherence to provider participation agreements and special participation conditions. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their provider participation agreements.

D. Individual choice of provider entities. The individual will have the option of selecting the provider of his choice. The case manager must inform the individual of all available waiver service providers in the community in which he desires services, and he shall have the option of selecting the provider of his choice.

E. Review of provider participation standards and renewal of provider participation agreements. DMAS is responsible for assuring continued adherence to provider participation standards. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies and recertify each provider for agreement renewal with DMAS to provide home and community-based waiver services. A provider’s noncompliance with DMAS policies and procedures, as required in the provider’s participation agreement, may result in a written request from DMAS for a corrective action plan which that details the steps the provider must take and the length of time permitted to achieve full compliance with the plan to correct the deficiencies which that have been cited.

F. Termination of provider participation. A participating provider may voluntarily terminate his participation in Medicaid by providing 30 calendar days’ written notification. DMAS may terminate at will a provider’s participation agreement on 30 calendar days’ written notice as specified in the DMAS participation agreement. DMAS may also immediately terminate a provider’s participation agreement if the provider is no longer eligible to participate in the program as determined by DMAS. Such action precludes further payment by DMAS for services provided for individuals subsequent to the date specified in the termination notice.

G. Reconsideration Appeals of adverse actions. A provider shall have the right to appeal adverse action taken by DMAS or its agent or DBHDS decisions regarding the Medicaid IFDDS waiver. Provider appeals shall be considered pursuant to 12VAC30-10-1000 and 12VAC30-20-500 through 12VAC30-20-560.

H. Termination of a provider participation agreement upon conviction of a felony. Section 32.1-325 D 2 of the Code of Virginia mandates that "any such Medicaid agreement or contract shall terminate upon conviction of the provider of a felony." A provider convicted of a felony in Virginia or in any other of the 50 states or Washington, D.C., must, within 30 days, notify the Medicaid Program of this conviction and relinquish its provider agreement. In addition, termination of a provider participation agreement will occur as may be required for federal financial participation.

I. Case manager’s responsibility for the Patient Information Form (DMAS 122), Medicaid Long Term Care Communication Form (DMAS-225). It is the responsibility of the case manager to notify DMAS, DBHDS, and DSS, in writing, when any of the following circumstances occur:
   1. Home and community-based waiver services are implemented.
   2. An individual dies.
   3. An individual is discharged or terminated from services.
   4. Any other circumstances (including hospitalization) that cause home and community-based waiver services to cease or be interrupted for more than 30 calendar days.
   5. A selection by the individual or his family/caregiver, as appropriate, of a different case management provider.
J. Changes or termination of care. It is the DMAS DBHDS staff's responsibility to authorize any changes to supporting documentation of an individual's plan of care based on the recommendations of the case manager. Waiver service providers are responsible for modifying the supporting documentation with the involvement of the individual or his family/caregiver, as appropriate. The provider shall submit the supporting documentation to the case manager any time there is a change in the individual's condition or circumstances that may warrant a change in the amount or type of service rendered. The case manager shall review the need for a change and shall sign the supporting documentation if he agrees to the changes. The case manager shall submit the revised supporting documentation to the DMAS DBHDS staff to receive approval for that change. The DMAS staff or its agent or DBHDS has the final authority to approve or deny the requested change to individual's supporting documentation. DMAS DBHDS shall notify the individual or his family/caregiver, as appropriate, in writing of their the right to appeal the decision or decisions to reduce, terminate, suspend, or deny services pursuant to DMAS client appeals regulations, 12VAC30-110, Eligibility and Appeals.

1. Nonemergency termination of home and community-based waiver services by the participating provider. The participating provider shall give the individual, his family/caregiver, as appropriate, and case manager 10 calendar days' written notification of the intent to terminate services. The notification letter shall provide the reasons for and effective date of the termination. The effective date of services termination shall be at least 10 calendar days from the date of the termination notification letter.

2. Emergency termination of home and community-based waiver services by the participating provider. In an emergency situation when the health and safety of the individual or provider is endangered, the case manager and DMAS DBHDS must be notified prior to termination. The 10-day written notification period shall not be required. When appropriate, the local DSS adult protective services or child protective services agency must be notified immediately. DMHMRSSAS DBHDS Offices of Licensing and Human Rights Must also be notified as required under the provider's license.

3. The DMAS termination of eligibility to receive home and community-based waiver services. DMAS shall have the ultimate responsibility for assuring appropriate placement of the individual in home and community-based waiver services and the authority to terminate such services to the individual for the following reasons:
   a. The home and community-based waiver service is not the critical alternative to prevent or delay institutional (ICF/MR) (ICF/ID) placement;
   b. The individual no longer meets the institutional level of care criteria;
   c. The individual's environment does not provide for his health, safety, and welfare; or
   d. An appropriate and cost-effective plan of care cannot be developed.

4. In the case of termination of home and community-based waiver services by DMAS staff:
   a. Individuals shall be notified of their appeal rights by DMAS pursuant to 12VAC30-110.
   b. Individuals identified by the case manager who no longer meet the level of care criteria or for whom home and community-based waiver services are no longer appropriate must be referred by the case manager to DMAS for review.

Article 2
Covered Services and Limitations and Related Provider Requirements

12VAC30-120-750. In-home residential support services.
A. Service description. In-home residential support services shall be based primarily in the individual's home. The service shall be designed to enable individuals enrolled in the IFDDS Waiver to be maintained in their homes and shall include: (i) training in or engagement and interaction with functional skills and appropriate behavior related to an individual's health and safety, personal care, activities of daily living and use of community resources; (ii) assistance with medication management and monitoring the individual's health, nutrition, and physical condition (iii) life skills training; (iv) cognitive rehabilitation; (v) assistance with personal care activities of daily living and use of community resources; and (vi) specialized supervision to ensure the individual's health and safety. Service providers shall be reimbursed only for the amount and type of in-home residential support services included in the individual's approved plan of care. In-home residential support services shall not be authorized in the plan of care unless the individual requires these services and these services exceed services provided by the family or other caregiver. Services are not provided by paid staff of the in-home residential services provider for a continuous 24-hour period.

1. This service must be provided on an individual-specific basis according to the plan of care, supporting documentation, and service setting requirements.
2. Individuals may have in-home residential, personal care, and respite care in their plans of care but cannot receive these services simultaneously.
3. Room and board and general supervision shall not be components of this service.
4. This service shall not be used solely to provide routine or emergency respite care for the parent or parents or other unpaid caregivers with whom the individual lives.
B. Criteria.

1. All individuals must meet the following criteria in order for Medicaid to reimburse providers for in-home residential support services. The individual must meet the eligibility requirements for this waiver service as defined. The individual shall have a demonstrated need for supports to be provided by staff who are paid by the in-home residential support provider.

2. A functional assessment must be conducted to evaluate each individual in his home environment and community settings.

3. Routine supervision/oversight of direct care staff. To provide additional assurance for the protection or preservation of an individual’s health and safety, there are specific requirements for the supervision and oversight of direct care staff providing in-home residential support as outlined below. For all in-home residential support services provided under a DMHMRSAS DBHDS license or CARF Rehabilitation Accreditation Commission accreditation:

   a. An employee of the provider, typically by position, must be formally designated as the supervisor of each direct care staff person providing in-home residential support services.

   b. The supervisor must have and document at least one supervisory contact with each direct care staff person per month regarding service delivery and direct care staff performance.

   c. The supervisor must observe each direct care staff person delivering services at least semi-annually. Staff performance, service delivery in accordance with the plan of care, and evaluation of and evidence of the individual’s satisfaction with service delivery by direct care staff must be documented.

   d. The supervisor must complete and document at least one monthly contact with the individual or his family/caregiver, as appropriate, regarding satisfaction with services delivered by each direct care staff person.

4. The in-home residential support supporting documentation must indicate the necessary amount and type of activities required by the individual, the schedule of in-home residential support services, the total number of hours per day, and the total number of hours per week of in-home residential support. A formal, written behavioral program is required to address behaviors, including self-injury, aggression or self-stimulation.

5. Medicaid reimbursement is available only for in-home residential support services provided when the individual is present and when a qualified provider is providing the services.

C. Service units and service limitations. In-home residential supports shall be reimbursed on an hourly basis for time the in-home residential support direct care staff is working directly with the individual. Total monthly billing cannot exceed the total hours authorized in the plan of care. The provider must maintain documentation of the date, times, the services that were provided, and specific circumstances preventing the provision of any scheduled services.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based waiver services participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, each in-home residential support service provider must be licensed by DMHMRSAS DBHDS as a provider of supportive residential services or have CARF Rehabilitation Accreditation Commission accreditation. The provider must also have training in the characteristics of individuals with related conditions and appropriate interventions, strategies, and support methods for individuals with related conditions and functional limitations.

1. For DMHMRSAS DBHDS licensed programs, a plan of care and ongoing documentation of service delivery must be consistent with licensing regulations.

2. Documentation must confirm attendance and the individual’s amount of time in services and provide specific information regarding the individual’s response to various settings and supports as agreed to in the supporting documentation objectives. Assessment results must be available in at least a daily note or a weekly summary. Data must be collected as described in the plan of care, analyzed, summarized, and then clearly addressed in the regular supporting documentation.

3. The supporting documentation must be reviewed by the provider with the individual, and this written review submitted to the case manager, at least semi-annually, with goals, objectives, and activities modified as appropriate.

4. Documentation must be maintained for routine supervision and oversight of all in-home residential support direct care staff. All significant contacts described in this section must be documented. A qualified developmental disabilities professional must provide supervision of direct service staff.

5. Documentation of supervision must be completed, signed by the staff person designated to perform the supervision and oversight, and include the following:

   a. Date of contact or observation;

   b. Person or persons contacted or observed;

   c. A summary about direct care staff performance and service delivery for monthly contacts and semi-annual home visits;

   d. Semi-annual observation documentation must also address individual satisfaction with service provision; and

   e. Any action planned or taken to correct problems identified during supervision and oversight; and
f. Copy of the most recently completed DMAS-122 DMAS-225 form. The provider must clearly document efforts to obtain the completed DMAS-122 DMAS-225 form from the case manager.

12VAC30-120-752. Day support services.

A. Service description. Day support services shall include a variety of training, assistance, support, and specialized supervision offered in a setting (other than the home or individual residence), which allows peer interactions and community integration for the acquisition, retention, or improvement of self-help, socialization, and adaptive skills. When services are provided through alternative payment sources, the plan of care shall not authorize them as a waiver funded expenditure. Service providers are reimbursed only for the amount and type of day support services included in the individual's approved plan of care based on the setting, intensity, and duration of the service to be delivered. This does not include prevocational services.

B. Criteria. For day support services, the individual must demonstrate the need for functional training, assistance, and specialized supervision offered in settings other than the individual's own residence that allow an opportunity for being productive and contributing members of communities. In addition, day support services will be available for individuals who can benefit from supported employment services, but who need the services as an appropriate alternative or in addition to supported employment services.

1. A functional assessment must be conducted by the provider to evaluate each individual in his home environment and community settings.

2. Types and levels of day support. The amount and type of day support included in the individual's plan of care is determined according to the services required for that individual. There are two types of day support: center-based, which is provided primarily at one location/building, or noncenter-based, which is provided primarily in community settings. Both types of day support may be provided at either intensive or regular levels. To be authorized at the intensive level, the individual must meet at least one of the following criteria: (i) requires physical assistance to meet the basic personal care needs (toileting, feeding, etc.); (ii) has extensive disability-related difficulties and requires additional, ongoing support to fully participate in programming and to accomplish his service goals; or (iii) requires extensive constant supervision to reduce or eliminate behaviors that preclude full participation in the program. A formal, written behavioral program is required to address behaviors such as, but not limited to, withdrawal, self-injury, aggression, or self-stimulation.

C. Service units and service limitations. Day support cannot be regularly or temporarily provided in an individual's home or other residential setting (e.g., due to inclement weather or individual's illness) without prior written approval from DMAS. Noncenter-based day support services must be separate and distinguishable from both in-home residential support services and personal care services. There must be separate supporting documentation for each service and each must be clearly differentiated in documentation and corresponding billing. The supporting documentation must provide an estimate of the amount of day support required by the individual. The maximum is 780 units per plan of care year. If this service is used in combination with prevocational and/or supported employment services, the combined total units for these services can exceed 780 units per plan of care year. Transportation shall not be billable as a day support service.

1. One unit shall be 1 to 3.99 hours of service a day.
2. Two units are 4 to 6.99 hours of service a day.
3. Three units are 7 or more hours of service a day.

Services shall normally be furnished four or more hours per day on a regularly scheduled basis for one or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based waiver services participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, day support providers must meet the following requirements:

1. For DMHMR SAS DBHDS programs licensed as day support programs, the plan of care, supporting documentation, and ongoing documentation must be consistent with licensing regulations. For programs accredited by CARF as day support programs, there must be supporting documentation that contains, at a minimum, the following elements:

   a. The individual's strengths, desired outcomes, required or desired supports and training needs;

   b. The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes;

   c. Services to be rendered and the frequency of services to accomplish the above goals and objectives;

   d. All entities that will provide the services specified in the statement of services;

   e. A timetable for the accomplishment of the individual's goals and objectives;

   f. The estimated duration of the individual's needs for services; and

   g. The entities responsible for the overall coordination and integration of the services specified in the plan of care.

2. Documentation must confirm the individual's attendance, the amount of the individual's time in services, and provide specific information regarding the individual's
response to various settings and supports as agreed to in the supporting documentation objectives. Assessment results must be available in at least a daily note or a weekly summary.

a. The provider must review the supporting documentation with the individual or his family/caregiver, as appropriate, and this written review must be submitted to the case manager at least semi-annually with goals, objectives, and activities modified as appropriate. For the annual review and anytime the supporting documentation is modified, the revised supporting documentation must be reviewed with the individual or his family/caregiver, as appropriate.

b. An attendance log or similar document must be maintained that indicates the date, type of services rendered, and the number of hours and units provided (including specific time frame).

c. Documentation must indicate whether the services were center-based or noncenter-based and regular or intensive level.

d. If intensive day support services are requested, in order to verify which of these criteria the individual met, documentation must be present in the individual’s record to indicate the specific supports and the reasons they are needed. For reauthorization of intensive day support services, there must be clear documentation of the ongoing needs and associated staff supports.

e. In instances where day support staff are required to ride with the individual to and from day support, the day support staff time may be billed as day support, provided that the billing for this time does not exceed 25% of the total time spent in the day support activity for that day. Documentation must be maintained to verify that billing for day support staff coverage during transportation does not exceed 25% of the total time spent in the day support for that day.

f. Copy of the most recently completed DMAS-122 DMAS-225 form. The provider must clearly document efforts to obtain the completed DMAS-122 DMAS-225 form from the case manager.

3. Supervision of direct service staff must be provided by a qualified developmental disabilities professional.

12VAC30-120-753. Prevocational services.

A. Service description. Prevocational services are services aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Prevocational services are provided for individuals who are not expected to be able to join the general work force without supports or to participate in a transitional, sheltered workshop within one year of beginning waiver services (excluding supported employment services or programs). Activities included in this service are not primarily directed at teaching specific job skills but at underlying rehabilitative goals such as accepting supervision, attendance, task completion, problem solving, and safety.

B. Criteria. In order to qualify for prevocational services, the individual shall have a demonstrated need for support in skills that are aimed toward preparation for paid employment that may be offered in a variety of community settings.

C. Service units and service limitations. Billing is for one unit of service. This service is limited to 780 units per plan of care year. If this service is used in combination with day support and/or supported employment services, the combined total units for these services cannot exceed 780 units per plan of care year. Prevocational services may be provided in center or noncenter-based settings. There must be documentation about whether prevocational services are available in vocational rehabilitation agencies through § 110 of the Rehabilitation Act of 1973 or through the Individuals with Disabilities Education Act (IDEA). When services are provided through these sources to the individual, they will not be authorized as a waiver service. Prevocational services may only be provided when the individual’s compensation is less than 50% of the minimum wage.

1. One unit shall be 1 to 3.99 hours of service a day.
2. Two units are 4 to 6.99 hours of service a day.
3. Three units are 7 or more hours of service a day.

Services shall normally be furnished four or more hours per day on a regularly scheduled basis for one or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based services participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, prevocational services providers must also meet the following requirements:

1. The prevocational services provider must be a vendor of extended employment services, long-term employment services, or supported employment services for DRS, DARS, or be licensed by DMHMRASAS DBHDS as a day support services provider. Providers must ensure and document that persons providing prevocational services have training in the characteristics of related conditions, appropriate interventions, training strategies, and support methods for individuals with related conditions and functional limitations.
2. Required documentation in the individual's record. The provider must maintain a record for each individual receiving prevocational services. At a minimum, the record must contain the following:
   a. A functional assessment conducted by the provider to evaluate each individual in the prevocational environment and community settings.
   b. A plan of care containing, at a minimum, the following elements (new DMHMRASAS (DBHDS) licensing regulations require the following for plans of care):
(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.

3. The plan of care must be reviewed by the provider quarterly, annually, and more often as needed, modified as appropriate, and with written results of these reviews submitted to the case manager. For the annual review and in cases where the plan of care is modified, the plan of care must be reviewed with the individual or his family/caregiver, as appropriate.

4. Documentation must confirm the individual’s attendance, amount of time spent in services, type of services rendered, and provide specific information about the individual’s response to various settings and supports as agreed to in the plan of care.

5. In instances where prevocational staff are required to ride with the individual to and from prevocational services, the prevocational staff time may be billed for prevocational services, provided that the billing for this time does not exceed 25% of the total time spent in prevocational services for that day. Documentation must be maintained to verify that billing for prevocational staff coverage during transportation does not exceed 25% of the total time spending the prevocational services for that day.

6. A copy of the most recently completed DMAS-122 DMAS-225. The provider must clearly document efforts to obtain the completed DMAS-122 DMAS-225 from the case manager.

12VAC30-120-754. Supported employment services.

A. Service description.

1. Supported employment services shall include training in specific skills related to paid employment and provision of ongoing or intermittent assistance or specialized training to enable an individual to maintain paid employment. Each supporting documentation must confirm whether supported employment services are available to the individual in vocational rehabilitation agencies through the Rehabilitation Act of 1973 or in special education services through 20 USC § 1401 of the Individuals with Disabilities Education Act (IDEA). Providers of these DRS DARS and IDEA services cannot be reimbursed by Medicaid with the IFDDS Waiver funds. Waiver service providers are reimbursed only for the amount and type of habilitation services included in the individual’s approved plan of care based on the intensity and duration of the service delivered. Reimbursement shall be limited to actual interventions by the provider of supported employment, not for the amount of time the recipient is in the supported employment environment.

2. Supported employment may be provided in one of two models. Individual supported employment is defined as intermittent support, usually provided one on one by a job coach for an individual in a supported employment position. Group supported employment is defined as continuous support provided by staff for eight or fewer individuals with disabilities in an enclave, work crew, or bench work/entrepreneurial model. The individual’s assessment and plan of care must clearly reflect the individual’s need for training and supports.

B. Criteria for receipt of services.

1. Only job development tasks that specifically include the individual are allowable job search activities under the IFDDS Waiver supported employment and only after determining this service is not available from DRS DARS or IDEA.

2. In order to qualify for these services, the individual shall have a demonstrated need for training, specialized supervision, or assistance in paid employment and for whom competitive employment at or above the minimum wage is unlikely without this support and who, because of the disability, needs ongoing support, including supervision, training and transportation to perform in a work setting.

3. A functional assessment must be conducted to evaluate each individual in his work environment and related community settings.

4. The supporting documentation must document the amount of supported employment required by the individual. Service providers are reimbursed only for the amount and type of supported employment included in the plan of care based on the intensity and duration of the service delivered.

C. Service units and service limitations.

1. Supported employment for individual job placement is provided in one-hour units. This service is limited to 40 hours per week.

2. Group models of supported employment (enclaves, work crews, bench work, and entrepreneurial model of supported employment) will be billed according to the DMAS fee schedule.

3. Supported employment services are limited to 780 units per plan of care year. If used in combination with prevocational and day support services, the combined total units for these services cannot exceed 780 units, or its equivalent under the DMAS fee schedule, per plan of care year.

4. For the individual job placement model, reimbursement will be limited to actual documented interventions or collateral contacts by the provider, not the amount of time the individual is in the supported employment situation.
D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, supported employment providers must meet the following requirements:

1. Supported employment services shall be provided by agencies that are programs certified by the Commission on Accreditation of Rehabilitation Facilities (CARF) Rehabilitation Accreditation Commission to provide supported employment services or are DRS DARS vendors of supported employment services.

2. Individual ineligibility for supported employment services through DRS DARS or IDEA must be documented in the individual's record, as applicable. If the individual is ineligible to receive services through IDEA, documentation is required only for lack of DRS DARS funding. Acceptable documentation would include a copy of a letter from DRS DARS or the local school system or a record of a telephone call (name, date, person contacted) documented in the case manager's case notes, Consumer Profile/Social assessment or on the supported employment supporting documentation. Unless the individual's circumstances change, the original verification may be forwarded into the current record or repeated on the supporting documentation or revised Social Assessment on an annual basis.

3. Supporting documentation and ongoing documentation consistent with licensing regulations, if a DMHMRSA, DBHDS licensed program.

4. For non DMHMRSA, non DBHDS programs certified as supported employment programs, there must be supporting documentation that contains, at a minimum, the following elements:
   a. The individual's strengths, desired outcomes, required/desired supports, and training needs;
   b. The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes;
   c. Services to be rendered and the frequency of services to accomplish the above goals and objectives;
   d. All entities that will provide the services specified in the statement of services;
   e. A timetable for the accomplishment of the individual's goals and objectives;
   f. The estimated duration of the individual's needs for services; and
   g. Entities responsible for the overall coordination and integration of the services specified in the plan of care.

5. Documentation must confirm the individual's attendance, the amount of time the individual spent in services, and must provide specific information regarding the individual's response to various settings and supports as agreed to in the supporting documentation objectives. Assessment results should be available in at least a daily note or weekly summary.

6. The provider must review the supporting documentation with the individual, and this written review submitted to the case manager, at least semi-annually, with goals, objectives, and activities modified as appropriate. For the annual review and in cases where the plan of care is modified, the plan of care must be reviewed with the individual or his family/caregiver, as appropriate.

7. In instances where supported employment staff are required to ride with the individual to and from supported employment activities, the supported employment staff time may be billed DARS as supported employment provided that the billing for this time does not exceed 25% of the total time spent in supported employment for that day. Documentation must be maintained to verify that billing supported employment staff coverage during transportation does not exceed 25% of the total time spent in supported employment for that day.

8. There must be a copy of the completed DMAS-122 DMAS-225 form in the record. Providers must clearly document efforts to obtain the DMAS-122 DMAS-225 form from the case manager.

12VAC30-120-756. Therapeutic consultation.

A. Service description. Therapeutic consultation provides expertise, training, and technical assistance in any of the following specialty areas to assist family members, caregivers, and service providers in supporting the individual. The specialty areas include the following: psychology, social work, occupational therapy, physical therapy, therapeutic recreation, rehabilitation, psychiatry, psychiatric clinical nursing, behavioral consultation, and speech/language therapy. These services may be provided, based on the individual's plan of care, for those individuals for whom specialized consultation is clinically necessary to enable their utilization of waiver services and who have additional challenges restricting their ability to function in the community. Therapeutic consultation services may be provided in the individual's home, in other appropriate community settings, and in conjunction with another waiver service. These services are intended to facilitate implementation of the individual's desired outcomes as identified in the individual's plan of care. Therapeutic consultation service providers are reimbursed according to the amount and type of service authorized in the plan of care based on an hourly fee for service.

B. Criteria. In order to qualify for these services, the individual shall have a demonstrated need for consultation in any of these services. Documented need must indicate that the plan of care cannot be implemented effectively and efficiently without such consultation from this service.

1. The individual's plan of care must clearly reflect the individual's needs, as documented in the social assessment,
for specialized consultation provided to family/caregivers and providers in order to implement the plan of care effectively.

2. Therapeutic consultation services may not include direct therapy provided to individuals receiving waiver services, or monitoring activities, and may not duplicate the activities of other services that are available to the individual through the State Plan of Medical Assistance.

C. Service units and service limitations. The unit of service shall equal one hour. The services must be explicitly detailed in the supporting documentation. Travel time, written preparation, and telephone communication are in-kind expenses within this service and are not billable as separate items. Therapeutic consultation may not be billed solely for purposes of monitoring. Therapeutic consultations shall be available to individuals who are receiving at least one other waiver service and case management services.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, professionals rendering therapeutic consultation services, including behavior consultation services, shall meet all applicable state licensure or certification requirements. Persons providing rehabilitation consultation shall be rehabilitation engineers or certified rehabilitation specialists. Behavioral consultation may be performed by professionals based on the professional’s knowledge, skills, and abilities as defined by DMAS.

1. Supporting documentation for therapeutic consultation. The following information is required in the supporting documentation:
   a. Identifying information: individual’s name and Medicaid number; provider name and provider number; responsible person and telephone number; effective dates for supporting documentation; and semi-annual review dates, if applicable;
   b. Targeted objectives, time frames, and expected outcomes;
   c. Specific consultation activities; and
   d. A written support plan detailing the interventions or support strategies.

2. Monthly and contact notes shall include:
   a. Summary of consultative activities for the month;
   b. Dates, locations, and times of service delivery;
   c. Supporting documentation objectives addressed;
   d. Specific details of the activities conducted;
   e. Services delivered as planned or modified; and
   f. Effectiveness of the strategies and individuals’ and caregivers’ satisfaction with service.

3. Semi-annual reviews are required by the service provider if consultation extends three months or longer, and must include:
   a. Activities related to the therapeutic consultation supporting documentation;
   b. Individual status and satisfaction with services; and
   c. Consultation outcomes and effectiveness of support plan.

4. If consultation services extend less than three months, the provider must forward monthly contact notes or a summary of them to the case manager for the semi-annual review.

5. A written support plan, detailing the interventions and strategies for providers, family, or caregivers to use to better support the individual in the service.

6. A final disposition summary must be forwarded to the case manager within 30 calendar days following the end of this service and must include:
   a. Strategies utilized;
   b. Objectives met;
   c. Unresolved issues; and
   d. Consultant recommendations.

12VAC30-120-758. Environmental modifications.

A. Service description. Environmental modifications shall be defined as those physical adaptations to the individual’s primary home or primary vehicle used by the individual, documented in the individual’s plan of care, that are necessary to ensure the health, welfare, and safety of the individual, or that enable the individual to function with greater independence in the primary home and, without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electrical and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repairs, central air conditioning, etc. Adaptations that add to the total square footage of the home shall be excluded from this benefit, except when necessary to complete an adaptation, as determined by DMAS or its designated agent. All services shall be provided in the individual’s primary home in accordance with applicable state or local building codes. All modifications must be prior authorized by the prior service authorization agent. Modifications may be made to a vehicle if it is the primary vehicle being used by the individual. This service does not include the purchase of vehicles.

B. Criteria. In order to qualify for these services, the individual must have a demonstrated need for equipment or
modifications of a remedial or medical benefit offered in an individual's primary home, primary vehicle used by the individual, community activity setting, or day program to specifically improve the individual's personal functioning. This service shall encompass those items not otherwise covered in the State Plan for Medical Assistance or through another program. Environmental modifications shall be covered in the least expensive, most cost-effective manner. For enrollees in the Acquired Immunodeficiency Syndrome (AIDS) waiver (12VAC30-120-140 through 12VAC30-120-201) or the Elderly or Disabled with Consumer Direction (EDCD) waiver (12VAC30-120-900 through 12VAC30-120-980), environmental modification services shall be available only to those AIDS and EDCD enrollees who are also enrolled in the Money Follows the Person demonstration.

C. Service units and service limitations. Environmental modifications shall be available to individuals who are receiving case management services. To receive environmental modifications in the EDCD waiver, the individual must be receiving at least one other waiver service. To receive environmental modifications in the IFDDS waiver, the individual must be receiving case management services and at least one other waiver service. A maximum limit of $5,000 may be reimbursed per plan of care or calendar year, as appropriate to the waiver in which the individual is enrolled. Costs for environmental modifications shall not be carried over from year to year. All environmental modifications must be prior authorized by the prior service authorization agent prior to billing. Modifications shall not be used to bring a substandard dwelling up to minimum habitation standards. Also excluded are modifications that are reasonable accommodation requirements of the Americans with Disabilities Act, the Virginians with Disabilities Act, and the Rehabilitation Act.

Case managers or transition coordinators must, upon completion of each modification, meet face-to-face with the individual and his family/caregiver, as appropriate, to ensure that the modification is completed satisfactorily and is able to be used by the individual.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based waiver services participating providers as specified in 12VAC30-120-160, 12VAC30-120-730, 12VAC30-120-740, and 12VAC30-120-930, as appropriate, environmental modifications must be provided in accordance with all applicable state or local building codes by contractors who have a provider agreement with DMAS. Providers may not be spouses or parents of the individual. Modifications must be completed within the plan of care or the calendar year in which the modification was authorized, as appropriate to the waiver in which the individual is enrolled.

12VAC30-120-760. Skilled nursing services.

A. Service description. Skilled nursing services shall be provided for individuals with serious medical conditions and complex health care needs who require specific skilled nursing services that cannot be provided by non-nursing personnel. Skilled nursing may be provided in the home or other community setting. It may include consultation and training for other providers.

B. Criteria. In order to qualify for these services, the individual must have demonstrated complex health care needs that require specific skilled nursing services ordered by a physician and that cannot be otherwise accessed under the Title XIX State Plan for Medical Assistance. The individual’s plan of care must stipulate that this service is necessary in order to prevent institutionalization and is not available under the State Plan for Medical Assistance.

C. Service units and service limitations. Skilled nursing services to be rendered by either registered or licensed practical nurses are provided in 15-minute units. Services must be explicitly detailed in the CSP and must be specifically ordered by a physician.

D. Provider requirements. Skilled nursing services shall be provided by a DMAS-enrolled home care organization provider or a home health provider, or licensed registered nurse or a licensed practical nurse under the supervision of a licensed registered nurse who is contracted or employed by a DMHMR SAS DBHDS licensed day support, respite, or residential provider. In addition to meeting the general conditions and requirements for home and community-based waiver participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, in order to be enrolled as a skilled nursing provider, the provider must:

1. If a home health agency, be certified by the VDH for Medicaid participation and have a current DMAS provider participation agreement for private duty nursing;
2. Demonstrate a prior successful health care delivery business or practice;
3. Operate from a business office; and
4. If community services boards or behavioral health authority employ or subcontract with and directly supervise a registered nurse (RN) or a licensed practical nurse (LPN) with a current and valid license issued by the Virginia State Board of Nursing, the RN or LPN must have at least two years of related clinical nursing experience that may include work in an acute care hospital, public health clinic, home health agency, or nursing home.
environment in which they live. This service also includes items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items.

B. Criteria. In order to qualify for these services, the individual must have a demonstrated need for equipment or modification for remedial or direct medical benefit primarily in an individual's primary home, primary vehicle used by the individual, community activity setting, or day program to specifically serve to improve the individual's personal functioning. This shall encompass those items not otherwise covered under the State Plan for Medical Assistance. Assistive technology shall be covered in the least expensive, most cost-effective manner. For enrollees in the Acquired Immunodeficiency Syndrome (AIDS) waiver (12VAC30-120-140 through 12VAC30-120-201) or the Elderly or Disabled with Consumer Direction (EDCD) waiver (12VAC30-120-900 through 12VAC30-120-980), assistive technology services shall be available only to those AIDS and EDCD enrollees who are also enrolled in the Money Follows the Person demonstration.

C. Service units and service limitations. AT is available to individuals receiving at least one other waiver service and may be provided in the individual's home or community setting. A maximum limit of $5,000 may be reimbursed per plan of care year or the calendar year, as appropriate to the waiver in which the individual is enrolled or calendar year, as appropriate to the waiver being received. Costs for assistive technology cannot be carried over from year to year and must be preauthorized each plan of care year. AT will not be approved for purposes of convenience of the caregiver/provider or restraint of the individual. An independent, professional consultation must be obtained from qualified professionals who are knowledgeable of that item for each AT request prior to approval by the prior authorization agent, and may include training on such AT by the qualified professional. All AT must be prior authorized by the prior service authorization agent prior to billing. Also excluded are modifications that are reasonable accommodation requirements of the Americans with Disabilities Act, the Virginians with Disabilities Act, and the Rehabilitation Act.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-160, 12VAC30-120-730, 12VAC30-120-740, and 12VAC30-120-930, AT shall be provided by providers having a current provider participation agreement with DMAS as durable medical equipment and supply providers. Independent, professional consultants include speech/language therapists, physical therapists, occupational therapists, physicians, behavioral therapists, certified rehabilitation specialists, or rehabilitation engineers. Providers that supply AT for an individual may not perform assessment/consultation, write specifications, or inspect the AT for that individual. Providers of services may not be spouses or parents of the individual. AT must be delivered within the plan of care year, or within a year from the start date of the authorization, as appropriate to the waiver, in which the individual is enrolled.

12VAC30-120-764. Crisis stabilization services.

A. Service description. Crisis stabilization services involve direct interventions that provide temporary, intensive services and supports that avert emergency, psychiatric hospitalization or institutional placement of individuals who are experiencing serious psychiatric or behavioral problems that jeopardize their current community living situation. Crisis stabilization services shall include, as appropriate, neuropsychological, psychiatric, psychological and other functional assessments and stabilization techniques, medication management and monitoring, behavior assessment and support, and intensive care coordination with other agencies and providers. This service is designed to stabilize the individual and strengthen the current living situation so that the individual remains in the community during and beyond the crisis period.

These services shall be provided to:

1. Assist planning and delivery of services and supports to enable the individual to remain in the community;
2. Train family members, other caregivers, and service providers in supports to maintain the individual in the community; and
3. Provide temporary crisis supervision to ensure the safety of the individual and others.

B. Criteria.

1. In order to receive crisis stabilization services, the individual must meet at least one of the following criteria:
   a. The individual is experiencing marked reduction in psychiatric, adaptive, or behavioral functioning;
   b. The individual is experiencing extreme increase in emotional distress;
   c. The individual needs continuous intervention to maintain stability; or
   d. The individual is causing harm to self or others.

2. The individual must be at risk of at least one of the following:
   a. Psychiatric hospitalization;
   b. Emergency ICF/MR ICF/IID placement;
   c. Disruption of community status (living arrangement, day placement, or school); or
   d. Causing harm to self or others.

C. Service units and service limitations. Crisis stabilization services must be authorized following a documented face-to-face assessment conducted by a qualified developmental disabilities professional (QDDP).

1. The unit for each component of the service is one hour. Each service may be authorized in 15-day increments, but no more than 60 calendar days in a plan of care year may be used. The actual service units per episode shall be based...
on the documented clinical needs of the individuals being served. Extension of services beyond the 15-day limit per
authorization must be authorized following a documented face-to-face reassessment conducted by a qualified
professional as described in subsection D of this section.
2. Crisis stabilization services may be provided directly in
the following settings (the following examples are not
exclusive):
   a. The home of an individual who lives with family or
      other primary caregiver or caregivers;
   b. The home of an individual who lives independently or
      semi-independently to augment any current services and
      support;
   c. A day program or setting to augment current services
      and supports; or
   d. A respite care setting to augment current services and
      supports.
3. Crisis supervision may be provided as a component of
this service only if clinical or behavioral interventions
allowed under this service are also provided during the
authorized period. Crisis supervision must be provided
one-on-one and face-to-face with the individual. Crisis
supervision, if provided as a part of this service, shall be
billed separately in hourly service units.
4. Crisis stabilization services shall not be used for
continuous long-term care. Room and board and general
supervision are not components of this service.
5. If appropriate, the assessment and any reassessments
shall be conducted jointly with a licensed mental health
professional or other appropriate professional or
professionals.
D. Provider requirements. In addition to the general
conditions and requirements for home and community-based
waiver services participating providers as specified in
12VAC30-120-730 and 12VAC30-120-740, the following
crisis stabilization provider requirements apply:
   1. Crisis stabilization services shall be provided by entities
      licensed by DMHMRSAAS DBHDS as a provider of
      outpatient, residential, supportive in-home services, or day
      support services. The provider must employ or utilize
      qualified licensed mental health professionals or other
      qualified personnel competent to provide crisis
      stabilization and related activities for individuals with
      related conditions who require crisis stabilization services.
      Supervision of direct service staff must be provided by a
      QDDP. Crisis supervision providers must be licensed by
      DMHMRSAAS DBHDS as providers of residential services,
      supportive in-home services, or day support services.
   2. Crisis stabilization supporting documentation must be
developed (or revised, in the case of a request for an
extension) and submitted to the case manager for
authorization within 72 hours of the face-to-face
assessment or reassessment.
3. Documentation indicating the dates and times of crisis
stabilization services, the amount and type of service
provided, and specific information about the individual's
response to the services and supports as agreed to in the
supporting documentation must be recorded in the
individual's record.
4. Documentation of provider qualifications must be
maintained for review by DMAS staff. This service shall
be designed to stabilize the individual and strengthen the
current semi-independent living situation, or situation with
family or other primary care givers, so the individual can
be maintained during and beyond the crisis period.

12VAC30-120-766. Personal care and respite care
services.
A. Service description. Services may be provided either
through an agency-directed or consumer-directed model.
   1. Personal care services means services offered to
      individuals in their homes and communities to enable an
      individual to maintain the health status and functional
      skills necessary to live in the community or participate in
      community activities. Personal care services substitute for
      the absence, loss, diminution, or impairment of a physical,
      behavioral, or cognitive function. This service shall
      provide care to individuals with activities of daily living
      (eating, drinking, personal hygiene, toileting, transferring
      and bowel/bladder control), instrumental activities of daily
      living (IADL), access to the community, monitoring of
      self-medication or other medical needs, and the monitoring
      of health status or physical condition. In order to receive
      personal care services, the individual must require
      assistance with their ADLs. When specified in the plan
      of care, personal care services may include assistance with
      IADL. Assistance with IADL must be essential to the
      health and welfare of the individual, rather than the
      individual's family/caregiver. An additional component to
      personal care is work or school-related personal care. This
      allows the personal care provider to provide assistance and
      supports for individuals in the workplace and for those
      individuals attending postsecondary educational
      institutions. Workplace or school supports through the
      IFDDS Waiver are not provided if they are services that
      should be provided by the Department of Rehabilitative
      Services DARS, under IDEA, or if they are an employer's
      responsibility under the Americans with Disabilities Act,
      the Virginians with Disabilities Act, or § 504 of the
      Rehabilitation Act. Work-related personal care services
      cannot duplicate services provided under supported
      employment.
   2. Respite care means services provided for unpaid
      caregivers of eligible individuals who are unable to care
      for themselves that are provided on an episodic or routine
      basis because of the absence of or need for relief of those
      unpaid persons who routinely provide the care.
B. Criteria.

1. In order to qualify for personal care services, the individual must demonstrate a need in activities of daily living, reminders to take medication, or other medical needs, or monitoring health status or physical condition.

2. In order to qualify for respite care, individuals must have an unpaid primary caregiver who requires temporary relief to avoid institutionalization of the individual.

3. Individuals choosing the consumer-directed option must receive support from a CD services facilitator and meet requirements for consumer direction as described in 12VAC30-120-770.

C. Service units and service limitations.

1. The unit of service is one hour.

2. Effective July 1, 2011, respite care services are limited to a maximum of 480 hours per year. Individuals who are receiving services through both the agency-directed and consumer-directed models cannot exceed 480 hours per year combined.

3. Individuals may have personal care, respite care, and in-home residential support services in their plan of care but cannot receive in-home residential supports and personal care or respite care services at the same time.

4. Each individual receiving personal care services must have a back-up plan in case the personal care aide or consumer-directed (CD) employee does not show up for work as expected or terminates employment without prior notice.

5. Individuals must need assistance with ADLs in order to receive IADL care through personal care services.

6. Individuals shall be permitted to share personal care service hours with one other individual (receiving waiver services) who lives in the same home.

7. This service does not include skilled nursing services with the exception of skilled nursing tasks that may be delegated in accordance with 18VAC90-20-420 through 18VAC90-20-460.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, personal and respite care providers must meet the following provider requirements:

1. Services shall be provided by:
   a. For the agency-directed model, a DMAS enrolled personal care/respite care provider or by a DMHMRSA licensed, DBHDS-licensed residential supportive in-home provider. All personal care aides must pass an objective standardized test of knowledge, skills, and abilities approved by DMHMRSA, DBHDS and administered according to DMHMRSA, DBHDS defined procedures.

   Providers must demonstrate a prior successful health care delivery business and operate from a business office.
   b. For the consumer-directed model, a service facilitation provider meeting the requirements found in 12VAC30-120-770.

   2. For DMHMRSA licensed, DBHDS-licensed providers, a residential supervisor shall provide ongoing supervision for all personal care aides. For DMAS-enrolled personal care/respite care providers, the provider must employ or subcontract with and directly supervise an RN who will provide ongoing supervision of all aides. The supervising RN must be currently licensed to practice in the Commonwealth and have at least two years of related clinical nursing experience that may include work in an acute care hospital, public health clinic, home health agency, ICF/MR, ICF/LD or nursing facility.

   3. The RN supervisor or case manager/services facilitator must make a home visit to conduct an initial assessment prior to the start of care for all individuals requesting services. The RN supervisor or case manager/service facilitator must also perform any subsequent reassessments or changes to the supporting documentation. Under the consumer-directed model, the initial comprehensive visit is done only once upon the individual's entry into the service. If an individual served under the waiver changes CD services facilitation agencies, the new CD services facilitation provider must bill for a reassessment in lieu of a comprehensive visit.

   4. The RN supervisor or case manager/services facilitator must make supervisory visits as often as needed to ensure both quality and appropriateness of services.

   a. For personal care the minimum frequency of these visits is every 30 to 90 calendar days depending on individual needs. For respite care offered on a routine basis, the minimum frequency of these visits is every 30 to 90 calendar days under the agency-directed model and every six months or upon the use of 240 respite care hours (whichever comes first) under the consumer-directed model.

   b. Under the agency-directed model, when respite care services are not received on a routine basis, but are episodic in nature, the RN is not required to conduct a supervisory visit every 30 to 90 calendar days. Instead, the RN supervisor must conduct the initial home visit with the respite care aide immediately preceding the start of care and make a second home visit within the respite care period.

   c. When respite care services are routine in nature and offered in conjunction with personal care, the 30-day to 90-day supervisory visit conducted for personal care may serve as the RN supervisor or case manager/service facilitator visit for respite care. However, the RN supervisor or case manager/services facilitator must document supervision of respite care separately. For this...
purpose, the same record can be used with a separate section for respite care documentation.

5. Under the agency-directed model, the supervisor shall identify any gaps in the aide’s ability to provide services as identified in the individual’s plan of care and provide training as indicated based on continuing evaluations of the aide’s performance and the individual’s needs.

6. The supervising RN or case manager/services facilitator must maintain current documentation. This may be done as a summary and must note:
   a. Whether personal and respite care services continue to be appropriate;
   b. Whether the supporting documentation is adequate to meet the individual’s needs or if changes are indicated in the supporting documentation;
   c. Any special tasks performed by the aide/CD employee and the aide’s/CD employee’s qualifications to perform these tasks;
   d. Individual’s satisfaction with the service;
   e. Any hospitalization or change in the individual’s medical condition or functioning status;
   f. Other services received and their amount; and
   g. The presence or absence of the aide in the home during the RN’s visit.

7. Qualification of aides/CD employees. Each aide/CD employee must:
   a. Be 18 years of age or older and possess a valid social security number;
   b. For the agency-directed model, be able to read and write English to the degree necessary to perform the tasks required. For the consumer-directed model, possess basic math, reading and writing skills;
   c. Have the required skills to perform services as specified in the individual’s plan of care;
   d. Not be the parents of individuals who are minors, or the individual’s spouse. Payment will not be made for services furnished by other family members living under the same roof as the individual receiving services unless there is objective written documentation as to why there are no other providers available to provide the care. Family members who are approved to be reimbursed for providing this service must meet the qualifications. In addition, under the consumer-directed model, family/caregivers acting as the employer on behalf of the individual may not also be the CD employee;
   e. Additional aide requirements under the agency-directed model:
      (1) Complete an appropriate aide training curriculum consistent with DMAS standards. Prior to assigning an aide to an individual, the provider must ensure that the aide has satisfactorily completed a training program consistent with DMAS standards. DMAS requirements may be met in any of the following ways:
         (a) Registration as a certified nurse aide (DMAS-enrolled personal care/respite care providers);
         (b) Graduation from an approved educational curriculum that offers certificates qualifying the student as a nursing assistant, geriatric assistant or home health aide (DMAS-enrolled personal care/respite care providers);
         (c) Completion of provider-offered training that is consistent with the basic course outline approved by DMAS (DMAS-enrolled personal care/respite care providers);
         (d) Completion and passing of the DMHMRAS standardized test (DMHMRAS (DBHDS-licensed providers);
         (2) Have a satisfactory work record as evidenced by two references from prior job experiences, including no evidence of possible abuse, neglect, or exploitation of aged or incapacitated adults or children; and
         (3) Be evaluated in his job performance by the supervisor.
   f. Additional CD employee requirements under the consumer-directed model:
      (1) Submit to a criminal records check and, if the individual is a minor, the child protective services registry. The employee will not be compensated for services provided to the individual if the records check verifies the employee has been convicted of crimes described in § 37.2-314 of the Code of Virginia or if the employee has a complaint confirmed by the DSS child protective services registry;
      (2) Be willing to attend training at the request of the individual or his family/caregiver, as appropriate;
      (3) Understand and agree to comply with the DMAS consumer-directed services requirements; and
      (4) Receive an annual TB screening.

8. Provider inability to render services and substitution of aides (agency-directed model). When an aide is absent, the provider may either obtain another aide, obtain a substitute aide from another provider if the lapse in coverage is to be less than two weeks in duration, or transfer the individual’s services to another provider.

9. Retention, hiring, and substitution of employees (consumer-directed model). Upon the individual’s request, the CD services facilitator shall provide the individual or his family/caregiver, as appropriate, with a list of consumer-directed employees on the consumer-directed employee registry that may provide temporary assistance until the employee returns or the individual or his family/caregiver, as appropriate, is able to select and hire a new employee. If an individual or his family/caregiver, as appropriate, is consistently unable to hire and retain an
employee to provide consumer-directed services, the services facilitator must contact the case manager and DMAS to transfer the individual, at the choice of the individual or his family/caregiver, as appropriate, to a provider that provides Medicaid-funded agency-directed personal care or respite care services. The CD services facilitator will make arrangements with the case manager to have the individual transferred.

10. Required documentation in individuals' records. The provider must maintain all records of each individual receiving services. Under the agency-directed model, these records must be separated from those of other nonwaiver services, such as home health services. At a minimum these records must contain:

a. The most recently updated plan of care and supporting documentation, all provider documentation, and all DMAS-128 DMAS-225 forms;

b. Initial assessment by the RN supervisory nurse or case manager/services facilitator completed prior to or on the date services are initiated, subsequent reassessments, and changes to the supporting documentation by the RN supervisory nurse or case manager/services facilitator;

c. Nurses' or case manager/services facilitator summarizing notes recorded and dated during any contacts with the aide or CD employee and during supervisory visits to the individual's home;

d. All correspondence to the individual to DBHDS, and to DMAS;

e. Contacts made with family, physicians, DBHDS, DMAS, formal and informal service providers, and all professionals concerning the individual;

f. Under the agency-directed model, all aide records. The aide record must contain:

(1) The specific services delivered to the individual by the aide and the individual's responses;

(2) The aide's arrival and departure times;

(3) The aide's weekly comments or observations about the individual to include observations of the individual's physical and emotional condition, daily activities, and responses to services rendered; and

(4) The aide's and individual's weekly signatures to verify that services during that week have been rendered;

(5) Signatures, times, and dates; these signatures, times, and dates shall not be placed on the aide record prior to the last date of the week that the services are delivered; and

(6) Copies of all aide records; these records shall be subject to review by state and federal Medicaid representatives.

g. Additional documentation requirements under the consumer-directed model:

(1) All management training provided to the individuals or their family caregivers, as appropriate, including responsibility for the accuracy of the timesheets.

(2) All documents signed by the individual or his family/caregivers, as appropriate, that acknowledge the responsibilities of the services.

12VAC30-120-770. Consumer-directed model of service delivery.

A. Criteria.

1. The IFDDS Waiver has three services, companion, personal care, and respite services, that may be provided through a consumer-directed model.

2. Individuals who are eligible for consumer-directed services must have the capability to hire, train, and fire their consumer-directed employees and supervise the employee's work performance. If an individual is unable to direct his own care or is under younger than 18 years of age, a family/caregiver may serve as the employer on behalf of the individual.

3. Responsibilities as employer. The individual, or if the individual is unable, then a family/caregiver, is the employer in this service and is responsible for hiring, training, supervising, and firing employees. Specific duties include checking references of employees, determining that employees meet basic qualifications, training employees, supervising the employees' performance, and submitting timesheets to the fiscal agent on a consistent and timely basis. The individual or his family/caregiver, as appropriate, must have an emergency back-up plan in case the employee does not show up for work.

4. DMAS shall contract for the services of a fiscal agent for consumer-directed personal care, companion, and respite care services. The fiscal agent will be paid by DMAS to perform certain tasks as an agent for the individual/employer who is receiving consumer-directed services. The fiscal agent will handle responsibilities for the individual for employment taxes. The fiscal agent will seek and obtain all necessary authorizations and approvals of the Internal Revenue Services in order to fulfill all of these duties.

5. Individuals choosing consumer-directed services must receive support from a CD services facilitator. Services facilitators assist the individual or his family/caregiver, as appropriate, as they become employers for consumer-directed services. This function includes providing the individual or his family/caregiver, as appropriate, with management training, review and explanation of the Employee Management Manual, and routine visits to monitor the employment process. The CD services facilitator assists the individual/employer with employer issues as they arise. The services facilitator meeting the stated qualifications may also complete the assessments,
reassessments, and related supporting documentation necessary for consumer-directed services if the individual or his family/caregiver, as appropriate, chooses for the CD services facilitator to perform these tasks rather than the case manager. Services facilitation services are provided on an as-needed basis as determined by the individual, family/caregiver, and CD services facilitator. This must be documented in the supporting documentation for consumer-directed services and the services facilitation provider bills accordingly. If an individual enrolled in consumer-directed services has a lapse in consumer-directed services for more than 60 consecutive calendar days, the case manager shall notify DMAS DBHDS so that consumer-directed services may be discontinued and the option given to change to agency-directed services.

B. Provider qualifications. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, services facilitators providers must meet the following qualifications:

1. To be enrolled as a Medicaid CD services facilitation provider and maintain provider status, the CD services facilitation provider must operate from a business office and have sufficient qualified staff who will function as CD services facilitators to perform the service facilitation and support activities as required. It is preferred that the employee of the CD services facilitation provider possess a minimum of an undergraduate degree in a human services field or be a registered nurse currently licensed to practice in the Commonwealth. In addition, it is preferable that the CD services facilitator has two years of satisfactory experience in the human services field working with individuals with related conditions.

2. The CD services facilitator must possess a combination of work experience and relevant education which indicates possession of the following knowledge, skills, and abilities. Such knowledge, skills, and abilities must be documented on the application form, found in supporting documentation, or be observed during the job interview. Observations during the interview must be documented. The knowledge, skills, and abilities include:

   a. Knowledge of:

      (1) Various long-term care program requirements, including nursing home, ICF/MR, ICP/IID, and assisted living facility placement criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal care services;

      (2) DMAS consumer-directed services requirements, and the administrative duties for which the individual will be responsible;

      (3) Interviewing techniques;

      (4) The individual's right to make decisions about, direct the provisions of, and control his consumer-directed services, including hiring, training, managing, approving time sheets, and firing an employee;

      (5) The principles of human behavior and interpersonal relationships; and

      (6) General principles of record documentation.

   b. Skills in:

      (1) Negotiating with individuals or their family/caregivers, as appropriate, and service providers;

      (2) Observing, recording, and reporting behaviors;

      (3) Identifying, developing, or providing services to persons with developmental disabilities; and

      (4) Identifying services within the established services system to meet the individual's needs.

   c. Abilities to:

      (1) Report findings of the assessment or onsite visit, either in writing or an alternative format for persons who have visual impairments;

      (2) Demonstrate a positive regard for individuals and their families;

      (3) Be persistent and remain objective;

      (4) Work independently, performing position duties under general supervision;

      (5) Communicate effectively, orally and in writing;

      (6) Develop a rapport and communicate with different types of persons from diverse cultural backgrounds; and

      (7) Interview.

3. If the CD services facilitator is not an RN, the CD services facilitator must inform the primary health care provider that services are being provided and request skilled nursing or other consultation as needed.

4. Initiation of services and service monitoring.
a. If the services facilitator has responsibility for individual assessments and reassessments, these must be conducted as specified in 12VAC30-120-766 and 12VAC30-120-776.

b. Management training.

(1) The CD services facilitation provider must make an initial visit with the individual or his family/caregiver, as appropriate, to provide management training. The initial management training is done only once upon the individual’s entry into the service. If an individual served under the waiver changes CD services facilitation providers, the new CD services facilitator must bill for a regular management training in lieu of initial management training.

(2) After the initial visit, two routine visits must occur within 60 days of the initiation of care or the initial visit to monitor the employment process.

(3) For personal care services, the CD services facilitation provider will continue to monitor on an as needed basis, not to exceed a maximum of one routine visit every 30 calendar days but no less than the minimum of one routine visit every 90 calendar days per individual. After the initial visit, the CD services facilitator will periodically review the utilization of companion services at a minimum of every six months and for respite services, either every six months or upon the use of 300 respite care hours, whichever comes first.

5. The CD services facilitator must be available to the individual or his family/caregiver, as appropriate, by telephone during normal business hours, have voice mail capability, and return phone calls within 24 hours or have an approved back-up CD services facilitator.

6. The CD services fiscal contractor for DMAS must submit a criminal record check within 15 calendar days of employment pertaining to the consumer-directed employees on behalf of the individual or family/caregiver and report findings of the criminal record check to the individual or his family/caregiver, as appropriate.

7. The CD services facilitator shall verify bi-weekly timesheets signed by the individual or his family caregiver, as appropriate, and the employee to ensure that the number of plan of care approved hours are not exceeded. If discrepancies are identified, the CD services facilitator must contact the individual to resolve discrepancies and must notify the fiscal agent. If an individual is consistently being identified as having discrepancies in his timesheets, the CD services facilitator must contact the case manager to resolve the situation.

8. Consumer-directed employee registry. The CD services facilitator must maintain a consumer-directed employee registry, updated on an ongoing basis.

9. Required documentation in individuals' records. CD services facilitators responsible for individual assessment and reassessment must maintain records as described in 12VAC30-120-766 and 12VAC30-120-776. For CD services facilitators conducting management training, the following documentation is required in the individual’s record:

a. All copies of the plan of care, all supporting documentation related to consumer-directed services, and all DMAS 122 DMAS-225 forms.

b. CD services facilitator’s notes recorded and dated at the time of service delivery.

c. All correspondence to the individual, to others concerning the individual, and to DMAS and DBHDS.

d. All training provided to the consumer-directed employees on behalf of the individual or his family/caregiver, as appropriate.

e. All management training provided to the individuals or his family/caregivers, as appropriate, including the responsibility for the accuracy of the timesheets.

f. All documents signed by the individual or his family/caregiver, as appropriate, that acknowledge the responsibilities of the services.

12VAC30-120-772. Family/caregiver training.

A. Service description. Family or caregiver training is a service that provides training and counseling services to families or caregivers of individuals receiving waiver services. For purposes of this service, "family" is defined as the unpaid people who live with or provide care to an individual served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. ‘Family’ does not include people who are employed to care for the individual. All family/caregiver training must be included in the individual’s written plan of care.

B. Criteria. The need for the training and the content of the training in order to assist family or caregivers with maintaining the individual at home must be documented in the individual’s plan of care. The training must be necessary in order to improve the family or caregiver’s ability to give care and support.

C. Service units and service limitations. Services will be billed hourly and must be prior authorized. Family, as defined in this section, may receive up to 80 hours of family/caregiver training per individual’s plan of care year.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based waiver services participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, family/caregiver training providers must meet the following requirements:

1. Family/caregiver training must be provided on an individual basis, in small groups or through seminars and conferences provided by DMAS-enrolled family and caregiver training providers.
2. Family/caregiver training must be provided by providers with expertise in, experience in, or demonstrated knowledge of the training topic identified in the plan of care, and who work for an agency or organization that has a provider participation agreement with DMAS to provide these services. Providers must also have the appropriate licensure or certification as required for the specific professional field associated with the training area. Providers include the following: qualified staff of provider agencies; psychologists; licensed clinical social workers; and licensed professional counselors. Qualified staff of provider agencies must be licensed and include occupational therapists, physical therapists, speech/language pathologists, physicians, psychologists, licensed clinical social workers, licensed professional counselors, registered nurses, and special education teachers. Provision of services is monitored by the individual or his family/caregiver, as appropriate, and/or or the case manager.

12VAC30-120-774. Personal emergency response system (PERS).

A. Service description. PERS is a service that monitors individual safety in the home and provides access to emergency assistance for medical or environmental emergencies through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the individual's home telephone line. PERS may also include medication monitoring devices.

B. Criteria. PERS may be authorized when there is no one else in the home who is competent or continuously available to call for help in an emergency.

C. Service units and service limitations.

1. A unit of service shall include administrative costs, time, labor, and supplies associated with the installation, maintenance, monitoring, and adjustments of the PERS. A unit of service is one-month rental price set by DMAS. The one-time installation of the unit includes installation, account activation, individual and caregiver instruction, and removal of PERS equipment.

2. PERS services must be capable of being activated by a remote wireless device and be connected to the individual's telephone line. The PERS console unit must provide hands-free voice-to-voice communication with the response center. The activating device must be waterproof, automatically transmit to the response center an activator low battery alert signal prior to the battery losing power, and be able to be worn by the individual.

3. PERS cannot be used as a substitute for providing adequate supervision of the individual.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-

730 and 12VAC30-120-740, providers must also meet the following requirements:

1. A PERS provider is a certified home health or personal care agency, a durable medical equipment provider, a hospital, or a PERS manufacturer that has the ability to provide PERS equipment, direct services (i.e., installation, equipment maintenance, and service calls), and PERS monitoring.

2. The PERS provider must provide an emergency response center staff with fully trained operators that are capable of receiving signals for help from an individual's PERS equipment 24 hours a day, 365, or 366 as appropriate, days per year; of determining whether an emergency exists; and of notifying an emergency response organization or an emergency responder that the PERS individual needs emergency help.

3. A PERS provider must comply with all applicable Virginia statutes, all applicable regulations of DMAS, and all other governmental agencies having jurisdiction over the services to be performed.

4. The PERS provider has the primary responsibility to furnish, install, maintain, test, and service the PERS equipment, as required to keep it fully operational. The provider shall replace or repair the PERS device within 24 hours of the individual's notification of a malfunction of the console unit, activating devices, or medication-monitoring unit while the original equipment is being repaired.

5. The PERS provider must properly install all PERS equipment into the functioning telephone line of an individual receiving PERS and must furnish all supplies necessary to ensure that the system is installed and working properly.

6. The PERS installation includes local seize line circuitry, which guarantees that the unit will have priority over the telephone connected to the console unit should the phone be off the hook or in use when the unit is activated.

7. A PERS provider must maintain all installed PERS equipment in proper working order.

8. A PERS provider must maintain a data record for each individual receiving PERS at no additional cost to DMAS. The record must document all of the following:

a. Delivery date and installation date of the PERS;

b. The signature of the individual or his family/caregiver, as appropriate, verifying receipt of PERS device;

c. Verification by a test that the PERS device is operational, monthly or more frequently as needed;

d. Updated and current individual responder and contact information, as provided by the individual or the individual's care provider, or case manager; and

e. A case log documenting the individual's utilization of the system and contacts and communications with the
individual or his family/caregiver, as appropriate, case
manager, or responder.
9. The PERS provider must have back-up monitoring
capacity in case the primary system cannot handle
incoming emergency signals.
10. Standards for PERS equipment. All PERS equipment
must be approved by the Federal Communications
Commission and meet the Underwriters' Laboratories, Inc.
(UL) safety standard Number 1635 for Digital Alarm
Communicator System Units and Number 1637, which is
the UL safety standard for home health care signaling
equipment. The UL listing mark on the equipment will be
accepted as evidence of the equipment's compliance with
such standard. The PERS device must be automatically
reset by the response center after each activation ensuring
that subsequent signals can be transmitted without
requiring manual reset by the individual.
11. A PERS provider must furnish education, data, and
ongoing assistance to DMAS DBHDS and case managers
to familiarize staff with the service, allow for ongoing
evaluation and refinement of the program, and must
instruct the individual, his family/caregiver, as appropriate,
and responders in the use of the PERS service.
12. The emergency response activator must be activated
either by breath, by touch, or by some other means, and
must be usable by persons who are visually impaired hearing impaired impairments or physically disabled physical disabilities. The emergency response
communicator must be capable of operating without
external power during a power failure at the individual's
home for a minimum period of 24 hours and automatically
transmit a low battery alert signal to the response center if
the back-up battery is low. The emergency response
console unit must also be able to self-disconnect and redial
the back-up monitoring site without the individual resetting
the system in the event it cannot get its signal accepted at
the response center.
13. Monitoring agencies must be capable of continuously
monitoring and responding to emergencies under all
conditions, including power failures and mechanical
malfunctions. It is the PERS provider's responsibility to
ensure that the monitoring agency and the agency's
equipment meets the following requirements. The
monitoring agency must be capable of simultaneously
responding to multiple signals for help from multiple
individuals' PERS equipment. The monitoring agency's
equipment must include the following:
a. A primary receiver and a back-up receiver, which must
be independent and interchangeable;
b. A back-up information retrieval system;
c. A clock printer, which must print out the time and date
of the emergency signal, the PERS individual's identification code, and the emergency code that
indicates whether the signal is active, passive, or a responder test;
d. A back-up power supply;
e. A separate telephone service;
f. A toll free number to be used by the PERS equipment in order to contact the primary or back-up response
center; and
g. A telephone line monitor, which must give visual and
audible signals when the incoming telephone line is
disconnected for more than 10 seconds.
14. The monitoring agency must maintain detailed
technical and operations manuals that describe PERS
elements, including the installation, functioning, and
testing of PERS equipment; emergency response protocols; and
recordkeeping and reporting procedures.
15. The PERS provider shall document and furnish within
30 calendar days of the action taken a written report to the
case manager for each emergency signal that results in
action being taken on behalf of the individual. This
excludes test signals or activations made in error.
16. The PERS provider is prohibited from performing any
type of direct marketing activities.
12VAC30-120-776. Companion services.
A. Service description. Companion services is a covered
service when its purpose is to supervise or monitor those
individuals who require the physical presence of an aide to
ensure their safety during times when no other supportive
people are available. This service may be provided either
through an agency-directed or a consumer-directed model.
B. Criteria.
1. The inclusion of companion services in the plan of care
is appropriate only when the individual cannot be left alone
at any time due to mental or severe physical incapacitation.
This includes individuals who cannot use a phone to call
for help due to a physical or neurological disability. Individuals may receive companion services due to their
inability to call for help if PERS is not appropriate for
them.
2. Individuals having a current, uncontrolled medical
condition making them unable to call for help during a
rapid deterioration may be approved for companion
services if there is documentation that the individual has
had recurring attacks during the two-month period prior to
the authorization of companion services. Companion
services shall not be covered if required only because the
individual does not have a telephone in the home or
because the individual does not speak English.
3. There must be a clear and present danger to the
individual as a result of being left unsupervised.
Companion services cannot be authorized for individuals
whose only need for companion services is for assistance
exiting the home in the event of an emergency.
4. Individuals choosing the consumer-directed option must receive support from a CD services facilitator and meet requirements for consumer direction as described in 12VAC30-120-770.

C. Service units and service limitations.

1. The amount of companion service time included in the plan of care must be no more than is necessary to prevent the physical deterioration or injury to the individual. In no event may the amount of time relegated solely to companion service on the plan of care exceed eight hours per day.

2. A companion cannot provide supervision to individuals on ventilators, requiring continuous tube feedings, or requiring suctioning of their airways.

3. Companion services will be authorized for family members to sleep either during the day or during the night when the individual cannot be left alone at any time due to the individual's severe agitation and/or physically wandering behavior. Companion services must be necessary to ensure the individual's safety if the individual cannot be left unsupervised due to health and safety concerns.

4. Companion services may be authorized when no one else is in the home is competent to call for help in an emergency.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, companion service providers must meet the following requirements:

1. Companion services providers shall include:
   a. For the agency-directed model: companion providers include DMHMRAS licensed DMHMRAS licensed DBHDS-licensed residential services providers; DMHMRAS licensed DMHMRAS licensed DBHDS-licensed supportive, in-home residential service providers; DMHMRAS licensed DMHMRAS licensed DBHDS-licensed day support service providers; DMHMRAS licensed DMHMRAS licensed DBHDS-licensed respite service providers; and DMAS-enrolled personal care/respite care providers.
   b. For the consumer-directed model: a services facilitator must meet the requirements found in 12VAC30-120-770.

2. Companion qualifications. Companions must meet the following requirements:
   a. Be at least 18 years of age;
   b. Possess basic math skills and English reading and writing skills, to the degree necessary to perform the tasks required;
   c. Be capable of following a plan of care with minimal supervision;
   d. Submit to a criminal history record check and if providing services to a minor, submit to a record check under the State's Child Protective Services Registry. The companion will not be compensated for services provided to the individual if the records check verifies the companion has been convicted of crimes described in § 37.2-416 of the Code of Virginia;
   e. Possess a valid Social Security number; and
   f. Have the required skills to perform services as specified in the individual's plan of care.
   g. Additional CD employee requirements under the consumer-directed model:
      (1) Be willing to attend training at the request of the individual or his family/caregiver, as appropriate;
      (2) Understand and agree to comply with the DMAS consumer-directed services requirements; and
      (3) Receive an annual TB screening.

3. Companions may not be the individual's spouse. Other family members living under the same roof as the individual being served may not provide companion services unless there is objective, written documentation as to why there are no other providers available to provide the services. Companion services shall not be provided by adult foster care/family care providers or any other paid caregivers.

4. Family members who are reimbursed to provide companion services must meet the companion qualifications.

5. For the agency-directed model, companions are employees of entities that enroll with DMAS to provide companion services. Providers are required to have a companion services supervisor to monitor companion services. The supervisor must be an LPN, or an RN, have a current license or certification to practice in the Commonwealth, and have at least one year of experience working with individuals with related conditions; or must have a bachelor's degree in a human services field and at least one year of experience working with individuals with related conditions.

6. Retention, hiring, and substitution of companions (consumer-directed model). Upon the individual's request, the CD services facilitator shall provide the individual or his family/caregiver, as appropriate, with a list of potential consumer-directed employees on the consumer-directed employee registry that may provide temporary assistance until the companion returns or the individual or his family/caregiver as, appropriate, is able to select and hire a new companion. If an individual or his family/caregiver, as appropriate, is consistently unable to hire and retain a companion to provide consumer-directed services, the CD services facilitator must contact the case manager and DMAS DBHDS to transfer the individual, at the choice of the individual or his family/caregiver, as appropriate, to a provider that provides Medicaid-funded agency-directed companion services. The CD services facilitator will make
arrangements with the case manager to have the individual transferred.

7. The provider or case manager/services facilitator must conduct an initial home visit prior to initiating companion services to document the efficacy and appropriateness of services and to establish a plan of care for the individual. Under the agency-directed model, the provider must provide follow-up home visits quarterly or as often as needed to monitor the provision of services. Under the consumer-directed model, the case manager/services facilitator will periodically review the utilization of companion services at a minimum of every six months or more often as needed. The individual must be reassessed for services every six months.

8. Required documentation. The provider or case manager/services facilitator must maintain a record of each individual receiving companion services. At a minimum these records must contain the following:

a. An initial assessment completed prior to or on the date services are initiated and subsequent reassessments and changes to the supporting documentation.

b. The supporting documentation must be reviewed by the provider or case manager/services facilitator quarterly under the agency-directed model, semiannually under the consumer-directed model, annually, and more often, as needed, modified as appropriate, and the written results of these reviews submitted to the case manager. For the annual review and in cases where the supporting documentation is modified, the plan of care must be reviewed with the individual or his family/caregiver, as appropriate.

c. All correspondence to the individual, family/caregiver, case manager, DBHDS, and DMAS.

d. Contacts made with family/caregiver, physicians, formal and informal service providers, and all professionals concerning the individual.

e. The companion services supervisor or case manager/service facilitator must document in the individual's record a summary note following significant contacts with the companion and quarterly or semiannual home visits with the individual. This summary must include the following at a minimum:

(1) Whether companion services continue to be appropriate;
(2) Whether the plan is adequate to meet the individual's needs or changes are indicated in the plan;
(3) The individual's satisfaction with the service; and
(4) The presence or absence of the companion during the visit.

f. A copy of the most recently completed DMAS-122 DMAS-225 form. The provider must clearly document efforts to obtain the completed DMAS-122 DMAS-225 form from the case manager.

g. Additional documentation requirements under the consumer-directed model:
(1) All training provided to the companion on behalf of the individual or his family/caregiver, as appropriate.
(2) All management training provided to the individual or his family/caregiver, as appropriate, including responsibility for the accuracy of the timesheets.
(3) All documents signed by the individual or his family/caregiver, as appropriate, that acknowledge the responsibilities of the services.

h. Under the agency-directed model, all companion records. The companion record must contain the following:

(1) The specific services delivered to the individual by the companion, dated the day of service delivery, and the individual's response;
(2) The companion's arrival and departure times;
(3) The companion's weekly comments or observations about the individual to include observations of the individual's physical and emotional condition, daily activities, and responses to services rendered; and
(4) The weekly signatures of the companion and the individual or his family/caregiver, as appropriate, recorded on the last day of service delivery for any given week to verify that companion services during that week have been rendered.

NOTICE: The following forms used in administering the regulation were filed by the agency. The forms are not being published; however, online users of this issue of the Virginia Register of Regulations may click on the name of a form with a hyperlink to access it. The forms are also available from the agency contact or may be viewed at the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia 23219.

FORMS (12VAC30-120)
Virginia Uniform Assessment Instrument (UAI) (1994)
Consent to Exchange Information, DMAS-20 (rev. 4/03)
Provider Aide/LPN Record Personal/Respite Care, DMAS-90 (rev. 12/02)
LPN Skilled Respite Record, DMAS-90A (eff. 7/05)
Personal Assistant/Companion Timesheet, DMAS-91 (rev. 8/03)
Questionnaire to Assess an Applicant's Ability to Independently Manage Personal Attendant Services in the CD-PAS Waiver or DD Waiver, DMAS-95 Addendum (eff. 8/00)
Medicaid Funded Long-Term Care Service Authorization Form, DMAS-96 (rev. 10/06)
Screening Team Plan of Care for Medicaid-Funded Long Term Care, DMAS-97 (rev. 12/02)  
Provider Agency Plan of Care, DMAS-97A (rev. 9/02)  
Consumer Directed Services Plan of Care, DMAS-97B (rev. 1/98)  
Community-Based Care Recipient Assessment Report, DMAS-99 (rev. 4/03)  
Consumer-Directed Personal Attendant Services Recipient Assessment Report, DMAS-99B (rev. 8/03)  
MI/MR Level I Supplement for EDCD Waiver Applicants, DMAS-101A (rev. 10/04)  
Assessment of Active Treatment Needs for Individuals with MI, MR, or RC Who Request Services under the Elder or Disabled with Consumer-Directed Waivers, DMAS-101B (rev. 10/04)  
Technology Assisted Waiver Provider RN Initial Home Assessment, DMAS-116 (11/10)  
Medicaid Long Term Care Communication Form, DMAS-225 (rev. 10/11)  
Technology Assisted Waiver/EPDSDT Nursing Services Provider Skills Checklist for Individuals Caring for Tracheostomized and/or Ventilator Assisted Children and Adults, DMAS-259  
Home Health Certification and Plan of Care, CMS-485 (rev. 2/94)  
IFDDS Waiver Level of Care Eligibility Form (eff. 5/07)  
Request for Screening for Individual and Family Developmental Disabilities Support Waiver (DD Waiver), DMAS 305 (rev. 3/09)  
DD Medicaid Waiver - Level of Functioning Survey Summary Sheet, DMAS-458 (undated)  
Technology Assisted Waiver Adult Aide Plan of Care, DMAS 97 T (rev. 6/08)  
Technology Assisted Waiver Supervisory Monthly Summary, DMAS 103 (rev. 4/08)  
Technology Assisted Waiver Adult Referral, DMAS 108 (rev. 3/10)  
Technology Assisted Waiver Pediatric Referral, DMAS 109 (rev. 3/10)  

V.A.R. Doc. No. R14-3796; Filed February 11, 2014, 1:18 p.m.

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**TITLE 14. INSURANCE**

**STATE CORPORATION COMMISSION**

**Proposed Regulation**

| REGISTRAR’S NOTICE: | The State Corporation Commission is claiming an exemption from the Administrative Process Act in accordance with § 2.2-4002 A of the Code of Virginia, which exempts courts, any agency of the Supreme Court, and any agency that by the Constitution is expressly granted any of the powers of a court of record. |

**Title of Regulation:** 14VAC5-200. Rules Governing Long-Term Care Insurance (amending 14VAC5-200-65).  
**Statutory Authority:** §§ 12.1-13 and 38.2-223 of the Code of Virginia.  
**Public Hearing Information:** A public hearing will be scheduled upon request.  
**Public Comment Deadline:** March 31, 2014.  
**Agency Contact:** Robert Grissom, Chief Insurance Market Examiner, Life and Health Division, Bureau of Insurance, State Corporation Commission, P.O. Box 1157, Richmond, VA 23218, telephone (804) 371-9152, FAX (804) 371-9944, or email bob.grissom@scc.virginia.gov.  
**Summary:**  
The proposed amendments enhance the mailing notice provisions to long-term care insurance policyholders or designees. The current rules require that notice only be mailed by first class United States mail. The proposed amendments (i) require that long-term care insurance carriers provide the policyholder or certificateholder, as well as a person designated by the policyholder or certificateholder, notice of lapse or termination of the policy or certificate for nonpayment of premium at least 30 days prior to the effective date of such lapse or termination; (ii) expand the notice mailing provisions to allow mailing by one of several means; and (iii) require that carriers must retain evidence of mailing the required notices because these proof-of-mailing provisions will assist with determining whether a notice was properly sent.

AT RICHMOND, FEBRUARY 11, 2014

COMMONWEALTH OF VIRGINIA, ex rel. STATE CORPORATION COMMISSION  
CASE NO. INS-2014-00019

Ex Parte: In the matter of Amending the Rules Governing Long-Term Care Insurance

**ORDER TO TAKE NOTICE**

Section 12.1-13 of the Code of Virginia ("Code") provides that the State Corporation Commission ("Commission") shall have the power to promulgate rules and regulations in the enforcement and administration of all laws within its jurisdiction, and § 38.2-223 of the Code provides that the Commission may issue any rules and regulations necessary or appropriate for the administration and enforcement of Title 38.2 of the Code.

The rules and regulations issued by the Commission pursuant to § 38.2-223 of the Code are set forth in Title 14 of the Virginia Administrative Code. Copies of these rules and
Regulations

regulations may also be accessed via the Commission's website: http://www.scc.virginia.gov/boi/laws.aspx.

The Bureau of Insurance ("Bureau") has submitted to the Commission a proposal to amend the Rules Governing Long-Term Care Insurance at Chapter 200 of Title 14 of the Virginia Administrative Code, specifically set forth at 14 VAC 5-200-65, Unintentional lapse.

The purpose of the amendments to 14 VAC 5-200-65 is to enhance the mailing of notice provisions to long-term care insurance policyholders and/or designees. The current rules require that notice only be mailed by first class United States mail. The proposed amendment requires that long-term care insurance carriers provide the policyholder or certificateholder, as well as a person designated by the policyholder or certificateholder, notice of lapse or termination of the policy or certificate for nonpayment of premium at least 30 days prior to the effective date of such lapse or termination. It also specifies that notice may be mailed by one of several means and that carriers must retain evidence of mailing the required notices. These proof-of-mailing provisions will assist with determining whether a notice was properly sent.

NOW THE COMMISSION is of the opinion that the proposed amendment submitted by the Bureau to amend 14 VAC 5-200-65 should be considered for adoption.

Accordingly, IT IS ORDERED THAT:

(1) The proposal to amend Chapter 200 of Title 14 of the Virginia Administrative Code, specifically 14 VAC 5-200-65, Unintentional lapse, is attached hereto and made a part hereof.

(2) All interested persons who desire to comment in support of or in opposition to, or request a hearing to consider the amendments to 14 VAC 5-200-65, shall file such comments or hearing request on or before March 31, 2014, with Joel H. Peck, Clerk, State Corporation Commission, c/o Document Control Center, P.O. Box 2118, Richmond, Virginia 23218. Interested persons desiring to submit comments electronically may do so by following the instructions at the Commission's website: http://www.scc.virginia.gov/case. All comments shall refer to Case No. INS-2014-00019.

(3) If no written request for a hearing on the proposal to amend 14 VAC 5-200-65 is received on or before March 31, 2014, the Commission, upon consideration of any comments submitted in support of or in opposition to the proposal, may amend 14 VAC 5-200-65.

(4) AN ATTESTED COPY hereof, together with a copy of the proposal to amend 14 VAC 5-200-65, shall be sent by the Clerk of the Commission to the Bureau in care of Deputy Commissioner Althelia P. Battle, who forthwith shall give further notice of the proposal to amend 14 VAC 5-200-65 by mailing a copy of this Order, together with the proposal, to all companies licensed by the Commission to write long-term care insurance in the Commonwealth of Virginia, as well as all interested persons.

(5) The Commission's Division of Information Resources forthwith shall cause a copy of this Order, together with the proposal to amend 14 VAC 5-200-65, to be forwarded to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations.

(6) The Commission's Division of Information Resources shall make available this Order and the attached proposed amendment to 14 VAC 5-200-65 on the Commission's website: http://www.scc.virginia.gov/case.

(7) The Bureau shall file with the Clerk of the Commission an affidavit of compliance with the notice requirements of Ordering Paragraph (4) above.

14VAC5-200-65. Unintentional lapse.

A. Each insurer offering long-term care insurance shall, as a protection against unintentional lapse, comply with the following:

1. Notice before lapse or termination. No individual long-term care policy or certificate shall be issued until the insurer has received from the applicant either a written designation of at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy or certificate for nonpayment of premium, or a written waiver dated and signed by the applicant electing not to designate additional persons to receive notice. The applicant has the right to designate at least one person who is to receive the notice of termination, in addition to the insured. Designation shall not constitute acceptance of any liability on the third party for services provided to the insured. The form used for the written designation must provide space clearly designated for listing at least one person. The designation shall include each person's full name and home address. In the case of an applicant who elects not to designate an additional person, the waiver shall state: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice."

The insurer shall notify the insured in writing of the right to change this written designation, no less often than once every two years.

2. When the policyholder or certificateholder pays premium for a long-term care insurance policy or certificate through a payroll or pension deduction plan, the requirements contained in subdivision 1 of this subsection need not be met until 60 days after the policyholder or certificateholder is no longer on such a payment plan. The application or enrollment form for such policies or
certificates shall clearly indicate the payment plan selected by the applicant.

3. Lapse or termination for nonpayment of premium. No individual long-term care policy or certificate shall lapse or be terminated for nonpayment of premium unless the insurer, at least 30 days before the effective date of the lapse or termination, has given notice to the insured and to those persons designated pursuant to subdivision 1 of this subsection, at the address provided by the insured for purposes of receiving notice of lapse or termination. Notice shall be given by first-class United States mail, postage prepaid; and notice No notice shall be effective unless it has been mailed in accordance with one of the following:

a. The notice is sent by certified mail, or the insurer obtains a certificate of mailing by the United States Postal Service;

b. The notice is sent by a commercial delivery service, and the insurer shall (i) obtain at the time of mailing a written receipt from the service showing the date of mailing and the number of items mailed and (ii) retain a mailing list showing the name and address of the insured and of those persons designated pursuant to subdivision 1 of this subsection to whom the notices were mailed, together with a signed statement by the insurer that the written receipt from the service corresponds to the mailing list retained by the insurer; or

c. The notice is sent by first-class United States mail, and the insurer shall (i) obtain at the time of mailing a written receipt from the United States Postal Service showing the date of mailing and the number of items mailed and (ii) retain a mailing list showing the name and address of the insured and of those persons designated pursuant to subdivision 1 of this subsection to whom the notices were mailed.

Notification shall also be provided to the agent of record of the insured, if any, within 72 hours after the notice has been mailed to the insured and those persons designated pursuant to subdivision 1 of this subsection.

There is a presumption that notice is delivered five days after the date that certified mail, commercial delivery service mail, or first-class United States mail is sent, the date of a certificate of mailing, or the date that notice was returned as undeliverable. The insurer shall retain evidence of mailing the notice, including the street address of the recipients, as applicable, and the content of the notification, for at least three years following the date of notice. Notice may not be given until 30 days after a premium is due and unpaid. Notice shall be deemed to have been given as of five days after the date of mailing.

B. Reinstatement. In addition to the requirement in subsection A of this section, a long-term care insurance policy or certificate shall include a provision that provides for reinstatement of coverage in the event of lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, where appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy and certificate.

EXECUTIVE ORDER NUMBER 7 (2014)

Declaration of a State of Emergency for the Commonwealth of Virginia Due to a Major Winter Storm Event

Importance of the Issue

On February 11, 2014, I verbally declared a state of emergency to exist in the Commonwealth of Virginia based on National Weather Service forecasts projecting a winter storm event with potential snow accumulations of 5 to 15 inches of wet snow, with higher amounts possible across areas of Central Virginia, Northern Virginia and Western Virginia, potential ice accumulations up to a quarter-of-an-inch, and gusty winds that could create transportation issues and significant power outages beginning February 12, 2014.

The health and general welfare of the citizens require that state action be taken to help alleviate the conditions caused by this situation. The effects of this event constitute a disaster wherein human life and public and private property are imperiled, as described in § 44-146.16 of the Code of Virginia.

Therefore, by virtue of the authority vested in me by § 44-146.17 of the Code of Virginia, as Governor and as Director of Emergency Management, and by virtue of the authority vested in me by Article V, Section 7 of the Constitution of Virginia and by § 44-75.1 of the Code of Virginia, as Governor and Commander-in-Chief of the armed forces of the Commonwealth, and subject always to my continuing and ultimate authority and responsibility to act in such matters, I hereby confirm, ratify, and memorialize in writing my verbal orders issued on February 11, 2014, whereby I proclaimed that a state of emergency exists, and I directed that appropriate assistance be rendered by agencies of both state and local governments to prepare for potential impacts of the winter storm, alleviate any conditions resulting from significant storm events, and to implement recovery and mitigation operations and activities so as to return impacted areas to pre-event conditions in so far as possible. Pursuant to § 44-75.1(A)(3) and (A)(4) of the Code of Virginia, I also directed that the Virginia National Guard and the Virginia Defense Force be called forth to state active duty to be prepared to assist in providing such aid. This shall include Virginia National Guard assistance to the Virginia Department of State Police to direct traffic, prevent looting, and perform such other law enforcement functions as the Superintendent of State Police, in consultation with the State Coordinator of Emergency Management, the Adjutant General, and the Secretary of Public Safety, may find necessary.

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

A. Implementation by agencies of the state and local governments of the Commonwealth of Virginia Emergency Operations Plan (COVEOP), as amended, along with other appropriate state agency plans.

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

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

D. The evacuation of areas threatened or stricken by effects of the winter storm as appropriate. Following a declaration of a local emergency pursuant to § 44-146.21 of the Code of Virginia, if a local governing body determines that evacuation is deemed necessary for the preservation of life or other emergency mitigation, response, or recovery effort, pursuant to § 44-146.17(1) of the Code of Virginia, I direct the evacuation of all or part of the populace therein from such areas and upon such timetable as the local governing body, in coordination with the VERT, acting on behalf of the State Coordinator of Emergency Management, shall determine. Notwithstanding the foregoing, I reserve the right to direct and compel evacuation from the same and different areas and determine a different timetable both where local governing bodies have made such a determination and where local governing bodies have not made such a determination. Also, in those localities that have declared a local emergency pursuant to § 44-146.21 of the Code of Virginia, if the local governing body determines that controlling movement of persons is deemed necessary for the preservation of life, public safety, or other emergency mitigation, response, or recovery effort, pursuant to § 44-146.17(1) of the Code of Virginia, I authorize the control of ingress and egress at an emergency area, including the movement of persons within the area and the occupancy of premises therein upon such timetable as the local governing body, in coordination with the State Coordinator of Emergency Management and the
VEOC, shall determine. Violations of any order to citizens to evacuate shall constitute a violation of this Executive Order and are punishable as a Class 1 misdemeanor.

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

F. The authorization of the Departments of State Police, Transportation, and Motor Vehicles to grant temporary overweight, over width, registration, or license exemptions to all carriers transporting essential emergency relief supplies or providing restoration of utilities (electricity, gas, phone, water, wastewater, and cable) in and through any area of the Commonwealth in order to support the disaster response and recovery, regardless of their point of origin or destination. Such exemptions shall not be valid on posted structures for restricted weight.

All over width loads, up to a maximum of 12 feet, and over height loads up to a maximum of 14 feet must follow Virginia Department of Motor Vehicles (DMV) hauling permit and safety guidelines.

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

Authorization of the State Coordinator of Emergency Management to grant limited hours of service worked by any carrier when transporting passengers, property, equipment, food, fuel, construction materials, and other critical supplies to or from any portion of the Commonwealth for purpose of providing direct relief or assistance as a result of this disaster, pursuant to § 52-8.4 of the Code of Virginia and Title 49 Code of Federal Regulations, Section 390.23 and Section 395.3.

The foregoing overweight/over width transportation privileges as well as the regulatory exemption provided by § 52-8.4(A) of the Code of Virginia, and implemented in 19VAC30-20-40(B) of the "Motor Carrier Safety Regulations," shall remain in effect for 30 days from the onset of the disaster, or until emergency relief is no longer necessary, as determined by the Secretary of Public Safety in consultation with the Secretary of Transportation, whichever is earlier.

G. The discontinuance of provisions authorized in paragraph F above may be implemented and disseminated by publication of administrative notice to all affected and interested parties. I hereby delegate to the Secretary of Public Safety, after consultation with other affected Cabinet Secretaries, the authority to implement this order as set forth in § 2.2-104 of the Code of Virginia.

H. The authorization of a maximum of $300,000 in state sum sufficient funds for state and local governments mission assignments authorized and coordinated through the Virginia Department of Emergency Management that are allowable as defined by The Stafford Act. This funding is also available for state response and recovery operations and incident documentation. Out of this state disaster sum sufficient, a maximum of $150,000 is authorized for the Department of Military Affairs for the state's portion of the eligible disaster related costs incurred for salaries, travel and meals during mission assignments authorized and coordinated through the Virginia Department of Emergency Management.

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

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

K. The authorization of appropriate oversight boards, commissions, and agencies to ease building code restrictions and to permit emergency demolition, hazardous waste

March 10, 2014

Governor
disposal, debris removal, emergency landfill sitting, and operations and other activities necessary to address immediate health and safety needs without regard to time-consuming procedures or formalities and without regard to application or permit fees or royalties.

L. The activation of the statutory provisions in § 59.1-525 et seq. of the Code of Virginia related to price gouging. Price gouging at any time is unacceptable. Price gouging is even more reprehensible after a natural disaster. I have directed all applicable executive branch agencies to take immediate action to address any verified reports of price gouging of necessary goods or services. I make the same request of the Office of the Attorney General and appropriate local officials. I further request that all appropriate executive branch agencies exercise their discretion to the extent allowed by law to address any pending deadlines or expirations affected by or attributable to this disaster event.

M. The following conditions apply to the deployment of the Virginia National Guard and the Virginia Defense Force:

1. The Adjutant General of Virginia, after consultation with the State Coordinator of Emergency Management, shall make available on state active duty such units and members of the Virginia National Guard and Virginia Defense Force and such equipment as may be necessary or desirable to assist in preparations for this event and in alleviating the human suffering and damage to property.

2. Pursuant to § 52-6 of the Code of Virginia, I authorize the Superintendent of the Department of State Police to appoint any and all such Virginia Army and Air National Guard personnel called to state active duty as additional police officers as deemed necessary. These police officers shall have the same powers and perform the same duties as the State Police officers appointed by the Superintendent. However, they shall nevertheless remain members of the Virginia National Guard, subject to military command as members of the State Militia. Any bonds and/or insurance required by § 52-7 of the Code of Virginia shall be provided for them at the expense of the Commonwealth.

3. In all instances, members of the Virginia National Guard and Virginia Defense Force shall remain subject to military command as prescribed by § 44-78.1 of the Code of Virginia and are not subject to the civilian authorities of county or municipal governments. This shall not be deemed to prohibit working in close cooperation with members of the Virginia Departments of State Police or Emergency Management or local law enforcement or emergency management authorities or receiving guidance from them in the performance of their duties.

4. Should service under this Executive Order result in the injury or death of any member of the Virginia National Guard, the following will be provided to the member and the member’s dependents or survivors:

a. Workers’ Compensation benefits provided to members of the National Guard by the Virginia Workers’ Compensation Act, subject to the requirements and limitations thereof; and, in addition,

b. The same benefits, or their equivalent, for injury, disability, and/or death, as would be provided by the federal government if the member were serving on federal active duty at the time of the injury or death. Any such federal-type benefits due to a member and his or her dependents or survivors during any calendar month shall be reduced by any payments due under the Virginia Workers’ Compensation Act during the same month. If and when the time period for payment of Workers’ Compensation benefits has elapsed, the member and his or her dependents or survivors shall thereafter receive full federal-type benefits for as long as they would have received such benefits if the member had been serving on federal active duty at the time of injury or death. Any federal-type benefits due shall be computed on the basis of military pay grade E-5 or the member’s military grade at the time of injury or death, whichever produces the greater benefit amount. Pursuant to § 44-14 of the Code of Virginia, and subject to the availability of future appropriations which may be lawfully applied to this purpose, I now approve of future expenditures out of appropriations to the Department of Military Affairs for such federal-type benefits as being manifestly for the benefit of the military service.

5. The following conditions apply to service by the Virginia Defense Force:

a. Compensation shall be at a daily rate that is equivalent of base pay only for a National Guard Unit Training Assembly, commensurate with the grade and years of service of the member, not to exceed 20 years of service;

b. Lodging and meals shall be provided by the Adjutant General or reimbursed at standard state per diem rates;

c. All privately owned equipment, including, but not limited to, vehicles, boats, and aircraft, will be reimbursed for expense of fuel. Damage or loss of said equipment will be reimbursed, minus reimbursement from personal insurance, if said equipment was authorized for use by the Adjutant General in accordance with § 44-54.12 of the Code of Virginia;

d. In the event of death or injury, benefits shall be provided in accordance with the Virginia Workers’ Compensation Act, subject to the requirements and limitations thereof.

Upon my approval, the costs incurred by state agencies and other agents in performing mission assignments through the
VEOC of the Commonwealth as defined herein and in § 44-146.28 of the Code of Virginia, other than costs defined in the paragraphs above pertaining to the Virginia National Guard and pertaining to the Virginia Defense Force, in performing these missions shall be paid from state funds.

Effective Date of this Executive Order

This Executive Order shall be effective as of February 11, 2014, and shall remain in full force and effect until June 30, 2014, unless sooner amended or rescinded by further executive order. Termination of the Executive Order is not intended to terminate any federal-type benefits granted or to be granted due to injury or death as a result of service under this Executive Order.

Given under my hand and under the Seal of the Commonwealth of Virginia, this 11th day of February, 2014.

/s/ Terence R. McAuliffe
Governor
GUIDANCE DOCUMENTS

Sections 2.2-4008 and 2.2-4103 of the Code of Virginia require annual publication in the Virginia Register of guidance document lists from state agencies covered by the Administrative Process Act and the Virginia Register Act. A guidance document is defined as “…any document developed by a state agency or staff that provides information or guidance of general applicability to the staff or public to interpret or implement statutes or the agency’s rules or regulations…” Agencies are required to maintain a complete, current list of all guidance documents and make the full text of such documents available to the public.

Generally, the format for the guidance document list is: document number (if any), title of document, date issued or last revised, and citation of Virginia Administrative Code regulatory authority or Code of Virginia statutory authority. Questions concerning documents or requests for copies of documents should be directed to the contact person listed by the agency.

BOARD OF ACCOUNTANCY

Copies of the following documents may be viewed or obtained on regular work days from 8 a.m. until 5 p.m. at the Board of Accountancy, 9960 Mayland Drive, Suite 402, Henrico, VA 23233, telephone (804) 367-8505, or FAX (804) 527-4409. There are no costs associated with obtaining printed copies of the documents listed.

Questions regarding obtaining copies, interpretation or implementation of these documents may be directed to Dreana L. Gilliam at the above address.

Guidance Documents:

Adjudication Manual (11/16/11)

Board of Accountancy Rights and Responsibilities on FOIA (11/1/11)

DEPARTMENT OF ACCOUNTS

Copies of the following documents may be viewed during regular work days from 8 a.m. until 5 p.m. in the office of the Department of Accounts, 101 N. 14th Street, 2nd Floor, Richmond, VA 23219. Copies are available online at the Department of Accounts website http://www.doa.virginia.gov and the respective document's specific web link is listed below with the document title. Hardcopies of all documents except the CAPP Manual may be obtained free of charge by contacting Michael E. Rider at P.O. Box 1971, Richmond, VA 23218-1971, telephone (804) 225-3051, or email at michael.rider@doa.virginia.gov.

Questions regarding interpretation or implementation of these documents may be directed to Douglas N. Page, Director of Finance & Administration, at (804) 225-3136 or email at doug.page@doa.virginia.gov.

Guidance Documents:

Agency Risk Management and Internal Control Standards (ARMICS), updated routinely. This document provides risk management and internal control standards for state agencies and institutions.

Commonwealth Accounting Policies and Procedures (CAPP) Manual, continuously updated. This document is a compendium of information that provides accounting guidance for state agencies and institutions.

Financial Statement Preparation for Agencies and Institutions, updated annually. These are two documents: one for agencies and one for institutions that provide financial statement preparation guidance.

Year End Closing Procedures, prepared annually. This document provides guidance to agencies and institutions regarding proper procedures for closing the state accounting year.

DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

All guidance documents are available electronically at no charge from the Town Hall or from the department website where indicated. However, documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. at the department's central office location at 8004 Franklin Farms Drive, Richmond, Virginia 23229. Contact the individual listed under the individual document for more information. If no listing appears, contact Vanessa S. Rakestraw, 8004 Franklin Farms Drive, Richmond, VA 23229, telephone (804) 662-7612. Costs for printing hard copies of these documents vary with the document requested.

Guidance Documents:

Accessibility for Government Websites (9/1/00)

Application for Vendorship of Community Support Services A1205 – Guidance Document (9/1/12)

AS Adult Foster Care Manual (2/1/10)

AS Adult Services Manual, Chapters 1-8 (5/21/13)

AS Assisted Living Facility Assessment Manual (9/1/12)
AS Broadcast 5696 Revised Adult Protective Services (APS) Minimum Training Standards (6/1/09)
AS Broadcast 7483 Local Department of Social Services No Longer to Claim/File for Assisted Living Facility Assessment Payments (7/26/12)
AS Broadcast 7522 Update on Assisted Living Facility Assessment Procedures/No Need to Submit Assessment Packages (7/20/12)
AS Broadcast 7658 Guidelines for Pre-Admission Screening of Children with Disabilities Seeking Long-Term Care Services (10/25/12)
AS Broadcast 7845 Reminder Not to Submit Assisted Living Facility (ALF) Assessment and Reassessment Packages (2/22/12)
AS Broadcast 7913 Right of an Alleged Perpetrator in a Substantiated Case of Adult Abuse, Neglect or Exploitation (4/16/13)
AS Broadcast 8023 Revised Guidance Concerning Rights of Alleged Perpetrators in Substantiated Cases of Adult Abuse, Neglect or Exploitation (6/28/13)
AS Broadcast 8027 Pre-admission Screenings by Local Department Employees (7/3/13)
AS Broadcast 8037 Signature Requirements for Pre-admission Screenings by Local Department Employees (7/12/13)
Brain Injury Direct Services Fund Application Form (7/1/12)
Brain Injury Direct Services Fund Eligibility Criteria (7/1/12)
DARS Services for Employers (1/1/13)
DARS Services Reference Manual - Fee Schedule (12/1/13)
DRS Policy and Procedure Manual (11/1/13)
DRS Training and Facilities Manual (12/1/13)
Guidance for Provision of Therapeutic Behavioral Services (TBS) (9/1/12)
Human Research Procedures Manual (4/1/07)
Long Term Employment Support Services Guide (2/4/10)
New Counselor Skills and Competencies Checklist (11/1/13)
Personal Assistance Services Program Handbook (2/9/11)
State Plan for Independent Living (10/1/11)
State Plan for the State Vocational Rehabilitation Services Program (10/1/13)
Therapeutic Behavioral Services (TBS) Description of DARS Service Item Code H2019 (12/1/12)
VDA Senior Community Service Employment Program State Plan for Program Years 2012-2015 (3/8/13)
VDA Service Standard: Adult Day Care (11/23/04)
VDA Service Standard: Care Coordination (4/14/03)
VDA Service Standard: CCEVP Level One (10/18/11)
VDA Service Standard: CCEVP Level Two (10/18/11)
VDA Service Standard: CCEVP S.O.S. (10/18/11)
VDA Service Standard: Checking (4/14/03)
VDA Service Standard: Chore (10/1/13)
VDA Service Standard: Communication, Referral and Information & Assistance (CRIA) (10/3/11)
VDA Service Standard: Congregate Nutrition (1/3/12)
VDA Service Standard: Disease Prevention & Health Promotion (1/3/12)
VDA Service Standard: Elder Abuse Prevention (4/14/03)
VDA Service Standard: Emergency (4/22/03)
VDA Service Standard: Employment Title III (12/20/12)
VDA Service Standard: Health Education & Screening (1/3/12)
VDA Service Standard: Home Delivered Nutrition (1/3/12)
VDA Service Standard: Home Health (4/14/03)
VDA Service Standard: Homemaker (10/1/13)
VDA Service Standard: ID Discount (4/29/03)
VDA Service Standard: Legal Assistance (10/14/08)
VDA Service Standard: Long Term Care Coordinating Activities (4/14/03)
VDA Service Standard: Medication Management (7/31/12)
VDA Service Standard: Money Management (4/29/03)
VDA Service Standard: Options Counseling (5/11/12)
VDA Service Standard: Personal Care (10/1/13)
VDA Service Standard: Preparation and Administration of the Area Plan (4/14/03)
VDA Service Standard: Public Information & Education (6/30/03)
VDA Service Standard: Residential Repair & Renovation (10/14/04)
VDA Service Standard: Transportation Services (10/1/03)
VDA Service Standard: Volunteer (4/22/03)
Guidance Documents

VDA State Plan: Socialization & Recreation Services, Multipurpose Senior Center (1/3/12)

Virginia Guide to Supported Employment and Job Coach Training Services (1/4/12)


Your Path To Work - the VR Program Explained (4/1/11)

[4518] DARS Agency Brochure (12/4/13)


[4534] WWRC Counselor Responsibilities Policy 4.01 (6/1/11)

[4535] WWRC Informed Choice Policy 4.02 (5/1/11)

[4536] WWRC Medical Services for Day Students Policy 4.05 (8/1/07)

[4538] WWRC Records Standards Policy 4.31 (8/1/11)

[4539] WWRC Client Appeal System Policy 4.41 (11/1/03)


[4542 COADMIN-110] WWRC Alcohol and Other Drugs Policy 5.24 (9/1/08)

[4543 WWRC-02] WWRC Client Handbook (5/1/13)

[4545 ADM-102] WWRC General Admissions Criteria (7/1/06)

[4546] WWRC Transition Academy Training & Reference Manual (1/14/12)

[4547 ADM-200] WWRC Service Listing/Fee Schedule (7/1/11)

[4548] Guidance for the Provision of Therapeutic Behavioral Health Services and Fee Schedules (10/1/13)


[4550] WWRC Blue Print for Direction (3/19/13)

[4551] WWRC Master Plan (12/15/11)

[4552] WWRC Case Management Manual (12/1/08)

[4553] WWRC Consumer Participation Policy 1.12 (5/1/11)

[4554] WWRC Nondiscrimination Policy 1.17 (8/1/03)

[4555] WWRC Research Policy 1.25 (4/1/11)

[4556] WWRC Records Management Policy 1.27 (2/1/11)

[4557] WWRC Staff/Client Relationships Policy 2.08 (3/1/07)

[4558] WWRC Records Disclosure Policy 5.02 (6/1/03)

[4559] WWRC Student Worker Policy 5.06 (4/1/11)

[4560] WWRC Consumer Wellness Policy 5.07 (5/1/07)

[4561] WWRC Client Performance and Progress Policy 5.10 (11/1/03)

[4562] WWRC Admission to Training Programs Policy 5.11 (10/1/05)

[4563] WWRC Ability to Benefit Policy 5.12 (3/1/03)

[4564] WWRC Academic Progress Policy 5.13 (4/1/11)

[4565] WWRC Anti-Harrassment Policy 5.15 (7/1/02)

[4566] WWRC Search and Seizure Policy 5.22 (9/1/08)

[4567] WWRC Tobacco Use Policy 5.25 (11/1/12)

[4568] WWRC Serious Incident Panel Policy 5.30 (11/1/03)

[4569] WWRC Service Animal Policy 7.01 (6/1/11)

[4570] WWRC Mental Health Intervention Policy 7.03 (1/1/11)

[4572] WWRC Syringe and Needle Policy 7.29 (6/1/11)

[4573] WWRC Check Cashing Policy 8.05 (3/1/11)

[4574] WWRC Receiving Student Medication via Mail Policy 8.06 (10/1/11)

[4575] WWRC Smoking Areas Policy 10.04 (2/1/11)


[4577] WWRC STAR Trail and Lake Usage Policy 10.13 (5/1/09)

[4578] WWRC Records Confidentiality Policy 11.01 (8/1/11)

[4579] WWRC Rothrock Hall Guidelines (6/9/13)

[4580] WWRC Mailing Medications, Pharmacy Department (10/1/06)

[5158] VDA National Family Caregiver Support Guidance (7/12/12)

[5159] VDA Cost Sharing/Fee for Service Policy (12/3/13)

[5160] Ticket-to-Work Procedures (7/17/13)

[5161] VDA Farm Market Fresh for Seniors Handbook for Farmers (12/1/12)

[5162] Personal Assistance Services Policy and Procedures Manual (12/1/11)

[5163] DRS Transition Services Guide (9/27/13)

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Guidance documents are available at the Oliver W. Hill Building, 102 Governor Street, Richmond, VA (or on the
Guidance Documents

Regulatory Town Hall). For information about guidance documents of the Department of Agriculture and Consumer Services, including their interpretation, please contact:

For guidance documents relating to dairy and foods, contact Mr. Ryan Davis at (804) 786-8899.

For guidance documents relating to approved capture drugs and methods approved for animal euthanasia, contact Dr. Dan Kovich at (804) 786-2483.

For guidance documents relating to avian influenza, contact Dr. Charles Broaddus at (804) 786-2483.

For guidance documents relating to the Milk Commission, contact Mr. Rodney Phillips at (804) 786-2013.

For guidance documents relating to agricultural stewardship, contact Mr. Darrell Marshall at (804) 786-3538.

For guidance documents relating to all other matters (including ginseng), contact Ms. Erin Williams at (804) 786-1308.

Costs associated with obtaining printed copies of these documents from the agency vary. Guidance documents are available electronically for no charge on the Town Hall.

Board of Agriculture and Consumer Services

Guidance Documents:

Agents of VA Cooperative Extension Program Proctoring Commercial Applicator Examinations (7/3/12)
Animal Pound and Shelter Civil Penalty Matrix - Guidelines for Enforcement (2/17/12)
Answering Telephone Requests for Pesticide Applicator or Pesticide Business License Examination Scores (7/3/12)
Applicator Recertification Options; Approval Procedures for Recertification Courses (9/5/12)
Applicator Testing in Order to Recertify (7/3/12)
Approved Capture Drugs and Drug Administering Equipment (7/20/09)
Avian Influenza (H5 and H7) Proclamation (1/18/12)
CLRT25 Testing Opportunities with Fee (7/6/12)
Commercial Breeder Guidelines (1/20/09)
Commercial Carpet Cleaners Who Apply Pesticides for Flea and Tick Control (7/3/12)
Discontinuance Policy (7/6/12)
Division of Consumer Protection - Administrative Procedure for Compliance Actions (8/7/12)
Guidelines for Beehive Grant Program (12/1/13)
Guidelines for Enforcement of the Virginia Code Relating to Motor Fuels and Lubricating Oils - Civil Penalty Assessment Decision Matrix (10/1/08)
Guidelines for Enforcement of the Virginia Pesticide Control Act; Civil Penalty Assessment Decision Matrix (7/2/12)
Guidelines for Enforcement of the Virginia Weights and Measures Law - Civil Penalty Assessment Decision Matrix (10/1/08)
Guidelines for the Virginia Ginseng Management Program (9/1/13)
Health Spa Contract Requirements (7/29/10)
Interpreting Personal Protection Equipment Standards on Pesticide Labels (9/5/12)
Methods Prescribed or Approved for Animal Euthanasia and Competency Certification Requirements (7/20/09)
Model Ordinance for Use by Localities in Their Regulation of Charitable Solicitations (9/13/13)
Office of Pesticide Services Proposal Requirements (11/30/12)
Office of Veterinary Services Guidance Documents (12/10/13)
Office of Weights and Measures Technical Bulletin Number 2011-2 -- Advertisement Signs and Posted Signs with Taxes Included or Excluded and the Total Price Displayed at the Pump (7/1/11)
Office of Weights and Measures Technical Bulletin Number 2011-3 -- Taxes Charged for the Purchase of Gasoline, Diesel, Off-Road Diesel, Heating Oil and Kerosene (7/1/11)
Product Registration - Submission of 24c- Special Local Need Registration (12/7/10)
Product Registration - When Two Pesticide Products May Be Registered for a Single Fee (9/29/10)
Production Registration - Submission of Labels (7/6/12)
Registration Label Review (7/6/12)
Supervision of Registered Technicians (Including Government Employees and Not-for-Hire Individuals (7/3/12)
Virginia Shipping Requirements for Package Bees and Queens (12/1/13)
[1115] Guidelines for Approving Industrial Co-Products for Agricultural Use under the Virginia Fertilizer & Agricultural Liming Materials Laws (12/1/12)
Guidance Documents

[1743] Agricultural Stewardship Act Guidelines (4/1/10)
[740] Dairy Services Procedure Manual (8/15/12)
[751] Virginia Cooperative Gypsy Moth Suppression Program, 2012 Guidelines (9/1/13)
[754] Food Safety & Security Field Operations Manual (7/12/12)
[756] Virginia Entry Requirements for Honey Bee Hives and Appliances (12/1/13)

Charitable Gaming Board

Guidance Documents:
Progressive Games (6/2/10)
[4309] Use of Proceeds (12/1/12)
[4311] Electronic Pull-Tab Game Displays, Themes, and Sounds (11/14/12)

State Milk Commission

Guidance Documents:

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

Copies of guidance documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. in the office of the Virginia Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, VA 23220. Copies may be obtained free of charge from and questions regarding interpretation or implementation of these documents may be directed to W. Curtis Coleburn, Chief Operating Officer, at the same address, telephone (804) 213-4409, FAX (804) 213-4411, or email at curtis.coleburn@abc.virginia.gov. Guidance documents are available electronically for no charge on the Virginia Regulatory Town Hall, www.townhall.virginia.gov.

Guidance Documents:
Circular Letter 06-01 (2/14/06)
Circular Letter 06-02 (6/29/06)
Circular Letter 06-03 (9/15/06)
Circular Letter 06-04 (9/1/06)
Circular Letter 07-01 (4/23/07)
Circular Letter 07-02 (6/1/07)
Circular Letter 07-03 (6/29/07)
Circular Letter 07-04 (7/1/07)
Circular Letter 07-05 (7/1/07)
Circular Letter 07-08 (12/15/07)
Circular Letter 92-1 (5/22/92)
Foam Board Advertising Approval (2/12/06)
Licensee Bulletin Vol. 56, No.2 (1/1/00)
[Issued Quarterly] Licensee Newsletter - Spring 2003 (3/1/03)
Application for ABC License (1/1/98)
Circular Letter 01-2 (2/1/01)
Circular Letter 08-01 (12/5/08)
Circular Letter 1-01 (1/1/01)
Circular Letter 1-04 (1/1/05)
Circular Letter 2-04 (1/1/05)
Circular Letter 84-3 (1/1/84)
Circular Letter 84-4 (12/26/84)
Circular Letter 84-7 (12/26/84)
Circular Letter 84-8 (12/26/84)
Circular Letter 85-3 (2/6/85)
Circular Letter 85-5 (3/26/85)
Circular Letter 85-6 (5/31/85)
Circular Letter 85-9 (1/1/85)
Circular Letter 87-1 (1/28/87)
Circular Letter 87-2 (3/19/87)
Circular Letter 88-2 (7/22/88)
Circular Letter 88-3 (9/7/88)
Circular Letter 89-1 (4/14/89)
Circular Letter 89-4 (10/13/89)
Circular Letter 90-1 (3/1/90)
Circular Letter 90-2 (3/1/90)
Circular Letter 90-4 (6/27/90)
Circular Letter 92-1 (5/22/92)
Circular Letter 92-2 (11/23/92)
Circular Letter 94-1 (3/16/94)
Circular Letter 98-1 (1/1/98)
Circular Letter 98-2 (2/1/98)
Farm Winery Remote – Festivals Bulletin (7/19/01)
Licensee Bulletin - Vol. 56, No. 1 (1/1/00)
Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/aud and the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at audbd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Leslie L. Knachel, Executive Director of the Board, at the address above or by telephone at (804) 367-4630. Copies are free of charge.

Guidance Documents:

http://www.dhp.virginia.gov/aud/aud_guidelines.htm

30-1, Sanctioning Reference Points; Instruction Manual, revised November 3, 2011

30-2, Bylaws of the Board of Audiology and Speech-Language Pathology, revised May 24, 2012

30-3, Board guidance on use of confidential consent agreements, readopted October 9, 2008

30-4, Board guidance for process of delegation of informal fact-finding to an agency subordinate, revised September 2010

30-5, Board guidance on meeting continuing competency requirements, revised February 3, 2011

30-6, Board guidance on interpretation of active practice, revised April 11, 2013

30-7, Board guidance on practice of Fiberoptic Endoscopic Evaluation of Swallowing (FEES) by speech-language pathologists, revised August 11, 2010

30-8, Practice and the need for licensure as a speech-language pathologist, revised May 24, 2012

30-9, Continuing education audits and sanctions for failure to comply, revised April 11, 2013

30-10, Disposition of disciplinary cases for practicing on expired licenses, adopted November 3, 2011

AUDITOR OF PUBLIC ACCOUNTS


Questions regarding interpretation or implementation of guidance documents may be directed to Kim Via, Auditor, Auditor of Public Accounts, telephone (804) 225-3350 (ext. 360), or email kimberly.via@apa.virginia.gov.

Printed copies may be viewed on regular work days from 8:15 a.m. until 5 p.m. (EST) in the office of the APA, 101 North 14th Street, 8th Floor, Richmond, VA 23219. Copies may be obtained by contacting Kim Via at P.O. Box 1295, Richmond, VA 23218, telephone (804) 225-3350 (ext. 360), or email kimberly.via@apa.virginia.gov.

The following charges shall apply for obtaining a printed copy:

Specification for Audits of Counties, Cities, and Towns--$20

Specification for Audits of Authorities, Boards, and Commissions-- $20

Uniform Financial Reporting Manual--$20

Virginia Sheriffs Accounting Manual--$10

Guidance Documents

[CCT SPEC13] Specifications for Audits of Counties, Cities, and Towns (10/1/13)

[ABC SPEC] Specifications for Audits of Authorities, Boards, and Commissions (10/1/13)


DEPARTMENT OF AVIATION

For questions regarding the Airport Program Manual or to request a copy, please contact Susan Simmers with the Airport Services Division of the Virginia Department of Aviation (DOAV) at (804) 236-3632, susan.simmers@doav.virginia.gov, or 5702 Gulfstream Road, Richmond, VA 23250.

A printed copy of the Airport Program Manual may be viewed at the Virginia Department of Aviation (DOAV) office at 5702 Gulfstream Road, Richmond, VA 23250, and may be obtained from DOAV at no charge.

Virginia Aviation Board

Guidance Document:

Virginia Department of Aviation Airport Program Manual (11/21/13)
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Included in the detailed listing for each Department of Behavioral Health and Developmental Services (DBHDS) guidance document is the name and contact information of the staff person who can respond to questions regarding interpretation or implementation. All departmental guidance documents are available electronically on Town Hall or at http://www.dbhds.virginia.gov/ without charge. There may be a nominal charge if an individual requests that the department mail a paper copy of any of these documents. Any questions regarding the posting of any DBHDS guidance documents should be directed to Linda Grasewicz, Office of Planning and Development, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-0040, FAX (804) 371-0092, or email linda.grasewicz@dbhds.virginia.gov.

Guidance Documents:

[CSB 1] FY 2013 and FY 2014 Community Services Performance Contract (5/7/12)


[CSB 3] CCS 3 Extract Specifications Version 7.1 Revision 1 (9/20/13)


[CSB MH-1] Discharge Protocols for Community Services Boards and State Mental Health Facilities (12/1/10)

[FOR 1] Guidelines for the Management of Individuals Found Not Guilty by Reason of Insanity (5/28/03)

[FOR 2] List of Standardized Measures of Intellectual Functioning (11/5/08)


[lic 1] Office of Licensing: Protocols (12/1/10)

[lic 2] Licensing Intensive In-Home Guidance (3/1/11)

[lic 3] Outpatient Services with Applied Behavior Analysis Track Guidance (12/14/11)

[lic 4] Process for Adding a New Location of a Licensed Service in the Same Region (12/14/11)

[MH 1] Mandatory Outpatient Treatment Guidance (8/15/12)

[MH 2] Medical Screening and Assessment Guidance (3/13/07)

[Part C 1] Policies and Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA) (8/1/02)

[Part C 2] Infant and Toddler Connection of Virginia Practice Manual (6/1/10)


[Part C 4] Determining the Status of Infant/Toddler Development in Relation to the Three Offices of Special Education Program (OSEP) Outcomes (2/1/08)

[Part C 5] Virginia’s System for Determination of Child Progress Implementation Instructions (1/14/08)

[Part C 6] Indicator Ratings (1/10/08)

[Part C 7] Functional Outcomes/Indicators (1/10/08)

[Part C 8] Supporting Young Children with Autism Spectrum Disorders and Their Families (1/31/12)


[SA 1] Requirements for Federally Mandated Independent Peer Review---Office of Substance Abuse Services Guidance Bulletin 2002-01 (10/7/02)


[SA 3] Prevention Services and Personnel Supported by the Substance Abuse Prevention and Treatment Block Grant Prevention Set-Aside---Office of Substance Abuse Services Guidance Bulletin 2003-03 (8/1/03)

[SA 4] Required Activities for Prevention Services Units Funded Wholly or in Part by the Substance Abuse Prevention and Treatment Block Grant Prevention Set-Aside---Office of Substance Abuse Services Guidance Bulletin 2003-04 (8/1/03)


[SA 7] Medicaid Documentation to Support Reimbursement for Integrated Treatment of Co-Occurring Mental Health and Substance Abuse Disorders in Community Mental Health Rehabilitation Services (4/16/07)

[SA 8] Substance Abuse Residential Purchase of Services (SARPOS) (7/26/07)

[SA 9] Special Treatment Needs of Individuals with Co-Occurring Substance Abuse Disorders and Traumatic Brain Injuries (3/28/05)
DEPARTMENT FOR THE BLIND AND VISION IMPAIRED

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 4:30 p.m. at the administrative headquarters building of the Department for the Blind and Vision Impaired, 397 Azalea Avenue, Richmond, VA 23227. Please note that policy and procedures directives are issued occasionally for the purpose of updating program service manuals. Copies of these documents, as well as those listed below, may be obtained at a cost of $.10 per page by contacting Henry A. Street at the same address, telephone (804) 371-3145, FAX (804) 371-3157, or email henry.street@dbvi.virginia.gov.

Questions regarding the interpretation or implementation of these documents may be directed to Eva F. Ampey, Special Assistant to the Commissioner, Department for the Blind and Vision Impaired, Richmond, VA 23227, telephone (804) 371-3110, FAX (804) 371-3351, or email eva.ampey@dbvi.virginia.gov.

Guidance Documents:

Orientation and Mobility Procedure Manual (12/27/12)
[ DS-PPD-12-04] DBVI Orientation and Mobility Policy and Procedure Manual (12/27/12)
[702004001] Application for Vocational Rehabilitation Services (12/20/12)
[DS-PPD-12-01] Policy and Procedures Directive- Revisions to the Vocational Rehabilitation Application for Services (12/20/12)
[DS-PPD-12-03] Policy and Procedures Directive- Revisions to Chapter IX-B and Appendix S of the Vocational Rehabilitation Manual (12/20/12)
Orientation and Mobility Services to Children Who Are Visually Impaired (12/27/11)

CHRISTOPHER NEWPORT UNIVERSITY

Guidance Documents:

[SA 9a] Criminal History Background Checks for Direct Consumer Care Personnel in Adult Substance Abuse Treatment Programs (3/28/05)

DEPARTMENT FOR THE BLIND AND VISION IMPAIRED

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 4:30 p.m. at the administrative headquarters building of the Department for the Blind and Vision Impaired, 397 Azalea Avenue, Richmond, VA 23227. Please note that policy and procedures directives are issued occasionally for the purpose of updating program service manuals. Copies of these documents, as well as those listed below, may be obtained at a cost of $.10 per page by contacting Henry A. Street at the same address, telephone (804) 371-3145, FAX (804) 371-3157, or email henry.street@dbvi.virginia.gov.

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Guidance Documents:

Orientation and Mobility Procedure Manual (12/27/12)
[ DS-PPD-12-04] DBVI Orientation and Mobility Policy and Procedure Manual (12/27/12)
[702004001] Application for Vocational Rehabilitation Services (12/20/12)
[DS-PPD-12-01] Policy and Procedures Directive- Revisions to the Vocational Rehabilitation Application for Services (12/20/12)
[DS-PPD-12-03] Policy and Procedures Directive- Revisions to Chapter IX-B and Appendix S of the Vocational Rehabilitation Manual (12/20/12)
Orientation and Mobility Services to Children Who Are Visually Impaired (12/27/11)

Christopher Newport University

Guidance Documents:

[Handbook_01] University Handbook 1314 (12/3/13)
[Handbook_02] Graduate Catalog 1314 (12/3/13)
[Handbook_03] Student Handbook 1314 (12/3/13)

DEPARTMENT OF CONSERVATION AND RECREATION

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 4:30 p.m. in the Office of the Director of the Department of Conservation and Recreation, 600 East Main Street, 24th Floor, Richmond, VA 23219. The Director's Office serves as the central repository for the Department of Conservation and Recreation, the Board of Conservation and Recreation, the Virginia Soil and Water Conservation Board, the Virginia Cave Board, and the Virginia Land Conservation Foundation. Individual copies of listed publications may be obtained free of charge, unless a price is listed, by contacting the Regulatory Coordinator at the above address, telephone (804) 786-6141. Most manuals and reports listed without a price attached were produced in very limited quantities and are available for copying charges. For documents with a cost associated, please refer to the document listings. In some cases, individual copies of certain documents may also be viewed at the department's regional offices or at Virginia State Parks.

Questions regarding availability, interpretation or implementation of these documents may be directed to David C. Dowling, Policy and Planning Director, Department of Conservation and Recreation, 600 East Main Street, 24th Floor, Richmond, VA 23219, telephone (804) 786-2291, or FAX (804) 786-6141. Other staff may be assigned by the director or Mr. Dowling to answer specific questions regarding these documents.

Board of Conservation and Recreation

Guidance Documents:

[DCR-BCR-002] Scenic River Designation Factsheet (12/26/13)
Guidance Documents

[DCR-BCR-006] Virginia's Scenic Rivers Program (1/24/13)
[DCR-BCR-007] Virginia Scenic Rivers List (11/7/13)
[DCR-BCR-008] Virginia Scenic Rivers Status (12/26/13)

Department of Conservation and Recreation

Guidance Documents:

[DCR-DS-009] Virginia Citizen's Guide to Floodplain Management (12/1/05)
[DCR-DS-010] Virginia Local Official's Guide to Floodplain Management (12/1/05)
[DCR-NH-064] Natural Heritage Resources of Virginia - Rare Animal Species (2/1/12)
[DCR-NH-065] The Natural Communities of Virginia: Ecological Groups and Community Types (7/1/13)
[DCR-NH-066] Natural Heritage Resource Fact Sheet - Conserving Endangered Species (7/1/97)
[DCR-NH-074] Virginia's Precious Heritage: A Report on the Status of Virginia's Natural Communities, Plants, and Animals (12/1/03)
[DCR-NH-075] Natural Heritage Resources of Virginia - Rare Plants (12/1/12)
[DCR-PRR-001] 2007 Virginia Outdoors Plan (12/28/12)
[DCR-PRR-002] Virginia Recreational Trails Program (10/1/13)
[DCR-PRR-003] Land and Water Conservation Fund Grant Application Manual 2013 (11/1/12)
[DCR-PRR-010] Bear Creek State Park Master Plan (6/10/09)
[DCR-PRR-011] Belle Isle State Park Master Plan (3/22/11)
[DCR-PRR-012] Caledon State Park Master Plan (4/1/12)
[DCR-PRR-013] Chippokes State Park Master Plan (4/1/12)
[DCR-PRR-014] Claytor Lake State Park Master Plan (6/16/10)
[DCR-PRR-015] Douthat State Park Master Plan (6/9/09)
[DCR-PRR-016] False Cape State Park Master Plan (6/16/10)
[DCR-PRR-017] First Landing State Park Master Plan (6/16/10)
[DCR-PRR-018] Hungry Mother State Park Master Plan (6/10/09)
[DCR-PRR-019] James River State Park Master Plan (2/11/08)
[DCR-PRR-020] Kiptopeke State Park Master Plan (6/10/09)
[DCR-PRR-021] Lake Anna State Park Master Plan (9/2/11)
[DCR-PRR-022] Mason Neck State Park Master Plan (6/16/10)
[DCR-PRR-023] New River State Park Master Plan (3/23/12)
[DCR-PRR-024] Natural Tunnel State Park Master Plan (6/10/09)
[DCR-PRR-025] Occoneechee State Park Master Plan (1/5/12)
[DCR-PRR-026] Pocahontas State Park Master Plan (10/21/13)
[DCR-PRR-027] Raymond R. Guest, Jr. Shenandoah River State Park Master Plan (9/26/12)
[DCR-PRR-028] Sailor's Creek State Park Master Plan (6/10/09)
[DCR-PRR-029] Sky Meadows State Park Master Plan (9/2/11)
[DCR-PRR-030] Smith Mountain Lake State Park Master Plan (3/22/11)
[DCR-PRR-031] Staunton River Battlefield State Park Master Plan (6/16/10)
[DCR-PRR-032] Wilderness Road State Park Master Plan (6/10/09)
[DCR-PRR-033] Grayson Highlands State Park Master Plan (9/2/11)
[DCR-PRR-034] Leesylvania State Park Master Plan (6/16/10)
[DCR-PRR-035] Holiday Lake State Park Master Plan (12/20/05)
[DCR-PRR-037] York River State Park Master Plan (1/5/12)
[DCR-PRR-038] Westmoreland State Park Master Plan (1/5/12)
[DCR-PRR-039] Fairy Stone State Park Master Plan (3/22/11)
[DCR-PRR-040] Powhatan State Park Master Plan (8/6/12)
[DCR-PRR-041] High Bridge State Park Master Plan (9/27/12)
[DCR-PRR-042] Seven Bends State Park Master Plan (11/26/08)
[DCR-PRR-043] Widewater State Park Master Plan
(10/21/13)

[DCR-PRR-044] Southwest Virginia Museum Master Plan
(9/2/11)

[DCR-PRR-045] Middle Peninsula State Park Master Plan
(10/15/10)

[DCR-PRR-046] Staunton River State Park Master Plan
(2/11/08)

[DCR-PRR-047] Biscuit Run State Park Master Plan
(10/21/13)

[DCR-SP-001] Booklet about Virginia State Parks
(12/28/12)

[DCR-SW-017] Grant Project Management Manual
(4/15/11)

[DCR-VLCF-002] Virginia Land Conservation Foundation's
2012 Grant Program Manual (8/20/12)

[DCR-VLCF-003] Land Preservation Tax Credits -
Conservation Value Review Criteria
(3/27/09)

[DCR-VLCF-004] Procedural Guidelines for Land
Conservation Tax Credits Conservation Value Review
(12/12/06)

[DCR-VLCF-005] Virginia's Land Preservation Tax Credit
Brochure (12/27/12)

[DCR-VLCF-006] Land Preservation Tax Credit Questions
and Answers (9/1/12)

Virginia Soil and Water Conservation Board

Guidance Documents:

[DCR-VSWCB-018] Virginia Dam Safety, Flood Prevention
and Protection Assistance Fund Loan and Grant Manual
(3/29/12)

[DCR-VSWCB-019] Virginia Soil and Water Conservation
Board Guidance Document on Impounding Structure
Ownership (9/26/08)

[DCR-VSWCB-021] Guidance Document on Credits and
Refunds of Dam Safety Certificate Application Fees
(11/30/10)

[DCR-VSWCB-022] Guidance Document on Agricultural
Exemption Requirements (11/30/10)

or Below Impounding Structures (11/30/10)

Environmental Projects (10/27/11)

[DCR-VSWCB-031] Policy on Soil and Water Conservation
District Administration and Operations Funding Allocations
for Fiscal Year 2014 (5/9/13)

[DCR-VSWCB-032] Policy and Procedures on Soil and
Water Conservation District Cost-Share and Technical
Assistance Funding Allocation (Fiscal Year 2014)
(7/29/13)

STATE CORPORATION COMMISSION

Office of the Clerk of the Commission

Copies of the following business entity and Uniform
Commercial Code (UCC) forms and documents may be
viewed during regular work days from 8:15 a.m. until 5 p.m.
at the State Corporation Commission, Clerk's Office, 1st
Floor, Tyler Building, 1300 East Main Street, Richmond, VA
23219. The mailing address is P.O. Box 1197, Richmond, VA
23218-1197. Copies may be obtained free of charge by
contacting the Clerk's Office by telephone at (804) 371-9733
or toll-free in Virginia at (866) 722-2551, or FAX (804) 371-
9521. Most of the forms can be downloaded from the Clerk's
Office section on the State Corporation Commission's
website.

Questions regarding interpretation or implementation of these
forms/documents may be directed to Joel H. Peck, Clerk of
the Commission, State Corporation Commission, 1st Floor,
Tyler Building, 1300 East Main Street, Richmond, VA
23219, telephone (804) 371-9834, toll-free in Virginia (866)
722-2551, or FAX (804) 371-9912. The mailing address is
P.O. Box 1197, Richmond, VA 23218-1197.

Guidance Documents:

For business entity forms, use the following link -

For UCC forms, use the following link -

SCC 21.2, Expedited Service Request - Business Entity
Filing, September 2013, § 12.1-21.2

SCC 544, Articles of Incorporation of a Virginia Professional
Stock Corporation, revised July 2005, § 13.1-544

SCC 607/807, Guide for Articles of Correction for a Virginia

SCC 615/815, Corporate Annual Registration Fee Notice,
revised annually, §§ 13.1-615 and 13.1-815

SCC 619, Articles of Incorporation of a Virginia Stock
Corporation, revised October 2011, § 13.1-619

SCC 631/830, Application for Reservation or for Renewal of
Reservation of a Corporate Name, revised March 2008,
§§ 13.1-631 and 13.1-830

SCC 632/831, Application for Registration or for Renewal of
Registration of Corporate Name (foreign corporations),

SCC 635/834, Statement of Change of Registered Office
and/or Registered Agent of a Corporation, revised July 2010,
Guidance Documents


SCC 710N, Articles of Amendment - Changing the Name of a Virginia Stock Corporation By Unanimous Consent of the Shareholders, revised July 2007, § 13.1-710


SCC 722.4, Guide for Articles of Domestication (foreign stock corporation intending to become a Virginia stock corporation), revised April 2008, § 13.1-722.4

SCC 722.5, Guide for Articles of Incorporation Surrender (Virginia stock corporation to be domesticated under the laws of another jurisdiction), revised April 2008, § 13.1-722.5


SCC 743, Articles of Dissolution (Virginia stock corporation), revised July 2007, § 13.1-743

SCC 744, Articles of Revocation of Dissolution (Virginia stock corporation), revised July 2007, § 13.1-744

SCC 750, Articles of Termination of Corporate Existence (Virginia stock corporation), revised July 2007, § 13.1-750

SCC 751, Articles of Termination of Corporate Existence (by the initial directors or the incorporators of a Virginia stock corporation), revised July 2007, § 13.1-751


SCC 819, Articles of Incorporation - Virginia Nonstock Corporation, revised October 2011, § 13.1-819

SCC 888, Guide for Articles of Amendment - Nonstock Corporation, revised September 2011, § 13.1-888

SCC 888N, Articles of Amendment - Changing the Name of a Virginia Nonstock Corporation by Unanimous Consent of the Members or by the Directors without Member Action, revised July 2007, § 13.1-888


SCC 898.4, Guide for Articles of Domestication (foreign nonstock corporation intending to become a Virginia nonstock corporation), revised April 2008, § 13.1-898.4

SCC 898.5, Guide for Articles of Incorporation Surrender (Virginia nonstock corporation to be domesticated under the laws of another jurisdiction), revised April 2008, § 13.1-898.5

SCC 904, Articles of Dissolution (Virginia nonstock corporation), revised July 2007, § 13.1-904

SCC 905, Articles of Revocation of Dissolution (Virginia nonstock corporation), revised July 2007, § 13.1-905

SCC 912, Articles of Termination of Corporate Existence (Virginia nonstock corporation), revised July 2007, § 13.1-912

SCC 913, Articles of Termination of Corporate Existence (By the initial directors or the incorporators of a Virginia nonstock corporation), revised July 2007, § 13.1-913

SCC 1, Corporate Annual Report of Principal Office and Officers/ Directors, revised annually, §§ 13.1-775 and 13.1-936

LPA-73.3, Application for Reservation or for Renewal of Reservation of a Limited Partnership Name, revised July 2006, § 50-73.3

LPA-73.5, Statement of Change of Registered Office and/or Registered Agent of a Limited Partnership, revised July 2010, § 50-73.5

LPA-73.6, Statement of Resignation of Registered Agent of a Limited Partnership, revised July 2010, § 50-73.6

LPA-73.11, Certificate of Limited Partnership, revised July 2010, § 50-73.11

LPA-73.11:3, Certificate of Limited Partnership of a Domestic or Foreign Partnership Converting to a Virginia Limited Partnership, revised July 2010, § 50-73.11:3


LPA-73.52:4, Certificate of Cancellation of a Virginia Limited Partnership, revised July 2010, § 50-73.52:4

LPA-73.54, Application for a Certificate of Registration to Transact Business in Virginia as a Foreign Limited Partnership, revised July 2010, § 50-73.54
LPA-73.57, Amended Application for Registration as a Foreign Limited Partnership, revised July 2010, § 50-73.57
LPA-73.58, Certificate of Cancellation of a Certificate of Registration as a Foreign Limited Partnership, revised July 2013, § 50-73.58
LPA-73.67, Limited Partnership - Annual Registration Fee Assessment Notice, revised annually, § 50-73.67
LPA-73.77, Amended and Restated Certificate of Limited Partnership, revised July 2010, § 50-73.77
LLC-1010.1, Articles of Organization for Conversion of a Domestic or Foreign Partnership or Limited Partnership to a Limited Liability Company, revised July 2013, § 13.1-1010.1
LLC-1011, Articles of Organization of a Virginia Limited Liability Company, revised October 2011, § 13.1-1011
LLC-1011.1, Guide for Articles of Correction to the Articles of Organization of a Domestic Limited Liability Company, revised February 2013, § 13.1-1011.1
LLC-1013, Application for Reservation or for Renewal of Reservation of a Limited Liability Company Name, revised July 2006, § 13.1-1013
LLC-1014N, Articles of Amendment - Changing the Name of a Virginia Limited Liability Company - By the Members, April 2010, § 13.1-1014
LLC-1016, Statement of Change of Registered Office and/or Registered Agent of a Limited Liability Company, revised July 2010, § 13.1-1016
LLC-1050, Articles of Cancellation of a Virginia Limited Liability Company, revised July 2013, § 13.1-1050
LLC-1052, Application for a Certificate of Registration to Transact Business in Virginia as a Foreign Limited Liability Company, revised July 2013, § 13.1-1052
LLC-1055, Amended Application for Registration as a Foreign Limited Liability Company, revised July 2013, § 13.1-1055
LLC-1062, Limited Liability Company Annual Registration Fee Assessment Notice, revised annually, § 13.1-1062
LLC-1077, Guide for Articles of Domestication (foreign limited liability company intending to become a Virginia limited liability company), revised April 2008, § 13.1-1077
LLC-1078, Guide for Articles of Organization Surrender (Virginia limited liability company to be domesticated under the laws of another jurisdiction), revised April 2008, § 13.1-1078
UPA-93, Statement of Partnership Authority, revised July 2010, § 50-73.93
UPA-94, Statement of Denial for a Partnership, revised July 2010, § 50-73.94
UPA-115, Statement of Dissociation from a Partnership, revised July 2010, § 50-73.115
UPA-121, Statement of Dissolution of a Partnership, revised July 2010, § 50-73.121
UPA-83D-CANC, Cancellation of Partnership Statement (of any statement filed), revised July 2010, § 50-73.83 D
UPA-83D-AMEND, Amendment to Partnership Statement (of any statement filed), revised July 2010, § 50-73.83 D
UPA-83D-RENEW, Renewal of a Statement of Partnership Authority, revised July 2010, § 50-73.83 D
UPA-132, Statement of Registration as a Virginia Registered Limited Liability Partnership, revised July 2010, § 50-73.132
UPA-134, Annual Continuation Report of a Virginia or Foreign Registered Limited Liability Partnership, revised July 2010, § 50-73.134
UPA-135, Certificate of Change of Registered Office and/or Registered Agent of a Registered Limited Liability Partnership, revised July 2010, § 50-73.135
UPA-135-RESIGN, Certificate of Resignation of Registered Agent of a Registered Limited Liability Partnership, revised July 2010, § 50-73.135
UPA-136, Statement of Amendment of a Statement of Registration of a Virginia or Foreign Registered Limited Liability Partnership, revised July 2010, § 50-73.136
UPA-137, Statement of Cancellation of a Statement of Registration of a Virginia Registered Limited Liability Partnership, revised July 2010, § 50-73.137
Guidance Documents

UPA-139, Statement of Cancellation of Registration as a Foreign Registered Limited Liability Partnership, revised July 2010, § 50-73.139

BTA 1212, Articles of Trust of a Domestic Business Trust, revised July 2005, § 13.1-1212

BTA 1213, Guide for Articles of Correction to the Articles of Trust of a Domestic Business Trust, revised April 2008, § 13.1-1213

BTA 1215, Application for Reservation or for Renewal of Reservation of a Business Trust Name, revised July 2006, § 13.1-1215

BTA 1216, Guide for Articles of Amendment to the Articles of Trust of a Domestic Business Trust, revised April 2008, § 13.1-1216


BTA 1221, Statement of Change of Registered Office and/or Registered Agent of a Business Trust, revised July 2010, § 13.1-1221

BTA 1222, Statement of Resignation of Registered Agent of a Business Trust, revised July 2010, § 13.1-1222

BTA 1238, Articles of Cancellation of a Virginia Business Trust, revised April 2009, § 13.1-1238

BTA 1242, Application for a Certificate of Registration to Transact Business in Virginia as a Foreign Business Trust, revised April 2009, § 13.1-1242

BTA 1245, Amended Application for Registration as a Foreign Business Trust, revised April 2009, § 13.1-1245

BTA 1246, Articles of Cancellation of a Certificate of Registration as a Foreign Business Trust, revised July 2013, § 13.1-1246

BTA 1251, Business Trust Annual Registration Fee Assessment Notice, revised annually, § 13.1-1251

SOP-19.1, Service of Process, Notice, Order or Demand on the Clerk of the State Corporation Commission as Statutory Agent, revised November 2012, § 12.1-19.1

UCC1, UCC Financing Statement, revised April 20, 2011, § 8.9A-509

UCC1Ad, UCC Financing Statement Addendum, revised April 20, 2011, § 8.9A-509

UCC1AP, UCC Financing Statement Additional Party, revised August 22, 2011, § 8.9A-509

UCC3, UCC Financing Statement Amendment, revised April 20, 2011, § 8.9A-512

UCC3Ad, UCC Financing Statement Amendment Addendum, revised April 20, 2011, § 8.9A-512

UCC3AP, UCC Financing Statement Amendment Additional Party, revised August 22, 2011, § 8.9A-512


UCC11, National Information Request, revised July 19, 2012, 5VAC5-30-40


Notice to Virginia Limited Liability Companies, revised March 2013, § 13.1-1000 et seq.

Notice to Foreign Limited Liability Companies, revised March 2013, § 13.1-1051 et seq.


Frequently Asked Questions Regarding:


Division of Communications

Copies of the following documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Division of Communications, State Corporation Commission, 9th Floor, Tyler Building, 1300 East Main
Street, Richmond, VA 23219. The mailing address is P.O. Box 1197, Richmond, VA 23218. Copies may be obtained by contacting Ms. Sheryl Ward at the same address, telephone (804) 371-9536, FAX (804) 371-9069, or email sheryl.ward@scc.virginia.gov. Questions regarding interpretation or implementation of these documents may also be directed to Ms. Sheryl Ward. There is no charge for copies of documents. Additional information regarding the Division of Communications may be obtained by visiting http://www.scc.virginia.gov/puc.

Guidance Documents:


Letter, Director of Communications, dated November 1, 2006, Concerning and Clarifying the State Corporation Commission's new rules, effective December 1, 2006, on Disconnection of Local Exchange Telephone Service in Virginia for Nonpayment, 20VAC5-413. Contact the Division of Communications at (804) 371-9420.

Letter, Director of Communications, dated April 19, 2001, Concerning Interconnection Agreements Filed with the SCC. Gives direction on (i) names on agreements, (ii) timely filing of agreements, (iii) notice requirements, and (iv) replacing existing agreements. Contact the Division of Communications at (804) 371-9420.

Letter, Director of Communications, dated December 16, 2013, Concerning Annual Payphone Service Provider Registration for 2012 including the letter and the forms for the payphone service provider annual registration, 20VAC5-407. Contact the Division of Communications at (804) 371-9420.

Letter, Director of Communications, dated December 16, 2013, Concerning Annual Operator Service Provider Registration for 2012 including the letter and the forms for the operator service provider annual registration, 20VAC5-407. Contact the Division of Communications at (804) 371-9420.


Letter, Director of Communications, dated March 29, 2006, Concerning Telephone Company Sales and Use Tax Review and Verification. Contact the Division of Communications at (804) 371-9420.

Letter, Senior Telecommunications Specialist, dated November 24, 2009, Concerning Competitive Local Exchange Carrier/Interexchange Carrier Initial Tariff Preparation Instructions. Contact the Division of Communications at (804) 371-9420.


Division of Energy Regulation

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. in the office of the SCC's Division of Energy Regulation, 4th Floor, Tyler Building, 1300 East Main Street, Richmond, VA 23219. The mailing address is P.O. Box 1197, Richmond, VA 23218. Contact Kelli Gravely at the same address, telephone number (804) 371-9611, FAX (804) 371-9350, or email kelli.gravely@scc.virginia.gov.

Questions regarding interpretation or implementation of these documents may be directed to David Roberts, Manager, Consumer Services, at the above address and telephone number.

Guidance Documents:


Letter to All Electric and Gas Utilities re: collection of monthly bills (cold weather - termination of service) and filing of complaint procedures, November annually, § 56-247.1 http://www.scc.virginia.gov/pue/docs/cold.pdf

Guidance Documents


Bureau of Financial Institutions

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. in the office of the Bureau of Financial Institutions, Tyler Building, 8th Floor, 1300 East Main Street, Richmond, VA 23219. The mailing address is P.O. Box 640, Richmond, VA 23218-0640. Copies may be obtained free of charge by contacting the bureau at the same address, telephone (804) 371-9657, FAX (804) 371-9416, or email bfiquestions@scc.virginia.gov.

Questions regarding interpretation or implementation of these documents may be directed to E. J. Face, Jr., Commissioner of Financial Institutions, Bureau of Financial Institutions, Tyler Building, 8th Floor, 1300 East Main Street, Richmond, VA 23219, telephone (804) 371-9659, FAX (804) 371-9416, or email bfiquestions@scc.virginia.gov. The mailing address is P.O. Box 640, Richmond, VA 23218-0640. Guidance documents and other information are available online at the bureau's website: http://www.scc.virginia.gov/bfi/.

Guidance Documents:

Banking Act


Savings Institutions Act


BFI-AL-0303, Investment by Virginia Savings Institutions in Shares of Open-End Management Investment Companies, revised and reissued June 1, 2011, § 6.2-1186 A 21 of the
Code of Virginia

Credit Union Act

Consumer Finance Act

Interest and Usury

Mortgage Lenders and Brokers

Payday Lenders

Forms and Instructions:
Banks
CCB-1126, Application to Change the Location of a Main Office or Branch Pursuant to Title 6.2 of the Code of Virginia, revised October 2010 http://www.scc.virginia.gov/publicforms/54/ccb1126.pdf
Guidance Documents

CCB-1128, Application for Approval of Merger Pursuant to Title 6.2 of the Code of Virginia, revised October 2010  

CCB-1129, Application of a Subsidiary Trust Company for a Certificate of Authority to Begin Business Pursuant to Title 6.2, Chapter 10, Article 3 of the Code of Virginia, revised October 2010  

CCB-1131, Application of an Interim Institution to Begin Business in Virginia, revised October 2010  

CCB-1133, Notice to Establish an EFT Terminal, revised October 2010  

CCB-1137, Application for Permission to Acquire Voting Shares of a Virginia Financial Institution Pursuant to § 6.2-704 A of the Code of Virginia, revised October 2010  

CCB-1137A, Consent to Service of Process, revised October 2010  

CCB-1138, Notice of Intent to Acquire a Bank Outside Virginia Pursuant to § 6.2-715 of the Code of Virginia, revised October 2010  

CCB-1139, Application to Acquire a Virginia Bank Holding Company or Virginia Bank Pursuant to Title 6.2, Chapter 7 of the Code of Virginia, revised October 2010  

CCB-1140, Oath of Office of Organizing Directors of Financial Institutions, revised October 2010  


CCB-1144, Application of a Bank Holding Company to Acquire a Federal Savings Institution Pursuant to § 6.2-1146 of the Code of Virginia, revised October 2010  

CCB-1146, Application to Convert Pursuant to Title 6.2 of the Code of Virginia, revised October 2010  

CCB-1147, Certification - Interagency Biographical and Financial Report, revised April 1998  

CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010  

CCB-9905, Application to Establish a Trust Office, revised October 2010  

Savings Institutions

Responsibilities of Savings Institutions' Directors, revised September 1991

CCB-1121, Application of a New Bank or a New Savings and Loan Association for a Certificate of Authority to Begin Business in Virginia, revised October 2010  

CCB-1122, Oath of Office for Multiple Directors, revised January 2000  


CCB-1126, Application to Change the Location of a Main Office or Branch Pursuant to Title 6.2 of the Code of Virginia, revised October 2010  

CCB-1137A, Consent to Service of Process, revised October 2010  

CCB-1140, Oath of Office of Organizing Directors of Financial Institutions, revised October 2010  


CCB-1144, Application of a Bank Holding Company to Acquire a Federal Savings Institution Pursuant to § 6.2-1146 of the Code of Virginia, revised October 2010  

CCB-1146, Application to Convert Pursuant to Title 6.2 of the Code of Virginia, revised October 2010  

CCB-1147, Certification - Interagency Biographical and Financial Report, revised April 1998  

CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010  

CCB-2201, Application of a Virginia Savings Institution to Establish a Branch, revised October 2010  

CCB-2206, Supplemental Sheet – Application of Savings Institutions for a Certificate of Authority to begin Business, revised March 2008  
CCB-2207, Application of a Savings Institution Holding Company for Acquisition of Control Pursuant to § 6.2-1147 of the Code of Virginia and 10VAC5-30-10 et seq., revised October 2010

CCB-2209, Application by an Out-of-State Savings Institution to Transact a Savings Institution Business in Virginia Pursuant to Title 6.2, Chapter 11, Article 5 of the Code of Virginia, revised October 2010

CCB-2210, Application to Acquire a Virginia Savings Institution Holding Company or Virginia Savings Institution Pursuant to Title 6.2, Chapter 11, Article 5 of the Code of Virginia, revised October 2010

CCB-2211, Notice of Intent to Acquire a Savings Institution Outside Virginia Pursuant to § 6.2-1160 of the Code of Virginia, revised October 2010

CCB-2212, Notice of Proposed Change of Location (Within One Mile) of a Main Office or Branch of a Savings Institution, revised October 2010

CCB-2213, Notice of Intent to Establish a Non-Depository Office by a Savings Institution Pursuant to § 6.2-1133 of the Code of Virginia, revised October 2010

CCB-2215, Application for a Certificate of Authority to Begin Business as a Savings Bank Pursuant to Title 6.2, Chapter 11, Article 2 of the Code of Virginia, revised October 2010

Credit Unions


CCB-1137A, Consent to Service of Process, revised October 2010

CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010

CCB-3302, Application for Permission to Establish and Operate a Credit Union Pursuant to § 6.2-1321 of the Code of Virginia, revised October 2010

CCB-3304, Consent to Service of Process (Insurer of Shares), revised October 2010

CCB-3305, Application by an Out-of-State Credit Union to Conduct Business as a Credit Union in Virginia Pursuant to § 6.2-1379 of the Code of Virginia, revised October 2010

CCB-3306, Application for Approval of Merger of Credit Unions Pursuant to § 6.2-1344 of the Code of Virginia, revised October 2010

CCB-3307, Application of a Credit Union to Establish a Service Facility Pursuant to § 6.2-1326 of the Code of Virginia, revised October 2010

CCB-3308, Credit Union Request for Field of Membership Expansion, revised October 2010

Consumer Finance Companies


CCB-1149, Depository Institution Authorization Form, revised December 2004

CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010


CCB-4402, Application for a Consumer Finance License Pursuant to Chapter 15 of Title 6.2 of the Code of Virginia, revised May 2013

CCB-4403, Notice to Conduct Consumer Finance Business and Other Business at Same Location, revised October 2010

CCB-4406, Notice of Intent to Change the Location of a Consumer Finance Office, revised October 2010

CCB-4407, Application for an Additional Consumer Finance Office Pursuant to § 6.2-1507 B of the Consumer Finance Act, revised October 2010

CCB-4408, Application for Permission to Acquire Control of a Consumer Finance Licensee Pursuant to § 6.2-1510 of the
Code of Virginia, revised October 2010

Money Order Sellers and Money Transmitters
CCB-1149, Depository Institution Authorization Form, revised December 2004
CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010
CCB-5500, Application for a License to Engage in the Money Transmission and/or Money Order Sales Business Pursuant to Chapter 19 of Title 6.2 of the Code of Virginia, revised October 2010
CCB-5507, Annual Report of Money Transmitters, revised November 2013
CB-5509, Surety Bond for Money Order Sales and Money Transmission, revised October 2010
CCB-5512, Transaction Report of Money Order Sellers and Money Transmitters for the Quarter, revised 2011
CCB-5513, Deposit Agreement under Virginia Code Title 6.2, Chapter 19 (Money Order Sales), revised October 2010
CCB-5514, Application for Permission to Acquire Control of a Money Transmitter Licensee Pursuant to § 6.2-1914 of the Code of Virginia, revised October 2010

Check Cashers
CCB-5510, Check Casher Registration Form, revised October 2010

Payday Lenders
CCB-1149, Depository Institution Authorization Form, revised December 2004
CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010
CCB-5515, Application for a Payday Lender Licensee Pursuant to Chapter 18 of Title 6.2 of the Code of Virginia, revised October 2010
CCB-5516, Surety Bond Pursuant to § 6.2-1804 of the Code of Virginia, revised October 2010
CCB-5517, Application for an Additional Office or Relocation of an Existing Office Pursuant to § 6.2-1807 of the Code of Virginia, revised October 2010
CCB-5518, Application for Permission to Acquire Control of a Payday Lender Licensee Pursuant to § 6.2-1808 of the Code of Virginia, revised October 2010
CCB-5519, Application to Conduct the Business of Making Payday Loans and Other Business at Same Location, revised October 2010
CCB-5521, Annual Report of Payday Lenders, revised November 2013
CCB-5529, Annual Report of Motor Vehicle Title Lenders, revised November 2013

Industrial Loan Associations
CCB-6602, Annual Report of Industrial Loan Associations, revised November 2013

Credit Counseling Agencies
CCB-1148, Personal Information and Disclosure Statement for Directors of Credit Counseling Agencies, revised June 2006

CCB-1149, Depository Institution Authorization Form, revised December 2004

CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010

CCB-7700, Application to Engage in the Business of a Credit Counseling Agency Pursuant to Chapter 20, Title 6.2 of the Code of Virginia, revised October 2010

CCB-7702, Application for an Additional Office or the Relocation of an Existing Office Pursuant to § 6.2-2006 of the Code of Virginia, revised October 2010

CCB-7703, Surety Bond Pursuant to § 6.2-2003 of the Code of Virginia, revised October 2010

CCB-7704, Application for Permission to Acquire Control of a Credit Counseling Licensee Pursuant to § 6.2-2007 of the Code of Virginia, revised October 2010


Mortgage Lenders and Mortgage Brokers

Effective January 3, 2011, mortgage lenders and mortgage brokers licensed pursuant to Chapter 16, Title 6.2 of the Code of Virginia will begin transitioning to the National Mortgage Licensing System (NMLS). Also, applicants for mortgage lender and mortgage broker licenses and for additional offices will be required to apply online through NMLS.

CCB-8805, Annual Report of Mortgage Lenders and Brokers, revised November 2013

CCB-8820, Annual Report of Exempt Mortgage Lenders and Brokers, revised November 2013

Mortgage Loan Originators

CCB-8813, Surety Bond Pursuant to §§ 6.1-413 and 6.1-431.4 of the Code of Virginia, revised October 2010
CCB-8814, Surety Bond Pursuant to § 6.1-431.4 of the Code of Virginia, revised October 2010

CCB-8815, Employment Verification Form, revised October 2010
CCB-8816, Virginia Mortgage Business Certification Form, revised October 2010

CCB-8817, MLO Personal Financial Report, revised November 2009

CCB-8818, SAM Resolution Letter, revised November 2009

MUA, Uniform Individual Mortgage License/Registration and Consent Form, revised April 2012

Trust Companies

CCB-1122, Oath of Office for Multiple Directors, revised January 2000

CCB-1122A, Oath of Office for Single Director, revised January 2000


CCB-1140, Oath of Office of Organizing Directors of Financial Institutions, revised October 2010

CCB-1150, Employment and Business Affiliation Disclosure Form, revised October 2010

CCB-9900, Application of a Trust Company for a Certificate of Authority to Begin Business Pursuant to Title 6.2, Chapter 10, Article 2 of the Code of Virginia, revised October 2010

CCB-9901, Certificate of a Control Person of a Trust Company Pursuant to § 6.2-1024 of the Code of Virginia, revised October 2010

CCB-9902, Bond for a Trust Company, revised October 2010

CCB-9904, Dual Service Certificate - Affiliated Trust Companies, revised January 2005

CCB-9905, Application to Establish a Trust Office, revised October 2010

CCB-9906, Application for Permission to Acquire Voting Shares of a Trust Company Pursuant to § 6.2-1023 of the Code of Virginia, revised October 2010
Guidance Documents

CCB-9907, Application of a Trust Company to Change the Location of a Main Office or Branch Pursuant to § 6.2-1028 of the Code of Virginia, revised October 2010

CCB-9908, Notice of Intent to Engage in Business as a Private Trust Company, revised October 2010

Settlement Agents

CCB-10001, Settlement Agent Registration Form for a Financial Institution or its Affiliate or Subsidiary Pursuant to Chapter 27.3 of Title 55 of the Code of Virginia, revised October 2010

Publications:

"The Compliance Connection," a newsletter for consumer finance companies, mortgage lenders, mortgage brokers, and industrial loan associations, published quarterly

"The Credit Union Reflection," a newsletter for state-chartered credit unions, published quarterly

"The Virginia State Banker," a newsletter for state-chartered banks, published quarterly

"Regulatory Report," formerly "Payday Pre$$," regulatory news for Virginia Payday Lender and Motor Vehicle Title Lender Licensees, published on an as-needed basis

Virginia Mortgage Law and Regulation Overview, revised April 6, 2010

Bureau of Insurance

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 4:30 p.m. in the office of the State Corporation Commission, Bureau of Insurance, Tyler Building, 6th Floor, 1300 East Main Street, Richmond, VA 23219. The mailing address is P.O. Box 1157, Richmond, VA 23218. For general information call the Bureau of Insurance at (804) 371-9741 or for in-state calls use the toll free number (800) 552-7945.

Questions regarding interpretation or implementation of these documents may be directed to Van Tompkins, Special Assistant to the Commissioner of Insurance. Single copies of each document listed may be obtained free of charge by contacting Ms. Tompkins at the Bureau's mailing address, by telephone (804) 371-9694 or by FAX (804) 371-9873. Many of these documents are available online at the bureau's website http://www.scc.virginia.gov/boi.

Administrative Letters:


Administrative Letter 1977-5, Readable Insurance Policies - Automobile, Fire, and Homeowners Policies, issued May 9, 1977, §§ 38.2-2107 (formerly § 38.1-367.1) and 38.2-2224 (formerly § 38.1-387.1)

Administrative Letter 1977-6, 1977 Acts of the General Assembly of Virginia, issued May 9, 1977, §§ 38.2-2201 (formerly § 38.1-380.1), 38.2-2202 (formerly § 38.1-380.2) and 46.2-465 (formerly § 46.1-497.1)

Administrative Letter 1977-7, Assignment of Driving Record Points, issued May 9, 1977, § 38.2-1904 (formerly § 38.1-279.33)


Administrative Letter 1977-9, 161 Private Passenger Car Class Plan, issued May 26, 1977, §§ 38.2-1904 (formerly § 38.1-279.33), 38.2-1910 (formerly § 38.1-279.38) and 38.2-2213 (formerly § 38.1-381.6)

Administrative Letter 1977-11, Automobile Rate Classification Statement, issued July 15, 1977, § 38.2-2214 (formerly § 38.1-381.7)

Administrative Letter 1977-13, Medical Expense and Loss of Income Coverages, issued July 25, 1977, §§ 38.2-1928 (formerly § 38.1-279.56), 38.2-2201 (formerly § 38.1-380.1), 38.2-2202 (formerly § 38.1-380.2) and 46.2-465 (formerly § 46.1-497.1)

Administrative Letter 1977-14, Assignment of Driving Record Points, issued July 26, 1977, §§ 38.2-1904 (formerly § 38.1-279.33) and 38.2-1928 (formerly § 38.1-279.56)


Administrative Letter 1978-5, (1) Amendment of Sections 38.1-348.7 and 38.1-348.8 of the Code of Virginia Relating to Coverages for Mental, Emotional or Nervous Disorders, Alcohol and Drug Dependence; (2) Enactment of Section 38.1-348.9 of the Code of Virginia Relating to Optional Obstetrical Services Coverages in Group Insurance Plans and Policies; and (3) Enactment of Section 38.1-348.10 of the Code of Virginia to Prohibit Exclusion or Reduction of Benefits under a Group Accident and Sickness Insurance Policy on a Group Prepaid Service Plan Issued Pursuant to Title 32.1 of the Code of Virginia on the Basis of Such Benefits Being Also Payable under an Individual Policy or Contract, issued June 15, 1978, §§ 38.2-3412 (formerly § 38.1-348.7), 38.2-3413 (formerly § 38.1-348.8), 38.2-3414 (formerly § 38.1-348.9) and 38.2-3415 (formerly § 38.1-348.10) http://www.scc.virginia.gov/boi/adminlets/78-5.pdf


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Administrative Letter 1980-2, Homeowners Insurance (Offer as an Option a Provision Insuring against Loss Caused or Resulting from Water which Backs up through Sewers or Drains), issued March 31, 1980, § 38.2-2120 (formerly § 38.1-335.2) http://www.scc.virginia.gov/boi/adminlets/80-2.pdf


Administrative Letter 1981-20, Adoption Date for the Revised "License Request" Form PIN050-A and Definition of the Conditions under which an "Interim Appointment" Form May be Utilized, issued December 16, 1981, § 38.2-1826 (formerly § 38.1-327.37) http://www.scc.virginia.gov/boi/adminlets/81-20.pdf


Administrative Letter 1983-1, 14VAC5-110 (formerly Insurance Regulation No. 18), 14VAC5-140 (formerly Insurance Regulation No. 19), (formerly Insurance Regulation No. 20, repealed), 14VAC5-120 (formerly Insurance Regulation No. 21), and 14VAC5-130 (formerly Insurance Regulation No. 22), issued March 31, 1983, 14VAC5-110 (formerly Insurance Regulation No. 18), 14VAC5-140 (formerly Insurance Regulation No. 19), 14VAC5-120 (formerly Insurance Regulation No. 21) and 14VAC5-130 (formerly Insurance Regulation No. 22) http://www.scc.virginia.gov/boi/adminlets/83-1.pdf


Guidance Documents


Administrative Letter 1986-13, Requirements for Coverage for Mental Illness and Substance Abuse, issued June 26,
Guidance Documents


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Administrative Letter 1993-3, 14VAC5-190 (formerly Insurance Regulation No. 38): Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits
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and Mandated Providers, issued February 10, 1993, 14VAC5-190 (formerly Insurance Regulation No. 38)

Administrative Letter 1993-6, Installment Payment Plans, issued May 3, 1993

Administrative Letter 1993-7, Changes of Address and Telephone Numbers for the State Corporation Commission's Bureau of Insurance, issued March 25, 1993

Administrative Letter 1993-9, Building Ordinance or Law Coverage, issued April 19, 1993, § 38.2-2124

Administrative Letter 1993-10, Use of Final Rates Filed by Rate Service Organizations for Property and Casualty Lines of Insurance Other Than Workers' Compensation, issued April 29, 1993, § 38.2-1908

Administrative Letter 1993-12, Long-Term Care Insurance Reporting Requirements, issued May 3, 1993

Administrative Letter 1993-13, Legislation Enacted by the 1993 Session of the Virginia General Assembly, issued June 3, 1993


Administrative Letter 1993-16, Business Transacted with Producer-Controlled Property and Casualty Insurer Act, issued August 4, 1993, § 38.2-1341

Administrative Letter 1993-19, 14VAC5-320 (formerly Insurance Regulation No. 15) (Revised) - Rules Establishing Minimum Reserve Standards for Individual and Group Accident and Sickness Insurance Contracts, issued November 5, 1993, 14VAC5-320 (formerly Insurance Regulation No. 15)


Administrative Letter 1994-4, 14VAC5-190 (formerly Insurance Regulation No. 38): Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers, issued January 20, 1994, §§ 38.2-218, 38.2-3408, 38.2-3418.1, 38.2-3419.1 and 14VAC5-190 (formerly Insurance Regulation No. 38)


Administrative Letter 1994-7, Mandatory Offer of Rental Reimbursement Coverage, issued July 5, 1994, §§ 38.2-2212 and 38.2-2230

Administrative Letter 1994-8, Freedom of Choice Requirements - Pharmacies and Ancillary Service Providers, issued October 17, 1994, §§ 38.2-316, 38.2-3407.7, 38.2-3407.8, 38.2-4209.1, 38.2-4209.2, 38.2-4312.1, and 38.2-4312.2

Administrative Letter 1994-9, I. Filing of Experience Reports and Adjustment of Prima Facie Rates II. Filing of Premium Rates and Refund Formulas, issued November 7, 1994, §§ 38.2-3725, 38.2-3728, 38.2-3729 and 38.2-3730

Administrative Letter 1995-3, Rules Governing the Reporting of Cost and Utilization Data Related to Mandated Benefits and Mandated Providers, issued January 10, 1995, §§ 38.2-218, 38.2-3408 through 38.2-3418.1, 38.2-3419.1 and 14VAC5-190 (formerly Insurance Regulation No. 38)

Administrative Letter 1995-5, 14VAC5-190 (formerly Insurance Regulation No. 38) - Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers - Coverage for Treatment of Breast Cancer by Dose Intensive Chemotherapy/Autologous Bone Marrow Transplants or Stem Cell Transplant, Section 38.2-3418.1:1 of the Code of Virginia, issued June 20, 1995, §§ 38.2-3418.1:1 and 38.2-3419.1 and 14VAC5-190 (formerly Insurance Regulation No. 38)

Administrative Letter 1995-6, Legislation Enacted by the 1995 Virginia General Assembly, issued May 19, 1995


Administrative Letter 1995-9, Registration - Small Employer Market, issued July 12, 1995

Administrative Letter 1995-10, Capitated Administrative Services Only (ASO) Agreements Are Insurance and May Subject Both the Provider and Administrator to the Provisions


Administrative Letter 1997-12, Credit Life Insurance and Credit Accident and Sickness Insurance Premium Rates
Guidance Documents


Administrative Letter 2000-14, 14VAC5-190: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers Notification of Additional Reporting Requirements for the 2000 Reporting Period, issued November 7, 2000, §§ 38.2-3412.1:01, 38.2-3418.1:12, 38.2-3418.8, 38.2-3418.9, 38.2-3418.10 and 38.2-3418.11, and 14VAC5-190 http://www.scc.virginia.gov/boi/adminlets/00-14.pdf


Guidance Documents

5900 et seq., and 14VAC5-125-120 and 14VAC5-215

Administrative Letter 2001-5, House Bill No. 2157, issued May 14, 2001, Title 38.2, Chapter 5 of the Code of Virginia

Administrative Letter 2001-6, Rule, Rate and Form Submission Checklists, issued August 1, 2001

Administrative Letter 2001-7, Voluntary Expedited Filing Procedures for Insurance Applications Developed to Allow Depository Institutions to Meet their Disclosure Obligations under Section 305 of the Gramm-Leach-Bliley Act, issued August 17, 2001, § 38.2-316 and 14VAC5-110

Administrative Letter 2001-8, Events of September 11, 2001, issued September 28, 2001, §§ 38.2-508.1 and 38.2-2205.1, and 14VAC5-140-50 E

Administrative Letter 2001-9, SCC Advises Agents to Beware When Selling Health Insurance Coverage, issued October 10, 2001, § 38.2-1802

Administrative Letter 2001-10, Executive Order Blocking Property and Prohibiting Transactions with Persons Who Permit, Threaten to Commit, or Support Terrorism, issued November 1, 2001

Administrative Letter 2001-11, 14VAC5-210-80 B 2: Notice of Termination upon Loss of Eligibility for Coverage, issued November 2, 2001, 14VAC5-210-80 B 2 and 14VAC5-210-100 B 17

Administrative Letter 2001-13, 14VAC5-190: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers Notification of Additional Reporting Requirements for the 2001 Reporting Period, issued December 7, 2001, §§ 38.2-3411.3, 38.2-3418.7:1, 38.2-3418.12 and 38.2-3418.13, and 14VAC5-190

Administrative Letter 2002-1, Procedures to Recognize Military Call-up to Active Duty-Agent Licensing and Agent Appointment Processes, issued January 17, 2002, § 38.2-1816, 38.2-1817, 38.2-1818, 38.2-1819, 38.2-1825, 38.2-1830 and 38.2-1870

Administrative Letter 2002-2, Withdrawing Requirement to Provide Paper Copies of Certain Administrative Letters to Appointed Agents; Use of Bureau of Insurance Website, issued February 27, 2002

Administrative Letter 2002-3, 14VAC5-190: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers - 2001 Reporting Period, issued March 8, 2002, §§ 38.2-3408 through 38.2-3418.13, 38.2-4221; and 14VAC5-190 and 14VAC5-190-40
http://www.scc.virginia.gov/boi/adminlets/02-03.pdf


Administrative Letter 2002-5, Legislation Enacted by the 2002 Virginia General Assembly, issued May 1, 2002
http://www.scc.virginia.gov/boi/adminlets/02-05.pdf

Administrative Letter 2002-6, Use of Credit Scoring Models in Rating Auto and Homeowners Insurance Policies, issued June 17, 2002, §§ 38.2-1906 and 38.2-1907
http://www.scc.virginia.gov/boi/adminlets/02-06.pdf

Administrative Letter 2002-7, Requirements for Foreign and Alien Insurance Companies Seeking Admission to do Business in Virginia, issued June 17, 2002 (replaced Administrative Letter 1999-9), §§ 38.2-1024, 38.2-1028, 38.2-1029, 38.2-1030, 38.2-1031, 38.2-1206, 38.2-1213, 38.2-1300 and 38.2-4129

Administrative Letter 2002-8, Changes in Laws Governing Licensing of Various Types of Insurance Agents and Producers, issued July 26, 2002, §§ 38.2-218, 38.2-1800, 38.2-1802, 38.2-1818, 38.2-1820, 38.2-1821, 38.2-1824, 38.2-1831 through 38.2-1834, 38.2-1836 and 38.2-1869
http://www.scc.virginia.gov/boi/adminlets/02-08.pdf
http://www.scc.virginia.gov/boi/adminlets/02-08_type.pdf

Administrative Letter 2002-9, Insurance Activities Requiring Persons to be Licensed, issued July 26, 2002 (replaced Administrative Letter 1997-1), §§ 38.2-1800, 38.2-1812, 38.2-1821, 38.2-1822, 38.2-1833, 38.2-4224, 38.2-4313, 38.2-4415 and 38.2-4519
http://www.scc.virginia.gov/boi/adminlets/02-09.pdf

Administrative Letter 2002-10, Licensing of Reinsurance Intermediaries, issued August 27, 2002 (replaced Administrative Letter 1992-15), §§ 38.2-136, 38.2-1322, 38.2-1347 et seq., 38.2-1348 through 38.2-1354, 38.2-1360, 38.2-1846 et seq. and 38.2-4230 et seq.

Administrative Letter 2002-11, Licensing of Managing General Agents, issued August 27, 2002 (replaced Administrative Letter 1992-14), §§ 38.2-1322 et seq., 38.2-1358 et seq., 38.2-1360, 38.2-1361, 38.2-1858 et seq. and 38.2-4230 et seq.

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Administrative Letter 2003-8, Business Transacted with Producer-Controlled Property and Casualty Insurer Act (§ 38.2-1341 et seq. of the Code of Virginia, issued October 6, 2003 (replaced Administrative Letter 1993-16)), §§ 38.2-110 through 38.2-134, 38.2-1100 et seq., 38.2-1341 et seq., 38.2-1342, 38.2-1344, 38.2-1347 et seq., 38.2-1358 et seq., 38.2-1800 et seq., 38.2-2015, 38.2-2700 and 38.2-5101; and 15 USC § 3901 et seq. http://www.scc.virginia.gov/boi/adminlets/03-08.pdf


Administrative Letter 2005-4, 14VAC5-190: Rules Governing the Reporting of Cost and Utilization Data
Guidance Documents


Administrative Letter 2006-16, Prospective Loss Cost Filing Requirements for Lines of Insurance Other than Workers' Compensation; Withdrawal of Administrative Letter 1990-5, issued November 8, 2006


Administrative Letter 2007-3, Chapter 200 of Title 14 of the Virginia Administrative Code Rules Governing Long-Term Care Insurance, Long-Term Care Partnership Program, issued May 1, 2007, 14VAC5-200
http://www.scc.virginia.gov/boi/adminlets/07-03.pdf


Guidance Documents


Administrative Letter 2010-07, Requests for Rate Secret Protection of Rates and/or Supplementary Rate Information Pursuant to House Bill No. 531, issued July 1, 2010 http://www.scc.virginia.gov/boi/adminlets/10-07.pdf


Administrative Letter 2010-09, Form and Rate Filings Submitted to Comply with the Patient Protection and Affordable Care Act of 2010 (PPACA), issued September 2, 2010 http://www.scc.virginia.gov/boi/adminlets/10-09.pdf


Administrative Letter 2011-05, Internal Appeal of Adverse Benefit Determinations and External Review of Adverse Determinations, issued July 14, 2011, §§ 38.2-3557, 38.2-
3559 and 38.2-5804 and 14VAC5-216-10 et seq., http://www.scc.virginia.gov/boi/adminlets/11-05.pdf


Financial Regulation Unit Guidance Documents:


Future Year-end Reserve Valuation Submissions to the Virginia Bureau of Insurance, January 1993, (This letter is available upon request from the Actuarial Support Section of the Financial Regulation Division, by calling 804-371-9589)

Future Year-end Reserve Valuation Submissions Other Than by Hard Copy to the Virginia Bureau of Insurance, September 2002, (This letter is available upon request from the Actuarial Support Section of the Financial Regulation Division, by calling 804-371-9589)
Guidance Documents

Future Year-end Reserve Valuation Submissions Other Than by Hard Copy to the Virginia Bureau of Insurance, November 2005. (This letter is available upon request from the Actuarial Support Section of the Financial Regulation Division, by calling 804-371-9589)


Uniform Certificate of Authority Application, revised September 2007, §§ 38.2-1024 and 38.2-1206, http://www.naic.org/industry_ucaa.htm


Letter to Insurers Prior to an Examination Specifying the Date of the Upcoming Examination and Requesting Specific Documentation the Insurer is to Provide to the Bureau of Insurance Staff, revised December 2013, (This letter is available upon request from the Financial Examination Section of the Financial Regulation Division, by calling 804-371-9123)

Form A, Instructions for Application for Approval of Acquisition of Control of or Merger with a Domestic Insurer Pursuant to § 38.2-1323, revised September 2009, 14VAC5-260, http://www.scc.virginia.gov/boi/co/miscforms.aspx


Annual Renewal Instructions - Dental Plan Organizations, (§ 38.2-6104), Dental or Optometric Services Plans (§ 38.2-4518), Fraternal Benefit Societies (§ 38.2-4127), Health Maintenance Organizations (§ 38.2-4318), Life and Health Insurance Companies (§ 38.2-1025), Legal Services Plans (§ 38.2-4414), Property and Casualty Insurance Companies (§ 38.2-1316.2), and Title Insurance Companies (§ 38.2-4602), December 2013, http://www.scc.virginia.gov/boi/co/an_renew.aspx


Market Regulation Unit Guidance Documents:


Forms/Reports for Insurers: Long Term Care (14VAC5-200), Small Employer (14VAC5-234), Medicare Supplement (14VAC5-170) and Mandated Benefits (Form MB-1 and instructions) (14VAC5-190)


Letter to Newly Licensed Insurers Advising the Insurers of the Applicable Insurance Rules and Regulations in the Commonwealth of Virginia, revised 2001 - (This letter is available upon request from the Forms and Rates Section of the Life and Health Division, by calling 804-371-9110)


Guidance Documents


Administration and Assessment Unit Guidance Documents:


Life and Health Consumer Guides


A Shopper's Guide to Long-Term Care Insurance, revised December 2010, (Available upon request from the Life and Health Consumer Services Section, by calling 804-371-9691)


Federal Health Care Reform Patient Protection and Affordable Care Act (PPACA; Public Law 111-148), revised October 2011, (Available upon request from the Life and Health Consumer Services Section, by calling 804-371-9691)


Life Insurance Information for Military Personnel, revised 2008, (Available upon request from the Life and Health Consumer Services Section, by calling 804-371-9691)


Long-Term Care Partnership Reciprocity States, http://w2.dehpg.net/LTCPartnership/


NAIC Public Service Announcement for Long-Term Care Insurance, http://www.naic.org/index_ltc_section.htm


Guidance Documents


Property and Casualty Consumer Guides:


Forms and Guides Respecting Licensing of Individuals and Agencies:


Forms for Surplus Lines Insurance:


Forms and Guides Respecting Licensing of Public Adjusters (Individuals and Agencies):


Division of Securities and Retail Franchising

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. in the State Corporation Commission's Division of Securities and Retail Franchising, Ninth Floor, Tyler Building, 1300 East Main Street, Richmond, VA. Copies may be obtained free of charge by contacting Kathy O'Sullivan at the same address, telephone number (804) 371-9784 or FAX (804) 371-9911. The mailing address is P.O. Box 1197, Richmond, VA 23218.

Questions regarding interpretation or implementation of these documents may be directed to Amanda Blanks, Investor Education Coordinator, at the same address, telephone number (804) 371-9088, or FAX (804) 371-9911. The mailing address is P.O. Box 1197, Richmond, VA 23218.

Guidance Documents:

Capital Formation Alternatives for Small Business in Virginia, August 2002

NASDAQ Statements of Policy, July 2009 (Virginia Securities Act, 21VAC5-30-80) http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+21VAC5-30-80

Investor Education Publications


Virginia Securities Act Forms

Broker-Dealer:

Uniform Application for Broker-Dealer Registration (Form # BD), revised January 2008 http://www.scc.virginia.gov/srf/bus/forms.aspx


Uniform Notice of Termination or Withdrawal of Registration as a Broker-Dealer (Form # BDW), January 2008 http://www.scc.virginia.gov/srf/bus/forms.aspx

Broker-Dealer Agent:


Non-FINRA Broker-Dealer or Issuer Agents to be Renewed Exhibit (Form # S.D. 4 A), 1974 http://www.scc.virginia.gov/publicforms/272/sd4a.pdf

Non-FINRA Broker-Dealer or Issuer Agents to be Canceled with no Disciplinary History (Form # S.D. 4 B), 1974 http://www.scc.virginia.gov/publicforms/273/sd4b.pdf

Non-FINRA Broker-Dealer or Issuer Agents to be Canceled with Disciplinary History (Form # S.D. 4 C), 1974 http://www.scc.virginia.gov/publicforms/274/sd4c.pdf


Investment Advisor:

Uniform Application for Registration of Investment Advisors (Form # ADV), July 2010 http://www.scc.virginia.gov/srf/bus/forms.aspx

IA Surety Bond Form (Form # IA-sure), July 1999 http://www.scc.virginia.gov/publicforms/277/iasb.pdf

Notice of Withdrawal from Registration as Investment Advisor (Form # ADV-W), October 2003 http://www.scc.virginia.gov/srf/bus/forms.aspx

Investment Advisor Representative:


Securities Registration:


Guidance Documents

Small Company Offering Registration (Form # U-7), September 1999
Registration by Notification - Original Issue (Form # S.A. 4), November 1996
Registration by Notification - Non-Issuer Distribution (Form # S.A. 5), November 1996
Registration by Notification - Pursuant to 21VAC5-30-50 Non-Issuer Distribution “Secondary Trading” (Form # S.A. 6), 1989
Registration by Qualification (Form # S.A. 8), July 1991
Escrow Agreement (Form # S.A. 12), 1971
Impounding Agreement (Form # S.A. 13), July 1999
Notice of Limited Offering of Securities (Form # VA-1), November 1996
Uniform Investment Company Notice Filing (Form # NF), April 1997
Form D, Notice of Exempt Offering of Securities (Form # SEC Form D), revised September 2013
Model Accredited Investor Exemption Uniform Notice of Transaction Form (Form # Model Form), July 1999
Application for Coordinated State Review (Form # CR-Equity-1), August 2003
Small Business Securities Offering Application for Mid-Atlantic Regional Review Form (Form # CR-SCOR Mid-Atlantic), May 2002

Virginia Retail Franchising Act Forms
Uniform Franchise Registration Application (Form # A), July 2008
Franchisor's Costs and Sources of Funds (Form # B), July 2008
Uniform Consent to Service of Process (Form # C), July 2008

Affidavit of Compliance - Franchise Amendment/Renewal (Form # E), July 2008
Guarantee of Performance (Form # F), July 2008
Franchisor's Surety Bond (Form # G), July 1999
Notice of Claim of Exemption (Form # H), July 2008
Escrow Agreement (Form # K), July 2007
Application for Coordinated Review of Franchise Registration (Form # CR-FRAN), June 1999

Virginia Trademark Act Forms
Application for Registration of a Trademark or Service Mark (Form # TM1), November 2009
Application for Renewal of a Trademark or Service Mark (Form # TM2), November 2009
Certificate of Name Change of an Applicant or Registrant (Form # TM3), November 2009

Division of Utility and Railroad Safety
Copies of the following documents may be viewed during regular work days from 8:15 a.m. to 5 p.m. in the office of the Division’s Division of Utility and Railroad Safety, 4th Floor, Tyler Building, 1300 East Main Street, Richmond, VA 23219. The mailing address is P.O. Box 1197, Richmond, VA 23218. Copies may be obtained at a charge of $.50 a page. To obtain copies, contact Renee Salmon at the same address, telephone number (804) 371-9947, FAX (804) 371-9734, or email renee.salmon@scc.virginia.gov. Some of the documents may be downloaded from the Division website at http://www.scc.virginia.gov/urs/mutility/pubs.aspx. Questions regarding interpretation or implementation of these documents may be directed to James Hotinger, Assistant Director, Division of Utility and Railroad Safety, 1300 East Main Street, 4th Floor, Richmond, VA 23219, telephone (804) 371-9843, FAX (804) 371-9734, or email james.hotinger@scc.virginia.gov. The mailing address is P.O. Box 1197, Richmond, VA 23218.

Outreach Documents:
Marking Color Code Card, 2 pages
Division of Utility Accounting and Finance

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. in the Virginia State Corporation Commission's Division of Utility Accounting and Finance, 1300 East Main Street, 4th Floor, Richmond, VA 23219. The mailing address is P.O. Box 1197, Richmond, VA 23218. Please contact Yolanda Suitte at (804) 371-9700 to make an appointment. Copies may be obtained at the cost of $.50 a page.

Questions regarding interpretation or implementation of these documents may be directed to Susan Larsen, Director, or Kent Peterson, Kimberly Pate, or Lawrence T. Oliver, Deputy Directors, Division of Utility Accounting and Finance, 1300 East Main Street, 4th Floor, Richmond, VA 23219, telephone (804) 371-9950 or FAX (804) 371-9447. The mailing address is P.O. Box 1197, Richmond, VA 23218. Some of the listed documents may be downloaded from the Division of Public Utility Accounting and Finance section on the State Corporation Commission's website at http://www.scc.virginia.gov.

Guidance Documents:

Hard copies are available. Please contact the Division of Utility Accounting and Finance at (804) 371-9950 or by email at accounting@scc.virginia.gov.

Uniform System of Accounts for Telecommunications Companies, Part 32 of Federal Communications Commission Rules and Regulations, revised October 1, 2010 § 56-249

Uniform System of Accounts for Electric Utilities, Part 101 promulgated by the Federal Energy Regulatory Commission, revised April 1, 2013, § 56-249

Uniform System of Accounts for Natural Gas Companies, Part 201 promulgated by the Federal Energy Regulatory Commission, revised April 1, 2013, § 56-249

Uniform System of Accounts for Class A Water Utilities, promulgated by the National Association of Regulatory Utility Commissioners, revised 1996, 144 pages, § 56-249

Uniform System of Accounts for Class C Water Utilities, promulgated by the National Association of Regulatory Utility Commissioners, revised 1996, 62 pages, § 56-249

Uniform System of Accounts for Class A Wastewater Utilities, promulgated by the National Association of Regulatory Utility Commissioners, revised 1996, 145 pages, § 56-249

Uniform System of Accounts for Class C Wastewater Utilities, promulgated by the National Association of Regulatory Utility Commissioners, revised 1996, 61 pages, § 56-249

Accounting Requirements for Rural Utilities Service Electric Borrowers, Electric Cooperatives, Part 1767 promulgated by

Guidance Documents:

For copies of the following DVDs please email: vadamageprevention@scc.virginia.gov

Dig with C.A.R.E. Keep Virginia Safe, Training DVD, English and Spanish versions, August 2008


Wally's Digging Adventure DVD, July 2010. A children's DVD for use in conjunction with the Wally's Digging Adventure Coloring Book for Children.

Advisory Committee Information:


La información en Español:


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Guidance Documents

the Department of Agriculture, revised January 1, 2013, § 56-249

Forms for Annual Reports:

Annual Financial and Operating Report for Electric Companies, consisting of the Federal Energy Regulatory Commission Form 1 and supplemental schedules, § 56-249. Length of report varies by company

Annual Financial and Operating Report for Gas Companies, consisting of the Federal Energy Regulatory Commission Form 2 and supplemental schedules, § 56-249. Length of report varies by company


Annual Financial and Operating Report for Class A Water and/or Sewer Companies, National Association of Regulatory Utility Commissioners Form, § 56-249. Length of report varies by company.


Guidelines:


Guidelines for Filing Affiliate/Merger Applications (Title 56, Chapter 4, Regulation of Relations with Affiliated Interests; and Title 56, Chapter 5, Utility Transfers Act) as follows: http://www.scc.virginia.gov/uaf/ch4ch5.aspx


Chapter 4 - Transaction Summary - Affiliate Transactions, 7 pages, §§ 56-76 through 56-87 http://www.scc.virginia.gov/uaf/ch4ch5.aspx


Division of Public Service Taxation

Copies of the following documents may be viewed during regular work days from 8 a.m. until 5 p.m. in the Office of the Public Service Taxation Division of the State Corporation Commission, Tyler Building, 4th Floor, 1300 East Main Street, Richmond, VA 23219. The mailing address is P.O. Box 1197, Richmond, VA 23218. Copies may be obtained free of charge by contacting Dee Deskins at the same address, telephone (804) 371-9855, FAX (804) 371-9797, or email dee.deskins@scc.virginia.gov. Many of these forms are available on the website at http://www.scc.virginia.gov/pst.

Questions regarding interpretation or implementation of these documents may be directed to Dee Deskins, Principal Utility Appraiser, Public Service Taxation Division, State Corporation Commission, Tyler Building, 4th Floor, 1300 East Main Street, Richmond, VA 23219, telephone (804) 371-9855, FAX (804) 371-9797, or email dee.deskins@scc.virginia.gov. The mailing address is P.O. Box 1197, Richmond, VA 23218.

Guidance Documents:

CCTD-1, State Tax Bills, all updated annually, Chapter 26 of Title 58.1 (Contact the Division of Public Service Taxation at (804) 371-9855)


Guidance Documents


CCTD-ET-1, Declaration of Estimated Gross Receipts Tax, December 2010, §§ 58.1-2640 and 58.1-2647 (Contact the Division of Public Service Taxation at (804) 371-9855)


Motor Vehicle Carriers, Urban-Suburban Statement for Special Tax Exemption, 1963, § 58.1-2660 (Contact the Division of Public Service Taxation at (804) 371-9855)


Annual Reports

The State Corporation Commission issues an annual report each year that contains the leading matters disposed of by formal orders that year. The annual reports of the commission may be viewed during regular work days from 8:15 a.m. until 5 p.m. in the State Corporation Commission Clerk's Office, 1st Floor, Tyler Building, 1300 East Main Street, Richmond, VA 23219. Annual Reports for the years 2002 through 2012 are available on the commission website at www.scc.virginia.gov/comm/an_rept.aspx.

Questions regarding interpretation of the annual reports may be directed to Joel H. Peck, Clerk of the Commission, State Corporation Commission, 1st Floor, Tyler Building, 1300 East Main Street, Richmond, VA 23219, telephone (804) 371-9834, toll-free in Virginia (866) 722-2551, or FAX (804) 371-9912. The mailing address is P.O. Box 1197, Richmond, VA 23218-1197.

DEPARTMENT OF CORRECTIONS

Copies of guidance documents may be viewed at Virginia Department of Corrections (DOC) Headquarters during regular work days from 8 a.m. to 5 p.m. The office is located at 6900 Atmore Drive, Richmond, VA 23225.

Copies of guidance documents may be obtained, at a cost of $.25 per page, by contacting Jim Bruce, DOC Regulatory Coordinator at the above address, telephone (804) 887-8215, or email james.bruce@vadoc.virginia.gov. Interpretive or implementation questions may be obtained from the same contact.

Guidance documents may also be viewed and printed, at no cost, at the Virginia Regulatory Town Hall at http://www.townhall.state.va.us/L/viewagency.cfm-agencynumber=701&display=documents.

Guidance Documents:

[BOC Policy 10-1] Board of Corrections Policy Process (6/1/13)
[BOC Policy 10-2] Board of Corrections Regulations (6/1/13)
[BOC Policy 10-4] Budget (6/1/13)
[BOC Policy 10-7] Negotiations with Low Bidder (6/1/13)
[BOC Policy 10-8] Volunteer Program (6/1/13)
[BOC Policy 20-10] Agribusiness (6/1/13)
[BOC Policy 20-13] Offender Co-Payment Program for Health Care Services (1/1/12)
[BOC Policy 20-14] Offender Health Records (1/1/12)
[BOC Policy 20-7] Inmate Pay (6/1/13)
[BOC Policy 20-8] Extending Limits of Confinement for Work & Educational Programs (6/1/13)
[BOC Policy 20-9] Good Conduct Allowance and Earned Sentence Credits (6/1/13)
[BOC Policy 30-1] Local Correctional Facility Standards (6/1/13)
Guidance Documents

[BOC Policy 30-5] Purchase of Services Authorized (1/1/12)
[BOC Policy 30-6] Cost of Maintenance of Jails (6/1/13)
[BOC Policy 30-7] Regional Contracts for Cooperative Jailing of Offenders (6/1/13)
[BOC Policy 30-8] Community Facilities for Offenders (6/1/13)
[BOC Policy 30-9] Approval for Jail Construction and Reimbursement (6/1/13)
[Compliance 15-40] Board of Corrections Compliance Documentation for Jails and Lockups (10/21/11)
[Compliance Jail 2013] Compliance Documentation for Jails Effective 7/1/13 Audits (12/13/12)
[Compliance LU 2013] Compliance Documentation for Lockups Effective 7/1/13 (12/13/12)

BOARD OF COUNSELING

Copies of the following documents may be viewed during regular working days from 8:15 a.m. until 4:00 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/counseling or requested by visiting the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at coun@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Catherine Chappell, Executive Director of the Board, at the address above or by telephone at (804) 367-4610. Copies are free of charge.

Guidance Documents:
http://www.dhp.virginia.gov/counseling/counseling_guidelines.htm

115-1.1, Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing Education Requirements, February 17, 2006
115-1.2, By-Laws of the Board, revised November 15, 2013
115-1.3, Meeting Degree Program Requirements for Licensure, revised April 1, 2010
115-1.4, Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision, adopted August 8, 2008
115-1.5, Instruction Manual for Use of Sanction Reference Points in Disciplinary Cases, adopted June 5, 2009
115-1.6, Internship Requirements, adopted February 19, 2010
115-1.7, Applicants whose degree programs do not meet requirements of 18VAC115-20-49B, adopted August 24, 2012
115-2, Impact of criminal convictions, impairment, and past history on licensure or certification, adopted November 15, 2013
115-2.1, Excerpt from 1987 Newsletter, guidance that hypnosis is an appropriate counseling tool, re-adopted August 8, 2008
115-4.1, Evidence of clinical practice for licensure by endorsement, adopted August 7, 2009
115-4.3, Direct client contact hours in an internship that can be applied towards the residency, adopted February 19, 2010
115-4.11, Board guidance on use of confidential consent agreements, February 27, 2004
115-5, Board guidance on the process of conducting informal fact-finding proceedings by an agency subordinate, revised September, 2010
115-6, Coursework necessary to begin supervision for licensure as a professional counselor, adopted February 18, 2011
115-7, Supervised experience for the delivery of clinical services for professional counselor licensure, adopted February 18, 2011

DEPARTMENT OF CRIMINAL JUSTICE SERVICES

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 4:30 p.m. in the office of the Department of Criminal Justice Services, 1100 Bank Street, 12th Floor, Richmond, VA 23219, http://www.dcjs.virginia.gov. Copies may be obtained by contacting Lisa McGee at the same address, telephone (804) 371-2419. Fees vary depending upon document. Questions regarding interpretation or implementation of these documents may be directed to Lisa McGee, Department of Criminal Justice Services, 1100 Bank Street, 12th Floor, Richmond, VA 23219, telephone (804) 371-2419, or email lisa.mcgee@dcjs.virginia.gov.

Guidance Documents:
2013 School Safety Inspection Checklist for Virginia Public Schools (8/12/13)
Certified Crime Prevention Community Program Manual (12/31/09)
Certified Crime Prevention Community Program Recertification Guidelines (12/31/09)
Critical Incident Response for School Faculty and Staff (8/8/13)
Governor's School and Campus Safety Task Force - Legislation and Summary of Requirements for Schools - 2013 (7/17/13)
Guidance Documents for Comprehensive Community Corrections Act and Pretrial Services Act, 2013 (12/31/13)
Guidance for School Systems in the Event That Victims Arise from an Emergency (11/25/13)
Guidance on Emergency Manager Designee (11/17/13)
Guidance on School Safety Inspection Checklist (8/8/13)
Guidance for School Systems in the Event That Victims Arise from an Emergency (11/25/13)
Guidance on Emergency Manager Designee (11/17/13)
Guidance on School Safety Inspection Checklist (8/8/13)
Local Community-based Probation and Pretrial Services Supplemental Program Guide for FY2013-2014 (3/1/13)
Threat Assessment in Virginia Public Schools: Model Policies, Procedures and Guidelines (11/17/13)
Virginia Juvenile Law Handbook for School Administrators (8/1/13)

Criminal Justice Services Board

Guidance Documents:
CASA/CJA Advisory Committee Guidance Policy for Court Appointed Special Advocates Programs (12/31/13)
Virginia Criminal Justice Training Reference Manual (9/1/12)

DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Virginia Department for the Deaf and Hard of Hearing (VDDHH), 1602 Rolling Hills Drive, Suite 203, Richmond, VA 23229-5012. Copies may be obtained free of charge by contacting Leslie Hutcheson Prince at the same address, telephone (804) 662-9703 (V/TTY), FAX (804) 662-9718, or email leslie.prince@vddhh.virginia.gov. Some of the documents may be available to be downloaded from the VDDHH homepage (http://www.vddhh.org).

Questions regarding interpretation or implementation of these documents may also be directed to Leslie Hutcheson Prince.

Guidance Document:
VDDHH Policies and Procedures implementing 22VAC20-20 (Regulations Governing Eligibility Standards and Application Procedures of the Distribution of Technological Assistive Devices), revised 2008
VDDHH Policies and Procedures implementing 22VAC20-30 (Regulations Governing Interpreter Services for the Deaf and Hard of Hearing), revised July 2008

Directory of Qualified Interpreters, implementing 22VAC20-30 (Regulations Governing Interpreter Services for the Deaf and Hard of Hearing), revised monthly
Virginia Quality Assurance Screening Applicant Packet, implementing 22VAC20-30 (Regulations Governing Interpreter Services for the Deaf and Hard of Hearing), revised 2011

BOARD OF DENTISTRY

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/dentistry or the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at denbd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Sandra K. Reen, Executive Director of the Board, at the address above or by telephone at (804) 367-4538. Copies are free of charge.

Guidance Documents:
60-1, Board policy on confidential consent agreements, revised September 13, 2013
60-2, Sanction reference point instruction manual, revised September 7, 2012
60-3, Board guidance on the meaning of an "updated health history," adopted December 9, 2005
60-4, Board guidance on the meaning of "morbidity" for reporting of adverse reactions, adopted March 3, 2006
60-5, Policy on sanctioning for failure to meet continuing education requirements, March 3, 2006
60-6, Policy on sanctioning for practicing with an expired license, revised September 17, 2010
60-7, Chart on delegable duties for dental assistants, revised September 13, 2013
60-8, Educational requirements for Dental Assistant II, December 2, 2011
60-9, Code of conduct for board members, June 12, 2009
60-10, Policy on sanctioning for failure to comply with advertising guidelines, revised September 17, 2010
60-11, Guidance on treatment of patient if fees not paid, revised September 12, 2008
60-12, Board guidance on administration of topical oral fluorides by dental hygienists in the Virginia Department of Health, revised September 7, 2007

60-13, Administering sedation or anesthesia in a dental practice, revised September 9, 2011

60-14, Bylaws of the Board of Dentistry, revised March 7, 2013

60-15, Standards for professional conduct in the practice of dentistry, December 4, 2009

60-16, Training in pulp capping for dental assistant II educational programs, adopted March 11, 2011

60-17, Policy on recovery of disciplinary costs, revised September 13, 2013

60-18, Dental laboratory work order, adopted December 7, 2012

60-19, Dental laboratory subcontractor work order, adopted December 7, 2012

60-20, Guidance on obtaining radiation certification, revised September 9, 2011

60-21, Board guidance for process of delegation of informal fact-finding to an agency subordinate, November 19, 2004

60-22, Policy on sanctioning for failure to comply with insurance and billing practices, adopted March 7, 2013

DEPARTMENT OF EDUCATION

For copies of documents, please contact Melissa Luchau at the Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218-2120, telephone (804) 225-2540, FAX (804) 225-2524, or email melissa.luchau@doe.virginia.gov. Questions may also be directed to Melissa Luchau.

Guidance Documents:

Academic Review Process (9/27/12)

A-F School Grading Formula (11/21/13)

Application for College Partnership Laboratory Schools and the Procedures for Receiving, Reviewing, and Ruling on College Partnership Laboratory School Applications (10/25/12)

Criteria and Process for the Board of Education to Review Charter School Applications (6/28/12)

Criteria for Identifying Alternative Routes to Teacher Licensure as "Low Performing" or "At Risk of Becoming Low Performing" Required by Title II of the Higher Education Opportunity Act (2/17/11)

Criteria for the Virginia Index of Performance (10/24/13)

Definitions of At-Risk of Becoming Low-Performing and Low-Performing Institutions of Higher Education in Virginia as Required by Title II of the Higher Education Act (HEA) (5/19/11)

Discipline of Students with Disabilities (12/30/10)

Division-Level Academic Review Process (10/25/12)

Elementary School Gun Safety Guidelines and Curriculum (7/31/11)

Growth Indicators in Response to the 2013 Acts of the Assembly (7/25/13)

Guidelines and Standards of Learning for Family Life Education (7/1/11)

Guidelines for Academic and Career Plans (9/17/09)

Guidelines for Awarding Differentiated Numbers of Verified Credit for Career and Technical Education Certification and Licensure Examinations (12/31/02)

Guidelines for Considering and Approving Requests for Pre-Labor Day Openings (3/28/13)

Guidelines for Distributing National Board Incentive Awards (6/28/12)

Guidelines for Educating Students with Specific Learning Disabilities (SLD) (10/4/13)

Guidelines for Local Textbook Approval (9/22/11)

Guidelines for Policies on Concussions in Student-Athletes (1/13/11)

Guidelines for School Facilities in Virginia's Public Schools (6/1/10)

Guidelines for the Prevention of Sexual Misconduct and Abuse in Virginia Public Schools (3/24/11)

Guidelines for Uniform Performance Standards and Evaluation Criteria for Principals (2/23/12)

Guidelines for Uniform Performance Standards and Evaluation Criteria for Superintendents (9/27/12)


Guidelines Governing Certain Provisions of the Regulations Establishing Standards for Accrediting Public Schools in Virginia (1/13/11)

Guidelines Pertaining to the Employment of Substitute Teachers (3/24/11)

Interpretation of Regulations for Certain Transfer Students (12/20/02)

List of Board of Education Regulations Identified as Waivable for Charter School Purposes (6/30/99)

Model Policy to Address Bullying in Virginia's Schools (10/24/13)
Persistently Dangerous Schools Identification Process & Criteria (4/29/03)

Physical Education Program Guidelines For Public Elementary and Middle Schools (11/21/13)

Process by which Locally Prescribed Graduation Requirements that Exceed the Requirements in 8VAC20-131-50 of the Regulations Establishing Standards for Accrediting Public Schools in Virginia May be Amended or Discontinued (11/17/11)

Standard Diploma Credit Accommodations for Students with Disabilities (3/28/13)

Training Standards for Paraprofessionals Assigned to Work with a Teacher Who Has Primary Oversight of Students with Autism Spectrum Disorder (1/10/13)

Virginia School Bus Specifications (11/21/13)

Virginia's Textbook Review Process (3/24/11)

[825] Student Conduct Policy Guidelines (10/24/13)


[828] Use of Literary Fund Proceeds (6/29/07)


[835] Guidelines for the Donation of Obsolete Educational Technology Hardware and Software by School Boards to Students (10/20/00)

[836] Guidelines for the Management of the Student's Scholastic Record in Virginia Public Schools (7/1/04)

[837] Guidelines on the Minute of Silence Requirements (6/13/00)

[838] Guidelines for Honorary High School Diplomas for Veterans of World War II, the Korean War, and the Vietnam War (10/25/10)


[840] Virginia School Health Guidelines (12/30/98)

[841] Suicide Prevention Guidelines (12/1/03)

[842] Model School Crisis and Emergency Management Plan (11/30/07)

[843] School Safety Audit Protocol (7/30/00)

[845] Policy Regarding Medication Recommendation by School Personnel (8/16/02)

[846] Guidelines for the K-3 Record for Reading and Mathematics (5/30/03)

[847] Objectives for Personal Living and Finance (12/30/06)

[848] Criteria for Character Education (7/26/12)

[851] Curriculum and Administrative Guide for Driver Education in Virginia (12/30/10)

[852] Guidelines for Banking-in-School Demonstration Partnership Programs (12/30/06)

[853] Persistently Dangerous Schools & Unsafe School Choice Option (4/30/03)

[854] Guidelines for Implementation of No Child Left Behind Act of 2001 Public School Choice Requirements (11/30/02)

[855] Criteria for the Providers of Supplemental Educational Services under the No Child Left Behind Act of 2001 (11/30/02)

[857] Limited English Proficient Students: Guidelines for Participation in the Standards of Learning Assessments (12/30/10)

[860] Virginia Plan for the Gifted (12/30/06)

[861] Procedures for Initiating Academic Year Governor's Schools (1/30/99)

[862] Virginia Comprehensive Services Act for At-Risk Youth and Families Implementation Manual (7/30/02)

[863] Guidelines for the Participation of Students With Disabilities in the State Accountability System (11/30/10)

[866] Rights and Procedural Safeguards for Special Education (8/15/09)

[868] Guidelines for Mentor Teacher Programs (6/30/00)

[869] Local Eligibility License Guidelines (9/30/00)

[870] Virginia License Renewal Manual (1/19/11)

[871] Guidelines for Managing Asthma: A Team Approach (7/1/03)


[873] Individual Student Alternative Education Plan (ISAEP) Program Guidelines (9/27/12)

[874] Model Guidelines for the Wearing of Uniforms in Public Schools (7/1/96)

[875] Guidelines Concerning Religious Activity in Public Schools (12/30/95)

[877] Criteria for Review of Private Educational Management Companies (4/1/05)
Guidance Documents

[878] Guidelines for Establishing Joint or Regional Continuation High Schools or Programs (5/28/04)

[879] Eligibility Criteria for Cost-Saving and Service-Sharing Agreements between School Divisions (7/30/05)

[880] Criteria for Establishing Governor's Career and Technical Academies (1/30/08)

[881] Criteria for Making Distributions from the Public Charter School Fund (1/10/08)

[882] Guidelines for Specialized Health Care Procedures (12/30/04)

[883] Guidelines for Training of Public School Employees in the Administration of Insulin and Glucagon (9/30/99)

[884] Guidelines for Student Drug-Testing in the Public Schools (6/30/04)

[885] Child Abuse and Neglect Recognition and Intervention Training Curriculum Guidelines (12/30/03)

[886] Guidelines for Alternatives to Animal Dissection (7/30/04)

[887] Virginia's Definition of School Readiness (4/30/08)

[888] Hiring of Retired Public School Teachers and Administrators for Critical Shortage Areas (8/7/01)

[889] The Virginia Requirements of Quality and Effectiveness for Beginning Teacher Mentor Programs in Hard-to-Staff Schools (6/30/04)

[890] Virginia's High Objective Uniform State Standard of Evaluation (HOUSSSE) for Experienced Teachers (4/30/05)

[891] Virginia's Definition of Alternate Route for Highly Qualified Teachers (4/30/04)

[892] Virginia Requirements to be a Highly Qualified Special Education Teacher (9/30/06)

[893] Virginia's High Objective Uniform State Standard of Evaluation (HOUSSSE) for Visiting International Faculty (VIF) Cultural Exchange Teachers (3/30/07)

[894] Guidelines for Prescribed Professional Teachers' Examinations (1/8/11)

[895] High-Quality Professional Development Criteria (4/30/04)

[896] Criteria for Implementing Experiential Learning Credits for Alternate Route Applicants Seeking Initial Licensure (10/30/05)

[897] Policy Statement for Implementing in Virginia Approved Programs the Virginia Communication and Literacy Assessment (11/30/05)

[898] Virginia Standards for the Professional Practice of Teachers (4/28/11)

[899] Accountability Measurement of Partnerships and Collaborations Based on PreK-12 School Needs Required by the Regulations Governing the Review and Approval of Education Programs in Virginia (11/29/12)


[902] Criteria and Process for Adoption of Instructional Models/Programs that Include Instructional Methods to Satisfy Provisions in Regulations Establishing Accrediting Standards for Public Schools In Virginia (1/30/04)

[903] Revision to the Terminology Used in the Criteria and Disclaimers to Identify and Select Instructional Interventions in Regulations Establishing Standards for Accrediting Public Schools in Virginia (2/5/07)

[904] Guidelines for School Division Rewards Allowable Under the No Child Left Behind Act of 2001 (7/30/04)

[905] Guidelines for Sanctions/Corrective Actions for Virginia School Divisions in Improvement Status as Required By the No Child Left Behind Act of 2001 (10/30/04)

[906] Process for School Divisions to Submit Locally-Developed and/or Selected English Language Proficiency Assessments for Board Approval (1/30/03)

[907] Agreement to Participate in the School Nutrition Programs (5/27/11)


[909] Required Modifications to Local Procedures and Policies (Special Education) (11/30/09)

[910] Alternative Special Education Staffing Plan Procedures (1/30/01)

[911] Procedures for Receiving and Resolving Complaints Which Allege Violation of Federal and State Laws and Regulations Pertaining to Children With Disabilities (2/25/00)


[914] Standards for the Governor's Career and Technical Education Exemplary Standards Awards Program (5/30/08)

[915] Guidelines Establishing an Incentive Program to Encourage and Recognize School Accountability Performance and Competence to Excellence (7/30/07)

[916] Protocol for State-Directed Investigations of Testing Irregularities (4/30/08)
Guidance Documents

STATE BOARD OF ELECTIONS

The Virginia State Board of Elections (SBE) is located in the Washington Building, First Floor, 1100 Bank Street, Richmond, VA 23219. Copies authorized to be provided are subject to costs stated in the board’s FOIA policy published on its website and may be viewed on regular work days from 8:30 a.m. until 4:30 p.m. Questions regarding interpretation or implementation of these documents may be directed to the above office address in person, via telephone (804)-864-8901 or toll free (800)-552-9745, by emailing info@sbe.virginia.gov, or by FAX (804)-371-0194. Questions will be directed to the appropriate staff member for response.

To obtain the most up-to-date information on many of the State Board of Elections guidance documents visit the SBE website: http://www.sbe.virginia.gov. Additionally, most of the SBE guidance documents are available electronically for no charge on the Town Hall.

Guidance Documents:

Dos and Don'ts for Campaigners and Authorized Representatives (9/23/13)

[DDG] Guidelines for Conducting Voter Registration Drives (7/1/13)


[DEL-2] Campaign Finance and Advertising Delegations to Secretary (Updating Policy 2004-007) (8/19/11)

[GREB-0] Introduction to the GREB Handbook (7/1/13)

[GREB-01] Chapter 1, The State Board of Elections (7/1/13)

[GREB-02] Chapter 2, The Electoral Board (7/1/13)

[GREB-03] Chapter 3, The General Registrar (7/1/13)

[GREB-04] Chapter 4, Officers of Election (7/1/13)

[GREB-05] Chapter 5, Registrar Office Operations (7/1/13)

[GREB-06] Chapter 6, Files and Records (7/1/13)

[GREB-07] Chapter 7, Voter Registration: List Maintenance (7/1/13)

[GREB-08] Chapter 8, Accessibility (7/1/13)

[GREB-09] Chapter 9, Voter Registration (7/1/13)

[GREB-10] Chapter 10, Candidate and Referenda Processing (8/14/13)

[GREB-11] Chapter 11, Absentee Voting (7/1/13)

[GREB-12] Chapter 12, Temporary Registration--Repealed (7/1/13)

DEPARTMENT OF EMERGENCY MANAGEMENT

Copies of the guidance document may be viewed at http://www.vaemergency.com/em-community/plans/coveop. The document may be printed without restrictions, except as such rules may apply in accordance with the Virginia Register.

Questions regarding interpretation or implementation of this document may be directed to George O’N. Urquhart, Virginia Department of Emergency Management, 10501 Trade Court, Richmond, VA 23236, telephone (804) 897-9715, or email george.urquhart@vdem.virginia.gov.

What If [What If] What If (12/26/13)

[RECOUNT-1] Recount Step by Step Instructions (8/1/12)

[RECOUNT-2] Examples for Handcounting Ballots (7/1/07)

[VOTER ID] Voter ID Chart (10/18/12)
Guidance Documents:

Commonwealth of Virginia Emergency Operations Plan (9/1/07)

DEPARTMENT OF ENVIRONMENTAL QUALITY

The following documents are prepared by the department. This list does not include documents that merely restate regulatory provisions, such as checklists or boilerplates, nor does it include guidance documents developed by other federal and state agencies. Requests for copies of those documents not available electronically on the Town Hall or copies of any of the documents listed are considered a request for information under the Freedom of Information Act. There is a charge for copies. Unless a cost is specifically listed, the charge will be based on the department’s FOIA Policy.

For FOIA requests, please contact DEQ’s FOIA Officer at (540) 574-7886. For a listing of regional office FOIA contacts, please go to our FOIA webpage at http://www.deq.virginia.gov/ConnectWithDEQ/FreedomofInformationAct/RegionalFOIAContacts.aspx.

Copies may also be requested by writing to: FOIA Officer, Department of Environmental Quality, P.O. Box 1105, Richmond, VA 23218.

Requests for copies or questions regarding interpretation of the Litter Prevention and Recycling documents should be directed to: Coordinator, Recycling and Tire Program, Department of Environmental Quality, 629 E. Main Street, P.O. Box 1105, Richmond, VA 23218, telephone (804) 698-4029.

Guidance Documents:

Division of Enforcement Case Referrals (8/20/09)

Process for Early Dispute Resolution of Notices of Alleged Violation and Notices of Deficiency (9/1/05)

Regulatory Guidance Development (4/17/06)


[CEM-01] Civil Enforcement Manual - Introduction (4/28/09)

[CEM-02] Civil Enforcement Manual - Chapter 1 - Enforcement Policy (4/28/09)

[CEM-03] Civil Enforcement Manual - Chapter 2 - General Enforcement Procedures - Cover Memorandum (5/11/12)

[CEM-04] Civil Enforcement Manual - Chapter 2 - General Enforcement Procedures (5/11/12)

[CEM-05] Civil Enforcement Manual - Chapter 2A - Attachments to Chapter 2 - General Enforcement Procedures (12/2/13)

[CEM-06] Civil Enforcement Manual - Chapter 3 - Priority, Timeliness and Certainty of Enforcement Actions (12/1/99)

[CEM-07] Civil Enforcement Manual - Chapter 4 - Civil Charges and Civil Penalties (9/6/12)

[CEM-07A] Civil Enforcement Manual - Chapter 4 - Civil Charges and Penalties (9/6/12)

[CEM-07B] Civil Enforcement Manual - Chapter 4A - Guidelines for Assessing Civil Charges (12/2/13)

[CEM-07BMemo] Enforcement Manual - Chapter 4A Cover Memo (12/2/13)

[CEM-08] Civil Enforcement Manual - Chapter 5 - Incentives for Identifying and Resolving Violations - Revision 2 Cover Memorandum (5/2/12)

[CEM-09] Civil Enforcement Manual - Chapter 5 Continued - Incentives for Identifying and Resolving Violations - Revision 2 (5/2/12)

[CEM-10] Civil Enforcement Manual - Chapter 6 - Adversarial Administrative Actions (12/1/99)

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[LPR-SW-EE-160] Virginia Waste Tire Program - Standards for Use of Tire Chips in a Residential Septic Drainfield (8/1/97)
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DEPARTMENT OF FORENSIC SCIENCE

The following guidance document is available on the department’s website at http://www.dfs.virginia.gov. Questions regarding this document may be directed to Stephanie Merritt, Department Counsel, Department of Forensic Science, 700 North 5th Street, Richmond, VA 23219, telephone (804) 786-2281, email stephanie.merritt@dfs.virginia.gov.

Check the department’s website at http://www.dfs.virginia.gov for periodic updates to this document.

Guidance Document:

Evidence Handling and Laboratory Capabilities Guide, September 2012

DEPARTMENT OF FORESTRY

Copies of the following documents may be viewed during regular work days from 7:30 a.m. until 4:30 p.m., Monday through Thursday, in the office of the Department of Forestry, 900 Natural Resources Drive, Suite 800, Charlottesville, VA 22903. Copies of the Alternate Management Plans and Reforestation of Timberlands Policy may be obtained free of charge by contacting Dean Cumbia at the same address, telephone (434) 220-9042, FAX (434) 296-2369, or email dean.cumbia@dof.virginia.gov.

Questions regarding interpretation or implementation of Alternate Management Plans or Reforestation of Timberland Policy may be directed to Dean Cumbia, Department of Forestry, 900 Natural Resources Drive, Suite 800, Charlottesville, VA 22903, telephone (434) 220-9042, FAX (434) 296-2369, or email dean.cumbia@dof.virginia.gov.

Copies of the Water Quality Enforcement documents may be viewed during regular work days from 7:30 a.m. until 4:30 p.m., Monday through Thursday, in the Office of the Department of Forestry, Augusta Forestry Center, P.O. Box 160, Crimora, VA 24431. Copies may be obtained free of charge by contacting Brenda Taylor at the same address, telephone (540) 363-7002.

Questions regarding interpretation or implementation of Water Quality Enforcement documents may be directed to Matt Poirot, Department of Forestry, 900 Natural Resources Drive, Suite 800, Charlottesville, VA 22903, telephone (434) 220-9028, FAX (434) 296-2369, or email matt.poirot@dof.virginia.gov.

The Department of Forestry does not charge a fee for these publications.

Guidance Documents:


2875, Procedure, Reforestation of Timberlands: http://www.dof.virginia.gov/forms/resources/074A.dot

2876, Procedure, Water Quality Enforcement, 04/04/2004

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board’s webpage at www.dhp.virginia.gov or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at fanbd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Lisa R. Hahn, Executive Director of the Board, at the address above or by telephone at (804) 367-4479. Copies are free of charge.

Guidance Documents:


65-1, Guidance on time credit for continuing education, adopted June 5, 2007

65-2, Disposition of disciplinary cases for practicing on an expired licensed, adopted July 16, 2012

65-5, Reciprocal agreement with the District of Columbia Board of Funeral Directors, adopted December 7, 1995

65-6, Reciprocal agreement with the Maryland State Board of Morticians and Funeral Directors, effective February 8, 2012

65-7, Memorandum of Understanding with the Virginia Department of Agriculture and Consumer Services, May 11, 1998

65-8, Board opinion on casket stores in the Commonwealth of Virginia, revised June 3, 2008

65-9, Memorandum of Understanding between the Cemetery Board of the Department of Professional and Occupational Regulation and the Board of Funeral Directors and
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Embalmers of the Department of Health Professions, April 2, 1999
65-10, Bylaws of the board, adopted March 8, 2000, revised June 3, 2008
65-12, Board action on Confidential Consent Agreements, adopted March 9, 2004
65-13, Guidance for Conduct of an Informal Conference by an Agency Subordinate, adopted December 8, 2004
65-14, Sanction Reference Points Manual, revised April 13, 2010
65-17, Initiating Disciplinary Action against Funeral Homes for Failing to Submit Corrective Action to Deficiencies Noted during Routine Inspections, adopted January 17, 2012
76-21.3:1, Inspection report for funeral establishments, revised September 30, 2013
76-21.3:2, Inspection report for crematories, revised September 30, 2013

DEPARTMENT OF GENERAL SERVICES

Office of Surplus Property
Copies of the following document may be viewed during regular business hours from 8:15 a.m. until 5 p.m. in the office of the Department of General Services, Office of Surplus Property at 1910 Darbytown Road, Richmond, VA 23231 or on the website at http://www.dgs.virginia.gov/LinkClick.aspx?fileticket=9YtCD3AiwM%3d&tabid=132.

Questions regarding interpretation of these documents may be directed to Floyd Coburn, director, Surplus Property at telephone (804) 236-3675, or email floyd.coburn@dgs.virginia.gov.

Guidance Document:

Office of Fleet Management Services
The following document is available at no cost at www.dgs.virginia.gov/fleet.

This publication is only available electronically. Questions regarding interpretation or implementation of this document may be directed to Michael Bisogno, Office of Fleet Management Services, 2400 W. Leigh Street Richmond, VA 23220, telephone (804) 367-6526, FAX (804) 367-8987 or email michael.bisogno@dgs.virginia.gov.

Guidance Document:

Division of Engineering and Buildings
Bureau of Capital Outlay Management
Copies of the following documents may be viewed during regular business hours from 8:15 a.m. until 5 p.m. in the office of the Bureau of Capital Outlay Management, 6th Floor, 1100 Bank Street, Richmond, VA 23219. Copies may be viewed or downloaded at no cost from the Bureau's website, http://bcom.dgs.virginia.gov.

Questions regarding interpretation of these documents may be directed to W. Michael Coppa, Director, Bureau of Capital Outlay Management, 6th Floor, 1100 Bank Street, Richmond, VA 23219, telephone (804) 786-4398, FAX (804) 225-4709, or email mike.coppa@dgs.virginia.gov.

Guidance Document:

Bureau of Facilities Management
Copies of the following documents may be viewed during regular business hours from 8 a.m. until 4:30 p.m. in the office of the Bureau of Facilities Management, Washington Building, 10th Floor, 1100 Bank Street, Richmond, VA 23219. Copies may be obtained free of charge by contacting the Bureau of Facilities Management telephone (804) 786-3529, or FAX (804) 371-7974.

Questions regarding interpretation or implementation of these documents may be directed to Thomas George, Director, Bureau of Facilities Management, 1100 Bank Street, 10th Floor, Richmond, VA 23219, telephone (804) 786-1821, FAX (804) 371-7974 or email mike.coppa@dgs.virginia.gov.

Guidance Documents:
Department of General Services Directive 3-90, Cable Installation, March 1990, § 2.2-1129 et seq.
Department of General Services Directive 12A, Agency Space Plans, § 2.1-481
Department of General Services Directive No. 15, Indoor Clean Air, April 27, 2005, § 15.1-291.1 et seq.
Guidance Documents


**Division of Real Estate Services**

Copies of the following documents may be viewed during regular business hours from 8:15 a.m. until 5 p.m. in the office of the Division of Real Estate Services, 1100 Bank Street, 3rd Floor, Richmond, VA 23219. Copies may be obtained by contacting Rhonda Johnson, Division of Real Estate Services, 1100 Bank Street, 3rd Floor, Richmond, VA 23219, telephone (804) 225-3874, FAX (804) 225-4673, or email rhonda.johnson@dgs.virginia.gov. These documents may also be downloaded from the website at www.dgs.virginia.gov/DRES.

Questions regarding interpretation or implementation of these documents may be directed to Holly L. Eve, Director, Division of Real Estate Services, 1100 Bank Street, 3rd Floor, Richmond, VA 23219, telephone (804) 225-3874, FAX (804) 225-4673, or email holly.eve@dgs.virginia.gov.

**Guidance Documents:**


**Division of Purchases and Supply**

The following documents are available electronically at no cost at www.eva.virginia.gov. These publications are available electronically. Questions regarding interpretation or implementation of these documents may be directed to the Division of Purchases and Supply, 1111 East Broad Street, 6th Floor, P.O. Box 1199, Richmond, VA 23218-1199, telephone (804) 786-3846, FAX (804) 371-7877, or email bob.sievert@dgs.virginia.gov.

**Guidance Documents:**

Virginia Business Opportunities (VBO) Ads
Commonwealth of Virginia Vendors Manual
Agency Procurement and Surplus Property Manual

**GEORGE MASON UNIVERSITY**

Copies of the following documents may be viewed during regular work days from 9 a.m. until 4 p.m. in the Office of Compliance, Equity, and Diversity, c/o University Policy Manager, D201 I Mason Hall, George Mason University, 4400 University Drive, Fairfax, VA. Copies may be obtained free of charge by contacting Elizabeth Woodley, University Policy Manager, at the same address, telephone (703) 993-8730, FAX (703) 993-8899, or email ewoodley@gmu.edu. The documents may be downloaded from the George Mason University website http://www.gmu.edu.

Questions regarding interpretation or implementation of these guidance documents may be directed to Ms. Woodley.

**Guidance Documents:**

Board of Visitors Bylaws (amended 2013) http://bov.gmu.edu/docs/bov_bylaws.pdf
Employee Handbook http://hr.gmu.edu/handbook/
University Catalog, 2013-14 http://catalog.gmu.edu/
Honor Code http://oai.gmu.edu/honor-code/
Annual Security Reports http://police.gmu.edu/annual-security-report/
Parking and Traffic Procedures http://parking.gmu.edu/
University Policies http://universitypolicy.gmu.edu/

**DEPARTMENT OF HEALTH**

Copies of the following guidance documents may be viewed during regular work days from 9 a.m. until 4 p.m. at the following address: Virginia Department of Health, 109 Governor Street, Richmond, VA. These documents are available electronically using the link below.

This process is free and is the most efficient means by which citizens and others may obtain access to these documents. The provision by the agency of a paper copy of a guidance document, upon a particular request, may involve a fee to be paid by the person requesting a document.

Questions regarding interpretation or implementation of these documents may be directed to the VDH Regulatory Coordinator: Joseph Hilbert, 109 Governor Street, Richmond, VA 23219, (804) 864-7006, joe.hilbert@vdh.virginia.gov. Mr. Hilbert will redirect such questions to knowledgeable program administrators.
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[ENV-052 A] Procedure for Issuing Certification Letters in Lieu of Sewage Disposal System Construction Permits under the Sewage Handling and Disposal Regulations; Validity and Renewal of Permits (8/20/08)

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[ENV-065] Approval of Septic Tank Forms (3/21/95)

[ENV-070] Preliminary Approval of Sewage Discharge Systems (6/13/95)


[ENV-073] Tuf-Tite Distribution Boxes (6/30/95)

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**BOARD OF HEALTH PROFESSIONS**

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/ or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at bhp@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Elizabeth Carter, Ph.D., Executive Director of the Board, at the address above or by telephone at (804) 367-4403. Copies are free of charge.

**Guidance Documents:**


75-1, Recommended Policy and Procedures in Disciplinary Cases Involving Board Members, adopted October 1993
75-2. Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupation or Professions, adopted February 1998.

75-3. Mission and Vision of the Board of Health Professions, adopted April 1998

75-4. By-laws of the Board of Health Professions, adopted January 12, 2005

DEPARTMENT OF HEALTH PROFESSIONS

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the department's webpage at http://www.dhp.virginia.gov or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested at elaine.yeatts@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Elaine Yeatts, Agency Regulatory Coordinator, at the address above or by telephone at (804) 367-4688. Copies are free of charge.

Department Policies:

http://www.dhp.virginia.gov/dhp_guidelines/default.htm

76-1.1, Mission Statement of the Department, April 20, 2010
76-1.6, Disclosure of Information, revised July 17, 2013
76-1.7, Disclosure of Information to Health Practitioner Monitoring Program, April 13, 2010
76-1.8, Conduct of surveys, April 20, 2010
76-1.9, Internet privacy policy, April 22, 2010
76-1.12, Extension of time for active duty servicemen, revised August 29, 2012
76-1.17, Publication of notices and orders on the department website, revised July 15, 2013
76-1.18, Website policies, April 22, 2010
76-1.22, Reproduction of a public meeting, August 13, 2010
76-1.24, Summary suspensions and restrictions, December 9, 2011
76-3.1, Execution of disciplinary orders, December 28, 2009
76-3.2, Providing Sanction Reference Point worksheets to respondents, July 19, 2011
76-3.3, Subpoenas for disciplinary hearings, revised January 9, 2012
76-3.4, Complaintant notification of case proceedings, May 6, 2011
76-3.6, Process for cases involving non-compliance with § 54.1-2400.6, April 5, 2012

76-1.1, Receipt and investigation of allegations of misconduct, October 20, 2010
76-1.3, Reports to national data banks, April 28, 2010
76-1.4, Requesting information from the national data banks, April 28, 2010
76-1.5, Disciplinary cases involving board members, January 3, 2011
76-1.6, Agency standards for case resolution, April 30, 2010
76-1.5, Procurement of nonprofessional services, December 28, 2009
76-1.6, Procurement of goods, December 28, 2009
76-1.7, Sole source approval for examination services, December 28, 2009
76-1.8, Compensation for members of appointed bodies, April 21, 2010
76-1.9, Principles/establishment of fees, April 21, 2010
76-1.10, Equal opportunity in agency procurement, December 28, 2009
76-1.11, Recruitment and filling vacant positions, April 23, 2010
76-1.3, Custodians of records, revised July 22, 2011
76-1.5, Prescription Drug Monitoring Advisory Panel, June 14, 2012
76-1.32, Letter to Sentara on Confidentiality Agreements, April 24, 2002
76-1.33, Foreign Applicants; Requirement to Provide Social Security Numbers, September 5, 2002
76-1.34, Requirements Imposed on Hospitals, Other Health Care Institutions, and Health Care Professionals to Report Disciplinary Actions Against and Allegations of Misconduct by Certain Health Care Practitioners to the Virginia Department of Health Professions, revised September, 2012
76-1.35, Rights & Responsibilities: The Virginia Freedom of Information Act, revised May 15, 2012
76-1.39, Guidelines for Pro Hac Vice Admission of Out-of-State Counsel and Practice by Non-Lawyers, adopted August 26, 2010

Enforcement Documents:


Inspection Plans and Inspection Reports:

76-21.1, Pharmacy Inspection Report, June 30, 2010
76-21.1:1, New/change of location/remodel pharmacy inspection report, January, 2013
Guidance Documents

76-21.1:2, Inspection deficiency notice and consent order, February 2012
76-21.1:4, Humane society and animal shelter inspection report, June 2010
76-21.1:10, Controlled substance registration inspection report A, January 2008
76-21.1:11, Controlled substance registration inspection report B, September 2009
76-21.1:12, Medical equipment supplier inspection report, September 2013
76-21.1:13, Controlled substance registration inspection report - alternative delivery sites, December 2010
76-21.1:14, Wholesale distributor inspection report, December 2010
76-21.1:15, Warehouser inspection report, December 2010
76-21.1:16, Physicians selling drugs inspection report, August 2013
76-21.1:17, Permitted physicians inspection report, December 2009
76-21.1:18, Manufacturer, restricted and unrestricted, inspection report, April 2011
76-21.2:1, Veterinary establishment inspection report, October 2013
76-21.3:1, Funeral establishment inspection report, September 2013
76-21.3:2, Crematory inspection report, September 2013
76-21.4, Inspection summary, May 2006
76-24.2, Dental office inspection report, May 2005

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 4:30 p.m. at the office of the State Council of Higher Education for Virginia, 101 N. 14th Street, Richmond, VA 23219. Copies may be obtained free of charge by contacting Sylvia Rosa-Casanova, Compliance Manager, at the same address, telephone (804) 225-3399, FAX (804) 225-2604, or email sylviarosacasanova@schev.edu. All documents are available on SCHEV’s website at http://www.schev.edu.

Guidance Documents:
Academic Credentialing Evaluation Services (8/23/12)
Chart of Accounts for Virginia State-Supported Colleges and Universities (7/1/90)
Equipment Trust Funds Policies and Procedures (6/26/13)
Guidelines for Transfer, Articulation, and Dual Admissions (12/19/06)
Guidelines on Course Registration Policies for Military-Related Students at Virginia Public Higher Education Institutions (3/19/13)
Higher Education Facilities Condition Reporting Guidelines (3/23/01)
Higher Education Facilities Condition Reporting Guidelines, Instructions for Reporting Infrastructure Data (7/9/01)
Higher Education Fixed Assets Guidelines for Educational and General Programs (7/16/01)
Organizational Changes at Public Institutions: Policies and Procedures for Internal and Off-Campus Organizational Changes (12/1/03)
Policies and Procedures for Maintaining Auxiliary Enterprise Reserves and Investments Yields (4/30/90)
Policies and Procedures for Program Approval (5/1/02)
Program Productivity/Viability at Public Institutions (4/1/03)
Tuition Relief Guidelines (12/18/06)
Domicile Guidelines (10/15/09)
Domicile Guidelines - Addendum A (1/12/10)
Domicile Guidelines - Addendum B (10/15/09)

DEPARTMENT OF HISTORIC RESOURCES

All agency guidance documents are available electronically on Town Hall and on the agency website. Hard copies can be made available during regular work days from 8:30 a.m. until 4:30 p.m. in the main office of the Virginia Department of Historic Resources, 2801 Kensington Avenue, Richmond, VA 23221 or at any of its regional offices. Copying costs may apply for large orders or for documents that are out of print. Copies can be obtained by contacting the regional offices, from staff coordinating the program covered by particular documents, or from the agency archives manager, Quatro Hubbard, at the address above, telephone (804) 482-6102, or FAX (804) 367-2391.

Interpretation or implementation questions should be addressed to staff working in the appropriate program area. A staff listing by unit and program area can be found on the agency website at http://www.dhr.virginia.gov/homepage_features/staff3.htm.

Regional office addresses and phone numbers are as follows (the Capital Regional Preservation Office is collocated at the central office address given above): Agency forms, information in the documents listed below, and the agency publication lists are also available on the agency website at http://www.dhr.virginia.gov.
Guidance Documents


Western Regional Preservation Office, Department of Historic Resources, 962 Kime Lane, Salem, VA 24153, telephone (540) 387-5396.

Northern Regional Preservation Office, Department of Historic Resources, P.O Box 519, 5357 Main Street, Stephens City, VA 22655 (send all mail inquiries to the P.O. Box), telephone (540) 868-7029.

Guidance Documents:

Historic Preservation Easement Program Policies (1 through 10) (3/16/11)
Application and Criteria for a State Historical Highway Marker (5/21/12)
Legal Notification Form - State/Federal Register Process (9/2/12)
National Register of Historic Places and Virginia Landmarks Register Evaluation Process (9/2/12)
National Register of Historic Places Nomination Form (2/1/12)
Permit for Application for Archaeological Removal of Human Burial (7/1/98)
Photographic Documentation Survey Guidelines (9/2/12)
Preliminary Information Form: Archaeological Site (9/2/12)
Preliminary Information Form: Historic District (9/2/12)
Preliminary Information Form: Individual Property (Building, Structure, Site, etc.) (9/2/12)
Virginia's Historic Registers: A Guide for Property Owners (12/30/07)
Application for Archaeological Investigation on State Lands (7/1/98)
Cell Tower Review Submission Guidelines (7/1/10)
Citizen Cemetery Recordation Form (8/4/10)
Civil War Sites Preservation Fund Grants 2013 Grants Application Form (3/4/13)
DHR State Collections Management Standards (6/16/11)
Eligible and Ineligible Expenses in Tax Credit Project (10/1/07)

Guidelines for Assessing Impacts of Proposed Electric Transmission Lines and Associated Facilities on Historic Resources in the Commonwealth of Virginia (1/8/10)
Guidelines for Assessing Visual Effects on Historic Properties (6/30/10)
Guidelines for Conducting Historic Resources Survey in Virginia (10/15/11)
How to Apply for Designation as a Certified Local Government in Virginia (12/1/10)
Instructions to Apply for State & Federal Rehabilitation Tax Credits (11/12/10)

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. at the Department of Housing and Community Development, 600 East Main, Suite 300, Richmond, Virginia 23219. Copies may be obtained at agency cost by contacting Stephen W. Calhoun at the same address or by telephone (804) 371-7015.

Questions regarding interpretation or implementation of these documents may be directed to Stephen Calhoun at the above address or telephone number or by email at steve.calhoun@dhcd.virginia.gov.

Guidance Documents:

HOMEownership Down Payment Assistance Program Guidelines and Application, 2014
Affordable and Special Needs Housing Programs Guidelines 2013-14
Affordable and Special Needs Housing Application Instructions 2013-14 (Application in CAMS)
Homeless Prevention Program Guidelines, 2012-2013 and 2013-2014
Emergency Solutions Grant (Federal) Guidelines, 2013-2014
Homeless Solutions Grant Guidelines, 2012-2013 and 2013-2014
Child Care for Homeless Children Program Guidelines, 2013-2014
Child Services Coordination Grant Guidelines, 2013 and 2014
Housing Opportunities for Persons with AIDS Guidelines, 2013-2014
Community Housing Development Organization Certification Program Guide and Application Manual 2013
Emergency Home and Accessibility Repair Program, November 2013
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 4:30 p.m. in the Office of Health Benefits, James Monroe Building, 101 North 14th Street, 13th Floor, Richmond, VA 23219. Copies may be obtained by contacting Linda Morton at the same address, or by telephone at (804) 786-6432, FAX (804) 371-0231, or by email at linda.morton@dhrm.virginia.gov. Unless otherwise noted, copies are available at no charge. Questions regarding interpretation or implementation of these documents may be directed to Linda Morton.

Guidance Documents:

- Employee Handbook, revised April 2013
- Employee Recognition Program Handbook, September 2000
- Handbook for Agency Heads, revised November 2013
- FAQs - Work Hours Limitation for Wage Employees, published April 2013
- Job Structure, revised September 2000
- Personnel Management Information System User’s Manual, revised September 2000
- Personnel Management Information System (PMIS) User Guides:
  - EPR421 Faculty Keying Guide, 2012
  - Reset Your PMIS Password, 2012
  - FAQs, published 2013
- Policies and Procedures Manual (individual policies are updated on a regular basis), revised November 2013
- Salary Structure, revised July 25, 2013
- Talent Management and Workforce Planning, September 2012
- Telecommuting Assistance and Guidance for Agencies, revised April 2012
- The Local Choice Administrative Manual, revised July 2006, cost $20
- Vendor Delivered Training, Vendor Course List, updated August 2011
- Workers’ Compensation Claims Procedure Manual, December 2010
State Health Benefits Program:

- COVA Care Member Handbook, July 2011
- COVA HDHP Member Handbook, July 2008
- Flexible Benefits Program Sourcebook, 2013-14

State Retiree Health Benefits Program:

- Medicare Coordinating Handbook, revised July 2011
- Dental/Vision Handbook Insert, revised January 2011
- Dental/Vision Handbook Insert Amendment, revised January 2014
- Prescription Drug Handbook Insert, revised January 2014

The Local Choice Health Benefits Program:

- 2011 The Local Choice Key Advantage Member Handbook, effective July 1, 2011
- Key Advantage Member Handbook 2012-2013 Amendment
- 2013 The Local Choice Key Advantage Expanded Benefits Summary Insert, effective July 1, 2013
- 2013 The Local Choice Key Advantage 250 Benefits Summary Insert, effective July 1, 2013
- 2013 The Local Choice Key Advantage 500 Benefits Summary Insert, effective July 1, 2013
- 2013 The Local Choice Key Advantage 1000 Benefits Summary Insert, effective July 1, 2013
- 2013 The Local Choice Kaiser Permanente Benefits Summary, effective July 1, 2013
- 2011 The Local Choice Member Handbook Medicare Coordinating Plans, effective January 1, 2011
- 2013 The Local Choice Advantage 65 Medical Only Insert, effective July 1, 2013
- 2013 The Local Choice Dental/Vision Summary Handbook Insert, effective July 1, 2013
- 2013 The Local Choice Medicare Complementary (Option I) Insert, effective July 1, 2013
- 2008 TLC HDHP Member Handbook, effective July 1, 2011
- 2010 Chiropractic Amendment, effective October 1, 2011
- 2010 Amendment, effective October 1, 2011
- 2013 HDHP Benefits Summary Insert, effective July 1, 2013

JAMES MADISON UNIVERSITY

Copies of the following documents are available by contacting the Office of Public Affairs at James Madison University. The address is MSC 8505, 217 South Liberty Street, Harrisonburg, VA 22801. The telephone number is (540) 568-5322. All of the documents are available online.

- Faculty Handbook - http://www.jmu.edu/facultysenate/facultyhandbook/
- Graduate Catalog - http://www.jmu.edu/gradcatalog/12/index.html
- Parking Regulations - http://web.jmu.edu/parking/
- Undergraduate Catalog - http://www.jmu.edu/catalog/

DEPARTMENT OF JUVENILE JUSTICE

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in the Certification Unit of the Department of Juvenile Justice, 600 East Main Street, Richmond, VA 23218. Copies may be obtained free of charge by contacting Kenneth E. Bailey, Certification Unit, Department of Juvenile Justice, P.O. Box 1110, Richmond, VA 23218-1110, telephone (804) 516-9491, FAX (804) 371-6490, or email kenneth.e.bailey@djj.virginia.gov.

Questions regarding interpretation or implementation of this document may be directed to Kenneth E. Bailey, Certification Unit, Department of Juvenile Justice, P.O. Box 1110, Richmond, VA 23218-1110, telephone (804) 516-9491, FAX (804) 371-6490, or email kenneth.e.bailey@djj.virginia.gov.

Guidance Documents:

- Standards for Juvenile Residential Facilities Compliance Manual with Interpretive Guidelines, revised January 2007, 6VAC35-140
- Guidelines for Approval and Reimbursement for Local Facility Construction (7/27/10)
Guidelines for Determining the Length of Stay of Juveniles Indeterminately Committed to the Department of Juvenile Justice (7/27/10)

Guidelines for Transporting Juveniles in Detention (9/8/04)

Guidance Documents:
Virginia Department of Juvenile Justice Guidelines for Minimum Standards in Design and Construction of Juvenile Facilities, revised January 10, 2001, § 16.1-309.5 (see Detention Homes and other services)

NOTE: This document is also included in the Step-by-Step Procedures for Approval and Reimbursement for Local Facility Construction, Enlargement and Renovation, which may be obtained from the Department's Detention Specialist, Marc Booker at (804) 588-3888 or email marc.booker@djj.virginia.gov.

Guidance Document:

Department of Juvenile Justice Grants Manual, revised January 2003

Copies of the following document may be viewed during regular work days from 8:30 a.m. until 5 p.m. at the Department of Juvenile Justice, 600 East Main Street, Richmond, VA 23218. Copies may be obtained free of charge by contacting Angela Valentine at P.O. Box 1110, Richmond, VA 23218-1110, telephone (804) 588-3906, or email angela.valentine@djj.virginia.gov.

Questions regarding interpretation or implementation of the document may be directed to Angela Valentine at P.O. Box 1110, Richmond, VA 23218-1110, telephone (804) 588-3906, or email angela.valentine@djj.virginia.gov.

Guidance Documents:
Interstate Compact for Juveniles - Form I, Requisition for Runaway Juvenile, revised December 2012, § 16.1-323

Interstate Compact for Juveniles - Form II, Requisition for Escape or Absconder, Requisition for Juvenile Charged With Being Delinquent (Rendition Amendment), revised December 2012, § 16.1-323

Interstate Compact for Juveniles - Form III, Consent for Voluntary Return of Out of State Juvenile, revised December 2012, § 16.1-323

Interstate Compact for Juveniles - Form IV, Parole or Probation Investigation Request, revised December 2012, § 16.1-323

Interstate Compact for Juveniles - Form V, Report of Sending State upon Parolee or Probationer Being Sent to the Receiving State, revised January 2011, § 16.1-323
Guidance Documents

Interstate Compact for Juveniles - Form IA/VI, Application for Services and Waiver, revised December 2012, § 16.1-323

Interstate Compact for Juveniles - Form A, Petition for Requisition to Return a Runaway Juvenile, revised January 2011, § 16.1-323

Interstate Compact for Juveniles - Form VII, Out of State Travel Permit and Agreement to Return, revised December 2012, § 16.1-323

Interstate Compact for Juveniles - Form VIII, Home Evaluation Report, revised December 2012

Interstate Compact for Juveniles - Form IX, Quarterly Progress or Violation Report, revised December 2012

Interstate Compact for Juveniles - Juvenile Rights, Form for Consent for Voluntary Return of Out of State Juvenile, revised December 2012

DEPARTMENT OF LABOR AND INDUSTRY

Questions regarding interpretation or implementation of the guidance documents used by the Virginia Department of Labor and Industry, contact the following persons.

For guidance documents concerning:

Cooperative Programs or the Voluntary Protection Program - Warren Rice, Virginia Department of Labor and Industry, Main Street Center, 600 East Main Street, Suite 207, Richmond, VA 23219, telephone (804) 786-6613;

Registered Apprenticeship - Bev Donati, Director, Division of Registered Apprenticeship, telephone (804) 786-2382;

Boiler and Pressure Vessel Safety - Ed Hilton, Director, Boiler and Pressure Vessel Safety Division, telephone (804) 786-3262;

Labor and Employment Law - the Director, Division of Labor and Employment Law, telephone (804) 786-2386;

Occupational Health - the Director of Occupational Health Compliance, telephone (804) 786-0574;

Occupational Safety - the Director of Occupational Safety Compliance, telephone (804) 786-2391; and

Virginia Occupational Safety and Health (VOSH) Program - (for copies) Regina Cobb, telephone (804) 786-0610.

Copies of these guidance documents may be viewed during regular work days from 8:30 a.m. until 4:30 p.m. at the Virginia Department of Labor and Industry, Main Street Center, 600 East Main Street, Suite 207, Richmond, VA 23219 or at any of the department's regional offices.

Apprenticeship Council

Guidance Documents:

[APP - 01] Bylaws of the Virginia Apprenticeship Council (11/18/10)

[APP - 02] State Apprenticeship Standards for Cosmetology, Barbering, and Nail Technology Consisting of Minimum Standards for Apprenticeship (5/10/10)

[APP - 03] Virginia Surveyor Apprenticeship Standards (1/3/03)

[APP - 05] Standards of Apprenticeship for Opticians (7/1/00)


[APP - 09] Apprenticeship Directive 81-4, Granting Credit for Previous Experience (5/21/81)

[APP - 10] Apprenticeship Directive 86-4, Part-Time Cosmetology Student/Apprentices (9/15/86)


[APP - 12] Apprenticeship Directive 01-1, Signature on Standards (VAC & Industry Specific) (8/15/01)


[APP - 16] Apprenticeship Directive 03-07, Registration for Barber, Cosmetology, Nail Technician (9/7/98)


[App - 17] Commonwealth of Virginia Registered Apprenticeship Field Operation Manual (9/30/13)

Department of Labor and Industry

Guidance Documents:


[Lel - 00] Field Operations Manual Disclaimer (3/30/10)

[LEL - 01] Division of Labor and Employment Law Field Operations Manual - Chapter 1 Minimum Wage Act (7/30/09)

[LEL - 02] Division of Labor and Employment Law Field Operations Manual - Chapter 2 Use of Polygraphs in Certain Employment Situations (10/30/07)
[LEL - 03] Division of Labor and Employment Law Field Operations Manual - Chapter 3 Equal Pay (1/20/00)

[LEL - 04] Division of Labor and Employment Law Field Operations Manual - Chapter 4 Prevention of Employment (1/30/00)

[LEL - 05] Division of Labor and Employment Law Field Operations Manual - Chapter 5 Payment of Medical Exams as a Condition of Employment (1/30/00)

[LEL - 06] Division of Labor and Employment Law Field Operations Manual - Chapter 6 Right to Work (3/1/10)

[LEL - 07] Division of Labor and Employment Law Field Operations Manual - Chapter 7 Garnishment (7/30/09)

[LEL - 09] Division of Labor and Employment Law Field Operations Manual - Chapter 9 Child Labor (8/30/07)

Safety and Health Codes Board

Guidance Documents:

[01-001B] Program Directive Classification and Numbering System - VOSH (2/15/09)

[01-003] VOSH Internal Performance Audit Program (3/15/92)

[01-004SR] Responsibilities of the Central and Regional Office Directors and Managers (5/1/00)

[01-007] Cancellation of Selected VOSH Program Directives (Reference: ADM 8) (12/1/94)

[01-008] Statewide Settlement Agreements (Reference: CPL 2.90) (3/1/96)

[01-009A] Citation Policy for Paperwork and Written Program Requirement Violations, CPL 02-00-111 [CPL 2.111] (10/15/07)


[01-017] Expedited Informal Settlement Agreement (EISA) Program (Reference: CPL 2.117 Draft) (3/1/05)

[01-020] OSHA Support of NIOSH (3/1/05)

[01-024] Cancellation and Revision of VOSH/OSHA Instructions Related to Standard Alleged Violation Elements (SAVEs) (8/15/98)

[02-001G] VOSH Field Operations Manual (FOM) - Revision 3.0 (10/1/13)

[02-002] Exposure Control Plan for VOSH Personnel with Occupational Exposure to Bloodborne Pathogens (9/15/06)

[02-003M] VOSH Procedures to comply with OSHA Enforcement Exemptions and Limitations under the Federal Appropriations Act, OSHA Instruction CPL 2.0.51J (when inspecting employers with ten or fewer employees); Revision (6/1/13)

[02-004A] Collection of OSHA-300 Log Data (2/15/04)


[02-009A] Prison Inmate Form Letter (4/1/03)

[02-010] Information to be Included in Closing Conferences (8/15/93)

[02-011] Temporary Help Supply Services Used by Employers (10/1/93)

[02-012] Complaint Policies and Procedures (4/1/03)


[02-016] Safety and Health Information Bulletins (2/15/04)

[02-020] VOSH Response to Significant Events of Potentially Catastrophic Consequence (1/15/94)


[02-023] Citation and IMIS Guidance for the Administrative Regulations Manual (ARM) (8/15/09)

[02-024A] Severe Violator Enforcement Program (SVEP) (9/1/13)


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[14-430C] Local Emphasis Program: Wastewater and Water Treatment Facilities (11/1/13)


[VOSH Consult. - 1] VOSH Consultation Policies and Procedures Manual (10/1/08)


[VOSH CCG] VOSH Closing Conference Guide (11/30/12)

[VOSH Consult. - 2] Job Safety and Health Protection Poster (4/30/12)

[VOSH ERG] Employer Responsibilities and Courses of Action Following a VOSH Inspection (10/20/12)


Guidance Documents


[VOSH FO 2005] 2005 Final Orders of the Virginia Courts in Contested Cases Arising Under the Virginia Occupational Safety and Health Act (12/10/09)


[VOSH HEALTH 1] Virginia Occupational Safety and Health Program Interpretations of Health Standards (10/17/03)

[VOSH Health 2] 2007 Health Interpretations (12/20/07)

[VOSH SAFETY 1] Virginia Occupational Safety and Health Program Interpretations of Safety Standards (10/17/03)

[VOSH Safety 2] 2007 Safety Interpretations (12/20/07)

[VOSH VPP - 1] Virginia Voluntary Protection Program (VPP) Policy and Procedures Manual (4/1/05)

LIBRARY OF VIRGINIA

Copies of the documents related to public records are available electronically for no charge on the Virginia Regulatory Town Hall. They also may be viewed during regular work days from 9 a.m. until 4:30 p.m. at the Office of the Librarian of Virginia, Library of Virginia, 800 East Broad Street, Richmond, VA 23219-8000. Copies may be obtained free of charge for 10 pages and for requests of 11 pages or more for $.25 per page by contacting Patrice Morgan, Archival and Records Management Services Division, at the above address, telephone (804) 692-3600, FAX (804) 692-3603, or email patrice.morgan@lva.virginia.gov.

Copies of the documents related to public libraries are available electronically for no charge on the Town Hall. Copies of documents related to public libraries and trustees may be viewed during regular work days from 9 a.m. until 4:30 p.m. at the Office of the Librarian of Virginia, Library of Virginia, 800 East Broad Street, Richmond, VA 23219-8000. Copies may be obtained free of charge for 10 pages and for requests of 11 pages or more for $.25 per page by contacting Carol Adams at the above address, telephone (804) 692-3774, FAX (804) 692-3771, or email carol.adams@lva.virginia.gov.

Questions regarding interpretation or implementation of these documents may be directed to Carol Adams, Deputy Director, Library Development and Networking at the above address, telephone (804) 692-3774, FAX (804) 692-3771, or email carol.adams@lva.virginia.gov.
Guidance Documents:

Virginia Public Library Trustees Handbook (7/1/05)
Planning for Library Excellence (1/13/09)
FY2012 Instructions for the Expenditure of State Aid Grants (3/12/12)
The Virginia Public Records Management Manual (3/12/12)
Guidance Document on the Timely Destruction of Records (7/30/06)

BOARD OF LONG-TERM CARE ADMINISTRATORS

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/nha or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at ltc@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Lisa Russell Hahn, Executive Director of the Board, at the address above or by telephone at (804) 367-4595. Copies are free of charge.

Guidance Documents:


95-1, Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification, revised July 7, 2011
95-2, Board Procedures for Auditing Continuing Education, revised July 7, 2011
95-3, Sanction Reference Manual, March 8, 2010
95-4, Board policy on confidential consent agreements, revised July 7, 2011
95-5, Document of Department of Health; Common understanding of definitions and terms used to identify resident mistreatment, April 17, 2000
95-6, Board policy on process for delegation of informal fact-finding to an agency subordinate, October 13, 2004
95-7, Board policy on Qualifying for Licensure: Required Content for College Coursework, revised July 7, 2011
95-8, Bylaws of the Board of Long-Term Care Administrators, revised July 7, 2011
95-9, Board policy on continuing competency hours for dually licensed administrators, October 28, 2008
95-10, Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities, September 27, 2011

95-11, Disposition of cases for practicing with an expired license, June 19, 2012

STATE LOTTERY DEPARTMENT

Copies of the following documents may be viewed during regular work days from 8:00 a.m. to 4:30 p.m. Requests for copies as well as questions regarding interpretation or implementation of these documents may be directed to: Amy Roper, Legal Liaison, State Lottery Department, 900 East Main Street, Richmond, VA 23219, telephone (804) 692-7133, FAX (804) 692-7688, or email aroper@valottery.com.

Director's Orders:

All Director's Orders are issued by the department's Executive Director as Administrative Orders. These Orders interpret and implement the Virginia Lottery's regulations relating to the licensing of lottery sales agents (11VAC5-31-10 through 11VAC5-31-200) and the games, promotions, and retailer incentives conducted by the Virginia Lottery (11VAC5-41-10 through 11VAC5-41-340).

The following Director's Orders are active as of the date of this filing:

31(94), Special Licensing Program: Virginia Department of Alcoholic Beverage Control, issued 08/15/94
02(99), Establishment of a Sliding Scale for Surety Bonding Requirements, issued 02/22/99
37(99), Virginia's Online Game Lottery; "Pick 4," Final Rules for Game Operation, issued 09/17/99
59(05), Final Rules for Operation; "Subscription Program," for Virginia Lottery Online Games, issued 08/08/05
24(08), Virginia's Online Game Lottery; "Fast Play Dodgeball" Final Rules for Game Operation, issued 05/22/08
64(08), Virginia's Instant Game Lottery 1076; "Win For Life" Final Rules for Game Operation, issued 10/13/08
42(09), Virginia's Online Game Lottery; "Fast Play Bonus Bingo" Final Rules for Game Operation, issued 05/28/09
70(09), Virginia Lottery's Retailer Cashing Bonus Program Final Rules for Operation, issued 10/13/09
15(10), Virginia's Online Game Lottery; "Powerball" Final Rules for Game Operation, issued 02/02/10 nunc pro tunc 01/31/10
24(10), Virginia's Instant Game Lottery 1189; "Virginia's $5 Million Club" Final Rules for Game Operation, issued 02/20/10
26(10), Virginia's Instant Game Lottery 1188; "$70 Million Payout Spectacular" Final Rules for Game Operation, issued 05/04/10
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04(11), Virginia's Instant Game Lottery 1202; "$1,000,000 Cash Blast" Final Rules for Game Operation, issued 01/19/11

10(11), Virginia's Online Game Lottery; "Decades of Dollars" Final Rules for Game Operation, issued 01/27/11

11(11), Virginia's Online Game Lottery; "Fast Play Blackjack" Final Rules for Game Operation, issued 01/28/11

21(11), Virginia's Instant Game Lottery 1262; "Million Dollar Cash Spectacular" Final Rules for Game Operation, issued 03/14/11

59(11), Virginia's Instant Game Lottery 1273; "Right on the Money" Final Rules for Game Operation, issued 07/13/11

64(11), Virginia's Online Game Lottery; "Pick 3" Final Rules for Game Operation, issued 07/22/11

72(11), Virginia's Instant Game Lottery 1272; "Winning in Spades" Final Rules for Game Operation, issued 08/03/11

75(11), Virginia's Instant Game Lottery 1228; "King of Cash" Final Rules for Game Operation, issued 08/15/11

83(11), Virginia's Instant Game Lottery 1290; "Casino Royale" Final Rules for Game Operation, issued 09/09/11

106(11), Virginia's Instant Game Lottery 1308; "Money Roll" Final Rules for Game Operation, issued 12/20/11

01(12), Virginia's Online Game Lottery; "Cash 5" Final Rules for Game Operation, issued 01/24/12

13(12), Virginia's Instant Game Lottery 1253; "Million Dollar Cash Bonanza" Final Rules for Game Operation, issued 03/16/12

24(12), Virginia's Instant Game Lottery 1317; "Cherry Twist/Orange Twist/Lemon Twist" Final Rules for Game Operation, issued 03/16/12

26(12), Virginia's Instant Game Lottery 1300; "Treasure" Final Rules for Game Operation, issued 03/13/12

27(12), Virginia's Instant Game Lottery 1322; "The Money Game" Final Rules for Game Operation, issued 03/16/12

29(12), Virginia's Instant Game Lottery 1330; "$150,000 Player's Club" Final Rules for Game Operation, issued 03/16/12

33(12), Virginia's Instant Game Lottery 1303; "More Folding Money" Final Rules for Game Operation, issued 03/16/12

34(12), Virginia's Instant Game Lottery 1320; "Queen of Hearts" Final Rules for Game Operation, issued 03/16/12

35(12), Virginia's Instant Game Lottery 1327; "Red Hot Slots" Final Rules for Game Operation, issued 03/16/12

36(12), Virginia's Instant Game Lottery 1341; "Money Jar" Final Rules for Game Operation, issued 03/16/12

47(12) Virginia's Instant Game Lottery 1328; "Jewel 7's" Final Rules for Game Operation, issued 04/12/12

48(12) Virginia's Instant Game Lottery 1337; "7 11 21 ®" Final Rules for Game Operation, issued 04/10/12

57(12) Virginia's Instant Game Lottery 1349; "Find the 9's" Final Rules for Game Operation, issued 06/29/12

59(12) Virginia's Instant Game Lottery 1345; "Black Gold" Final Rules for Game Operation, issued 06/29/12

60(12) Virginia's Instant Game Lottery 1340; "Hit $20,000" Final Rules for Game Operation, issued 06/29/12

61(12) Virginia's Instant Game Lottery 1357; "Black Jack" Final Rules for Game Operation, issued 06/29/12

63(12) Virginia's Instant Game Lottery 1351; "Flying Aces" Final Rules for Game Operation, issued 06/29/12

71(12) Virginia's Instant Game Lottery 1319; "Diamond Bingo" Final Rules for Game Operation, issued 08/14/12

73(12) Virginia's Instant Game Lottery 1342; "Ca$h in Hand" Final Rules for Game Operation, issued 07/30/12

76(12) Virginia's Instant Game Lottery 1353; "Pinball Payout" Final Rules for Game Operation, issued 08/14/12

79(12) Virginia's Instant Game Lottery 1301; "$1,000,000 Mega Fortune" Final Rules for Game Operation, issued 08/24/12

87(12) Virginia's Instant Game Lottery 1373; "$1,000,000 Hit $500" Final Rules for Game Operation, issued 08/24/12

91(12) Virginia's Instant Game Lottery 1359; "$2,000 Spin" Final Rules for Game Operation, issued 08/24/12

92(12) Virginia's Instant Game Lottery 1380; "$150 Grand" Final Rules for Game Operation, issued 09/24/12

93(12) Virginia's Instant Game Lottery 1381; "Hit $500" Final Rules for Game Operation, issued 09/24/12

106(12) Virginia's Instant Game Lottery 1385; "$150,000 Black Cherry Doubler" Final Rules for Game Operation, issued 09/24/12

107(12) Virginia's Instant Game Lottery 1391; "Money in the Bank" Final Rules for Game Operation, issued 09/24/12

108(12) Virginia's Instant Game Lottery 1383; "White Ice 9's" Final Rules for Game Operation, issued 10/15/12

110(12) Virginia's Instant Game Lottery 1367; "$150 Grand" Final Rules for Game Operation, issued 10/15/12
111(12) Virginia's Instant Game Lottery 1362; "Hot Card" Final Rules for Game Operation, issued 10/15/12
115(12) Virginia's Instant Game Lottery 1374; "Millionaire Mania" Final Rules for Game Operation, issued 11/14/12
119(12) Virginia's Instant Game Lottery 1419; "Blackjack" Final Rules for Game Operation, issued 11/16/12
120(12) Virginia's Instant Game Lottery 1382; "Electric 7's" Final Rules for Game Operation, issued 11/16/12
121(12) Virginia's Instant Game Lottery 1402; "EZ $1040" Final Rules for Game Operation, issued 12/06/12
122(12) Virginia's Instant Game Lottery 1398; "Jeep®" Final Rules for Game Operation, issued 11/16/12
134(12) Virginia's Instant Game Lottery 1392; "Cash Whirlwind" Final Rules for Game Operation, issued 11/16/12
135(12) Virginia's Instant Game Lottery 1384; "Money Bags" Final Rules for Game Operation, issued 12/04/12
139(12) Virginia's Instant Game Lottery 1370; "10X the Money" Final Rules for Game Operation, issued 12/07/12
143(12) Virginia's Instant Game Lottery 1387; "7-11-21™" Final Rules for Game Operation, issued 12/07/12
144(12) Virginia's Instant Game Lottery 1396; "Big Winning Numbers" Final Rules for Game Operation, issued 12/07/12
145(12) Virginia's Instant Game Lottery 1339; "Hot Chile Tripler" Final Rules for Game Operation, issued 12/07/12
02(13) Virginia's Instant Game Lottery 1394; "Good Deal" Final Rules for Game Operation, issued 1/4/13
03(13) Virginia's Instant Game Lottery 1420; "Daily Crossword" Final Rules for Game Operation, issued 1/14/13
05(13) Virginia's Instant Game Lottery 1412; "$" Final Rules for Game Operation, issued 1/14/13
06(13) Virginia's Instant Game Lottery 1397; "20X The Money" Final Rules for Game Operation, issued 1/23/13
10(13) Virginia's Instant Game Lottery 1388; "Royal Riches" Final Rules for Game Operation, issued 2/22/13
11(13) Virginia's Instant Game Lottery 1389; "Power 9's" Final Rules for Game Operation, issued 3/5/13
12(13) Virginia's Instant Game Lottery 1368; "Joker's Jackpot" Final Rules for Game Operation, issued 3/5/13
13(13) Virginia's Instant Game Lottery 1390; "Silver and Gold" Final Rules for Game Operation, issued 5/17/13
14(13) Virginia's Online Game Lottery; "Fast Play Find the 9's" Final Rules for Game Operation, issued 1/11/13
27(13) Virginia's Instant Game Lottery 1417; "Millions to the Max" Final Rules for Game Operation, issued 4/5/13
30(13) Virginia's Instant Game Lottery 1430; "Cornhole Cash" Final Rules for Game Operation, issued 5/8/13
41(13) Virginia's Instant Game Lottery 1424; "Skee-Ball" Final Rules for Game Operation, issued 5/8/13
42(13) Virginia's Instant Game Lottery 1422; "Frisbee" Final Rules for Game Operation, issued 5/8/13
47(13) Virginia's Instant Game Lottery 1425; "5X the Money" Final Rules for Game Operation, issued 5/17/13
48(13) Virginia Lottery's "Retailer Recruitment Incentive Program" Final Requirements for Operation, issued 5/17/13
49(13) Virginia Lottery's "On the Spot Award Program" Retailer Incentive Final Requirements for Operation, issued 5/17/13
56(13) Virginia Lottery's "Holiday Scratch Sales Explosion" Retailer Incentive Final Requirements for Operation, issued 8/8/13
57(13) Virginia's Instant Game Lottery 1427; "Red Hot Crossword" Final Rules for Game Operation, issued 6/6/13
58(13) Virginia's Instant Game Lottery 1416; "Sapphire Riches" Final Rules for Game Operation, issued 6/6/13
59(13) Virginia's Instant Game Lottery 1447; "Cash on the Spot" Final Rules for Game Operation, issued 6/6/13
60(13) Virginia's Instant Game Lottery 1431; "Jewel 7's" Final Rules for Game Operation, issued 6/6/13
61(13) Virginia Lottery's "Play for Keeps Sweeps" Promotion Final Rules for Operation, issued 6/27/13
62(13) Virginia's Instant Game Lottery 1400; "7-11-21" Final Rules for Game Operation, issued 7/19/13
63(13) Virginia Lottery's "Redskins 2013 Live It." Sweepstakes Final Rules for Operation, issued 7/29/13
64(13) Virginia's Instant Game Lottery 1434; "Redskins 2013 LIVE IT. Final Rules for Game Operation, issued 7/29/13
65(13) Virginia's Instant Game Lottery 1408; "Safe Cracker" Final Rules for Game Operation, issued 7/29/13
66(13) Virginia Lottery's Social Media Contest/Sweepstakes Standing Rules for Game Operation, issued 7/29/13
69(13) Virginia's Instant Game Lottery 1448; "Winner Take All" Final Rules for Game Operation, issued 8/9/13
71(13) Virginia's Instant Game Lottery 1435; "Zombies" Final Rules for Game Operation, issued 8/9/13
Guidance Documents

73(13) Virginia's Instant Game Lottery 1453; "21 Blackjack" Final Rules for Game Operation, issued 8/9/13
74(13) Virginia's Instant Game Lottery 1469; "50X the Money" Final Rules for Game Operation, issued 8/9/13
75(13) Virginia's Instant Game Lottery 1442; "5X the Money" Final Rules for Game Operation, issued 9/3/13
76(13) Virginia's Instant Game Lottery 1461; "7X the Money" Final Rules for Game Operation, issued 9/3/13
78(13) Virginia's Online Game Lottery; "Fast Play $15,000 Payday" Final Rules for Game Operation, issued 8/28/13
84(13) Virginia's Instant Game Lottery 1436; "$25 Grand" Final Rules for Game Operation, issued 8/26/13
85(13) Virginia's Instant Game Lottery 1433; "Money Multiplier" Final Rules for Game Operation, issued 8/26/13
86(13) Virginia Lottery's "Virginia's New Year's Millionaire Raffle" Final Rules for Game Operation, issued 10/23/13
89(13) Virginia's Online Game Lottery; "Fast Play Wild Cherry Bingo" Final Rules for Game Operation, issued 10/3/13
91(13) Virginia's Instant Game Lottery 1451; "$100,000 Crossword" Final Rules for Game Operation, issued 10/3/13
92(13) Virginia's Instant Game Lottery 1463; "$5,000 Payday" Final Rules for Game Operation, issued 10/3/13
93(13) Virginia's Online Game Lottery; "Mega Millions" Final Rules for Game Operation, issued 10/15/13
95(13) Virginia's Instant Game Lottery 1474; "20X the Money" Final Rules for Game Operation, issued 10/3/13
100(13) Virginia's Instant Game Lottery 1437; "Happy Holidays" Final Rules for Game Operation, issued 10/25/13
101(13) Virginia's Instant Game Lottery 1439; "Jolly Jingle JACKPOT" Final Rules for Game Operation, issued 10/23/13
102(13) Virginia's Instant Game Lottery 1441; "Poker" Final Rules for Game Operation, issued 10/23/13
103(13) Virginia's Instant Game Lottery 1438; "Tic Tac Snow" Final Rules for Game Operation, issued 10/23/13
104(13) Virginia's Instant Game Lottery 1333; "Hit the Jackpot" Final Rules for Game Operation, issued 10/23/13
105(13) Virginia's Instant Game Lottery 1452; "Cash!" Final Rules for Game Operation, issued 10/23/13
109(13) Virginia Lottery's "$250 Winter Bonus Sweepstakes" Final Rules for Game Operation, issued 10/23/13
110(13) Virginia's Instant Game Lottery; 1440 "Holiday Double Match" Final Rules for Game Operation, issued 10/29/13
117(13) Virginia's Computer-Generated Game Lottery; "Fast Play Blackjack Bonanza" Final Rules for Game Operation, issued 11/26/13
118(13) Virginia's Computer-Generated Game Lottery; "Fast Play Cold Hard Cash" Final Rules for Game Operation, issued 11/26/13
119(13) Virginia's Computer-Generated Game Lottery; "Fast Play Fast $50s Hot Slots Doubler" Final Rules for Game Operation, issued 11/26/13
120(13) Virginia's Computer-Generated Game Lottery; "Fast Play Money Bag Crossword" Final Rules for Game Operation, issued 11/26/13
125(13) Virginia's Instant Game Lottery 1466; "$52 Million Cash Spectacular" Final Rules for Game Operation, issued 11/26/13

MARINE RESOURCES COMMISSION

Questions regarding interpretation or implementation of habitat documents may be directed to Tony Watkinson, Chief, Habitat Division, Marine Resources Commission, Newport News, VA 23607, telephone (757) 247-2250 or FAX (757) 247-8062.

Questions regarding interpretation or implementation of law-enforcement documents may be directed to Colonel Rick Launderman, Chief, Law Enforcement Division, Marine Resources Commission, Newport News, VA 23607, telephone (757) 247-2278 or FAX (757) 247-2020.

Guidance Documents:

Coastal Primary Sand Dune/Beaches Guidelines (10/1/90)
Guidelines for Establishment, Use and Operation of Tidal Wetland Mitigation Banks (12/6/11)
Guidelines on Repeat Offenders (9/26/13)
Rent and Royalty Guidelines (12/1/05)
Resolution by the VMRC Citizen Board Interpreting Code § 28.2-1203 a 5 (iv) and Delegating Authority to Make the Determination Called for by Code § 28.2-1203 a 5 (iv). (12/6/11)
Subaqueous Guidelines (10/1/05)
Wetlands Guidelines (12/1/82)

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Copies of the following documents may be viewed during regular work days from 8:30 a.m. to 5 p.m. in the office of the Department of Medical Assistance Services, 600 East Broad
Street, Suite 1300, Richmond, VA 23219. Copies of the Medicaid memos, booklets, and brochures may be obtained at the specified charge by contacting the Freedom of Information Act (FOIA) staff at the same address, telephone (804) 371-6391, or FAX (804) 371-4981. Copies of the provider manuals and updates may be downloaded free of charge at http://www.dmas.virginia.gov or printed copies may be purchased by calling Commonwealth Mailing at (804) 780-0076 to obtain an order blank. The order blank includes the manual prices for both paper and compact disc (CD) copies. The paper copies of manuals are priced individually (as noted by each manual on this list), and CDs are $18 per CD. Charges for paper copies are the cost of the individual manual, plus 5.0% sales tax, and $5.00 per manual for shipping and handling. Charges for CDs are $18 per CD, plus 5.0% sales tax and $5.00 for shipping and handling regardless of the quantity of CDs ordered. Provider manual updates are also available at http://www.dmas.virginia.gov and from Commonwealth Mailing for $15 per update, plus 5.0% sales tax, and $5.00 shipping and handling per manual update.

DMAS Medicaid Memos, Booklets, and Brochures: Questions regarding interpretation or implementation of policies contained in these documents should be directed to the FOIA staff, at the numbers specified above, who will determine the appropriate staff person to respond and then direct the caller to that appropriate individual. Copies are available at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/MedicaidMemosToProviders

Special 7/31/95 Medicaid Memo, Nursing Facility and Community-Based Care Enrollment, Reimbursement, and Provision of Community-Based Care Services, issued July 31, 1995, 12VAC30-60-360 and 12VAC30-120 Part I, no charge for copy.

Special 9/1/95 Medicaid Memo, Change in Coordination of Benefits Procedures, issued September 1, 1995, 12VAC30-80-170, no charge for copy.

Special 2/16/96 Medicaid Memo, Time Frames by Which Cases Remanded by the Department of Medical Assistance Services (DMAS) Hearing Officers Must Be Completed, issued February 16, 1996, 12VAC30-110, unavailable in electronic format.

Special 9/13/96 Medicaid Memo, Contents of Notices to Medicaid Recipients, issued September 13, 1996, 12VAC30-10-410, no charge for copy.

Brochures 8/1/01, You Are Being Enrolled in the Medicaid Client Medical Management Program, issued December 5, 1996, 12VAC30-130-800 et seq., no charge for copy.


Special 7/14/97 Medicaid Memo, Reimbursement to Audiologists for Services Provided to Adults, issued July 14, 1997, 12VAC30-50-95 et seq., no charge for copy, not available electronically.

Special 1/16/98 Medicaid Memo, Placement of Individuals with Mental Retardation and Mental Illness in the Elderly and Disabled Waiver, issued January 16, 1998, 12VAC30-120-10 et seq., no charge for copy.


Special 11/15/00 Medicaid Memo, Hospital-Based Ambulance Services Changes, issued November 15, 2000, 12VAC30-50-300 and 12VAC30-50-530, no charge for copy.


Special 4/26/02 Medicaid Memo Clarification of Medicaid Reimbursable Transportation Services, issued April 26, 2002, 12VAC30-50-510, no charge for copy.

Special 8/8/02 Medicaid Memo, New Virginia Medicaid Management Information System (MMIS) and HIPAA Update, issued August 8, 2002, 42 CFR 433.10 et seq., no charge for copy.

Special 10/18/02 Medicaid Memo, Implementation of the New Virginia Medicaid Management Information System (MMIS), issued October 18, 2002, 42 CFR 433.10 et seq., no charge for copy.

Guidance Documents

Special Revisions to the Pharmacy Claim Form and Introduction of a Pharmacy Compound Claim Form (ID # 04-16-2003); 12VAC30-50; no charge for copy.

Special Implementation of the New Virginia Medicaid Management Information Systems (MMIS) (ID #s 05-01-2003-01, 05-01-2003-02, 05-01-2003-03, 05-01-2003-04); 12VAC30-10; no charge for copy.

Special Telemedicine Services (ID # 06-10-2003-01); 12VAC30-50; no charge for copy.

Special Pharmacy Claims Processing Information in NCPDP Version 5.1 (ID # 06-10-2003-02); 12VAC30-80; no charge for copy.

Special Medicaid and FAMIS New ID Cards and Eligibility Verification (ID # 08-01-2003); 12VAC30-10 and 12VAC30-141; no charge for copy.

Special Escalation of HIPAA Transactions and Codes (ID # 08-08-2003); Public Law 104-191; no charge for copy.

Special Implementation of New Virginia Medicaid Management Information Systems (MMIS) (ID # 08-15-2003-01); 12VAC30-10; no charge for copy.

Special Changes to Residential Treatment Services Billing Process (ID # 09-01-2003); 12VAC30-50; no charge for copy.

Special Trading Partner Contingency Plan for HIPAA Transactions and Code Sets (ID # 09-16-2003-01); Public Law 104-191; no charge for copy.

Special Revised Effective Date for Changes to Residential Treatment Services Billing Process (ID # 10-01-2003); 12VAC30-50; no charge for copy.

Special VAMMIS Issues Resolution (ID # 10-08-2003); 12VAC30-10; no charge for copy.

Special Clarification of Billing for Residential Treatment Services for Children and Adolescents (ID # 02-27-2003); 12VAC30-50; no charge for copy.

Special Prior Authorization of Non-Emergency, Outpatient MRI, PET and CAT Scans (ID # 06-01-2003); 12VAC30-50; no charge for copy.

Special Revised Effective Date for Prior Authorization of Non-Emergency, Outpatient MRI, PET and CAT Scans (ID # 07-01-2003); 12VAC30-50; no charge for copy.

Special Community Mental Health Services FAMIS Coverage (ID # 07-25-2003); 12VAC30-141; no charge for copy.

Special Clarification of New Pre-Authorization Requirements for Outpatient Psychiatric Services (Revised) (ID # 08-15-2003); 12VAC30-50; no charge for copy.

Special Changes to Billing for EPSDT Services and Summary of Blood Lead Screening Requirements (ID # 09-12-2003); 12VAC30-50; no charge for copy.

Special 12/1/2003 Prescriber ID Numbers for Pharmacy Claims; 12VAC30-50; no charge for copy.


Special 11/20/2003 Mandatory Use of ASC X12 Formats for Electronic Transactions; 12VAC30-10; no charge for copy.


Special 10/24/2003 Acknowledgement of BabyCare VAMMIS Issues; 12VAC30-50; no charge for copy.

HMO Project Managers Memos (various topics and dates); 12VAC30-120; no charge for copies.

Emergency room procedure codes policy (9/25/2003); 12VAC30-50 and 12VAC30-80; no charge for copy.


Special 4/13/2004 Medicaid Memo, Claim Repayments Due to ClaimCheck, issued April 13, 2004, 12VAC30-10, no charge for memo copy.


Special 8/6/2004 Medicaid Memo, Rate Increase for Specific Home and Community-Based Waiver Services, issued August 6, 2004, 12VAC30-120, no charge for memo copy.

Special 8/16/2004 Medicaid Memo, Rate Increase for Obstetrical and Gynecological Services, issued August 16, 2004, 12VAC30-80, no charge for memo copy.


Special 9/1/2004 Medicaid Memo, Threshold/Polypharmacy Program, issued September 1, 2004, 12VAC30-50, no charge for memo copy.


Guidance Documents


Special 5/19/2005 Medicaid Memo, Change in Reimbursement Policy for School-Based Health Screenings of Children Enrolled in Medicaid Managed Care Organizations – Effective July 1, 2005, issued May 19, 2005, 12VAC30-50, no charge for memo copy.


Special 8/1/2005 Medicaid Memo, Correction to the Billing Instructions for the UB-92 Claim Form, issued August 1, 2005, 12VAC30-50, no charge for memo copy.

Special 8/9/2005 Medicaid Memo, Expansion of Managed Care Organization (MCO) Program in Northern Virginia, issued August 9, 2005, 12VAC30-50, no charge for memo copy.


Special 9/8/2005 Medicaid Memo, Medicaid Disaster Relief for Victims of Hurricane Katrina, sent to all providers and managed care organizations, issued September 8, 2005, 12VAC30-50, no charge for memo copy.

Special 9/8/2005 Medicaid Memo, Medicaid Disaster Relief for Victims of Hurricane Katrina, sent to all pharmacy providers, issued September 8, 2005, 12VAC30-50, no charge for memo copy.

Special 9/16/2005 Medicaid Memo, Clarification of BabyCare Claims Process & FAMIS MOMS Eligibility for BabyCare Services, issued September 16, 2005, 12VAC30-50, no charge for memo copy.


Special 12/20/2005 Medicaid Memo, Monitoring Kidney Functions & the Classification Stages of Chronic Kidney Disease (CKD), issued December 20, 2005, 12VAC30-50, no charge for memo copy.


Special 3/31/2006 Medicaid Memo, Rate Increase for Personal Care and Related Services and Adult Day Health Care – May 1, 2006, issued March 31, 2006, 12VAC30-50, no charge for memo copy.

Special 4/1/2006 Medicaid Memo, Increased Dispensing Fee for Brand Name Drug Products – May 1, 2006, issued April 1, 2006, 12VAC30-50, no charge for memo copy.


Guidance Documents


Special 5/22/2006 Medicaid Memo, Prior Authorization Transition Information – Change in Hospital Service Transition Date to KePRO - June 12; One-Time Change in PA Number for Certain Types of Requests; Clarification of Outpatient Psychiatric Service Limits, issued May 22, 2006, 12VAC30-50, no charge for memo copy.


Special 7/13/2006 Medicaid Memo, Rate Increase for Private Duty Nursing and Services that are Unique to the MR and DD Waivers – Effective July 1, 2006, issued July 13, 2006, 12VAC30-50, no charge for memo copy.

Special 7/14/2006 Medicaid Memo, BabyCare Covered Service Changes and Mileage Rate Increase, issued July 14, 2006, 12VAC30-50, no charge for memo copy.
Special 7/26/2006 Medicaid Memo, Request to Calculate and Report the Estimated Glomerular Filtration Rate (eGFR) Value for Medicaid Recipients, issued July 26, 2006, 12VAC30-50, no charge for memo copy.


Special 9/20/2006 Medicaid Memo, Updates and Clarification of the Prior Authorization Process for Community Based Care Services, issued September 20, 2006, 12VAC30-50, no charge for memo copy.


Special 10/12/2006 Medicaid Memo, Clarification of School Services, issued October 12, 2006, 12VAC30-50, no charge for memo copy.


Special 12/14/2006 Medicaid Memo, Updates and Clarification of the Prior Authorization Process for Outpatient Services, issued December 14, 2006, 12VAC30-50, no charge for memo copy.


Special 12/14/2006 Medicaid Memo, Updates and Clarification of the Prior Authorization Process for
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Community Based Care Services, issued December 14, 2006, 12VAC30-50, no charge for memo copy.

Special 12/14/2006 Medicaid Memo, Updates and Clarification of the Prior Authorization Process for Treatment Foster Care Case Management, Residential Treatment Services, and Intensive In-Home Services, issued December 14, 2006, 12VAC30-50, no charge for memo copy.


Special 1/10/2007 Medicaid Memo, Updates and Clarification of the Prior Authorization Process for Community Based Care Services, issued January 10, 2007, 12VAC30-50, no charge for memo copy.


Special 5/8/2007 Medicaid Memo, National Provider Identifier (NPI) Update: DMAS Dual Use Period Extended beyond May 23, 2007 and Paper Claim Form Deadline (June

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Special 8/8/2007 Medicaid Memo, Integration of Acute and Long Term Care Services - Phase I, issued August 8, 2007, 12VAC30-50, no charge for memo copy.


Special 10/19/2007 Medicaid Memo, Outpatient Substance Abuse Services that Require Prior Authorization for Fee-for-Service Enrollees, issued October 19, 2007, 12VAC30-50, no charge for memo copy.
Guidance Documents


Special 2/20/2008 Medicaid Memo, Physician Assistant Supervision Requirements, issued February 20, 2008, 12VAC30-50, no charge for memo copy.


Special 8/15/2008 Medicaid Memo, Screening for Technology Assisted Waiver for Community Based Assessments, issued August 15, 2008, 12VAC30-50, no charge for memo copy.


Special 12/1/2008 Medicaid Memo, Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program–Effective January 1, 2009; the US Food and Drug Administrations (FDA) Requirement to Phase-Out Chlorofluorocarbon-Containing (CFC) Propelled Albuterol Inhalers from the Market; and, Changes to the Enhanced Prospective Drug Utilization Review Program (Dose Optimization), issued December 1, 2008, 12VAC30-50, no charge for memo copy.


Special 2/10/2009 Medicaid Memo, Recommended Developmental Screening Tools for Well-Child and Early Periodic Screening Diagnosis and Treatment (EPSDT) Visits, issued February 10, 2009, 12VAC30-50, no charge for memo copy.


Special 4/7/2009 Medicaid Memo, Excluded Individuals/Entities from State/Federal Health Care Programs, issued April 7, 2009, 12VAC30-70, 30-80 and 30-90, no charge for memo copy.


Guidance Documents


Special 6/1/2009 Medicaid Memo, Rate Changes for Certain Contraceptive Supplies - Effective May 1, 2009, issued June 1, 2009, 12VAC30-80, no charge for memo copy.


Special 12/30/2009 Medicaid Memo, Rate Change for Clinical Laboratory Services, issued December 29, 2009, 12VAC30-80, no charge for memo copy.

Special 12/30/2009 Medicaid Memo, Rate Change for Intensive In-Home, Community-Based Residential Services (Level A), and Therapeutic Behavioral Services (Level B) for Children and Adolescents, issued December 29, 2009, 12VAC30-80, no charge for memo copy.


Special 5/27/2010 Medicaid Memo, Rate Changes for Home and Community Based Care Waiver Services and Mental Health Therapeutic Day Treatment, issued May 27, 2010, 12VAC30-80, no charge for memo copy.


Special 7/9/2010 Medicaid Memo, Rate Changes for EPSDT Personal Care and Nursing Services, issued July 9, 2010, 12VAC30-80, no charge for memo copy.

Special 7/14/2010 Medicaid Memo, MEDALLION Option for Warren County, issued July 14, 2010, 12VAC30-120, no charge for memo copy.
Guidance Documents


Special 8/18/2010 Medicaid Memo, Revisions to Newborn Eligibility Notification Form (DMAS-213 and DMAS-213 MCO) for Hospitals and Managed Care Organizations, issued August 18, 2010, 12VAC30-40, no charge for memo copy.

Special 9/2/2010 Medicaid Memo, Rate Changes Effective October 1, 2010 as a Result of Additional Medicaid Funding and Other Program Changes, issued September 2, 2010, 12VAC30-70, -80, -90, no charge for memo copy.

Special 9/9/2010 Medicaid Memo, Licensing Requirements for Personal Care and Respite Care Agencies Not Otherwise Licensed by DBHDS or VDSS – This memo replaces the Changes to the Licensing Requirements for Hospice, Personal Care, and Respite Care Providers Memo, dated August 4, 2010., issued September 10, 2010, 12VAC30-60, no charge for memo copy.


Special 4/6/2011 Medicaid Memo, Outpatient Hospital Coding of Procedure Codes and Modifiers, issued April 6, 2011, 12VAC30-50, no charge for memo copy.


Special 5/31/2011 Medicaid Memo, Rate Changes for Community-Based Residential Services (Level A) and Therapeutic Behavioral Services (Level B) for Children and Adolescents, issued May 31, 2011, 12VAC30-50, no charge for memo copy.

Special 5/31/2011 Medicaid Memo, Rate Changes for Home and Community Based Care Services and Mental Health Therapeutic Day Treatment, issued May 31, 2011, 12VAC30-50, no charge for memo copy.

Special 6/1/2011 Medicaid Memo, Changes to the estimated acquisition cost (EAC) for single source, innovator drugs, elimination of the unit dose add-on fee, clarification of pharmacy coverage for active pharmaceutical ingredients (APIs), modifications to the Virginia Medicaid Preferred Drug List (PDL), new service authorization (SA) requirement for Synagis®, placement of Synagis® in the DMAS specialty maximum allowable cost (SMAC) program, and notification to pharmacies about the coverage of smoking cessation counseling for pregnant women, issued June 1, 2011, 12VAC30-50, no charge for memo copy.


Special 6/16/2011 Medicaid Memo, New Service Authorization Requirement for an Independent Clinical Assessment for Medicaid and FAMIS Children’s Community
Mental Health Rehabilitative Services, issued June 16, 2011, 12VAC30-50, no charge for memo copy.


Special 10/21/2011 Medicaid Memo, Transition of City of Richmond DSS Foster Care Children to Managed Care – Effective December 1, 2011, issued October 21, 2011, 12VAC30-50, no charge for memo copy.

Special 10/21/2011 Medicaid Memo, Entry of Managed Care Organizations (MCOs) for the Medicaid/FAMIS Programs in the Roanoke and Alleghany Regions, issued October 21, 2011, 12VAC30-50, no charge for memo copy.


Guidance Documents

Special 6/12/2012 Medicaid Memo, SFY 2013 Rate Change for EPSDT and Home and Community Based Care Waiver Services – Effective July 1, 2012, issued June 12, 2012, 12VAC30-50, no charge for memo copy.


Special 9/12/2012 Medicaid Memo, Entry of Anthem HealthKeepers Plus for Medicaid/FAMIS Programs into City of Lynchburg, and the Counties of Amherst, Campbell, and Appomattox – November 1, 2012, issued September 12, 2012, 12VAC30-50, no charge for memo copy.


Special 1/14/2013 Medicaid Memo, Medicare-Medicaid Alignment Demonstration, issued January 14, 2013, 12VAC30-50, no charge for memo copy.


Special 4/3/2013 Medicaid Memo, Transition of Children in Foster Care or Receiving Adoption Assistance to Managed Care – Effective July 1, 2013 for Central and Tidewater Managed Care Regions, issued April 3, 2013, 12VAC30-50, no charge for memo copy.

Special 4/19/2013 Medicaid Memo, Conversion of Specialized Care and Long Stay Hospital Service Types in the Keystone Peer Review Organization (KePRO) Web Portal from Inpatient to Outpatient and the Service Authorization Information Checklist, issued April 19, 2013, 12VAC30-50, no charge for memo copy.

Special 5/1/2013 Medicaid Memo, Implementation of the Medicaid National Correct Coding Initiative (NCCI), Procedure to Procedure (PTP), and Medically Unlikely Edits (MUE) – Effective June 3, 2013, issued May 1, 2013, 12VAC30-50, no charge for memo copy.


Special 6/7/2013 Medicaid Memo, Vaccine Administration Billing Changes, issued June 7, 2013, 12VAC30-50, no charge for memo copy.


Special 7/2/2013 Medicaid Memo, Notification of Behavioral Health Services Administrator Contract Award, issued July 2, 2013, 12VAC30-50, no charge for memo copy.

Special 7/31/2013 Medicaid Memo, Implementation of the CMS – Affordable Care Act Provider Enrollment and Screening Requirements, issued July 31, 2013, 12VAC30-50, no charge for memo copy.

Special 8/13/2013 Medicaid Memo, Respite Care Service Authorizations Extended to 8/31/13, issued August 13, 2013, 12VAC30-50, no charge for memo copy.


Special 8/28/2013 Medicaid Memo, Clarification Regarding the Behavioral Health Services Administrator (BHSA) and Magellan Correspondence to Providers, issued August 28, 2013, 12VAC30-50, no charge for memo copy.


Special 10/25/2013 Medicaid Memo, Pre-Admission Screening Guidance, issued October 25, 2013, 12VAC30-50, no charge for memo copy.


Guidance Documents

Special 12/4/2013 Medicaid Memo, Update to the Incontinence Durable Medical Equipment and Supplies Program (Second Memo) – Effective 1/01/2014, issued December 4, 2013, 12VAC30-50, no charge for memo copy.


Guidance Documents:

1/30/2008 Guidance Memorandum, Transportation Coverage for Adult Dental Services, issued January 30, 2008, no charge for memo copy.

2/6/2008 Guidance Memorandum, Early Periodic Screening Diagnosis and Treatment (EPSDT) Private Duty Nursing Services, issued February 6, 2008, no charge for memo copy.


DMAS Provider Manuals:

Copies of DMAS Provider Manuals are available at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual


Community Mental Health Rehabilitative Services Provider Manual, first edition issued August 1, 2000/continuously revised, 12VAC30-50; $28.


Elderly or Disabled with Consumer Direction Waiver Services Provider Manual, first edition issued June 20, 2003/continuously revised, 12VAC30-50; $36.


Home Health Provider Manual, second edition issued June 1, 1999/continuously revised, 12VAC30-50-95 et seq., $24.


Hospital Provider Manual, second edition issued November 1, 2000/continuously revised, 12VAC30-50-95 et seq. and 12VAC30-70 Part V, $32.


Mental Retardation Community Services Provider Manual, first edition issued May 1, 2001/continuously revised, 12VAC30-50; $32.

Nursing Home Provider Manual, second edition issued April 15, 2000/continuously revised, 12VAC30-90 Part II, $32.


Guidance Documents


BOARD OF MEDICINE

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/medicine or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at medbd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to William L. Harp, M.D., Executive Director of the Board, at the address above or by telephone at (804) 367-4600. Copies are free of charge.

Guidance Documents:

http://www.dhp.virginia.gov/medicine/medicine_guidelines.htm

85-1, Bylaws of the Board of Medicine, reapproved April 5, 2013
85-2, Assistant Attorney General Opinion of October 25, 1986, on who can do a school physical examination
85-3, Board Motion on Process for an Applicant Requesting an Informal Conference, adopted June 22, 2006
85-4, Listing of approved schools for physician assistant licensure and prescriptive authority, revised February 6, 2012
85-5, Guidance of questions concerning medical records, revised June 22, 2006
85-6, Guidance on competency assessments for three paid claims, revised July 2, 2011
85-8, Authority for Physician Assistants to Write Do Not Resuscitate Orders, adopted February 23, 2012
85-9, Policy on USMLE Step Attempts, adopted October 24, 2013
85-11, Sanctioning Reference Points Instruction Manual, Revised by Board, August 2011
85-13, Board Motion, Guidelines on Performing Procedures on the Newly Deceased for Training Purposes, January 22, 2004
85-15, Board Motion, Guidelines Concerning the Ethical Practice of Surgery and Invasive Procedures, January 22, 2004
85-16, Questions and Answers on Continuing Competency Requirements for the Virginia Board of Medicine, revised December 3, 2007
85-18, Practitioners’ Help Section - Definitions and explanations for terminology used in Practitioner Profile System and Frequently Asked Questions, revised November 22, 2010
85-19, Practitioner Information System - Glossary of Terms, revised November 22, 2010
85-23, Policy of the Virginia Board of Medicine on the Use of Confidential Consent Agreements, October 9, 2003
85-24, Board Motion, Adoption of FSMB Model Policy for the Use of Controlled Substances for the Treatment of Pain, revised October 24, 2013
85-25, Board Motion, Process for Delegation of Informal Fact-Finding to an Agency Subordinate, October 14, 2004
85-26, Laws Pertaining to the Practice of Licensed Midwives, revised June 20, 2013
85-27, Role of Licensed Midwives in Newborn Hearing Screening, Documentation, and Reporting, revised June 20, 2013

DEPARTMENT OF MILITARY AFFAIRS

Copies of the following documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the Headquarters of the Department of Military Affairs, Office of the Director of Personnel and Administration, 5901 Beulah Road, Sandston, VA 23150. Copies may be obtained free of charge by contacting Mr. Stephen Huxtable at the same address, telephone (804) 236-7890, or email stephen.l.huxtable.nfg@mail.mil.

Questions regarding interpretation or implementation of these documents may be directed to Mr. Stephen Huxtable at the address above.
Guidance Documents

Guidance Documents:

VaARNG Regulation No. 56-3/VaANG Instruction No. 24-301, Registration of Privately Owned Vehicles by Virginia National Guard Personnel (Special Virginia National Guard License Plates), revised December 1, 2003, §§ 46.2-725, 46.2-744, and 46.1-105.9

VaARNG Regulation No. 56-5/VaANG Instruction No. 24-3011, Registration of Privately Owned Vehicles by Retired Virginia National Guard Personnel (Special Virginia National Guard License Plates), revised May 1, 2000, §§ 46.2-725, 46.2-726, and 46.2-765.5

VaARNG Regulation Number 621.1, Education, Virginia National Guard Tuition Assistance Program, July 1, 2010, § 23-7.4:2

VaARNG Regulation Number 405-1, Armory Management, Army Control Board and Non-Military Use of Armories, July 15, 1994, § 44-135.1

DEPARTMENT OF MINES, MINERALS AND ENERGY

This list meets the requirements of §§ 2.2-4008 and 2.2-4101 of the Code of Virginia. Questions regarding this list of guidance documents may be directed to Michael Skiffington, Regulatory Coordinator, Department of Mines, Minerals and Energy, 1100 Bank Street, 8th Floor, Richmond, VA 23219, telephone (804) 692-3212, FAX (804) 692-3237, or mike.skiffington@dmme.virginia.gov.

All DMME guidance documents are available electronically for no charge on the Virginia Regulatory Town Hall.

Division of Mines

Study and Instruction Material

Study and instruction materials relating to coal mine safety are available on diskette, free of charge, at the Department of Mines, Minerals and Energy, Division of Mines, 3405 Mountain Empire Road, P.O. Drawer 900, Big Stone Gap, VA 24219.

Questions regarding the interpretation or implementation of this material may be directed to Carroll Green, Inspector Supervisor, Division of Mines, at the same address, telephone (276) 523-8232, or FAX (276) 523-8239.

Notices and Memoranda to Operators

Division of Mines Notices and Memoranda to Operators may be viewed or copied during regular work days from 8 a.m. to 5 p.m. at the Department of Mines, Minerals and Energy, Division of Mines, 3405 Mountain Empire Road, P.O. Drawer 900, Big Stone Gap, VA 24219.

Questions regarding interpretation or implementation of these documents may be directed to Randy Moore, Chief, Division of Mines, at the same address, telephone (276) 523-8226, or FAX (276) 523-8239.

Procedures

Division of Mines procedures may be viewed or copied during regular work days from 8 a.m. to 5 p.m. at the Department of Mines, Minerals and Energy, Division of Mines, 3405 Mountain Empire Road, P.O. Drawer 900, Big Stone Gap, VA 24219. These procedures are used by agency staff to implement the Coal Mine Safety Act, § 45.1-161.7 et seq. of the Code of Virginia.

Questions regarding interpretation or implementation of these procedures may be directed to Randy Moore, Chief, Division of Mines, at the same address, telephone (276) 523-8226, or FAX (276) 523-8239.

Guidelines for Application of Regulatory Standards

Guidelines for application of regulatory standards may be viewed or copied during regular work days from 8 a.m. to 5 p.m. at the Department of Mines, Minerals and Energy, Division of Mines, 3405 Mountain Empire Road, P.O. Drawer 900, Big Stone Gap, VA 24219. These documents are used by agency staff to implement the Coal Mine Safety Act, § 45.1-161.7 et seq. of the Code of Virginia.

Questions regarding interpretation or implementation of these documents may be directed to Mike Willis, same address, telephone (276) 523-8228 or FAX (276) 523-8239.

Division of Mined Land Reclamation

Memoranda

Division of Mined Land Reclamation memoranda may be viewed or copied during regular work days from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Customer Assistance Center, 3405 Mountain Empire Road, P.O. Drawer 900, Big Stone Gap, VA 24219. Inquiries may be directed to Debbie Whitt or Cindy Ashley, telephone (276) 523-8233 or (276) 523-8235 or FAX (276) 523-8141.

Questions regarding interpretation or implementation of these documents may be directed to Harve Mooney, Hearings and Legal Services Officer, Department of Mines, Minerals and Energy, Division of Mined Land Reclamation, same address, telephone (276) 523-8157 or FAX (276) 523-8163.

Procedures

Division of Mined Land Reclamation procedures may be viewed or copied during regular work days from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Customer Assistance Center, 3405 Mountain Empire Road, P.O. Drawer 900, Big Stone Gap, VA 24219. Inquiries may be directed to Debbie Whitt or Cindy Ashley, telephone (276) 523-8233 or (276) 523-8235 or FAX (276) 523-8141.

Questions regarding interpretation or implementation of these documents may be directed to Harve Mooney, Hearings and Legal Services Officer, Department of Mines, Minerals and Energy, Division of Mined Land Reclamation, same address, telephone (276) 523-8157 or FAX (276) 523-8163.
Guidance Documents

Energy, Division of Mined Land Reclamation, same address, (276) 523-8157 or FAX (276) 523-8163.

Other Documents

Other documents issued by the Division of Mined Land Reclamation may be viewed or copied during regular work days from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Customer Assistance Center, 3405 Mountain Empire Road, P.O. Drawer 900, Big Stone Gap, VA 24219. Inquiries may be directed to Debbie Whitt or Cindy Ashley, telephone (276) 523-8233 or (276) 523-8235 or FAX (276) 523-8141.

Division of Mineral Mining

Documents and Communication Memoranda

Division of Mineral Mining documents and communication memoranda may be viewed or copied during regular work days from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Division of Mineral Mining, 900 Natural Resources Drive, P.O. Box 3727, Charlottesville, VA 22903 (Fontaine Research Park). Copies may be obtained by contacting Anne Grassler at the same address, telephone (434) 951-6311 or FAX (434) 951-6325.

Questions regarding interpretation or implementation of these documents may be directed to David Benner, same address, telephone (434) 951-6312 or FAX (434) 951-6325.

Procedures

Division of Mineral Mining procedures may be viewed or copied during regular work days from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Division of Mineral Mining, 900 Natural Resources Drive, P.O. Box 3727, Charlottesville, VA 22903 (Fontaine Research Park). Copies may be obtained by contacting Anne Grassler at the same address, telephone (434) 951-6311 or FAX (434) 951-6325. These procedures are used by agency staff to implement 4VAC25-31, 4VAC25-35, and 4VAC25-40.

Questions regarding interpretation or implementation of these procedures may be directed to David Benner, same address, telephone (434) 951-6312 or FAX (434) 951-6325.

Forms

Division of Mineral Mining forms may be viewed or copied during regular workdays from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Division of Mineral Mining, 900 Natural Resources Drive, P.O. Box 3727, Charlottesville, VA 22903 (Fontaine Research Park). Copies may be obtained by contacting Anne Grassler at the same address, telephone (434) 951-6311 or FAX (434) 951-6325. These forms are used by agency staff to implement 4VAC25-31, 4VAC25-35 and 4VAC25-40.

Questions regarding interpretation or implementation of these forms may be directed to David Benner, same address, telephone (434) 951-6312 or FAX (434) 951-6325.

Division of Gas and Oil

Memoranda to Operators and Bulletins

Division of Gas and Oil memoranda to operators and bulletins may be viewed or copied during regular work days from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Division of Gas and Oil, P.O Drawer 159, 135 Highland Drive, Lebanon, VA 24266. Copies may be obtained by contacting Diane Davis at the same address, telephone (276) 415-9700 or FAX (276) 415-9671.

Questions regarding interpretation or implementation of these documents may be directed to Rick Cooper, Director, Division of Gas and Oil, same address and telephone.

Forms

Division of Gas and Oil forms may be viewed or copied during regular work days from 8 a.m. until 5 p.m. at the Department of Mines, Minerals and Energy, Division of Gas and Oil, P.O Drawer 159, 135 Highland Drive, Lebanon, VA 24266. Copies may be obtained by contacting Diane Davis at the same address, telephone (276) 415-9700 or FAX (276) 415-9671.

Questions regarding interpretation or implementation of these forms may be directed to Rick Cooper, Director, Division of Gas and Oil, same address and telephone.

Guidance Documents:

DM Chapter 14.2, Article 1, Section 45.1-161.8, Definitions, Accidents (4/10/00)
DM Chapter 14.2, Article 1, Section 45.1-161.8, Definitions, Operators (4/10/00)
DM Chapter 14.2, Article 1, Section 45.1-161.8, Surface Coal Mine and Underground Coal Mine (4/10/00)
DM Chapter 14.2, Article 1, Sections 45.1-161.28 through 30, Operator/Independent Contractor (Examinations and Record Keeping) (9/30/02)
DM Chapter 14.2, Article 2, Section 45.1-161.23, Technical Specialist (4/10/00)
DM Chapter 14.2, Article 3, Section 45.1-161.30 A, Performance of Certain Tasks by Uncertified Persons, Penalty (4/10/00)
DM Chapter 14.2, Article 3, Section 45.1-161.37 A, General Coal Miner Certification (4/10/00)
DM Chapter 14.2, Article 3, Section 45.1-161.38 A, First Class Mine Foreman Certification (4/10/00)
DM Chapter 14.2, Article 7, Section 45.1-161.77 A, Reports of Explosions and Mine Fires (4/10/00)
Guidance Documents

DM Chapter 14.2, Article 7, Section 45.1-161.78 A, Operator's Reports of Accidents; Investigations; Reports by Department (4/10/00)

DM Chapter 14.2, Article 8, Section 45.1-161.83, Review of Inspection Reports and Records (4/10/00)

DM Chapter 14.2, Article 8, Section 45.1-161.84 A, Advance Notice of Inspections; Confidentiality of Trade Secrets (4/10/00)

DM Chapter 14.2, Article 8, Section 45.1-161.85 A, Scheduling of Inspections (4/10/00)

DM Chapter 14.3, Article 5, Section 45.1-161.129, Blasting Practices (4/10/00)

DM Chapter 14.3, Article 11, Section 45.1-161.189 E, Electricity (9/30/02)

DM Chapter 14.3, Article 11, Section 45.1-161.193, Electricity (8/1/01)

DM Chapter 14.3, Article 11, Section 45.1-161.195, Inspection of Electric Equipment and Wiring; Checking and Testing Methane Monitors (4/10/00)

DM Chapter 14.3, Article 11, Section 45.1-161.196, Repairs to Circuits and Electric Equipment (9/30/02)

DM Chapter 14.3, Article 12, Section 45.1-161.197, First Aid Equipment (4/10/00)

DM Chapter 14.3, Article 12, Section 45.1-161.199, Certified Emergency Medical Services Personnel (4/10/00)

DM Chapter 14.3, Article 13, Section 45.1-161.202 B, Emergency Response Plans; List of Next of Kin (4/10/00)

DM Chapter 14.3, Article 13, Section 45.1-161.205 F, Storage and Use of Flammable Fluids and Materials (9/30/02)

DM Chapter 14.3, Article 13, Section 45.1-161.206, Diesel Powered Equipment (9/30/02)

DM Chapter 14.3, Article 13, Section 45.1-161.207 B, Welding and Cutting (8/1/01)

DM Chapter 14.3, Article 14, Section 45.1-161.209, On-Shift Examinations (4/10/00)

DM Chapter 14.3, Article 14, Section 45.1-161.210 J, Weekly Examinations (4/10/00)

DM Chapter 14.3, Article 14, Section 45.1-161.221 D, Coursing of Air (4/10/00)

DM Chapter 14.3, Article 16, Section 45.1-161.251 A, Employment of Inexperienced Underground Miners (4/10/00)

DM Chapter 14.3, Article 2, Section 45.1-161.109 A., Roof, Rib and Face Control (8/1/01)

DM Chapter 14.3, Article 2, Section 45.1-161.115 D, Supplies of Materials for Supports (4/10/00)

DM Chapter 14.3, Article 4, Section 45.1-161.124 A, Shop and Other Equipment (4/10/00)

DM Chapter 14.3, Article 6, 45.1-161.139, Inspection of Underground Equipment (4/10/00)

DM Chapter 14.3, Article 6, Section 45.1-161.141 E, Self Propelled Equipment (4/10/00)

DM Chapter 14.3, Article 6, Section 45.1-161.143, Transportation of Material (4/10/00)

DM Chapter 14.3, Article 6, Section 45.1-161.147, Operation of Equipment (4/10/00)

DM Chapter 14.3, Article 6, Section 45.1-161.149, Availability of Mantrips (4/10/00)

DM Chapter 14.3, Article 7, Section 45.1-161.159, Hoisting Engineer (4/10/00)

DM Chapter 14.3, Article 8, Section 45.1-161.162 A, Mine Openings and Escapeways (9/30/02)

DM Chapter 14.3, Article 8, Section 45.1-161.165, Maintenance of Mine Openings (4/10/00)

DM Chapter 14.3, Title 15, Section 45.1-161.238 D, Storage and Use of Flammable Fluids and Materials (9/30/02)

DM Chapter 14.4, Article 12, Sections 45.1-161.288 and 45.1-161.290, Inspection of Electric Equipment and Wiring; Checking and Testing Methane Monitors (4/10/00)

DM Chapter 14.4, Article 2, Sections 45.1-161.256 and 45.1-161.257, Safety Examinations (4/10/00)

DM Chapter 14.4, Article 2, Section 45.1-161.258, Areas with Safety or Health Hazards (4/10/00)

DM Chapter 14.4, Article 4, Section 45.1-161.262, First Aid Equipment (4/10/00)

DM Chapter 14.4, Article 5, Section 45.1-161.267 L, Storage and Use of Flammable Fluids and Materials (9/30/02)

DM Procedure No. 1.03.01, Emergency Response Team (1/1/99)

DM Procedure No. 1.03.02, Rescue and Recovery Plan (10/1/00)

DM Procedure No. 1.04.05, Spot Inspection (10/1/00)

DM Procedure No. 1.04.07, Independent Contractors (1/1/97)

DM Procedure No. 1.04.09, Administrative Review of Notices of Violation (1/1/97)

DM Procedure No. 1.04.10, Impoundment Inspections (7/18/01)

DM Procedure No. 1.05.01, Investigation of Accidents and Incidents (10/1/00)
DM Procedure No. 1.05.02, Inundation of Water and Gas (10/1/00)
DM Procedure No. 1.05.03, Methane Ignition (10/1/00)
DM Procedure No. 1.05.04, Serious Personal Injury (10/1/00)
DM Procedure No. 1.05.06, Unlicensed Mine Sites (10/1/00)
DM Procedure No. 1.05.09, Investigation Documents File (5/3/99)
DM Procedure No. 1.06.01, Plan Approvals (9/1/02)
DM Procedure No. 1.06.02, Map Submittals (10/1/00)
DM Procedure No. 1.07.01, Technical Instruction (1/29/99)
DM Procedure No. 1.07.03, Training and Accident Reduction (1/9/99)
DM Procedure No. 1.09.02, Recertification Requirements (1/1/97)
DM-RAS-1-S, Surface Mine, Auger, Highwall Miner Risk Assessment (4/1/99)
DM-RV-1-S, Report of Violation Form (3/1/99)
DMLR Procedure No. 3.6.01, Certification of Pollution Control Equipment (3/12/97)
DMME-IR-1, Request for Information under FOIA (12/28/99)
Responding to Requests for Information (10/23/02)
DA Procedure No. 14.0.0, Bond Administration to Include Coal Surface Mining Reclamation Fund Procedures/Tax Collection (5/15/02)
DM Division of Mines Personnel with Assigned Area and Telephone Numbers (12/1/03)
DM 08-02 Seventeenth Annual Virginia Coal Mine Safety Awards (2/6/08)
DM Chapter 14.2, Article 5, Section 45.1-161.57 A, License Required for Operation of Coal Mines (4/15/04)
DM Chapter 14.2, Article 5, Section 45.1-161.63 B and C, Notices to Department; Resumption of Mining Following Discontinuance (4/15/04)
DM Chapter 14.2, Article 9, Section 45.1-161.90 A, Notices of Violation (4/15/04)
DM Chapter 14.3, Article 11, Section 45.1-161.195 A, Inspection of Electric Equipment and Wiring; Checking and Testing Methane Monitors (4/15/04)
DM Chapter 14.3, Article 14, Section 45.1-161.222, Actions for Excessive Methane (4/15/04)
DM Fatal Mine Accident Investigations (1/3/03)
DM Inspection Coordination (1/1/03)
DM LIC-01, License to Operate a Mine (12/13/05)
DM Memorandum of Agreement (Small Mine Assistance Training) (9/1/97)
DM Memorandum of Agreement DM/DMLR (Blasting) (1/7/97)
DM Memorandum of Understanding between the Virginia Department of Mines, Minerals and Energy Divisions of Mined Land Reclamation and Mines and the U.S. Department of Labor Mine Safety and Health Administration District 5 Norton, Virginia (12/5/02)
DM Mine Emergency Directory (4/1/02)
DM Operator Memorandum 05-08 Surface Mine Maps (11/16/05)
DM Operator Memorandum 06-03A Emergency Response Plans (4/4/06)
DM Operator Memorandum 06-03B Generic Emergency Response Plan (4/4/06)
DM Operator Memorandum 06-03C Self Contained Self Rescuer Outby Storage Plan (4/4/06)
DM Operator Memorandum 06-03D Mine Emergency Evacuation and Firefighting Program of Instruction (4/4/06)
DM Operator Memorandum 06-03E Mine Emergency Scenarios Template (4/3/06)
DM Operator Memorandum 06-03F Mine Emergency Addendum to Existing Training Plan (4/4/06)
DM Operator Memorandum 06-06 Coalfield Employment Enhancement Tax Credit Production Labor Report (10/12/02)
DM Operator Memorandum 06-07 Alternative Seal Designs (10/12/06)
DM Operator Memorandum DM-05-05 Accident and Fatality Reports (9/7/05)
DM Operator Memorandum DM-08-01 Mine Incident Response, Rescue, and Recovery Plan (1/17/08)
DM/DMLR Memorandum of Agreement, Refuse Piles, Water and Silt Retaining Dams (5/29/97)
DM/DMLR Memorandum of Understanding, Reclamation Activities at Previously Licensed Coal Mine Sites (9/1/00)
DM-07-04 Map Submittal (7/1/07)
DMLR Procedure No. 1.2.01. Threatening, Abusing or Impeding a Division Employee (4/17/06)
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[13-02] DM Memorandum 13-02-2014 Certification Examination Scheduled (8/15/13)
Guidance Documents

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Receipt of Electronic Correspondence from the Agency (3/29/11)
[1895] DMLR Guidance Memorandum, No. 7-03, Bond Reduction/Release Applications and Completion Reports (4/21/08)
[300] DMLR Memoranda to Operators No. 4-84, Permit Renewals (4/21/08)
[302] DMLR Memoranda to Operators No. 2-85, Confidential Information (4/21/08)
[308] DMLR Memoranda to Operators No. 3-89, Filing Application Public Participation Process (4/21/08)
[310] DMLR Memoranda to Operators No. 1-90, Baseline Hydrologic Data Requirements (PHC Assessment) (4/21/08)
[312] DMLR Memoranda to Operators No. 2-91, Cost Bond--Long Term Facilities (4/21/08)
[314] DMLR Memoranda to Operators No. 3-92, Updating Ownership and Control Info (4/21/08)
[315] DMLR Memoranda to Operators No. 7-92, Public Notices (4/21/08)
[317] DMLR Memoranda to Operators No. 9-92, DMLR Blasters Endorsement Certification (4/21/08)
[3179] DM-07-05 Examination Fees (7/25/07)
[322] DMLR Memoranda to Operators No. 12-94, Application (Corrections) Submittal; Anniversary Fees (4/21/08)
[323] DMLR Memoranda to Operators No. 2-95, Coal Combustion By-Products Guidelines (4/21/08)
[325] DMLR Memoranda to Operators No. 6-95, Biosolids Use Guidelines (4/21/08)
[327] DMLR Memoranda to Operators No. 3-98, Permit Streamline Procedures (4/21/08)
[336] DMLR Memoranda to Operators No. 9-98, Permit Streamline Procedures - Forms (4/21/08)
[342] DMLR Procedure No. 1.2.02, Hazardous/Toxic Waste Reporting (9/25/06)
[360] DMLR Procedure No. 2.3.01, Permanent Program--Revision Applications (2/21/07)
[368] DMLR Procedure No. 2.3.09, Bond Release (8/2/05)
[3691] DMLR Guidance Memorandum No. 21-07, Submittal of Electronic Engineers Signatures and Seals for Maps, Drawings and Plans (8/27/08)
[3696] DMLR Procedure No. 2.3.12, Inspections of DM designated "RZ" sites (8/2/05)
[3697] DMLR Procedure No. 2.3.13, Performance Bond Review and Approval (8/16/07)
[3698] DMLR Procedure No. 2.4.01, Checks Returned for Non-Payment (3/6/97)
[3699] DMLR Procedure No. 3.1.01, Daily Reports (2/21/07)
[3700] DMLR Procedure No. 3.1.03, Monthly/Quarterly Reports (4/17/06)
[3701] DMLR Procedure No. 3.1.04, Radio Contact (4/17/06)
[3703] DMLR Procedure No. 3.3.02, Numbering and Encoding Reports - Enforcement Action (8/18/00)
[3704] DMLR Procedure No. 3.7.01, CSMCRA/Clean Water Act Violations - Settlement Agreements (8/2/05)
[3705] DMLR Procedure No. 4.1.03, AMLIS Data Entry (8/2/05)
[376] DMLR Procedure No. 3.3.07, Certification of Ponds, Roads, Fills and Stream Channel Diversions (2/26/03)
[389] DMLR Procedure No. 4.1.02, Realty Procedures (6/1/05)
[390] DMLR Virginia Coal Surface Mining and Reclamation Permanent Regulatory Program, Administrative Hearings Procedures (3/17/08)
[393] DM Procedure No. 1.04.02, Five-Day Spot Inspection (8/1/05)
[397] DM Procedure No. 1.04.01, Inspection of Coal Mines (10/1/03)
[398] DM Procedure No. 1.04.04, Regular Inspections (7/1/07)
[401] DM Procedure No. 1.04.06, Risk Assessment (10/1/03)
[403] DM Procedure No. 1.04.08, Smoking Articles Inspection (7/1/07)
[409] DM Procedure No. 1.05.05, Unintentional Roof Falls (7/1/07)
[411] DM Procedure No. 1.05.07, Safety Complaints (10/1/03)
[413] DM Procedure No. 1.05.10, Safety Issues Involving Coal Mines and Gas Well Activities (8/1/05)
[418] DM Procedure No. 1.07.02, Small Mine Safety Service (1/29/99)
[420] DM Procedure No. 1.08.02, Licensing through Initial Reclamation of Mine Sites (10/1/03)
[421] DM Procedure No. 1.08.04, Other Requests for Assistance (8/1/05)
[426] DM Procedure No. 1.09.01, Certification of Miners (8/1/08)
[427] DM Procedure No. 1.08.01, Licensing (7/1/07)
[428] DM Procedure No. 1.08.03, Requests through the Freedom of Information Act (8/1/05)
[430] DM Procedure No. 1.04.03, Reopening Inspection (8/1/05)
[490] DM Advanced First Aid Certification Requirements (6/2/08)
[491] DM Advanced First Aid Instructor Requirements (6/2/08)
[495] DM Board of Coal Mining Examiners Instructor Certification Requirements (6/2/08)
[497] DM Chief Electrician (Surface and Underground) Certification Requirements (6/2/08)
[499] DM Dock Foreman Certification Requirements (6/2/08)
[501] DM Electrical Maintenance Foreman (Surface and Underground) Certification Requirements (6/2/08)
[502] DM First Class Mine Foreman Certification Requirements (6/2/08)
[503] DM First Class Shaft or Slope Foreman Certification Requirements (6/2/08)
[504] DM General Coal Miner Certification Requirements (6/2/08)
[505] DM Hoisting Engineer Certification Requirements (6/2/08)
[507] DM Preparation Plant Foreman Certification Requirements (6/2/08)
[509] DM Surface Electrical Repairman Certification Requirements (6/2/08)
[510] DM Surface Facilities Foreman for Shops, Labs, and Warehouses Certification Requirements (6/2/08)
[511] DM Surface Foreman Certification Requirements (6/2/08)
[512] DM Top Person Certification Requirements (6/2/08)
[513] DM Underground Diesel Engine Mechanic Certification Requirements (6/2/08)
[514] DM Underground Diesel Engine Mechanic Instructor Certification Requirements (6/2/08)
[515] DM Underground Electrical Repairman Certification Requirements (6/2/08)
[516] DM Underground Shot Firer Certification Requirements (6/2/08)
[518] DM Automatic Elevator Operator Certification Requirements (6/2/08)
[560] DMLR Abandoned Mined Land Water Project Review Manual (7/1/07)
[733] DMM Mineral Mine Emergency, Rescue and Recovery Plan (10/20/09)

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DEPARTMENT OF MINORITY BUSINESS ENTERPRISE

Copies of the following documents may be viewed during regular work days from 8 a.m. to 5 p.m. in the office of the Virginia Department of Minority Business Enterprise, 1111 East Main Street, Suite 300, Richmond, VA 23219. If you have questions regarding interpretation or implementation of these documents or to obtain copies free of charge, please contact Angela Chiang, Director of Operations, at the same address, or via telephone at (804) 786-1087 or electronic mail at angela.chiang@dmbe.virginia.gov.

To obtain the most up-to-date information on the SWaM Certification guidance documents visit the agency's Internet homepage at http://www.dmbe.virginia.gov.

Guidance Documents:

Statement of Legal Authority (5/12/08)

SWaM Certification Program Updates (11/20/08)

MOTOR VEHICLE DEALER BOARD

Citizens wanting printed copies of guidance documents may contact Alice Weendon, Administrative Assistant, Motor Vehicle Dealer Board, 2201 West Broad Street, Suite 104, Richmond, VA 23220, telephone (804) 367-1100, ext. 3001. Interpretive or implementation questions should be directed to Bruce Gould, Executive Director, Motor Vehicle Dealer Board, 2201 West Broad Street, Suite 104, Richmond, VA 23220, email bruce.gould@mvdb.virginia.gov, or telephone (804) 367-1100, ext. 3002.

Guidance Documents:

Bonding Requirements (11/14/00)

Guidelines for Review of Applicants Who Have a Criminal History (3/17/98)

Guidelines to Issue Subsequent Temporary and Metal Plates (3/15/09)

Process for Determining Sanctions (7/15/99)

Resolution on Educational and Warning Letters (1/10/05)

Salesperson and Dealer-Operator Test (3/19/96)

Salespersons Must Be Employees (3/15/08)

TrueCar, Dealix and Insurance (7/12/12)

[DM 09-03] DM Operator Memorandum 09-03 2010 Certification Examination Schedule (7/8/09)

[DM09-04] Virginia Substance Abuse and Quick-Test Screening (11/2/09)

[DM-10-01] DM Operator Memorandum DM-10-01 Mine Incident Response, Rescue and Recovery Plan (1/13/10)


[DMLR 31-10] Abandoned Mined Land Refuse/Gob Piles - Exploration and Recovery (8/16/10)

DEPARTMENT OF MOTOR VEHICLES

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in Legislative Services, Room 724, at the Department of Motor Vehicles, 2300 West Broad Street, Richmond, VA 23220. Many of these documents are available on the DMV website at http://www.dmv.state.va.us/webdoc/forms/index.asp. Copies totaling under 10 pages may be obtained for no charge. Copies totaling 10 pages or more may be obtained at a cost of $0.50 a page. Requests for copies of these documents may be made by contacting Melissa Velazquez at the same address, telephone (804) 367-1844, FAX (804) 367-4336, or email melissa.velazquez@dmv.virginia.gov.

Guidance Documents:


Guidance Documents

DL 56, National Driver Register File Check Individual Request, 10/10/13

DL 57, Electronic Birth Certification Request, 10/25/13
http://www.dmv.state.va.us/webdoc/pdf/dl57.pdf

DL 70, Hazmat Endorsement Background Record Check, 4/25/13

DL 140, Vehicle Inspection Study Guide - Tractor Trailer, 7/1/13

DL 141, Vehicle Inspection Study Guide - Straight Truck/School Bus, 7/1/13

DL 142, Vehicle Inspection Study Guide - Coach/Transit Bus, 7/1/13

DL 143, Vehicle Inspection Study Guide - Combination Vehicles, 7/1/13

DMV Medical Advisory Board Guidelines, 2005

DMV Medical Advisory Board Seizure/Blackout Policy, 2005

DMV Medical Advisory Board Substance Abuse Policy, 2005

DMV Medical Advisory Board Dementia Policy, 2005

DMV Medical Advisory Board Policy for Drivers with Diabetes Requiring Insulin, 2005

DMV Medical Advisory Board Pain Management Policy, 2005

DMV Medical Advisory Board Policy for Drivers with Psychiatric Disorders, 2005

DMV 2, Virginia Motorcycle Operator Manual, 7/1/13

DMV 7, Virginia WebCAT - Virginia's Electronic Motor Carrier Solution, 7/14/11

DMV 16, Parents in the Driver's Seat, 11/15/13

DMV 25, Be an Online Dealer, 5/21/13

DMV 28, Frequently Asked Questions about Farm Vehicles, 7/1/13

DMV 32, Preferred Services Flyer, 7/01/08

DMV 33, Virginia's Motorcycle Skills Test, 11/13/13

DMV 34, Virginia's Motorcycle Skills Test (for smaller testing area), 11/13/13

DMV 39, Virginia Driver's Manual - Rules of the Road, 7/1/13

DMV 39SP, Manual del Conductor de Virginia - Reglas de la Carretera, 7/1/13

DMV 52, Virginia's Secure Driver's Licenses and ID Cards/Organ Donation (Driver Renewal Insert), 1/15/13

DMV 53, Turning 80? Come See us at DMV!, 2/12/09

DMV 54, Virginia's Secure Driver's Licenses and ID Cards (ID Card Renewal Insert), April 30, 2009

DMV 60, Virginia Commercial Driver's Manual, 9/11/13


DMV 105, DMV Guide for Family Members and Friends of the Recently Deceased, 7/01/13

DMV 109, Virginia's Size, Weight, and Equipment Requirements for Trucks, Trailers, and Towed Vehicles, 7/01/13

DMV 114, A Different Kind of Crash Course, the Virginia DI Program, 7/1/10, § 46.2-489 et seq.
http://www.dmv.state.va.us/webdoc/pdf/dmv114.pdf

DMV 114S, Un Curso Intensivo Diferente Crash Course, 7/1/10
http://www.dmv.state.va.us/webdoc/pdf/dmv114s.pdf

DMV 115, Moving Violations and Point Assessments, the Virginia DI Program, 7/01/13, §§ 46.2-491 through 46.2-494
http://www.dmv.state.va.us/webdoc/pdf/dmv115.pdf

DMV 115S, Infracciones de la Circulación y Cálculo de Puntos, 7/01/13
http://www.dmv.state.va.us/webdoc/pdf/dmv115s.pdf

DMV 137, Personalized License Plates/Special License Plates, 8/1/12
http://www.dmv.state.va.us/webdoc/pdf/dmv137.pdf
Guidance Documents

DMV 248, Motor Carrier Manual, 7/17/13

DMV 253, Requirements to Obtain For-Hire License Plates, 7/1/2012

DMV 254, Passenger and Property Carrier Enforcement, 7/1/2012
http://www.dmv.state.va.us/webdoc/pdf/dmv254.pdf

DMV 257, Intrastate Motor Carrier Inspection Information Flyer, 9/17/12
http://www.dmv.state.va.us/webdoc/pdf/dmv257.pdf

DMV 258, PRISM Brochure, 10/2/12
http://www.dmv.state.va.us/webdoc/pdf/dmv258.pdf

DMV 259, Mopeds in Virginia, 7/19/2013

DMV 267, Escort Vehicle Driver Certification Flyer, 7/16/13

http://www.dmv.state.va.us/webdoc/pdf/dmv268.pdf

Driver Licensing Guide, updated on a regular basis as necessary
http://intranet.dmv.state.va.us/intranet/manuals/dlgtoc.shtml

DSD 27, Permit to Use Dealer's License Plates, 11/15/10
http://www.dmv.state.va.us/webdoc/pdf/dsd27.pdf

DTS 30, Curriculum Requirements for Class A Driver Training Instruction Courses, 7/1/10
http://www.dmv.state.va.us/webdoc/pdf/dts30.pdf

http://www.dmv.state.va.us/webdoc/pdf/fr04.pdf

Instructions to Contracted Hearings Officers, revised September 1997, §46.2-1566

HP 405, Escort Driver’s Manual, 1/1/14
http://www.dmv.state.va.us/webdoc/pdf/hp405.pdf

LE 444, Fuel Inspection Notice, 12/3/13
http://www.dmv.state.va.us/webdoc/pdf/le444.pdf

MCTS 247, Motor Carrier Guidelines, revised 7/1/13

MED 2, Customer Medical Report, 7/1/11
http://www.dmv.state.va.us/webdoc/pdf/med2.pdf

MED 12, Disabled Parking Privileges Information, 7/1/13, §§ 46.2-731, 46.2-732, 46.2-739 and 46.2-1241

MED 30, Application for CDL Waiver or Hazardous Materials Variance, 11/10/13

MED 31, Conditions of Variance for CDL Drivers to Haul Hazardous Materials, revised 6/07 §§ 10.1-1402 (11), 10.1-1405, 10.1-1450 and 46.2-341.9:1
http://www.dmv.state.va.us/webdoc/pdf/med31.pdf

MED 44, Driver Licensing Information for Bioptic Telescopic Lens Wearsers, revised 12/28/10, § 46.2-312
http://www.dmv.state.va.us/webdoc/pdf/med44.pdf

MED 80, Medical Fitness for Safe Driving, 7/1/12
http://www.dmv.state.va.us/webdoc/pdf/med80.pdf

OA 448, Sample Tariff for Common Carriers over Irregular Routes, 11/03
http://www.dmv.state.va.us/webdoc/pdf/oa448.pdf

OA 449, Samples Tariff and Time Schedule for Common Carriers over Regular Routes, 11/03
http://www.dmv.state.va.us/webdoc/pdf/oa449.pdf

OA 450, Sample Tariff for Household Goods Carriers, 2/16/05 http://www.dmv.state.va.us/webdoc/pdf/oa450.pdf

RDT 125 IFTA Renewal Notice Information Sheet, 7/1/2010
http://www.dmv.state.va.us/webdoc/pdf/rdt125.pdf

RDT 382, IFTA Fuels Tax Rates, (issued quarterly), 9/13/13
http://www.dmv.state.va.us/webdoc/pdf/rdt382.pdf

US 531C, DMV Information – Use Criteria, 11/8/04
http://www.dmv.state.va.us/webdoc/pdf/US531c.pdf

US 531A/AR, Information Use Application, revised 10/1/13, §46.2-208
http://www.dmv.state.va.us/webdoc/pdf/US531A.pdf

US 531E/ER, Application for Extranet Transaction Access, revised 10/1/13, §46.2-208
http://www.dmv.state.va.us/webdoc/pdf/US531e.pdf

VSA 5, Odometer Disclosure Statement, 7/25/11
http://www.dmv.state.va.us/webdoc/pdf/vsa5.pdf

VSA 6, Vehicle Color Codes
http://www.dmv.state.va.us/webdoc/pdf/vsa-6color.pdf

VSA 10, License Plate Application, 9/10/13

VSA 10A, Gold Star License Plate Applicant Certification, 7/1/08 http://www.dmv.state.va.us/webdoc/pdf/vsa10a.pdf
Guidance Documents

VSA 10B, Antique License Plate Applicant Certification, 10/10/13 http://www.dmv.state.va.us/webdoc/pdf/vsa10b.pdf

VSA 14, Vehicle Registration Application, 7/1/12 http://www.dmv.state.va.us/webdoc/pdf/vsa14.pdf

VSA 17A, Application for Certificate of Title and Registration, 7/1/13 http://www.dmv.state.va.us/webdoc/pdf/vsa17a.pdf

VSA 86, To Secure Virginia Title and Transfer or Buy License Plates, 2/20/13 http://www.dmv.state.va.us/webdoc/pdf/vsa86.pdf

Vehicle Licensing Guide, updated on a regular basis as necessary, 11/10/12 http://intranet.dmv.state.va.us/intranet/manuals/vlictoc_2.shtml

BOARD OF NURSING

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/nursing or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at nursebd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Jay Douglas, R.N., Executive Director of the Board, at the address above or by telephone at (804) 367-4515. Copies are free of charge.

Guidance Documents:


90-1, Policy statement on Registered Nurses or Licensed Practical Nurses as first assistants in surgery, adopted 1976 and 1994, revised by Board motion, November 18, 2003

90-2, Transmittal of third-party orders to nurses, revised September 11, 2012

90-4, Opinion on how licensure as a nurse relates to service on a volunteer rescue squad, revised by board motion, revised November 18, 2003 and reviewed August 22, 2012

90-5, Board opinion of the administration of neuromuscular blocking agents by nurses, adopted November 1990, revised by board motion, November 18, 2003

90-6, Peripherally inserted central catheters and removal by registered nurses, revised September 11, 2012

90-7, Sanctioning Reference Points Instruction Manual, revised June 1, 2013

90-8, Delegation of task of obtaining specimens to unlicensed personnel, revised September 11, 2012

90-9, Board Guidelines for Prescription Drug Administration Training Program for Child Day Care, revised July 17, 2013

90-10, Guidelines for processing applications for licensure by examination, endorsement and reinstatement, revised January 29, 2013

90-11, Continuing Competency and Protocol Requirements Violations for Nurse Practitioners, revised by Board of Nursing May 21, 2013 and Board of Medicine June 20, 2013

90-12, Delegation of authority to Board of Nursing registered nurse education and discipline staff, revised May 21, 2013

90-15, Use of cervical ripening agents, revised November 18, 2003 and reviewed August 22, 2012

90-16, Evaluation form and protocols for adult immunizations, revised February 24, 2013

90-17, Opinion of cutting of corns and warts with a scalpel by Licensed RN/LPN, revised November 18, 2003 and reviewed August 22, 2012

90-19, Epidural anesthesia by Registered Nurses, revised September 11, 2012

90-20, Nursing employment practice under board-ordered probation, adopted May 15, 2012

90-21, Clinical learning experiences in RN and LPN educational programs, adopted July 17, 2012

90-22, Requests for accommodation for NCLEX and NNAAP testing and Medication Aide Examination, revised May 21, 2013

90-23, Decision-Making Model for Determining RN/LPN Scope of Practice, revised September 11, 2012

90-24, Use of simulation in nursing education programs, reaffirmed March 19, 2013

90-26, Requests by revoked certified nurse aides with prior adverse findings, revised January 29, 2013

90-28, Clinical hours for LPN to pre-licensure RN transition/bridge programs, reaffirmed March 19, 2013

90-31, Administration of a medication that has been transmitted orally or in writing by a pharmacist acting as the prescriber's agent, revised September 11, 2012

90-33, Authority of Licensed Nurse Practitioners to Write Do Not Resuscitate Orders, revised by Board of Nursing on July 17, 2012 and by the Board of Medicine on August 3, 2012

90-34, Request for review and challenge of NCLEX, revised May 21, 2013

90-35, Noncompliance with board orders, revised January 29, 2013
Guidance Documents

90-36, Training of employees of school boards in the administration of insulin and glucagon, revised September 11, 2012
90-38, Disposition of cases against nurses practicing with expired licenses, revised January 29, 2013
90-39, Indefinite suspension timeframes, revised January 29, 2013
90-40, Surveillance activities required by the OHSA Respiratory Standards within the scope of practice of the registered nurse, revised September 11, 2012
90-41, Article on meaning of patient abandonment, revised September 11, 2012
90-42, Reinstatement after mandatory suspension, revised January 29, 2013
90-43, Attachment of scalp leads for internal fetal monitoring, revised May 21, 2013
90-46, Administration of over-the-counter drugs by certified nurse aides, revised January 29, 2013
90-47, Guidance on massage therapy practice and use of titles, revised November 20, 2013
90-48, Use of social media by practitioners regulated by the board, May 17, 2012
90-52, Delegation of the removal of venous and arterial sheaths by registered nurses to unlicensed personnel not permitted, revised September 11, 2012
90-53, Board's opinion on treatment by women's health nurse practitioners of male clients for sexually transmitted diseases, revised by the Board of Nursing on July 17, 2012 and by the Board of Medicine on August 3, 2012
90-54, Process for delegation of informal fact-finding to an agency subordinate, revised January 29, 2013
90-55, Joint Statement of the Department of Health and the Department of Health Professions on Impact of Criminal Convictions on Nursing Licensure or Certification and Employment in Virginia, revised September 2006, reviewed December 2012
90-56, Practice agreement requirements for licensed nurse practitioners, adopted by the Board of Nursing on July 17, 2012 and the Board of Medicine on August 3, 2012
90-57, By-Laws of the Board of Nursing, revised November 13, 2012
90-58, By-Laws of the Advisory Board on Massage Therapy, adopted November 9, 2009
90-59, Impact of Criminal Convictions on Certification of Massage Therapists and Registration of Medication Aides, adopted May, 2010, reviewed December 2012
90-60, Code of Conduct for Board of Nursing, revised January 24, 2012
90-61, Disposition of cases against nurse aides, medication aides, and massage therapists for practice on expired certificates or registrations, revised January 29, 2013

BOARD OF OPTOMETRY

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/optometry or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at optbd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Leslie Knachel, Executive Director of the Board, at the address above or by telephone at (804) 367-4508. Copies are free of charge.

Guidance Documents:

http://www.dhp.virginia.gov/Optometry/optometry_guidelines.htm

105-10, End of a contact lens fitting, adopted May 12, 2012
105-11, Disposition of cases involving practicing with an expired license, adopted February 8, 2012
105-12, Continuing Education Audits and Sanctions for Noncompliance, adopted July 20, 2011
105-14, Bylaws of the Board of Optometry, revised May 9, 2012
105-17, Guidelines on use of O.D. or Optometrist in advertising, adopted February 1997, reaffirmed July 15, 2010
105-26, Board motion on delegation of informal fact-finding to an agency subordinate, revised September 2010
105-27, Board motion on prescribing for self and family, January 21, 2005
105-28, Instruction manual on use of sanction reference points, revised July 2011

BOARD OF PHARMACY

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/pharmacy or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at pharmbd@dhp.virginia.gov. Questions regarding
interpretation or implementation of these documents or requests for copies may be directed to Caroline D. Juran, Executive Director of the Board, at the address above or by telephone at (804) 367-4456. Copies are free of charge.

Guidance Documents:

http://www.dhp.virginia.gov/Pharmacy/pharmacy_guidelines.htm

110-1, List of categories of facility licenses and a brief description of each, revised September 2009
110-2, Instructions for applicants for pharmacist licensure, revised September 2009
110-3, Guidance on alternative delivery of prescriptions, pharmacy to physician type of delivery, reviewed August 2013
110-4, Continuing Education Guide for Pharmacists, revised September 2009
110-5, Instructions and forms for reporting of thefts or losses of drugs, February 2009
110-6, Sanctions for non-compliance with reporting to the Prescription Monitoring Program, revised March 12, 2013
110-7, Practitioner/patient relationship and the prescribing of drugs for family or self, revised January 2009
110-8, Information on prescriptive authority in Virginia, revised July 2012
110-9, Pharmacy Inspection Deficiency Monetary Penalty Guide, revised March 12, 2013
110-10, Board guidance on dispensing of drugs from mobile vans, revised April 2006
110-11, Board guidance on proof of identity for Schedule II drugs, revised July 1, 2011
110-12, Bylaws of the Board of Pharmacy, revised September 10, 2013
110-13, Consent Order for the Board of Pharmacy v. CVS/pharmacy, case decision holding the corporate owner responsible for violations of pharmacy laws and regulations, October 9, 1997
110-14, Consent Order for the Board of Pharmacy v. Eckerd Corporation, case decision holding the corporate owner responsible for violations of pharmacy laws and regulations, August 19, 1997
110-15, Delegation of authority in disciplinary matters, adopted June 8, 2011
110-16, Board guidance on performing inventories, adopted September 20, 2011
110-17, Instructions for graduates of foreign schools of pharmacy, revised March 2010
110-18, Advance preparation of medications for administration, revised March 12, 2013
110-19, Transferring valid orders between medical equipment providers, revised July 1, 2013
110-20, Practice as a Pharmacy Technician trainee, adopted June 12, 2012
110-21, Sanction Reference Points Manual, revised June 18, 2013
110-22, Dispensing records; identification of pharmacist, adopted June 12, 2012
110-24, Competency examination required and passing score, adopted June 2009
110-27, Pharmacist-In-Charge responsibilities, revised June 2010
110-28, Guidance for free clinic pharmacy permit applicants, revised September 2009
110-29, Guidance for physician dispensing, revised February 2011
110-30, Drugs within animal shelters and pounds, revised March 2011
110-31, Approved capture drugs and drug administering equipment, Directive from the State Veterinarian, revised June 2007
110-32, Use of a drop-box for the collection of prescriptions, adopted December 12, 2007
110-33, Pharmacy Interns as Pharmacy Technicians, Pharmacy Technician Ratio, revised September 2009
110-34, Non-resident wholesale distributor licensure guidance, revised March 2011
110-35, Requirements for Prescription Blanks, revised May 2013
110-36, Compliance with USP Standards for Compounding, revised July 17, 2013
110-37, Guidance for conducting informal fact-finding by an agency subordinate, board motion, December 10, 2004
110-38, Requirement for Non-resident Pharmacies to Submit Current Inspection Report, revised June 18, 2013
110-41, Changes a pharmacist may make to a Schedule II prescription, revised December 14, 2011
110-42, Continuing education audit and recommended sanctions, adopted March 11, 2009
110-43, Dispensing with an authorized generic, adopted December 12, 2012
**Guidance Documents**

**BOARD OF PHYSICAL THERAPY**

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board’s webpage at [http://www.dhp.virginia.gov/PhysicalTherapy](http://www.dhp.virginia.gov/PhysicalTherapy) or the Regulatory Town Hall at [http://www.townhall.virginia.gov](http://www.townhall.virginia.gov) or requested by email at ptboard@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Lisa Russell Hahn, Executive Director of the Board, at the address above or by telephone at (804) 367-4674. Copies are free of charge.

**Guidance Documents:**

- 112-1, Bylaws of the Board of Physical Therapy, revised January 27, 2006
- 112-2, Board guidance on the use of confidential consent agreements, October 24, 2003
- 112-3, Board guidance for conduct of an informal conference by an agency subordinate, October 29, 2004
- 112-5, Board guidance on acceptance of TOEFL iBT as equivalent to TOEFL and TSE examinations, adopted October 28, 2005, readopted January 19, 2007
- 112-6, Board guidance on licensure of kinesiotherapists as physical therapists, adopted July 11, 2003, readopted January 19, 2007
- 112-7, Board guidance on physical therapists and Individualized Educational Plans in public schools, November 15, 2002
- 112-8, Board guidance on review of non-routine applications from non-approved schools, adopted March 7, 2003, readopted January 19, 2007
- 112-9, Board guidance on use of dry needling in physical therapy, revised August 26, 2010
- 112-10, Board guidance on credits for continuing competency requirements, revised November 16, 2012
- 112-12, Board guidance on physical therapy services in home health, readopted January 19, 2007
- 112-13, Board guidance on requirements of applicant who has failed the examination three times, excerpts from board minutes of January 28, 2005, readopted January 19, 2007
- 112-14, Board guidance on electromyography (EMG) and sharp debridement in the practice of physical therapy, adopted October 26, 2007
- 112-15, Board guidance on supervision of unlicensed persons in any setting, adopted April 3, 2009
- 112-16, Board guidance on use of initials with practitioner's name, revised August 26, 2010
- 112-17, Sanction Reference Points Manual, adopted November 2009
- 112-18, Disciplinary action for practicing with an expired letter, adopted February 17, 2012
- 112-19, Performance of INR's by physical therapists in home health settings, adopted February 17, 2012
- 112-20, Supervision of students in non-approved PT and PTA programs, adopted November 16, 2012

**DEPARTMENT OF PLANNING AND BUDGET**

Copies of the following documents may be viewed during regular work days from 9 a.m. to 5 p.m. at the Virginia Department of Planning and Budget located in the Patrick Henry Building at 1111 East Broad Street, Fifth Floor, Room 5040, Richmond, VA 23219. Copies may also be requested by contacting melanie.west@dpb.virginia.gov. Questions regarding interpretation or implementation of these documents may be directed to Melanie K. West, at the address above or by telephone at (804) 786-8812. Copies are free of charge.

**Guidance Documents:**

- Non-State Agency Submission Instructions (2014-16) (1/3/14)
- **Town Hall User Manual** (1/3/14)

**DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION**

Copies of the following documents may be viewed during regular work days from 8:15 a.m. to 5 p.m. in the Information Management Section of the Department of Professional and Occupational Regulation, Perimeter Center, 9960 Mayland Drive, Suite 400, Richmond, VA 23233. Copies may be obtained by contacting Dawn Waters at the same address, telephone (804) 367-8583, FAX (866) 254-0312, or email publicrecords@dpor.virginia.gov. Documents are available electronically at no charge on the Town Hall. Questions regarding interpretation or implementation of these documents may be directed to Dawn Waters, Information Management Director, Department of Professional and Occupational Regulation, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board’s webpage at [http://www.dhp.virginia.gov/PhysicalTherapy](http://www.dhp.virginia.gov/PhysicalTherapy) or the Regulatory Town Hall at [http://www.townhall.virginia.gov](http://www.townhall.virginia.gov) or requested by email at ptboard@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Lisa Russell Hahn, Executive Director of the Board, at the address above or by telephone at (804) 367-4674. Copies are free of charge.
Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects

Guidance Documents:
APELSCIDLA Board Sanction Guidelines after 7/1/99 (3/6/03)
APELSCIDLA Board Sanction Guidelines before 7/1/99 (3/6/03)
Comity Applicant Criteria of the APELSCIDLA Board's Current Regulations (6/18/12)
Onsite Sewage Systems Designed by Professional Engineers and Onsite Soil Evaluators (12/15/11)
Requirements for Topographic Surveys in Virginia (6/30/11)

Virginia Board for Asbestos, Lead, and Home Inspectors

Guidance Documents:
Asbestos Regulation Interpretation - August 23, 2011 (8/23/11)
Certified Home Inspector Requirement for General Liability Insurance (2/7/13)
Certified Home Inspector Written Competency Examination (11/14/13)
Home Inspectors Regulation Interpretation - August 23, 2011 (8/23/11)
Lead Based Paint Licensing Regulations Interpretations and Policies (2/7/13)
Lead Regulation Interpretation - August 23, 2011 (8/23/11)

Auctioneers Board

See Guidance Documents applicable to all boards and the department.

Board for Barbers and Cosmetology

Guidance Documents:
Approved Health Education Providers (8/12/13)
Assessment of a Student's Competence in Esthetics (2/11/13)
Non-Traditional Classroom Instruction (8/12/13)
Post-Secondary Educational Level (11/8/10)
Random Inspections of Board for Barbers and Cosmetology Licensees (7/10/09)

Board for Branch Pilots

Guidance Document:
Branch Pilot Renewal Requirements (8/1/12)
## Guidance Documents

### Cemetery Board
**Guidance Document:**
Sample General Price List (10/23/08)

### Common Interest Community Board
**Guidance Documents:**
- CIC Waiver of Filing Fee for Final Adverse Decision (9/17/13)
- Common Interest Community Guidance Document 5 (9/20/12)
- Common Interest Community Guidance Document 6 (9/20/12)
- Definition of "Employee" as Used in § 54.1-2347 A of the Code of Virginia (1/3/11)
- Evidence of Proper Fidelity Bond or Dishonesty Insurance and Sufficient Coverage Obtained by CIC Manager Applicant (3/15/10)
- Letters of Credit in Lieu of Bonds (6/27/13)
- Maximum Fees for Disclosure Packets and Resale Certificates Preparation (6/27/13)

### Board for Contractors
**Guidance Documents:**
- Board for Contractors Policies and Interpretations (1/24/12)
- Waiver Exemption of Entry Requirements for Residential Building Energy Analysts (6/24/13)

### Fair Housing Board
See Guidance Documents applicable to all boards and the department.

### Board for Hearing Aid Specialists and Opticians
See Guidance Documents applicable to all boards and the department.

### Board for Professional Soil Scientists, Wetland Professionals, and Geologists
See Guidance Documents applicable to all boards and the department.

### Real Estate Appraiser Board
**Guidance Documents:**
- Real Estate Appraiser - Submitting Assignments Electronically (3/5/09)
- Real Estate Appraisers Experience Hours (11/18/03)
- Signing Any Appraisal Report (2/21/06)

### Real Estate Board
**Guidance Documents:**
- Continuing and Post-License Education Course Reporting Requirements (5/19/08)
- Instructor Qualifications (5/19/08)
- Necessity for Brokerage Agreements (9/6/12)
- Online Course Time Requirement (12/17/09)
- Proof of Financial Responsibility for Board-Approved Education Providers (7/19/07)
- Real Estate Advisory Council’s Report Regarding Post-Licensure Education (7/12/12)
- Real Estate Board Transfer of Active Licenses (5/9/13)
- Real Estate Distance Education Notarized Affidavit Requirement (5/19/09)
- Real Estate Pre-License Instructor Guidance Document (3/24/08)

### Board for Waste Management Facility Operators
See Guidance Documents applicable to all boards and the department.

### Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals
**Guidance Documents:**
- Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals Interpretations and Policies (1/12/12)
- Onsite Sewage Systems Designed by Professional Engineers and Onsite Soil Evaluators (12/15/11)

### BOARD OF PSYCHOLOGY
Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/Psychology or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at psy@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Catherine Chappell, Executive Director of the Board, at the address above or by telephone at (804) 367-4697. Copies are free of charge.

**Guidance Documents:**
http://www.dhp.virginia.gov/Psychology/psychology_guidelines.htm
125.2, Impact of Criminal Convictions, Impairment, and Past History on Licensure or Certification, adopted November 5, 2013
125-3.1, Submission of evidence of completion of graduate work, adopted February 16, 2010
125-3.2, Official beginning of a residency, adopted February 16, 2010
125-3.8, Flowchart and narrative explanation for guidance on conduct of an informal conference by an agency subordinate, revised September 2010
125-3.9, Policy on the use of confidential consent agreements in lieu of disciplinary action by the board, January 13, 2003
125-5.1, Board guidance on possible disciplinary action for noncompliance with continuing education requirements, July, 2006
125-5.2, Sanction Reference Manual, April 2009
125-6, Bylaws of the board, revised November 5, 2013

DEPARTMENT OF SOCIAL SERVICES

Citizens wanting printed copies of guidance documents or with interpretive or implementation questions may contact Karin Clark, Legislative & Regulatory Affairs, Department of Social Services, 801 East Main Street, Richmond, VA 23141, email karin.clark@dss.virginia.gov, or telephone (804) 726-7017. All guidance documents are available electronically at no charge on the Regulatory Town Hall. Costs associated with obtaining printed copies vary depending on the document.

State Board of Social Services

Guidance Documents:

[APP1] Administrative Disqualification Hearings (1/1/10)
[APP2] Child Protective Services Appeals (4/1/11)
[APP3] Child Support Enforcement Appeals (12/16/10)
[APP4] Benefits & Services Appeals (12/16/10)
[APP6] Electronic Benefits Transfer (EBT) Appeals (7/8/03)
[APP7] SNAP Appeals Process (1/1/12)
[APP8] Appeals and Fair Hearings Procedure Manual (11/30/11)
[B11] Procedures for Performing Background Investigations for CRF (7/12/12)
[B12] Procedures for Conducting Background Investigations on Foster and Adoptive Parents, Adult Household members, and Birth Parents Requested by Child-Placing Agencies (7/12/12)
[B13] Procedures for Conducting Name-Based Checks When an Applicant's Fingerprint Are Unobtainable (12/1/10)
[B14] Technical Assistance for Regulation for Background Checks for Assisted Living Facilities and Adult Day Care Centers (6/29/09)
[B16] Barrier Crimes for Child Day Programs (6/10/13)
[B17] Barrier Crimes for Licensed Assisted Living Facilities and Adult Day Care Centers (6/10/13)
[B18] Barrier Crimes for Child-Placing Agencies and for Foster and Adoptive Homes Approved by Child-Placing Agencies (6/10/13)
[BP1] Volume IX - Energy Assistance Policy Manual (9/1/12)
[BP2] Energy Assistance Program Quick Reference Guides (10/1/12)
[BP3] Volume V - Supplemental Nutrition Assistance Program Certification Manual (10/1/12)
[BP7] Volume II - General Relief Policy - Part IV (1/1/07)
[BP8] TANF Policy Manual (10/1/12)
[CCD1] Child Care Subsidy Guidance (Volume VII, Section II, Chapter D) (1/1/13)
[CSE1] Division of Child Support Enforcement Program Manual (9/12/13)
[CVS1] Neighborhood Assistance Program Donor Fact Sheet (11/30/11)
[CVS12] 2011 Other Outcomes report (11/30/11)
[CVS13] Clients by Locality (11/30/11)
[CVS14] Client Demographic Report (11/30/11)
[CVS16] Narrative Report (11/30/11)
[CVS17] CSBG Quarterly Report Instructions (11/30/11)
[CVS18] CSBG State Plan for FY2011 (10/1/10)
[CVS2] Neighborhood Assistance Program Project Fact Sheet (11/30/11)
[CVS21] Virginia Refugee Resettlement Program Manual (7/1/11)
[CVS2] Neighborhood Assistance Program Project Fact Sheet (11/30/11)
[CVS3] Neighborhood Assistance Program Contribution Notification Forms A, B, C, D, E (11/30/11)
[CVS4] Neighborhood Assistance Program Application (11/30/11)
[CVS5] Neighborhood Assistance Program Approved Organizations for FY2011 (11/30/11)
[CVS7] Financial Status Reports (11/30/11)
[CVS8] 2011 TANF Non-Assistance Program Report (11/30/11)
[CVS9] 2011 Certification of Board Meetings (11/30/11)
[FIN1] Finance Guidelines Manual for Local Departments of Social Services (12/1/12)
[FIN2] FY 2013 Local Allocations (5/8/12)
[FIN3] FY 2013 Consolidated Eligibility and Service Staff and Operations Allocations (5/8/12)
[FIN4] Information Security Program (9/4/12)
[FIN5] Acceptable Use Policy (6/10/11)
[FS 9] Virginia Department of Education and Virginia Department of Social Services, Fostering Connections: Joint Guidance for School Stability of Children in Foster Care (10/1/12)
[FS1] Title IV-E Eligibility Manual (10/26/12)
[FS10] Assisted Living Facility Private Pay Assessment Manual (1/1/10)
[FS1] Title IV-E Eligibility Manual (10/26/12)
[FS12] Virginia’s Guide to Intercountry Placement (11/1/02)
[FS13] Request to Place Virginia Youth Out-of-Commonwealth (11/1/02)
[FS14] Broadcast 7524, State Median Income for Adult Services Cases (7/23/12)
[FS15] Adult Foster Care Manual (2/1/10)
[FS16] Children and Family Service Manual, Chapter D. Local Department Resource, Foster and Adoptive Family Home Approval (7/1/12)
[FS17] Broadcast 5696, Revised Adult Protective Services (APS) Minimum Training Standards (6/1/09)
[FS18] Broadcast 7522, Update on Assisted Living Facility Assessment Procedures/No Need to Submit Assessment Packages (7/20/12)
[FS19] Broadcast 7658, Guidelines for Pre-Admission Screening of Children with Disabilities Seeking Long-Term Care Services (10/25/12)
[FS20] Broadcast 7483, Local Department of Social Services No Longer to Claim/File for Assisted Living Facility Assessment Payments (7/26/12)
[FS21] Broadcast 4198, Safe and Timely Placement of Children Act - Interstate Compact on the Placement of Children (ICPC) (12/10/07)
[FS22] Child and Family Services Manual - Chapter B - Early Prevention - Sections 1 and 4 (10/1/12)
[FS3] Assisted Living Facility Assessment Manual (9/1/12)
[FS4] Adult Services Manual, Chapters 1-7 (11/1/12)
[FS5] Child and Family Services Manual - Chapter C - Child Protective Services (7/1/12)
[FS6] Child and Family Services Manual, Chapter E - Foster Care (7/1/11)
[FS7] Generic Policy - Volume II, Section I, Chapter B (1/1/98)
[FS8] Adoption Policy, Volume VII, Section III, Chapters C and D (10/1/09)
[HR1] Chapter 1B, Recruitment and Selection, Administrative/Human Resources Manual for Local Departments of Social Services (3/1/12)
[HR10] SOP Section 2.05 - Criminal History Checks (12/20/10)
[HR11] Agency Salary Administration Plan (9/1/00)
[HR12] SOP Section 2.01 - Alcohol and Drugs (7/1/08)
[HR13] SOP Section 1.20 - Employee Recognition Program (9/7/10)
[HR14] SOP Section 2.04 - Compensatory Leave (7/1/08)
[HR15] SOP Section 2.06 - Equal Employment Opportunity (7/1/08)
[HR16] SOP Section 2.07 - Emergency Office Closings (7/1/08)

[HR17] SOP Section 2.08 - Workplace Harassment (9/12/11)

[HR18] SOP Section 2.09 - Hours of Work (7/1/08)

[HR19] SOP Section 2.10 - Identification Badge (11/1/04)

[HR2] Chapter 2, Classification & Compensation, Administrative/Human Resources Manual for Local Departments of Social Services (6/1/13)

[HR20] SOP Section 2.11 - Employment Eligibility Verification (11/1/04)

[HR21] SOP Section 2.12 - Layoff (7/1/08)

[HR22] SOP Section 2.13 - Performance Planning and Evaluation (1/27/11)

[HR23] SOP Section 2.14 - Probationary Period (11/1/04)

[HR24] SOP Section 2.15 - Recruitment, Screening and Selection (11/1/04)

[HR25] SOP Section 2.16 - Reporting Time Worked (7/1/08)

[HR26] SOP Section 2.17 - Standards of Conduct (7/1/08)

[HR27] SOP Section 2.18 - Telecommuting and Alternate Work Schedules (7/1/08)

[HR28] SOP Section 2.19 - Temporary Help (11/1/04)

[HR29] SOP Section 2.20 - Temporary Work Force Reduction (11/1/04)

[HR3] Chapter 3, General Leave, Administrative/Human Resources Manual for Local Departments of Social Services (10/19/11)

[HR30] SOP Section 2.21 - Termination/Separation (7/1/08)

[HR31] SOP Section 2.22 - Training and Development (11/1/04)

[HR32] SOP Section 1.21 - Employee Recognition Formal (3/11/11)

[HR33] SOP Section 2.24 - Evaluating Workplace Conduct of Wage Employees, Probationary Employees and Employees Excluded from the Virginia Personnel Act (11/1/04)

[HR34] SOP Section 2.25 - Leave Policy (9/14/10)

[HR35] SOP Section 2.26 - Virginia Sickness and Disability Program (7/1/08)

[HR36] SOP Section 1.23 - Employee Recognition-Immediate (5/4/12)

[HR37] SOP Section 1.80 - Workplace Violence (12/6/11)

[HR38] SOP Section 4.17 - Emergency Disaster Leave (9/1/11)

[HR4] Chapter 4, Medical Leaves of Absence, Administrative/Human Resources Manual for Local Departments of Social Services (12/6/11)

[HR5] Chapter 5, Operations of the LDSS, Administrative/Human Resources Manual for Local Departments of Social Services (11/1/13)

[HR6] Chapter 6, Performance Evaluation & Standards of Conduct, Administrative/Human Resources Manual for Local Departments of Social Services (11/1/13)

[HR7] Chapter 7, Discipline and Termination of Employment, Administrative/Human Resources Manual for Local Departments of Social Services (11/1/13)

[HR8] Chapter 8, Personnel Records, Administrative/Human Resources Manual for Local Departments of Social Services (7/1/07)

[HR9] Chapter 1, Employment Opportunity, Disability Accommodation and Affirmative Action, Administrative/Human Resources Manual for Local Departments of Social Services (10/19/11)

[LIC1] Criteria For Training (4/1/07)


[LIC12] Standards for Licensed Family Day Homes with Interpretation Guidelines (7/17/13)

[LIC13] Technical Assistance for Standards and Regulations for Licensed Adult Day Care Centers (10/1/10)

[LIC14] Technical Assistance for Voluntary Registration of Family Day Homes Requirements for Providers (10/1/09)

[LIC15] Technical Assistance for General Procedures and Information for Licensing (9/1/09)

[LIC16] Civil Penalties Based on Assessed Risks from Violations in Assisted Living Facilities (12/1/08)


[LIC19] TB Screening Testing Technical Assistance in ALFs and ADCCs (9/22/11)

[LIC2] Curriculum Outline for Assisted Living Facility Administrators (12/1/09)

[LIC20] Staffing Plans in Assisted Living Facilities (2/24/12)

[LIC21] Standards for Licensed Child Day Centers – Technical Assistance (12/7/12)
Guidance Documents

[LIC3] Performance Standardization Guidance for Licensure (7/17/13)

[LIC4] Direct Care Staff - Department Approved Educational Curriculum for Nursing Assistant, Geriatric Assistant or Home Health Aide (7/1/07)


[LIC6] Information for Religiously Exempt Child Day Centers (3/30/11)

[LIC7] Model Policies for Implementing Residents Rights (1/1/08)

[LIC8] Notification to State Regulated Care Facilities Regarding Fire Prevention (9/1/00)

[LIC9] Proof of Child Identity and Age (3/21/12)


[PA1] VDSS Web Policy (11/9/11)

BOARD OF SOCIAL WORK

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board’s webpage at http://www.dhp.virginia.gov/social or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at socialwork@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Catherine Chappell, Executive Director of the Board, at the address above or by telephone at (804) 367-4441. Copies are free of charge.

Guidance Documents:


140-1, Board guidance on use of confidential consent agreements, October 31, 2003

140-2, Impact of criminal convictions, impairment, and past history on social work licensure in Virginia, adopted October 25, 2013

140-3, Guidance on technology-assisted therapy and the use of social media, adopted October 25, 2013

140-4, Board guidance on possible disciplinary or alternative actions in response to noncompliance with continuing education requirements, revised July 15, 2010

140-5, Board guidance for process of delegation of informal fact-finding to an agency subordinate, revised September 2010

140-7, Bylaws of the Board of Social Work, revised October 25, 2013

140-8, Sanction Reference Points Instruction Manual, adopted April 17, 2009

140-9, Supervisor training, adopted April 2010

140-10, Guidance on supervised experience for clinical social work licensure, revised November 30, 2012

STATE CERTIFIED SEED BOARD

Copies of the following documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Certified Seed Board, 330 Smyth Hall, Blacksburg, VA 24061. Copies may be obtained free of charge by contacting Dr. Thomas Thompson at the same address, telephone (540) 231-9775, or FAX (540) 231-3431.

Questions regarding interpretation or implementation of this document may be directed to Thomas Hardiman, Seed Certification Program Administrator, 9225 Atlee Branch Lane Mechanicsville, VA 23116, telephone (804) 746-4884, or FAX (804) 746-9447.

STATE CERTIFIED SEED BOARD Annual Report, 2000

STATE CERTIFIED SEED BOARD Annual Report, 2001

STATE CERTIFIED SEED BOARD Annual Report, 2002 - 2003

STATE CERTIFIED SEED BOARD Annual Report, 2004

STATE CERTIFIED SEED BOARD Annual Report, 2005

STATE CERTIFIED SEED BOARD Annual Report, 2006

STATE CERTIFIED SEED BOARD Annual Report, 2007

STATE CERTIFIED SEED BOARD Annual Report, 2008

STATE CERTIFIED SEED BOARD Annual Report, 2009

STATE CERTIFIED SEED BOARD Annual Report, 2010

STATE CERTIFIED SEED BOARD Annual Report, 2011

STATE CERTIFIED SEED BOARD Annual Report, 2012

DEPARTMENT OF STATE POLICE

To obtain printed copies of the guidance documents please contact the person listed following the document name.

Both documents are available electronically online for no charge by visiting the Virginia Regulatory Town Hall http://townhall.virginia.gov/index.cfm or the Virginia State Police website at http://www.vsp.state.va.us/.

Guidance documents maintained by the Virginia State Police may be viewed during normal working hours at Virginia State Police Headquarters, 7700 Midlothian Turnpike, Richmond, VA 23235.
Guidance Documents:

VCheck Users Guide (5/3/10)
Firearms VCheck, Procedures Manual for Firearms Dealers (7/1/13)

Donna Tate, Firearms Transaction Center, Virginia State Police, P.O. Box 27472, Richmond, VA 23261-7472, telephone (804) 674-2000.

How the Complaint Process Works (8/25/08)

Captain Gary Payne, Professional Standards Unit, Virginia State Police, P.O. Box 27472, Richmond, VA 23261-7472, telephone (804) 674-2000.

DEPARTMENT OF TAXATION

Copies of forms may be obtained from the department's website http://www.tax.virginia.gov or viewed during regular work days from 8:30 a.m. until 4:30 p.m. in the Office of Customer Relations, Department of Taxation, 1957 Westmoreland Street, Richmond, VA 23230. These forms are used to implement the return filing requirements for the taxes administered by the Virginia Department of Taxation. Primarily, these return filing requirements are found in Title 58.1 of the Code of Virginia. The Department of Taxation is also required to collect certain agricultural commodity taxes found under Title 3.1 of the Code of Virginia. Copies may be obtained by contacting the Forms Request Unit at the Department of Taxation, P.O. Box 1317, Richmond, VA 23218-1317, telephone (804) 440-2541.

Virginia Tax Bulletins provide the department's interpretation of Title 58.1 of the Code of Virginia. Copies may be obtained free of charge by contacting the Office of Tax Policy, Appeals and Rulings, Department of Taxation, P.O. Box 27203, Richmond, VA 23261-7203, telephone (804) 371-6042 or FAX (804) 371-7179. Each tax bulletin is assigned a number (e.g., VTB 04-1) and, beginning in 2004, is also published as a "public document" and assigned a second number (e.g., PD 04-7). Either number can be used to locate the tax bulletin on the department's website. The Department of Taxation is required under § 58.1-204 of the Code of Virginia to publish (i) orders of the Tax Commissioner under §§ 58.1-1822 and 58.1-1824 of the Code of Virginia, (ii) final orders entered by a circuit court under § 58.1-1826 or 58.1-1827 of the Code of Virginia, and any written opinion or memorandum of the court; and (iii) any written ruling or other interpretation of Virginia law that the Tax Commissioner believes may be of interest to taxpayers and practitioners. These public documents interpret both law (Title 58.1 of the Code of Virginia) and regulations (Title 23 of the Virginia Administrative Code) as they apply to taxpayers. Since 1984, the department has published over 6,000 public documents and adds an additional 40 to 50 documents to this list each month. They may be found on the Department of Taxation's website at http://www.policylelibrary.tax.virginia.gov/OTP/Policy.nsf. Most guidance documents are available electronically on the Town Hall. Copies of the other documents may be obtained from Department of Taxation's website http://www.tax.virginia.gov or viewed during regular work days from 8:30 a.m. until 4:30 p.m. in the Office of Customer Relations, Department of Taxation, 1957 Westmoreland Street, Richmond, VA 23230. Questions regarding interpretation or implementation of these forms may be directed to Office of Customer Relations, Department of Taxation, P.O. Box 1115, Richmond, VA 23218-1115, FAX (804) 786-2670. Telephone numbers for contact regarding the various forms listed below are noted by section and in some cases by the form.

Guidance Documents:

[4 - Admin] Administration, 1991 HB 1830 and SB 739 Increase in Late Filing/Payment Penalties (5/1/91)
[4 - Admin] Administration, Assessment of Penalty and Interest on Miscellaneous Taxes (12/21/84)
[4 - Admin] Administration, Computation of Interest (12/22/86)
[4 - Admin] Administration, Computation of Interest on All Tax Refunds (1/14/88)
[4 - Admin] Administration, Converted Assessments (12/24/86)
[4 - Admin] Administration, Differential Interest Rates (12/3/86)
[4 - Admin] Administration, Jeopardy Assessments (3/25/86)
[4 - Admin] Administration, Keeper of the Records (5/14/86)
[4 - Admin] Administration, Limitations Applicable to Converted Assessments (2/17/87)
[4 - Admin] Administration, Set Off Debt Collection Procedures, Taxpayers in Bankruptcy (4/17/91)
[4 - Aircraft] Aircraft Sales and Use Tax, Application of the Aircraft Sales and Use Tax to Aircraft Sold at Washington National Airport (10/19/87)
[4 - Aircraft] Aircraft Sales and Use Tax, Application of Aircraft Sales Tax to Aircraft Sold at Washington National Airport (10/19/87)
[4 - Aircraft] Aircraft Sales and Use Tax, Imposition of Aircraft Sales and Use Tax (3/10/87)
[4 - Cigarette] Use of Tax Stamps as Evidence of Payment of Local Cigarette Taxes (12/27/05)
[4 - Collections] Field Collection Guide (11/30/06)
Guidance Documents

[4 - Corp/Individ] Corporate Tax and Individual Tax, Application of Penalty to Corporate and Individual Income Tax Audits (10/26/90)

[4 - Corporate] Corporate Income Tax, Inventory of Alcoholic Beverages in State Owned Warehouse (3/26/85)

[4 - Corporate] Corporate Tax, Abatement of 100% Penalty Assessed under Section 58-44.1 (8/22/83)

[4 - Corporate] Corporate Tax, ACRS Carryovers and Refunds: Statute of Limitations (7/28/93)

[4 - Corporate] Corporate Tax, Financial Corporation Apportionment Factor (3/17/88)

[4 - Corporate] Corporate Tax, Investment in Euro Dollars, Foreign Source Income Subtraction (11/28/84)

[4 - Corporate] Corporate Tax, Sales Factor and Form 4797 Proceeds (3/31/87)

[4 - Individual] Individual Income Tax, Interest on Refunds Delayed by Set Off Debt Collection (11/24/87)

[4 - Individual] Individual Tax, Application of 1991 HB 1830 and SB 739 Increase in Late Filing/Payment Penalties to Pre-1990 Income Tax Returns (5/24/91)


[4 - Individual] Individual Tax, Execution of Extensions (2/17/93)

[4 - Individual] Individual Tax, Form 760C (Individual Underpayments of Estimated Tax), (11/24/86)

[4 - Individual] Individual Tax, Head of Household Filing Status (6/24/88)

[4 - Individual] Individual Tax, Home Accessibility Features for the Disabled Tax Credit (9/29/00)

[4 - Individual] Individual Tax, Interest on Estimated Individual Income Tax Underpayments (10/14/82)

[4 - Individual] Individual Tax, Names to Appear on Assessments (12/22/86)

[4 - Individual] Individual Tax, Non-Resident Income from the Rental or Sale of Virginia Real Estate (8/6/90)

[4 - Individual] Individual Tax, Personal Exemptions/Dependent Children (8/20/87)


[4 - Individual] Individual Tax, Set-Off Debt Collection Program, Amending Filing Status 4 Returns (4/25/84)

[4 - Individual] Individual Tax, State and Federal Tax Incentives for Child Care (12/13/88)

[4 - Individual] Individual Tax, Taxability of Title VII Benefits (Conrail Benefits and Termination Allowances) (4/22/85)


[4 - Individual] Individual Tax, Virginia Taxes and Lottery Winnings (1/1/91)

[4 - Local] 2000 BPOL Guidelines (Part 1 of 4) (1/1/00)

[4 - Local] 2000 BPOL Guidelines (Part 2 of 4) (1/1/00)

[4 - Local] 2000 BPOL Guidelines (Part 3 of 4) (1/1/00)

[4 - Local] 2000 BPOL Guidelines (Part 4 of 4) (1/1/00)

[4 - Sales & Use] Sales and Use Tax, Industrial Processing Exemption Retail/Photo-Processing Operations (9/8/00)


[4 - Sales & Use] Sales and Use Tax, Advertising Exemption (8/21/87)

[4 - Sales & Use] Sales and Use Tax, Allocation of Local Sales and Use Tax Where Business Property is Located in More Than One Locality (1/9/84)

[4 - Sales & Use] Sales and Use Tax, Audit Penalty (7/18/90)

[4 - Sales & Use] Sales and Use Tax, Disallowance of Sales Tax Dealer's Discount When Tax Not Paid in Full (4/1/85)

[4 - Sales & Use] Sales and Use Tax, Extensions (9/8/82)

[4 - Sales & Use] Sales and Use Tax, Federal Government Credit Card Purchases (7/12/02)

[4 - Sales & Use] Sales and Use Tax, Implementation of SB 741 (Dealer's Discount), (3/27/89)


[4 - Sales & Use] Sales and Use Tax, Internet Tax Freedom Act (H.R. 4105) (7/10/98)

[4 - Sales & Use] Sales and Use Tax, Leases between Affiliated Corporations (8/31/89)

[4 - Sales & Use] Sales and Use Tax, Member Fees (1/11/91)


[4 - Sales & Use] Sales and Use Tax, Nonprescription Drug Exemption Question and Answer Summary (9/2/98)
[4 - Sales & Use] Sales and Use Tax, Preponderance of Use (12/9/85)
[4 - Sales & Use] Sales and Use Tax, Refunds to Businesses Located in Urban Enterprise Zones (6/24/86)
[4 - Sales & Use] Sales and Use Tax, Registration of Persons Making Nontaxable Sales (4/1/85)
[4 - Sales & Use] Sales and Use Tax, Repair/Replacement Parts Purchased by Motor Vehicle Lessors (1/26/88)
[4 - Sales & Use] Sales and Use Tax, Status of Conrail under the Sales and Use Tax (6/6/85)
[4 - Sales & Use] Sales and Use Tax, Storage Tanks (5/22/89)
[4 - Sales & Use] Sales and Use Tax, Successor Liability, (4/30/98)
[4 - Sales & Use] Sales and Use Tax, Tangible Personal Property Purchased by Foreign Army in Virginia (3/8/89)
[4 - Sales & Use] Sales and Use Tax, Virginia Supreme Court Decision: Real Estate Publications (1/24/95)
[4 - Sales & Use] Sales and Use Tax, Virginia Tire Tax, Recall of Firestone Tires by Ford Motor Co (7/31/01)
[4 - Tax v. Ches Hosp] Virginia Department of Taxation v. Chesapeake Hospital Authority (12/20/01)
[4 - Watercraft] Watercraft Sales and Use Tax, Documented Boats Briefing Paper (7/1/87)
[4 - Watercraft] Watercraft Sales and Use Tax, Federal Fee on Recreational Boaters (3/4/91)
[4 - Withholding] Due Date Extension: Seasonal Employers Filing Monthly Returns (8/22/07)
[4 - Withholding] Withholding, Voluntary Virginia Income Tax Withholding from Civil Service Annuities (9/21/82)
[4 - Individual] Real Estate Transactions: Impact on Taxable Income (2/16/95)
2013 Accelerated Sales Tax Guidelines (5/6/13)
Energy Star Guidelines - Permanent (12/11/12)
Energy Star Sales Tax Holiday Guidelines, 2013 (9/30/13)
Rental Tax Guidelines (12/11/12)
[4 - Withholding] Order to Allow Annual Filing for State Withholding Taxes for Employers of Domestic Service Employees (12/4/08)

[4 - Corporate] IRC 199 Deductions (8/5/11)

[5 - Forms] Tax Forms Issued by the Virginia Department of Taxation (2/25/05)

[Agreements] Agreements, Coordination of Tax Administration between the Virginia Tax Department and the IRS (5/10/77)

[Agreements] Agreements, Implementation of Agreement on Coordination of Tax Administration between Virginia Department of Taxation and Richmond District Internal Revenue Service (9/15/86)

[Agreements] Agreements, Individual Income Tax, Notice to Northern Virginia Tax Officials Regarding Reciprocity with Maryland (8/14/92)


[Agreements] Disclosure Agreement between TAX and NVTC (12/28/09)

[Agreements] Memorandum of Agreement between the Virginia Department of Taxation and Department of Motor Vehicles (6/28/12)

[Agreements] Memorandum of Understanding for the Administration of the Land Preservation Credit Program (6/12/07)

[Agreements] Reciprocal Income Tax Agreement: Maryland and Virginia (8/21/91)

[Agreements] Reciprocal Income Tax Agreement between Commonwealth of Virginia and State of Maryland (12/27/06)

[EFT-Penalty] Penalties for Electronic Funds Payments (6/25/10)


[Guidelines] 2013 Port Volume Increase Tax Credit Updated Guidelines (7/1/13)

[Guidelines] 2013 Rental Tax Updated Guidelines (7/1/13)

[Guidelines] Administrative Appeal Guidelines (12/1/06)

[Guidelines] Barge and Rail Usage Tax Credit Guidelines (12/7/12)

[Guidelines] Cigarette Tax Guidelines and Rules Related to Enforcement (8/13/10)

[Guidelines] Electronic Funds Transfer (EFT) Guide (9/1/03)


[Guidelines] Guidelines and Rules for the Motor Vehicle Repair, Labor and Services Sales and Use Tax that Has Been Declared Invalid (11/1/07)


[Guidelines] Guidelines and Rules for the Virginia Communications Taxes (11/1/06)


[Guidelines] Guidelines for Appealing Local Mobile Property Taxes (6/10/05)


[Guidelines] Guidelines for the Local Taxation of Idle Machinery and Tools (1/1/08)

[Guidelines] Guidelines for the Motor Vehicle Fuel Sales Tax that Would Have Been Imposed by the Hampton Roads Transportation Authority but Has Been Declared Invalid. (1/31/08)


[Guidelines] Insurance Premiums License Tax Guidelines (superseded) (12/7/12)

[Guidelines] International Trade Facility Tax Credit Guidelines (4/17/12)

[Guidelines] Land Preservation Tax Credit: Guidelines for Qualified Appraisals (1/9/07)
Guidance Documents

Interprets/implements: § 33.1-12 (9) of the Code of Virginia
Copies of these documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained free of charge at the same address, telephone (804) 786-6065, or FAX (804) 786-2564.

Questions regarding interpretation or implementation of the documents may be directed to Laura Farmer, Division Administrator of Financial Planning, 1401 East Broad Street, Richmond VA 23219, telephone (804) 786-3096, FAX (804) 786-2564, or email laura.farmer@vdot.virginia.gov.

The Commonwealth Transportation Fund and the Virginia Department of Transportation Annual Budget are prepared annually and approved by the CTB by July 1 of each year as required by § 33.1-12 (9) of the Code of Virginia. These items are available on the VDOT website at http://www.virginiadot.org/about/vdot_budget.asp.

Guidance Document: The Virginia Transportation Infrastructure Bank: Program Overview, Guidelines and Selection Criteria, October, 2011
Interprets/implements: Article 1.2 (Section 33.1-23.6 et seq.) of Chapter 1 of Title 33.1 of the Code of Virginia
Copies of this document may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. The document may also be viewed at http://www.virginiadot.org/projects/virginia_transportation_infrastructure_bank.asp.

Questions regarding interpretation or implementation of this document may be directed to Laura Farmer, Division Administrator of Financial Planning, 1401 East Broad Street, Richmond VA 23219, telephone (804) 786-3096, FAX (804) 786-2564, or email laura.farmer@vdot.virginia.gov.

Interprets/implements: § 33.1-12 (9) of the Code of Virginia
Copies of this document may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219, as well as each of the nine construction district offices across the state. The Virginia Transportation Six-Year Program (SYP) may also be viewed at http://www.virginiadot.org/projects/syp-default.asp.

Questions regarding interpretation or implementation of this document may be directed to the Program Management Division Administrator at telephone (804) 786-2741 or FAX (804) 371-8719.

DEPARTMENT OF TRANSPORTATION
Finance/Programming

Guidance Documents: VDOT Information and Service: Fiscal Year 2014 Commonwealth Transportation Fund budget and Fiscal Year 2014 VDOT budget
**Preliminary Engineering**

**Guidance Document:** VDOT Policy Manual for Public Participation in Transportation Projects, revised November 26, 2012

Interprets/implements: § 33.1-18 of the Code of Virginia


Questions regarding interpretation or implementation of this document may be directed to the Location and Design Policies and Procedures Section Manager at the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219, telephone (804) 786-8287, or FAX (804) 786-9311.


Interprets/implements: Rules and Regulations Governing Relocation Assistance (24VAC30-41)

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting David A. Schneider, State Acquisitions Manager, at the same address, telephone (804) 786-2923, or FAX (804) 786-1706. This document is also included as part of Chapter 6 of the Right of Way Manual of Instructions, which is available from VDOT’s website at http://www.virginiadot.org/business/row-default.asp.


Interprets/implements: § 56-556 et seq. of the Code of Virginia

Copies of this document may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the Office of Transportation Public-Private Partnerships, 600 East Main Street, Suite 2120, Richmond, VA 23219. Copies may be obtained free of charge at the same address, telephone (804) 786-0455, or FAX (804) 786-0476. This document is available at http://www.vappta.org/resources/PPTA%20Implementation%20Manual_May_21_2012.pdf.

Questions regarding interpretation or implementation of the Public-Private Transportation Act Guidelines may be directed to Dusty Holcombe, Deputy Director, Office of Transportation Public-Private Partnerships, 600 East Main Street, Suite 2120, Richmond, VA 23219, telephone (804) 786-3173, FAX (804) 786-0476, or email dusty.holcombe@vdot.virginia.gov.

**Guidance Documents:**

  Interprets/implements § 2.2-4300 et seq. of the Code of Virginia

- Design-Build Procurement Manual, October 2011
  Interprets/implements: § 33.1-12 (2) (b) of the Code of Virginia

- Minimum Requirements for QA/QC on Design Build and Public-Private Transportation Act Projects, January 2012
  Interprets/implements: § 33.1-12 (2) (b) and § 56-556 et seq. of the Code of Virginia

- Design-Build Evaluation Guidelines, revised October 2011
  Interprets/implements: § 33.1-12 (2) (b) of the Code of Virginia

- Design-build documents are available at http://www.virginiadot.org/business/design-build.asp.

Questions regarding interpretation or implementation of these documents may be directed to Shailendra Patel, P.E., Alternate Project Delivery Office, Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219, telephone (804) 692-0476, or email shailendra.patel@vdot.virginia.gov.


Interprets/implements § 33.1-12 (7) of the Code of Virginia

Copies of this document may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Virginia Department of Transportation, 1201 East Broad Street, Richmond, VA 23219.

Questions regarding interpretation or implementation of this document may be directed to the Noise Abatement Program Manager at telephone (804) 371-6766 or FAX (804) 786-7401.

**Project Delivery**


Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained free of charge at the same address, telephone (804) 786-0476, or email dusty.holcombe@vdot.virginia.gov.
Guidance Documents

Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting Fulton deLamorton, Program Manager, at the same address, telephone (804) 786-2720, or FAX (804) 371-0847. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp](http://www.virginiadot.org/business/local-assistance.asp).

**Guidance Document:** Recreational Access Program Guide, revised December 2009

Interprets/implements: § 33.1-223 of the Code of Virginia, Recreational Access Fund Policy (24VAC30-301)

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting Fulton deLamorton, Program Manager, at the same address, telephone (804) 786-2720, or FAX (804) 371-0847. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp](http://www.virginiadot.org/business/local-assistance.asp).

**Guidance Document:** Airport Access Program Guide, established April 2012

Interprets/implements: § 33.1-221 of the Code of Virginia, Airport Access Fund Policy (24VAC30-451)

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting Fulton deLamorton, Program Manager, at the same address, telephone (804) 786-2720, or FAX (804) 371-0847. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp](http://www.virginiadot.org/business/local-assistance.asp).

**Guidance Document:** Enhancement Program Procedure Manual, October 2011

Interprets/implements: § 33.1-12 (9) and (11) of the Code of Virginia

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance/2011_Enhancement_Manual_10-6-Clean_version.pdf](http://www.virginiadot.org/business/local-assistance/2011_Enhancement_Manual_10-6-Clean_version.pdf).

For more information on this program or to obtain a copy of the application packet, please contact the Transportation Enhancement Program staff at toll free 1-800-444-7832, telephone (804) 786-2264, FAX (804) 371-0847, or email h.chenault@vdot.virginia.gov or pamela.liston@vdot.virginia.gov.

**Guidance Documents:** Urban Construction Initiative
Program Administration Guide, October 2009

Interprets/implements: § 33.1-23.3 of the Code of Virginia


Interprets/implements: Urban Maintenance and Construction Policy (24VAC30-325)


Copies of these documents may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219.

Questions regarding interpretation or implementation of these documents may be directed to Todd Halacy at the same address or telephone (804) 786-3438.

**Guidance Document:** Revenue Sharing Program Guidelines, July 2012

Interprets/implements: § 33.1-23-05 of the Code of Virginia

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting Debbi Webb-Howells, Program Manager, at the same address, telephone (804) 786-1519, or FAX (804) 371-0847. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp or at http://www.virginiadot.org/business/resources/Revenue_Sharing_Guidelines2012.pdf](http://www.virginiadot.org/business/local-assistance.asp or at http://www.virginiadot.org/business/resources/Revenue_Sharing_Guidelines2012.pdf).


Interprets/implements: Revenue-Sharing Program Policy (24VAC30-281), §§ 33.1-12 and 33.1-75.3 of the Code of Virginia

Copies of these documents may be obtained either free of charge or at a specified charge for excess copies by contacting Russ Dudley at the same address or telephone (804) 786-6663.

Questions regarding interpretation or implementation of this document may be directed to Russ Dudley at the same address and telephone number given above.

Copies of the above documents may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp](http://www.virginiadot.org/business/local-assistance.asp).


Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting Fulton deLamorton, Program Manager, at the same address, telephone (804) 786-2720, or FAX (804) 371-0847. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp](http://www.virginiadot.org/business/local-assistance.asp).

**Guidance Document:** Recreational Access Program Guide, revised December 2009

Interprets/implements: § 33.1-223 of the Code of Virginia, Recreational Access Fund Policy (24VAC30-301)

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting Fulton deLamorton, Program Manager, at the same address, telephone (804) 786-2720, or FAX (804) 371-0847. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp](http://www.virginiadot.org/business/local-assistance.asp).

**Guidance Document:** Airport Access Program Guide, established April 2012

Interprets/implements: § 33.1-221 of the Code of Virginia, Airport Access Fund Policy (24VAC30-451)

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained either free of charge or at a specified charge for excess copies by contacting Fulton deLamorton, Program Manager, at the same address, telephone (804) 786-2720, or FAX (804) 371-0847. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance.asp](http://www.virginiadot.org/business/local-assistance.asp).

**Guidance Document:** Enhancement Program Procedure Manual, October 2011

Interprets/implements: § 33.1-12 (9) and (11) of the Code of Virginia

Copies of this document may be viewed during regular work days from 8 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. This document may also be accessed at [http://www.virginiadot.org/business/local-assistance/2011_Enhancement_Manual_10-6-Clean_version.pdf](http://www.virginiadot.org/business/local-assistance/2011_Enhancement_Manual_10-6-Clean_version.pdf).

For more information on this program or to obtain a copy of the application packet, please contact the Transportation Enhancement Program staff at toll free 1-800-444-7832, telephone (804) 786-2264, FAX (804) 371-0847, or email h.chenault@vdot.virginia.gov or pamela.liston@vdot.virginia.gov.
Guidance Documents

Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. This document is also available at http://www.virginiadot.org/business/locally_administered_projects_manual.asp.

**Operations**

**Guidance Document:** Traffic Engineering Division Memoranda, issued 1967-present

Interpret/implements: § 33.1-12 (3) and (5) of the Code of Virginia, Standards for Use of Traffic Control Devices to Classify, Designate, Regulate, and Mark State Highways (24VAC30-315)

Copies of the Traffic Engineering Memoranda (1967-present), issued pursuant to authority set forth in § 33.1-12 (3) and (5) of the Code of Virginia that deal with traffic control devices, along with related safety issues, may be viewed during regular work days from 8 a.m. until 4:30 p.m. at the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219. Electronic copies will be furnished upon request by contacting Harry Campbell at the same address or telephone (804) 786-4269. This document is also available at http://www.virginiadot.org/business/traffic_engineering_memoranda.asp.

Questions regarding interpretation or implementation of these documents may be directed to the State Traffic Engineer during regular work days from 8 a.m. until 4:30 p.m. at the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219 or telephone (804) 786-2965.


Interpret/implements: §§ 46.2-878.2 and 33.1-210.2 of the Code of Virginia

Copies of these documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in the office of the Virginia Department of Transportation's Traffic Engineering Division, located at 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained by contacting Mike Nichols at the same address or telephone (804) 786-5709.

Questions regarding interpretation or implementation of these documents may be directed to the State Traffic Engineer during regular work days from 8 a.m. until 4:30 p.m. at the Virginia Department of Transportation, 1401 East Broad Street, Richmond, VA 23219 or telephone (804) 786-2965.


Interpret/implements: Traffic Impact Analysis Regulations (24VAC30-155)


Interpret/implements: Secondary Street Acceptance Requirements (24VAC30-92)


Interpret/implements: Land Use Permit Regulations (24VAC30-151)


Interpret/implements: Land Use Permit Regulations (24VAC30-151) and Secondary Street Acceptance Requirements (24VAC30-92)

For further information, please refer to the links under the "Transportation Planning" category at http://www.virginiadot.org/projects/default.asp.

Copies of these documents may be viewed during regular work days from 8:30 a.m. until 4 p.m. in the office of the Virginia Department of Transportation, 1401 East Broad Street, Richmond, Virginia 23219. Mailing address: VDOT, 1401 East Broad Street, Richmond, VA, 23219. One copy of any document or a combination of documents, up to five pages, may be obtained free of charge by contacting Barbara House at the same address or telephone (804) 786-2963. Additional copies and/or pages may be obtained at a cost of $0.15 per page, checks made payable to the "Treasurer of Virginia.”

Questions regarding interpretation or implementation of these documents may be directed to Robert W. Hofrichter, Assistant Transportation and Mobility Planning Division Administrator, VDOT, 1401 East Broad Street, Richmond, VA, 23219, telephone (804) 786-0780, or email at robert.hofrichter@vdot.virginia.gov.

**Guidance Documents:** Virginia Official State Transportation Map Policy and Procedures, revised November 13, 2012
Interprets/implements: § 33.1-36 of the Code of Virginia
Statement on the Use of VDOT County Map Series Digital Files, revised November 13, 2012
Interprets/implements: § 33.1-84 of the Code of Virginia
Interagency Scenic Roads Map Advisory Committee Policy and Selection Criteria, revised November 13, 2012
Interprets/implements: § 33.1-62 et seq. of the Code of Virginia
Copies of these documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in the office of the Virginia Department of Transportation's Office of Communications, located at 1401 East Broad Street, Richmond, VA 23219. Copies may be obtained free of charge by contacting the Cartography Manager at the same address, telephone (804) 371-6776, or FAX (804) 371-6846.

Questions regarding interpretation or implementation of this document may be directed to the Cartography Manager.

BOARD OF VETERINARY MEDICINE

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at http://www.dhp.virginia.gov/vet or the Regulatory Town Hall at http://www.townhall.virginia.gov or requested by email at vetbd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Leslie Knachel, Executive Director of the Board, at the address above or by telephone at (804) 367-4497. Copies are free of charge.

Guidance Documents:

150-1, Drug recordkeeping at shared facilities, revised June 3, 2013
150-2, Expanded duties for Licensed Veterinary Technicians, excerpt from board minutes of February 12, 2003
150-3, Preceptorships and externships for veterinary technician students, revised February 7, 2013
150-4, "Chip" clinics outside approved facilities, excerpt from board minutes of June 15, 1994, revised November 14, 2007
150-5, Use of compounded drugs in veterinary practices, revised July 1, 2013
150-6, Mobile facilities allowed to change location without an inspection, excerpt from board minutes of December 19, 1995, revised November 14, 2007
150-7, Use of term "specialist" or "specialty," excerpt from board minutes of August 13, 1996
150-8, Disposition of cases for practicing on an expired license or permit, adopted May 17, 2012
150-9, Board motion on content of a medical record, revised July 14, 2009
150-10, Allowances to purchase, possess, and administer drugs within an animal shelter or pound, adopted May 17, 2011
150-11, Acceptable continuing education, audits and sanctions for noncompliance, revised June 3, 2013
150-12, Administration of rabies vaccine by students or in preceptorships, revised June 3, 2013
150-13, Board opinion on veterinary prescriptions, revised October 17, 2012
150-14, Board guidance on process for delegation of informal fact-finding to an agency subordinate, revised September 2010
150-15, Points assigned for violations found during routine inspections, adopted October 17, 2012
150-16, Board motion on protocol to follow upon discovery of a loss or theft of drugs, revised May 17, 2012
150-17, Sanctioning Reference Points Instruction Manual, adopted November 2006
150-18, Bylaws of the Board of Veterinary Medicine, revised June 3, 2013
150-19, Delegation of dental polishing-cleaning, adopted October 17, 2012
150-20, Duties of unlicensed assistants, adopted June 3, 2013
150-21, Chiropractic care and acupuncture for animals, adopted June 3, 2013
76-21:2:1, Veterinary Establishment Inspection Report, revised October 28, 2013

UNIVERSITY OF VIRGINIA

For general questions about the University of Virginia's guidance documents, contact Penny Cabaniss at pqc2f@virginia.edu or (434) 924-3377. Contact information is provided for each document for copies or questions regarding the interpretation or implementation of the respective guidance document. If available, links are provided for electronic copies of guidance documents and are available for no charge.

Guidance Documents:
[UVA-01] University of Virginia Policy Directory (11/29/12)
[UVA-03] Medical Center Policy Manual (12/1/11)
[UVA-04] Health Sciences Library Policies (12/21/11)
Guidance Documents

**VIRGINIA CODE COMMISSION**

Copies of the following documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Virginia Code Commission, General Assembly Building, 201 North 9th Street, 2nd Floor, Richmond, VA 23219. Copies may be obtained free of charge by contacting Terri Edwards at the same address, telephone (804) 786-3591, FAX (804) 692-0625, or email tedwards@dls.virginia.gov. Internet addresses for accessing the documents are found below.

Questions regarding interpretation or implementation of these documents may be directed to Jane Chaffin, Registrar of Regulations, Virginia Code Commission, General Assembly Building, 201 North 9th Street, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625, or email jchaffin@dls.virginia.gov. Internet addresses for accessing the documents are found below.

Questions regarding interpretation or implementation of this document may be directed to Dr. Glenn DuBois, Chancellor, Virginia Community College System, 101 North 14th Street, 15th Floor, Richmond, VA 23219, telephone (804) 819-4903, FAX (804) 819-4760, or email gdubois@vccs.edu.

**Guidance Documents:**


Preparing and Filing Guidance Document Lists for Publication in the Virginia Register of Regulations, revised November 2013, §§ 2.2-4008 and 2.2-4103

**VIRGINIA COMMISSION FOR THE ARTS**

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in the office of the Virginia Commission for the Arts, 1001 East Broad Street, Suite 330, Richmond, VA 23219. Copies may be obtained free of charge by contacting Foster Billingsley, Executive Director, at the same address, telephone (804) 225-3132, FAX (804) 225-4327, or email foster.billingsley@arts.virginia.gov.

These documents may be found on the Virginia Commission for the Arts website at http://www.arts.virginia.gov.

Questions regarding interpretation or implementation of these documents may be directed to Foster Billingsley, Executive Director, at the address above or email foster.billingsley@arts.virginia.gov.

**Guidance Documents:**


**VIRGINIA COMMUNITY COLLEGE SYSTEM**

Copies of the following documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Virginia Community College System, James Monroe Building, 101 North 14th Street, 15th Floor, Richmond, VA 23219. Copies may be obtained by contacting Ms. Donna Swiney at the same address, telephone (804) 819-4910, or email dswiney@vccs.edu. The documents may be downloaded from the Virginia Community College System (VCCS) website at http://www.vccs.edu.

Questions regarding interpretation or implementation of this document may be directed to Dr. Glenn DuBois, Chancellor, Virginia Community College System, 101 North 14th Street, 15th Floor, Richmond, VA 23219, telephone (804) 819-4903, FAX (804) 819-4760, or email gdubois@vccs.edu.

**Guidance Document:**


* * *

Copies of Workforce Investment Act (WIA) guidance documents are available on the VCCS’s website at http://myfuture.vccs.edu/WorkforceServices/VirginiaWorkforceNetwork/tabid/693/Default.aspx or by contacting Elizabeth Creamer, Post Secondary Perkins Tech Prep Director, 101 North 14th Street, 17th Floor, Richmond, VA 23219, telephone (804) 819-4691, FAX (804) 819-4772, or email ecreamer@vccs.edu. Unless otherwise indicated, there is a $1.00 per document copying charge.

Questions regarding interpretation or implementation of WIA guidance documents may be directed to, Elizabeth Creamer. All WIA guidance documents provide interpretive guidance for P.L. 105-220 and 20 CFR Part 652.

**Workforce Investment Act Guidance Documents:**

Virginia WIA Policy Statements

99-1 Designation of Local Workforce Investment Areas

99-2 Establishment of Local Workforce Investment Board

00-1 Local Workforce Investment Board Focus, Staffing and Service Restrictions

00-2 Youth Councils under Title I of the Workforce Investment Act

00-3 Public Participation and Collaboration in the Development and Implementation of the Commonwealth's Workforce Investment System

00-5 Youth Programs under Title I of the Workforce Investment Act

00-6 Universal Access, Adult Eligibility and Priority of Services

00-7 Certification Process for WIA Training Providers

00-8 Virginia's Training Voucher System under WIA, revised October 3, 2005

00-10 Equal Opportunity Policy
00-12 Assessment Services for Adult, Dislocated Workers and Youth Programs

00-14 WIA Policy on Corrective Action or Sanctions for Discrimination

01-01 WIA Methods Of Administration, 29 CFR Part 37
Methods of Administration Elements

01-02 Discrimination Policy

01-03 National Emergency Grant

01-04 Process for Additional Funding of Dislocated Worker Activities

02-01 Processing Grievances and Complaints

02-02 Recaptured Workforce Investment Act Title I Local Formula Funds

02-04 Existing Worker Strategy, Virginia Workforce Council (VWC) Policy

03-01 Work First

03-02 Core Services - Revised January 3, 2005

03-03 Priority of Service

05-01 Continuous Improvement

05-02 WIA Incentives

05-03 Sanctions

05-04 Use of WIA Local Formula Funds for Economic Development

07-01 WIA and Trade Co-Enrollment

10-01 One Stop Service Delivery System

Virginia Guidance to Local Areas

Virginia Local Oversight/Monitoring Guide

Self-Sufficiency Standard - Resource

State Checklist for One Stop Review and Certification

Virginia Workforce Letters

As the state WIA administrative entity, the VCCS issues Virginia Workforce Letters to provide administrative guidance deemed necessary to implement the WIA in Virginia.

VWL #00-01 Consumer Reports System

VWL #00-02 Implementation of Interim Data Collection and Reporting System

VWL #01-01 Follow-Up Services - (Revised 8-28-03)

VWL #01-02 Employed Worker Response

VWL #01-03 Memoranda of Understanding Guidelines

VWL #01-04 Local WIA Program Policy Implementation

VWL #02-01 Board Staff Costs

VWL #02-02 Clarification of the Term "School Dropout"

VWL #02-03 Carrying over WIA Funds

VWL #02-04 Local Area WIA Funds Transfer Procedures

VWL #02-05 Sanctions for Unacceptable Performance

VWL #02-07 Definition of Family

VWL #02-08 Definition of Family Income

VWL #02-09 Local Workforce Investment Board (LWIB) Recertification

VWL #03-02 Training Special Populations

VWL #03-04 Supplemental Data

VWL #05-01 Compliance Review CAP Guidance

VWL #05-02 Corrective Action Plans

VWL #05-03 Youth Work Experience

VWL #05-04 Timely Data Entry

VWL #05-05 Expenses Prohibited under WIA

VWL #05-06 Program Income

VWL #05-08 Individual Training Accounts for Out-of-School and/or Older Youth

VWL #05-09 Local Area Incumbent Worker Training Service Provisions

VWL #05-11 Credentials and Certifications

Virginia WIA Eligibility Guidelines

The guidelines for determining WIA eligibility for adults, dislocated workers, and youth.

Preface

Introduction

WIA Adult Eligibility

WIA Dislocated Worker Eligibility

WIA Youth Eligibility

Verification and Documentation for WIA Eligibility

Selective Service Requirements

Family Size/Family Income

Self-Certification and Telephone/Document Inspection Verification Requirements

WIA Definitions for Title I Eligibility
Guidance Documents

VWL #05-12 WIA Program Participation and Performance Measures
VWL #05-13 Program Exit
VWL #07-01 Mandatory Co-Enrollment for WIA and Trade
VWL #08-01 The State Partner Memorandum of Understanding for Comprehensive One Stop Workforce Centers
VWL #08-04 Clarification on Services Allowed under Funds Received for Additional Dislocated Worker Activities
VWL #08-05 Needs-Related Payments and Supportive Services Guidance
VWL #08-06 2009 Poverty and 70% LLSIL Levels w/100% LLSIL
VWL #08-07 Timely Data Entry
VWL #08-08 Out-of-School Youth Definition and 30% Expenditure Level
VWL #08-09 Priority of Service for Veterans
VWL #08-10 Work Readiness Skills Goal under ARRA Summer Youth Employment Program
VWL #08-11 Adult and Dislocated Worker Work Experience Guidance

VIRGINIA ECONOMIC DEVELOPMENT PARTNERSHIP

The guidance document list from the Virginia Economic Development Partnership (VEDP) appears below. The hyperlink in the title of each guidance document will link the user to the guidance document on VEDP's Ally Information Exchange website.

Clean Energy Manufacturing Incentive Grants (CEMIG) Guidelines, enacted July 2013, §§ 59.1-284.25 through 59.1-284.27
Governor's Opportunity Fund (GOF) Guidelines, revised July 2013, § 2.2-115
Major Eligible Employer (MEE) Grant Guidelines, revised July 2013, §§ 2.2-5100 through 2.2-5104
Major Employment and Investment (MEI) Grant Guidelines, enacted August 2010, § 2.2-2240.2
Virginia Brownfields Assistance Fund (VBAF) Guidelines, enacted July 2011, § 10.1-1237
Virginia Economic Development Investment Grant (VEDIG) Guidelines, revised July 2013, §§ 2.2-5100 through 2.2-5104
Virginia Investment Partnership (VIP) Grant Guidelines, revised July 2013, §§ 2.2-5100 through 2.2-510

VIRGINIA EMPLOYMENT COMMISSION

Copies of the following documents may be viewed during regular work days from 8 a.m. until 5 p.m. in the central office of the Virginia Employment Commission, 703 East Main Street, Richmond, VA 23219. Copies of the guidance documents may be obtained by contacting M. Coleman Walsh, Jr., at the Virginia Employment Commission, Office of Commission Appeals, P.O. Box 1358, Richmond, VA 23218-1358, telephone (804) 786-7263, FAX (804) 786-9034, or email coleman.walsh@vec.virginia.gov. Unless otherwise indicated, there is a $1.00 per document copying charge. These documents may be accessed from the Virginia Employment Commission’s website, VaEmploy.com, by clicking on "Unemployed?" and then clicking on "File an Appeal." Documents may be downloaded from the website at no charge.

Questions regarding interpretation or implementation of the guidance documents may be directed to M. Coleman Walsh, Jr., Chief Administrative Law Judge, Virginia Employment Commission, Office of Commission Appeals, P.O. Box 1358, Richmond, VA 23218-1358, telephone (804) 786-7263, FAX (804) 786-9034, or email coleman.walsh@vec.virginia.gov.

Guidance Documents:
[VEC-01] Guide to Effective Unemployment Insurance Adjudication (12/12/12)
[VEC-02] Precedent Decision Manual (12/28/12)
[VEC-03] Precedent Decision Manual Supplement (12/12/12)
[VEC-04] Employer as Claimant Interoffice Communication (5/20/11)

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in the offices of the Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, VA 23220. Copies may be obtained free of charge by contacting Judson McKellar at the same address or by telephone at (804) 343-5540. All of these documents are available electronically for no charge on the Town Hall.

Questions regarding interpretation or implementation of these documents may be directed to Judson McKellar at the above address or telephone number.

Guidance Documents:
Compliance Monitoring Manual for the Federal Low-Income Housing Tax Credit Program (1/1/02)
Homebuyer Handbook (12/16/13)
Homebuyer Handbook - Spanish Version (12/16/13)
Homeownership Originations Policies (11/1/13)
Guidance Documents:

**VIRGINIA INDIGENT DEFENSE COMMISSION**

Copies of the following documents may be viewed on regular work days from 8 a.m. until 5 p.m. in the office of the Virginia Indigent Defense Commission, 1604 Santa Rosa Road, Suite 200, Richmond, VA 23229. Free copies may be accessed and downloaded from the commission's website at [www.indigentdefense.virginia.gov](http://www.indigentdefense.virginia.gov).

Questions regarding interpretation and implementation of these documents may be directed to Ms. DJ Geiger, Deputy Executive Director, 1604 Santa Rosa Road, Suite 200, Richmond, VA 23229, telephone (804) 662-7249, ext. 144, FAX (804) 662-7359, or email dègeiger@adm.idc.virginia.gov.

**Guidance Documents:**

Court Appointed Attorney Initial Certification Application in Non-Capital Cases, revised August 2012, §§ 19.2-163.01, 19.2-163.03

Court Appointed Attorney Certification Application: Counsel in Capital Cases, revised August 2012, § 19.2-163.8

Court Appointed Attorney Initial Certification Application for Current Prosecutor in Non-Capital Cases, created April 2012, revised August 2012, §§ 19.2-163.01, 19.2-163.03

Court Appointed Attorney Certification Renewal Application (capital and non-capital), revised August 2012, §§ 19.2-163.01, 19.2-163.03

Standards of Practice for Indigent Defense Counsel, issued April 2007, revised and updated March 2012, § 19.2-163.01

Standards of Practice Complaint Process (guidelines for removal of an attorney from the certified counsel list), issued April 2007, revised August 2012 (technical adjustments only), § 19.2-163.01

Standards of Practice Complaint Form, issued April 2007, revised August 2012, § 19.2-163.01

**VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES**

Copies of the following document may be obtained at no charge at [http://www.vaboard.org/grants.htm](http://www.vaboard.org/grants.htm) or may be viewed on regular work days from 8:30 a.m. until 4 p.m. in the office of the Virginia Board for People with Disabilities (VBPD), Washington Building, 1100 Bank Street, 7th Floor, Richmond, VA 23219.

Copies may be obtained free of charge by contacting Lynne Talley, VBPD Grants Manager, by email lynne.talley@vbpd.virginia.gov or by telephone (804) 786-0016, or for TTY/Voice at 846-4464. Alternate formats are available upon request.

Questions regarding implementation of this document may be directed to Lynne Talley, VBPD Grants Manager, by email lynne.talley@vbpd.virginia.gov, telephone (804) 786-0016, or TTY/Voice at 846-4464.

Based on available funding, VBPD may or may not issue a Request for Proposals each December. The Grants Manual is revised/updated in each year when a RFP is issued, and is posted online at the VBPD website with the RFP. If funds become available, the board's next RFP will be released in December 2014.

**Guidance Document:**


**VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY**

Copies of the following documents may be viewed during regular work days from 8 a.m. to 5 p.m. in the Office of the President, c/o Associate Director of Administration, 221 Burruss Hall, Virginia Tech, Blacksburg, VA 24061. Copies may be obtained free of charge by contacting Shelia Collins, Office of the President, 310 Burruss Hall, Virginia Tech, Blacksburg VA 24061, telephone (540) 231-1358, FAX (540) 231-4265, or email shcolli4@vt.edu. The documents may be downloaded from the Virginia Tech's website at [http://www.vt.edu](http://www.vt.edu).

Questions regarding interpretation or implementation of these guidance documents may be directed to Christine Watkins, Associate Director of Administration, Office of the President, Virginia Tech, Blacksburg, VA 24061, telephone, (540) 231-5205, FAX (540) 231-4265, or email cawatkin@vt.edu.

**Guidance Documents:**


Guidance Documents


Graduate Policies and Procedures and Course Catalog, 2013-14, http://graduateschool.vt.edu/graduate_catalog/


VIRGINIA RACING COMMISSION

Copies of the following document may be viewed during regular work days from 8:15 a.m. until 5 p.m. in the office of the Virginia Racing Commission at 5707 Huntsman Road, Suite 201-B, Richmond, VA 23250. Copies may also be obtained free of charge by contacting David Lermond at the same address, telephone (804) 966-7404, or email david.lermond@vrc.virginia.gov.

Questions regarding interpretation of the documents may be directed to David Lermond, Deputy Executive Secretary/Fiscal Officer, Virginia Racing Commission, 5707 Huntsman Road, Suite 201-B, Richmond, VA 23250, telephone (804) 966-7404, or email david.lermond@vrc.virginia.gov.

Guidance Documents:

[VRC-001] Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances (12/18/12)

[VRC-002] Association of Racing Commissioners International Multiple Violations Penalty System (7/31/13)

DEPARTMENT OF RAIL AND PUBLIC TRANSPORTATION

The list of guidance documents submitted by the Virginia Department of Rail and Public Transportation (DRPT) is subdivided by the work unit that issued or has custody of the document.

Transit and Congestion Management

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in the office of Lynne McCarthy, Public Relations and Marketing Coordinator, Virginia Department of Rail and Public Transportation, 600 East Main Street, Suite 2102, Richmond, VA 23219. Copies may be obtained for a fee (varies depending on document) by contacting Lynne McCarthy at the same address, telephone (804) 786-4443 or FAX (804) 225-3664, or for free online at www.drpt.virginia.gov.

Questions regarding interpretation or implementation of these documents may be directed to Lynne McCarthy at the same address and phone number.

Guidance Documents:

DRPT Public Transportation and Commuter Assistance Grant Program Application Guidance - includes guidance on applying for funds from the following state and federal programs:

State Aid Grant Programs

Operating Assistance

Capital Assistance

Demonstration Assistance

Technical Assistance

Public Transportation Intern Program

TDM /Commuter Assistance

Transportation Efficiency Improvement Fund (TEIF) Projects

Senior Transportation Program

Federal Aid Grant Programs

FTA Section 5303 - Metropolitan Planning

FTA Section 5304 - Statewide Planning

FTA Section 5307 - Small Urban Areas Program

FTA Section 5310 - Transportation for Elderly Persons and Persons with Disabilities

FTA Section 5311 - Rural Areas

FTA Section 5316 - Jobs Access and Reverse Commute Program (JARC)

FTA Section 5317 - New Freedom Program

Rail Transportation

Copies of the following documents may be viewed during regular work days from 8:30 a.m. until 5 p.m. in the office of Linda Balderson, Rail Analyst, Virginia Department of Rail and Public Transportation, 600 East Main Street, Suite 2102, Richmond, VA 23219. Copies may be obtained for a fee (varies depending on document) by contacting Linda Balderson, at the same address, telephone (804) 786-3427 or FAX (804) 255-3752, or for free online at www.drpt.virginia.gov.
Questions regarding interpretation or implementation of these documents may be directed to Linda Balderson at the same address and phone number.

Guidance Documents:
Railroad Industrial Access Program Application Procedures
Rail Preservati0n Program Application Procedures
Rail Enhancement Fund Application Procedures

VIRGINIA RETIREMENT SYSTEM

Copies of the following documents may be viewed during regular work days from 8 a.m. until 4:30 p.m. in the office of the Virginia Retirement System, 1200 East Main Street, Richmond, VA 23219. Copies may be obtained free of charge by contacting Kathy Dimond, at the same address, telephone (804) 771-7363, or email kdimond@varetire.org. The documents may be downloaded from the Virginia Retirement System website at www.varetire.org.

Questions regarding interpretation of benefit plan provisions or implementation of procedures outlined in these documents may be directed to Cynthia Comer, Chief Operations Officer, Virginia Retirement System, 1200 East Main Street, Richmond, VA 23219, telephone (888) 827-3847, FAX (804) 786-1541, or email ccomer@varetire.org.

Guidance Documents:

457 Deferred Compensation Plan Features and Highlights, revised December 2013, Code of Virginia, Title 51.1, Chapters 1, 3
457 Deferred Compensation and Cash Match Plan Features and Highlights, revised December 2013, Code of Virginia, Title 51.1, Chapters 1, 3
About the myVRS Retirement Planner, published 2008, Code of Virginia, Title 51.1, Chapters 1-7
Approved Domestic Relations Orders Guide, revised September 2012, Code of Virginia, Title 51.1, Chapter 1
Benefits for VRS Members, published January 2014, Code of Virginia, Title 51.1, chapters 1 -7
Choosing Your Retirement Plan – Plan 1 – Guidelines and Provider Information for employees of colleges and universities who are eligible to select the Optional Retirement Plan for Higher Education, revised July 2012, Code of Virginia, Title 51.1, Chapter 2
Choosing Your Retirement Plan – Plan 2 – Guidelines and Provider Information for employees of colleges and universities who are eligible to select the Optional Retirement Plan for Higher Education, revised July 2012, Code of Virginia, Title 51.1, Chapter 2
Choosing Your Retirement Plan - Plan 1 – Guidelines for Employees Eligible to Select the Optional Retirement Plan for School Superintendents, revised March 2013, Code of Virginia, Title 51.1-126.6
Choosing Your Retirement Plan - Plan 2 – Guidelines for Employees Eligible to Select the Optional Retirement Plan for School Superintendents, revised March 2013, Code of Virginia, Title 51.1-126.6
Choosing Your Retirement Plan - Plan 1 – Guidelines for Political Appointees eligible to select the Optional Retirement Plan for Political Appointees, revised March 2013, Code of Virginia, Title 51.1-126.5
Choosing Your Retirement Plan – Plan 2 – Guidelines for Political Appointees eligible to select the Optional Retirement Plan for Political Appointees, revised March 2013, Code of Virginia, Title 51.1-126.5

Composite Copy of the Optional Retirement Plan of the Commonwealth of Virginia for Employees of Institutions of Higher Education, revised November 2011, Code of Virginia, Title 51.1, Chapter 2
Comprehensive Annual Financial Report, published annually, last published December 2013, Code of Virginia, Title 51.1, Chapters 1-7
COV Voluntary Group Long Term Care Insurance Program Brochure, revised 2013, Code of Virginia, Title 51.1, Chapters 1, 3
Employer Manual, revised September 2012, Code of Virginia, Title 51.1, Chapters 1-7
Employer Update - published monthly online, Code of Virginia, Title 51.1, Chapters 1-7
Enhanced Benefits for Eligible Political Subdivision Hazardous Duty Employees Handbook for Members - Plan 1, revised September 2013, Code of Virginia, Title 51.1, Chapters 1, 3
Enhanced Benefits for Eligible Political Subdivision Hazardous Duty Employees Handbook for Members - Plan 2, revised November 2013, Code of Virginia, Title 51.1, Chapters 1, 3
Frequently Asked Questions about myVRS Navigator, revised March 2013, Code of Virginia, Title 51.1, Chapters 1, 3
Getting Ready to Retire Guide, revised February 2013, Code of Virginia, Title 51.1, Chapters 1, 3, 7
Hybrid Retirement Plan – Handbook for Members, published January 2014, Code of Virginia, Title 51.1, Chapters 1, 3, 7
Investment Option Performance, published December 2013, Code of Virginia, Title 51.1, Chapter 2
Guidance Documents

Judicial Retirement System – Handbook for Members in the JRS Plan 1 and the JRS Plan 2, April 2013, addendum July 2013, Code of Virginia, Title 51.1, Chapters 1-7


Losing a Loved One: Guide for Families, revised 2012, Code of Virginia, Title 51.1, Chapters 1, 2, 3, 5

Master Trust for the Optional Retirement Plan of the Commonwealth of Virginia for Employees of Institutions of Higher Education, revised January 2014, Code of Virginia, Title 51.1, Chapter 2

Member Benefit Profile, published annually, last published September 2013, Code of Virginia, Title 51.1, Chapters 1-7, 10

Member News, published online January, May, August and November, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Article, published 2008, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Fact Sheet, published 2008, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Navigator Course Catalog for Employers, published August 2012, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Navigator Training Overview, revised March 2013, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Poster, published 2008, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Users Guide, revised summer 2013, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS for Retirees Users Guide, revised January 2013, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Retirement Planner Article, published 2008, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Retirement Planner Bookmark, published 2008, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Retirement Planner Poster, published 2008, Code of Virginia, Title 51.1, Chapters 1-7

MyVRS Retirement Planner Tips, published 2008, Code of Virginia, Title 51.1, Chapters 1-7

Open Enrollment Notice to Higher Education Participants, published September 2008, Code of Virginia, Title 51.1, Chapters 1-7

Optional Retirement Plan for Higher Education Composite Copy, amended August 2011, Code of Virginia, Title 51.1, Chapters 1-7

Optional Retirement Plan for Higher Education Handbook, revised January 2013, addendum July 2013, Code of Virginia, Title 51.1, Chapter 2

Optional Retirement Plan for Higher Education Fidelity Performance Returns, November 2013, Code of Virginia, Title 51.1, Chapters 1-7

Optional Retirement Plan for Higher Education Forum Presentation, October 2013, Code of Virginia, Title 51.1, Chapters 1-7

Optional Retirement Plan of the Commonwealth of Virginia For Employees of Institutions of Higher Education Investment Policy Statement, revised November 2013, Code of Virginia, Title 51.1, Chapter 2

Optional Retirement Plan for Higher Education Master Trust, revised January 2014, Code of Virginia, Title 51.1, Chapters 1-7

Optional Retirement Plan for Higher Education TIAA-CREF Performance Returns, published November 2013, Code of Virginia, Title 51.1, Chapters 1-7

Optional Retirement Plan for Political Appointees Plan Features and Highlights, revised December 2013, Code of Virginia, Title 51.1, Chapters 1-7

Optional Retirement Plan for School Superintendents Plan Features and Highlights, revised December 2013, Code of Virginia, Title 51.1, Chapters 1-7

Retiree Handbook, revised January 2013, addendum July 2013, Code of Virginia, Title 51.1, Chapters 1-7

Retiree News - published semiannually, Code of Virginia, Title 51.1, Chapters 1-7

Retirement Benefit Reduction Factors - Plan 1, published 2011, Code of Virginia, Title 51.1, Chapters 1-7, 10, 11, 13, 14

State Police Officers’ Retirement System Handbook – Plan 1, revised September 2013, Code of Virginia, Title 51.1, Chapters 1-7, 10, 11, 13, 14

State Police Officers’ Retirement System Handbook – Plan 2, Revised January 2013, addendum July 2013, Code of Virginia, Title 51.1, Chapters 1-7, 10, 11, 13, 14

Understanding MyVRS Navigator’s Calculations and Business Rules, revised March 2013, Code of Virginia, Title 51.1, Chapters 1-7, 10, 11, 13, 14

Understanding MyVRS Navigator’s Calculations and Business Rules for Employees Who Work Less Than 12 Months, revised March 2013, Code of Virginia, Title 51.1, Chapters 1-7, 10, 11, 13, 14

Virginia Law Officers’ Retirement System Handbook – Plan 1, revised September 2013, Code of Virginia, Title 51.1, Chapters 1-7, 10, 11, 13, 14

Volume 30, Issue 14 Virginia Register of Regulations March 10, 2014
Virginia Law Officers' Retirement System Handbook – Plan 2, revised February 2013, addendum July 2013, Code of Virginia, Title 51.1, Chapters 1-7, 10, 11, 13, 14

Virginia Local Disability Program Handbook – Handbook for Employees in the VRS Hybrid Retirement Plan whose School Division or Political Subdivision Participates in VLDP, published November 2013, Code of Virginia, Title 51.1, Chapters 1-7

Virginia Local Disability Program Employer Manual, published September 2013, Code of Virginia, Title 51.1, Chapters 1-7


Virginia Sickness and Disability Program Employer Handbook, published April 2012, Code of Virginia, Title 51.1, Chapter 11

Virginia Retirement System Handbook for Members – Plan 1, revised September 2013, Code of Virginia, Title 51.1, Chapters 1-7

Virginia Retirement System Handbook for Members – Plan 2, revised January 2013, addendum July 2013, Code of Virginia, Title 51.1, Chapters 1-7

VRS Disability Retirement Handbook for Members – Plans 1 and 2, May 2011, Addendum July 2013, Code of Virginia, Title 51.1, Chapters 1-7

VRS/ICMA Payroll Guide for Political Subdivisions, School Divisions and Decentralized State Employers, published January 2014, Code of Virginia, Title 51.1, Chapters 1-7

VRS Plan Comparison Guide, published August 2013, Code of Virginia, Title 51.1, Chapters 1, 3

VSDP Long-Term Care Plan Brochure, revised 2013, Code of Virginia, Title 51.1, Chapters 1-7

**VIRGINIA STATE BAR**

Copies of the following document may be viewed during regular work days from 8:15 a.m. until 4:45 p.m. in the office of the Virginia State Bar at 707 East Main Street, Richmond, VA 23219. Copies may be obtained free of charge by contacting Cynthia Williams at the same address, telephone (804) 775-0530, or email williams@v sb.org.

Questions regarding interpretation of the document may be directed to James McCauley, Ethics Counsel, Virginia State Bar, 707 East Main Street, Richmond, VA 23219, telephone (804) 775-0565 or email mccauley@vsb.org.

**Guidance Document:** Unauthorized Practice of Law (UPL) Guidelines, issued June 1997, revised October 2010, 15VAC5-80

**VIRGINIA STATE UNIVERSITY**

For general questions about Virginia State University's guidance documents, contact Bonnie Degen at email bdegen@vsu.edu or telephone (804) 524-5326. Contact information will be provided for each document for copies or questions regarding the interpretation or implementation of the respective guidance document. The documents are also available on the Internet at the links shown on the document list below.

**Guidance Documents:**

Board of Visitors Bylaws, amended September 2013, [http://www.vsu.edu/files/docs/board-membership/vsu-bylaws.pdf](http://www.vsu.edu/files/docs/board-membership/vsu-bylaws.pdf)


**COLLEGE OF WILLIAM AND MARY**

Copies of the following document may be viewed during regular work days from 9 a.m. to 4 p.m. in the Office of the President, Brafferton Building, 105 Jamestown Road, Williamsburg, VA 23185. Copies may be obtained from the college’s website at [http://www.wm.edu/about/administration/bov/minutes/index.php](http://www.wm.edu/about/administration/bov/minutes/index.php). The document may also be obtained free of charge by contacting Sandra Wilms at telephone (757) 221-1257 or email sjwilm@wm.edu. Questions regarding interpretation or implementation of the bylaws should also be directed to Ms. Wilms.

**Guidance Document:** Board of Visitors Bylaws, revised September 2013, [http://www.wm.edu/about/administration/bov/_documents/bylaws/bylaws.pdf](http://www.wm.edu/about/administration/bov/_documents/bylaws/bylaws.pdf)

Copies of the following document may be viewed during regular work days from 9 a.m. to 4 p.m. in the Office of the
Guidance Documents

Dean of Students, 109 Campus Center, 104 Jamestown Road, Williamsburg, VA 23185. Copies may be obtained free of charge from the college’s website at http://www.wm.edu/offices/deanofstudents/services/studentconduct/studenthandbook/index.php. The handbook may also be obtained free of charge by contacting David M. Gilbert, Associate Dean of Students and Director of Student Conduct, at telephone (757) 221-2509, FAX (757) 221-2538, or email dmgil2@wm.edu. Questions regarding interpretation or implementation of the handbook should also be directed to Mr. Gilbert.


Copies of the following document may be viewed during regular work days from 9 a.m. to 4 p.m. in the Office of the Registrar, 124 Blow Memorial Hall, 262 Richmond Road, Williamsburg, VA 23185. Copies may be obtained free of charge from the college's website at http://www.wm.edu. The academic regulations may also be obtained free of charge by contacting Sara L. Marchello, University Registrar, at telephone (757) 221-2801, FAX (757) 221-2151, or email slmarc@wm.edu. Questions regarding interpretation or implementation of the regulations should also be directed to Ms. Marchello.


Copies of the following document may be viewed during regular work days from 9 a.m. to 4 p.m. in the Office of the Provost, Brafferton Building, 105 Jamestown Road, Williamsburg, VA 23185. Copies may be obtained free of charge from the college's website at http://www.wm.edu/offices/compliance/policies/instructional_faculty/index.php. The handbook may also be obtained free of charge by contacting Christy Fielder, Executive Assistant to the Provost, at telephone (757) 221-1993, FAX (757) 221-2791, or email cefielder@wm.edu. Questions regarding interpretation or implementation of the Handbook should also be directed to Ms. Fielder.


Copies of the following document may be viewed during regular work days from 9 a.m. to 4 p.m. at the William & Mary Policy Department, 201 Ukrop Way, Williamsburg, VA 23185. Copies may be obtained free of charge from the college's website at http://www.wm.edu/offices/iae/institutional_research_reporting/. The report may also be obtained free of charge by contacting Don Challis, Chief of William & Mary Police, at telephone (757) 221-1143, FAX (757) 221-1153, or email drchal@wm.edu. Questions regarding interpretation or implementation of the Report should also be directed to Chief Challis.


WORKERS’ COMPENSATION COMMISSION

Office of the Clerk of the Commission

Copies of the following forms and documents may be viewed during regular work days from 8:15 a.m. until 5:00 p.m. in the office of the Virginia Workers’ Compensation Commission, Clerk’s Office, 2nd Floor, 1000 DMV Drive, Richmond, VA 23220. Copies may be obtained (for the price indicated) by contacting the commission by telephone (877) 664-2566 or FAX (804) 367-9740. Several forms are available from the commission’s website at www.workcomp.virginia.gov. Questions regarding these forms/documents may be directed to the staff persons listed with each document.

Guidance Documents:

Annual Reports

Questions regarding annual reports should be directed to Evelyn V. McGill, Executive Director, 1000 DMV Drive, Richmond, Virginia 23220, telephone (804) 205-2050. The reports for calendar years 2001-2012 are available upon request at StatisticRequests@workcomp.virginia.gov

EDI Implementation Guide

Informational Guide for Employees

Informational Guide for Employers

Rules and Regulations: Attorneys Not Licensed to Practice Law in Virginia

Self-Insurance

Virginia Workers’ Compensation Commission Act Books

Questions regarding the act books and opinions may be directed to James J. Szablewicz, Chief Deputy Commissioner, Virginia Workers’ Compensation Commission, 1000 DMV Drive, Richmond, Virginia 23220, telephone (804) 367-8664, or toll-free at (877) 664-2566. The Virginia Worker’s Compensation Commission Act Books are no longer available for purchasing at the agency. LexisNexis is the authorized seller of future Act Books, including the 2013 edition, which can be purchased on their website. Copies of previous Act Books may be obtained during office hours of 8:15am to 5pm., in the office of the Virginia Workers' Compensation Commission, Clerk's Office, 2nd Floor, 1000
DMV Drive, Richmond, VA 23220. Copy costs are $0.50 for first 10 pages and $0.12 for each additional page.

**Workers' Compensation Act 2013**

**Opinions of the Commission**

**Online Search: Opinions 1990 to the Present**

Vol. 58 (1979) $15.00 shipped; $15.00 pickup
Vol. 59 (1980) $19.00 shipped; $19.00 pickup
Vol. 60 (1981) $15.00 shipped; $15.00 pickup
Vol. 61 (1982) $21.00 shipped; $21.00 pickup
Vol. 62 (1983) $18.00 shipped; $18.00 pickup
Vol. 63 (1984) $16.00 shipped; $16.00 pickup
Vol. 64 (1985) $23.00 shipped; $23.00 pickup
Vol. 65 (1986) $20.00 shipped; $20.00 pickup
Vol. 66 (1987) $20.00 shipped; $20.00 pickup
Vol. 67 (1988) $22.00 shipped; $22.00 pickup
Vol. 68 (1989) $25.00 shipped; $25.00 pickup
Vol. 69 (1990) $21.00 shipped; $21.00 pickup
Vol. 70 (1991) $18.00 shipped; $18.00 pickup
Vol. 71 (1992) $19.50 shipped; $19.50 pickup
Vol. 72 - $22.00 shipped; $17.00 pickup
Vol. 73 - Selected 1994 Opinions; $27.00 shipped; $19.00 pickup
Vol. 74 - Selected 1995 Opinions; $36.00 shipped; $25.00 pickup
Vol. 75 - Selected 1996 Opinions; $30.00 shipped; $33.00 pickup
Vol. 76 - Selected 1997 Opinions; $30.00 shipped; $27.00 pickup
Vol. 77 - Selected 1998 Opinions; $30.00 shipped; $27.00 pickup
Vol. 78 - Selected 1999 Opinions; $25.00 shipped; $30.00 pickup
Vol. 79 - Selected 2000 Opinions; $48.00 shipped or pickup
STATE CORPORATION COMMISSION
Bureau of Insurance
January 28, 2014
Administrative Letter 2014-01
To: All Insurers Licensed and Recognized in Virginia
Re: Assessment Practices and Procedures
Replacement of Administrative Letter 2010-10
This letter replaces Administrative Letter 2010-10. Pursuant to § 38.2-406 of the Code of Virginia, the State Corporation Commission Bureau of Insurance has developed and requires the Virginia Assessment Payments Voucher (Payment Voucher) to be filed as part of the annual assessment forms due March 1 of each year. The purpose of the Payment Voucher is to provide companies the ability to pay all amounts due with one check. Payments not submitted with the Payment Voucher cannot be processed by the bank. The entire Assessment Packet (all assessment forms and payments) will be returned to the insurer for proper filing. Penalties and interest will apply to any payments and the Late Form Filing Fine will apply to forms re-submitted after the due date. Approved software companies DO NOT have the Payment Voucher in their software. Download the Payment Voucher from our website: www.scc.virginia.gov/boi/co/assess/filings.aspx. If you do not have access to the website, please call the Administrative Assessment Unit at (804) 371-9096 to request the Payment Voucher.

Questions regarding this letter may be directed to: Keith D. Kelley, Administrative Assessment Supervisor, State Corporation Commission, P.O. Box 1157, Richmond, VA 23218, (804) 371-9333.

/s/ Jacqueline K. Cunningham
Commissioner of Insurance

STATE BOARD OF EDUCATION
Revising Health Education, Physical Education, and Driver Education Standards of Learning
The Virginia Board of Education intends to review and revise the Health Education, Physical Education, and Driver Education Standards of Learning. It is anticipated that the draft text will be posted on the Department of Education's website for review and comment by the end of November 2014. Public hearings will be announced prior to final adoption.

Contact: Eric Rhoades, Director of Science and Health Education, Department of Education, P.O. Box 2120, Richmond, VA 23218, telephone (804) 786-2481, or email eric.rhoades@doe.virginia.gov.

Revising History and Social Science Standards of Learning
The Virginia Board of Education intends to review and revise the History and Social Science Standards of Learning. It is anticipated that the draft text will be posted on the Department of Education’s website for review and comment by the end of November 2014. Public hearings will be announced prior to final adoption.

Contact: Christonya Brown, History and Social Science Education Coordinator, Department of Education, P.O. Box 2120, Richmond, VA 23218, telephone (804) 225-2893, email christonya.brown@doe.virginia.gov.

DEPARTMENT OF ENVIRONMENTAL QUALITY
Water Quality Improvement Planning Process for Chuckatuck and Brewers Creeks (Suffolk and Isle of Wight Counties)
The Department of Environmental Quality (DEQ) is providing interested persons an opportunity to comment on the water quality improvement planning process for reducing agricultural and residential sources of fecal bacteria in Chuckatuck and Brewers Creeks (Suffolk and Isle of Wight Counties). A meeting on this draft plan was canceled due to inclement weather and was rescheduled for March 6, 2014. The public comment period provides an opportunity for citizens and interested parties to submit comments on the process. The materials presented at the public meeting will be

Chuckatuck and Brewers Creeks were identified in Virginia's Water Quality Assessment Integrated Report as impaired for violations of the fecal coliform criteria for shellfish waters. Shellfish harvest from these waters is restricted as shellfish may be unsafe for consumption. The impairment is based on water quality monitoring data reports of sufficient exceedances of Virginia's water quality standard for bacteria. Bacteria sources identified that may contribute to this impairment include failing septic systems, discharges of untreated human waste, pets, and agricultural practices in the area.

Public comment period: The public comment period will end April 10, 2014.

For additional information or to submit comments contact John McLeod, Department of Environmental Quality, Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, VA 23463, telephone (757) 518-2196, or email john.mcleod@deq.virginia.gov.

**DEPARTMENT OF LABOR AND INDUSTRY**

**Notice of Periodic and Small Business Impact Review**

Pursuant to Executive Order 14 (2010) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Department of Labor and Industry is conducting a periodic review and small business impact review of 16VAC15-30, Virginia Rules and Regulations Declaring Hazardous Occupations. The review of this regulation will be guided by the principles in Executive Order 14 (2010).

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins March 10, 2014, and ends March 31, 2014.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to: Reba O'Connor, Regulatory Coordinator, Virginia Department of Labor and Industry, Main Street Centre, 600 East Main Street, Richmond, VA 23219, telephone (804) 371-2631, FAX (804) 371-6524, or email oconnor.reba@dol.gov.

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

**STATE WATER CONTROL BOARD**

**Proposed Consent Order for Celebrate Virginia South, LLC**

An enforcement action has been proposed for Celebrate Virginia South, LLC in the City of Fredericksburg. The consent order describes a settlement to resolve violations of State Water Control Law and the applicable regulations associated with the development of the Celebrate Virginia! South Project. A description of the proposed action is available at the Department of Environmental Quality office named below or online at www.deq.virginia.gov. Daniel Burstein will accept comments by email at daniel.burstein@deq.virginia.gov, FAX (703) 583-3821, or postal mail at Department of Environmental Quality, Northern Regional Office, 13901 Crown Court, Woodbridge, VA 22193, from March 11, 2014, through April 10, 2014.

**VIRGINIA CODE COMMISSION**

**Notice to State Agencies**

Contact Information: Mailing Address: Virginia Code Commission, General Assembly Building, 201 North 9th Street, 2nd Floor, Richmond, VA 23219; Telephone: Voice (804) 786-3591; FAX (804) 692-0625; Email: varegs@dls.virginia.gov.

Meeting Notices: Section 2.2-3707 C of the Code of Virginia requires state agencies to post meeting notices on their websites and on the Commonwealth Calendar at http://www.virginia.gov/connect/commonwealth-calendar.

Cumulative Table of Virginia Administrative Code Sections Adopted, Amended, or Repealed: A table listing regulation sections that have been amended, added, or repealed in the Virginia Register of Regulations since the regulations were originally published or last supplemented in the print version of the Virginia Administrative Code is available at http://register.dls.virginia.gov/documents/cumultab.pdf.

Filing Material for Publication in the Virginia Register of Regulations: Agencies use the Regulation Information System (RIS) to file regulations and related items for publication in the Virginia Register of Regulations. The Registrar's office works closely with the Department of Planning and Budget (DPB) to coordinate the system with the...
Virginia Regulatory Town Hall. RIS and Town Hall complement and enhance one another by sharing pertinent regulatory information.