THE VIRGINIA REGISTER INFORMATION PAGE

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

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

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

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

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the Registrar and the promulgating agency. The objection will be published in the *Virginia Register*. Within 21 days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative committee, 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 standing committees and the Governor. The Governor's objection or suspension of the regulation, or both, will be published in the *Virginia Register.* If the Governor finds that changes made to the proposed regulation have substantial impact, he may require the agency to provide an additional 30-day public comment period on the changes. Notice of the additional public comment period required by the Governor will be published in the *Virginia Register.*

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

A regulation becomes effective at the conclusion of the 30-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 21-day extension period; (ii) the Governor exercises his authority to require the agency to provide for additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the period for which the Governor has provided for additional public comment; (iii) the Governor and the General Assembly exercise their authority to suspend the effective date of a regulation until the end of the next regular legislative session; or (iv) the agency suspends the regulatory process, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 30-day public comment period.

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

EMERGENCY REGULATIONS

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

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

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 (§ 9-6.14:7.1 et seq.) of Chapter 1.1:1 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. **12:8 VA.R. 1096-1106 January 8, 1996,** refers to Volume 12, Issue 8, pages 1096 through 1106 of the *Virginia Register* issued on January 8, 1996.

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PUBLICATION SCHEDULE AND DEADLINES

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

August 1999 through June 2000

Volume:Issue	Material Submitted By Noon*	Will Be Published On
15:24	July 28, 1999	August 16, 1999
15:25	August 11, 1999	August 30, 1999
15:26	August 25, 1999	September 13, 1999
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16:6	November 16, 1999 **(Tuesday)**	December 6, 1999
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2 VAC 20-50-10 et seq.	Repealed	15:11 VA.R. 1692	3/17/99
2 VAC 20-51-10 through 2 VAC 20-51-210	Added	15:11 VA.R. 1693-1700	3/17/99
Title 3. Alcoholic Beverages			
3 VAC 5-10-70 emer	Amended	15:23 VA.R. 3040	7/13/99-6/30/00
3 VAC 5-10-240 emer	Amended	15:23 VA.R. 3040	7/13/99-6/30/00
3 VAC 5-70-170 emer	Amended	15:23 VA.R. 3041	7/13/99-6/30/00
3 VAC 5-70-210 emer	Added	15:23 VA.R. 3041	7/13/99-6/30/00
Title 4. Conservation and Natural Resources			
4 VAC 15-40-240	Amended	15:19 VA.R. 2454	7/7/99
4 VAC 15-40-280	Amended	15:19 VA.R. 2454	7/7/99
4 VAC 15-40-281	Added	15:19 VA.R. 2454	7/7/99
4 VAC 15-50-120	Amended	15:19 VA.R. 2455	7/7/99
4 VAC 15-90-20	Amended	15:20 VA.R. 2586	7/7/99
4 VAC 15-90-70	Amended	15:20 VA.R. 2586	7/7/99
4 VAC 15-90-80	Amended	15:20 VA.R. 2587	7/7/99
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4 VAC 15-90-141	Added	15:20 VA.R. 2589	7/7/99
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4 VAC 20-80-20	Amended	15:22 VA.R. 2871	7/1/99
4 VAC 20-80-30	Amended	15:22 VA.R. 2871	7/1/99
4 VAC 20-150-70	Amended	15:19 VA.R. 2456	5/4/99
4 VAC 20-252-60	Amended	15:18 VA.R. 2392	5/1/99

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4 VAC 20-252-130	Amended	15:18 VA.R. 2393	5/1/99
4 VAC 20-252-140	Amended	15:18 VA.R. 2393	5/1/99
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4 VAC 20-252-160	Amended	15:18 VA.R. 2394	5/1/99
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4 VAC 25-110-320 through 4 VAC 25-110-390	Repealed	15:22 VA.R. 2879-2880	8/18/99
4 VAC 25-120-10	Amended	15:22 VA.R. 2880	8/18/99
4 VAC 25-130 (Forms)	Amended	15:11 VA.R. 1736	--
4 VAC 25-130 (Forms)	Amended	15:21 VA.R. 2728	--
4 VAC 25-150 (Forms)	Amended	15:14 VA.R. 2077-2078	--

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Title 8. Education			
8 VAC 35-30-30	Amended	15:11 VA.R. 1706	1/18/99
8 VAC 35-30-50	Amended	15:11 VA.R. 1707	1/18/99
8 VAC 35-30-160	Amended	15:11 VA.R. 1707	1/18/99
8 VAC 35-30-200	Amended	15:11 VA.R. 1707	1/18/99
8 VAC 35-30-210	Amended	15:11 VA.R. 1707	1/18/99
8 VAC 35-30-220	Amended	15:11 VA.R. 1708	1/18/99
8 VAC 35-30-230	Amended	15:11 VA.R. 1708	1/18/99
8 VAC 35-30-240	Amended	15:11 VA.R. 1709	1/18/99
Title 9. Environment			
9 VAC 5-20-21	Amended	15:12 VA.R. 1799	4/1/99
9 VAC 5-20-21	Amended	15:21 VA.R. 2667	8/4/99
9 VAC 5-30-20	Repealed	15:12 VA.R. 1791	4/1/99
9 VAC 5-40-880	Amended	15:12 VA.R. 1794	4/1/99
9 VAC 5-40-890	Amended	15:12 VA.R. 1794	4/1/99
9 VAC 5-40-900	Amended	15:12 VA.R. 1795	4/1/99
9 VAC 5-40-940	Amended	15:12 VA.R. 1795	4/1/99
9 VAC 5-40-1040	Amended	15:12 VA.R. 1796	4/1/99
9 VAC 5-40-1660	Amended	15:12 VA.R. 1796	4/1/99
9 VAC 5-40-1670	Amended	15:12 VA.R. 1796	4/1/99
9 VAC 5-40-1690	Amended	15:12 VA.R. 1797	4/1/99
9 VAC 5-40-1750	Amended	15:12 VA.R. 1798	4/1/99
9 VAC 5-40-1770	Amended	15:12 VA.R. 1798	4/1/99
9 VAC 5-40-1780	Amended	15:12 VA.R. 1798	4/1/99
9 VAC 5-40-1810	Amended	15:12 VA.R. 1799	4/1/99
9 VAC 5-40-5350 through 9 VAC 5-40-5480	Repealed	15:12 VA.R. 1793-1794	4/1/99
9 VAC 5-40-5800	Amended	15:12 VA.R. 1801	4/1/99
9 VAC 5-40-5810	Amended	15:12 VA.R. 1802	4/1/99
9 VAC 5-40-5820	Amended	15:12 VA.R. 1804	4/1/99
9 VAC 5-40-5822	Added	15:12 VA.R. 1806	4/1/99
9 VAC 5-40-5824	Added	15:12 VA.R. 1807	4/1/99
9 VAC 5-40-5850	Amended	15:12 VA.R. 1808	4/1/99
9 VAC 5-40-5855	Added	15:12 VA.R. 1811	4/1/99
9 VAC 5-40-5860	Amended	15:12 VA.R. 1812	4/1/99
9 VAC 5-40-5870	Amended	15:12 VA.R. 1815	4/1/99
9 VAC 5-40-5880	Amended	15:12 VA.R. 1816	4/1/99
9 VAC 5-40-5890	Amended	15:12 VA.R. 1820	4/1/99
9 VAC 5-40-5920	Amended	15:12 VA.R. 1822	4/1/99
9 VAC 5-40-5930	Repealed	15:12 VA.R. 1822	4/1/99
9 VAC 5-40-7950 through 9 VAC 5-40-8190	Added	15:21 VA.R. 2669-2690	8/4/99
9 VAC 5-50-400	Amended	15:12 VA.R. 1822	4/1/99
9 VAC 5-50-400	Amended	15:13 VA.R. 1918	4/14/99
9 VAC 5-50-410	Amended	15:12 VA.R. 1823	4/1/99
9 VAC 5-50-410	Amended	15:13 VA.R. 1918	4/14/99
9 VAC 5-50-420	Amended	15:12 VA.R. 1828	4/1/99
9 VAC 5-50-420	Amended	15:13 VA.R. 1924	4/14/99
9 VAC 5-60-60	Amended	15:13 VA.R. 1924	4/14/99
9 VAC 5-60-70	Amended	15:13 VA.R. 1925	4/14/99
9 VAC 5-60-80	Amended	15:13 VA.R. 1926	4/14/99
9 VAC 5-60-90	Amended	15:13 VA.R. 1927	4/14/99
9 VAC 5-60-100	Amended	15:13 VA.R. 1927	4/14/99
9 VAC 5-70-40	Amended	15:12 VA.R. 1791	4/1/99
9 VAC 5-80-30	Repealed	15:11 VA.R. 1717	4/1/99
9 VAC 5-80-2000 through 9 VAC 5-80-2190	Added	15:11 VA.R. 1717-1728	4/1/99
9 VAC 5-80-2010	Erratum	15:13 VA.R. 1955	--

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9 VAC 5-200-10	Added	15:13 VA.R. 1931	4/14/99
9 VAC 5-200-20	Added	15:13 VA.R. 1931	4/14/99
9 VAC 5-200-30	Added	15:13 VA.R. 1931	4/14/99
9 VAC 25-190-10	Amended	15:16 VA.R. 2187	6/30/99
9 VAC 25-190-20	Amended	15:16 VA.R. 2188	6/30/99
9 VAC 25-190-30	Repealed	15:16 VA.R. 2189	6/30/99
9 VAC 25-190-40	Repealed	15:16 VA.R. 2189	6/30/99
9 VAC 25-190-50	Amended	15:16 VA.R. 2189	6/30/99
9 VAC 25-190-60	Amended	15:16 VA.R. 2189	6/30/99
9 VAC 25-190-70	Amended	15:16 VA.R. 2191	6/30/99
9 VAC 25-192 (Forms)	Amended	15:12 VA.R. 1854	--
9 VAC 25-260-430	Amended	15:21 VA.R. 2691	8/4/99
9 VAC 25-610 (Forms)	Amended	15:21 VA.R. 2728	--
Title 12. Health			
12 VAC 5-100-10 et seq.	Repealed	15:18 VA.R. 2396	6/23/99
12 VAC 5-405-10 through 12 VAC 5-405-120	Amended	15:20 VA.R. 2593-2597	7/21/99
12 VAC 5-470-10 et seq.	Repealed	15:20 VA.R. 2597	7/21/99
12 VAC 5-600-50	Amended	15:20 VA.R. 2598	7/21/99
12 VAC 5-600-60	Amended	15:20 VA.R. 2598	7/21/99
12 VAC 30-10-140 emer	Amended	15:13 VA.R. 1942	7/1/99-6/30/00
12 VAC 30-10-150 emer	Amended	15:13 VA.R. 1943	7/1/99-6/30/00
12 VAC 30-40-290	Amended	15:18 VA.R. 2396	7/1/99
12 VAC 30-50-30 emer	Amended	15:13 VA.R. 1943	7/1/99-6/30/00
12 VAC 30-50-70 emer	Amended	15:13 VA.R. 1944	7/1/99-6/30/00
12 VAC 30-50-210	Amended	15:23 VA.R. 3037	9/1/99
12 VAC 30-50-229.1	Amended	15:17 VA.R. 2326	6/9/99
12 VAC 30-50-229.1	Erratum	15:18 VA.R. 2411	--
12 VAC 30-50-320 emer	Added	15:13 VA.R. 1944	7/1/99-6/30/00
12 VAC 30-50-520	Amended	15:23 VA.R. 3039	9/1/99
12 VAC 30-50-570	Amended	15:18 VA.R. 2398	7/1/99
12 VAC 30-80-170	Amended	15:18 VA.R. 2399	7/1/99
12 VAC 30-90-340 emer	Added	15:22 VA.R. 2931	7/1/99-6/30/00
12 VAC 30-120-61 through 12 VAC 30-120-69 emer	Added	15:13 VA.R. 1944-1947	7/1/99-6/30/00
12 VAC 30-120-360	Amended	15:18 VA.R. 2400	7/1/99
12 VAC 30-120-370	Amended	15:18 VA.R. 2401	7/1/99
12 VAC 30-120-370	Erratum	15:19 VA.R. 2502	--
Title 13. Housing			
13 VAC 5-51-20 emer	Amended	15:14 VA.R. 2069	3/10/99-3/9/00
13 VAC 5-51-130 emer	Amended	15:14 VA.R. 2070	3/10/99-3/9/00
13 VAC 5-51-135 emer	Added	15:14 VA.R. 2070	3/10/99-3/9/00
13 VAC 5-51-136 emer	Added	15:14 VA.R. 2070	3/10/99-3/9/00
13 VAC 5-61-40	Amended	15:22 VA.R. 2881	8/18/99
13 VAC 5-61-200 emer	Amended	15:14 VA.R. 2071	3/10/99-3/9/00
13 VAC 5-61-440 emer	Amended	15:14 VA.R. 2072	3/10/99-3/9/00
13 VAC 10-40-20	Amended	15:12 VA.R. 1829	1/28/99
13 VAC 10-40-130	Amended	15:12 VA.R. 1832	1/28/99
13 VAC 10-40-160	Amended	15:12 VA.R. 1834	1/28/99
13 VAC 10-40-210	Amended	15:12 VA.R. 1835	1/28/99
13 VAC 10-40-220	Amended	15:12 VA.R. 1835	1/28/99
13 VAC 10-40-230	Amended	15:12 VA.R. 1835	1/28/99
13 VAC 10-60-10 et seq.	Repealed	15:18 VA.R. 2403	5/1/99
13 VAC 10-100-10 et seq.	Repealed	15:18 VA.R. 2403	5/1/99
13 VAC 10-110-10 et seq.	Repealed	15:18 VA.R. 2403	5/1/99
13 VAC 10-170-10 et seq.	Repealed	15:18 VA.R. 2404	5/1/99
13 VAC 10-180-10	Amended	15:14 VA.R. 2050	3/10/99

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13 VAC 10-180-50	Amended	15:14 VA.R. 2051	3/10/99
13 VAC 10-180-60	Amended	15:14 VA.R. 2053	3/10/99
13 VAC 10-180-70	Amended	15:14 VA.R. 2061	3/10/99
13 VAC 10-180-90	Amended	15:14 VA.R. 2063	3/10/99
Title 14. Insurance			
14 VAC 5-170-20	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-30	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-40	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-50	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-60	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-70	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-80	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-90	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-100	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-105	Added	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-110	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-120	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-130	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-140	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-150	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-160	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-170	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170-180	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170 Appendix A	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170 Appendix B	Amended	15:15 VA.R. 2136	4/26/99
14 VAC 5-170 Appendix C	Amended	15:15 VA.R. 2136	4/26/99
Title 16. Labor and Employment			
16 VAC 15-20-10 et seq.	Repealed	15:17 VA.R. 2330	6/15/99
16 VAC 15-21-10 through 16 VAC 15-21-30	Added	15:17 VA.R. 2330	6/15/99
16 VAC 25-90-1910.6	Amended	15:21 VA.R. 2702	8/15/99
16 VAC 25-90-1910.16	Amended	15:21 VA.R. 2709	8/15/99
16 VAC 25-90-1910.94	Amended	15:21 VA.R. 2705	8/15/99
16 VAC 25-90-1910.108	Repealed	15:21 VA.R. 2705	8/15/99
16 VAC 25-90-1910.122	Added	15:21 VA.R. 2702	8/15/99
16 VAC 25-90-1910.123	Added	15:21 VA.R. 2702	8/15/99
16 VAC 25-90-1910.124	Added	15:21 VA.R. 2702	8/15/99
16 VAC 25-90-1910.125	Added	15:21 VA.R. 2702	8/15/99
16 VAC 25-90-1910.126	Added	15:21 VA.R. 2702	8/15/99
16 VAC 25-90-1910.146	Amended	15:21 VA.R. 2707	8/15/99
16 VAC 25-90-1910.178	Amended	15:21 VA.R. 2709	8/15/99
16 VAC 25-100-1915.120	Added	15:21 VA.R. 2709	8/15/99
16 VAC 25-120-1917.1	Amended	15:21 VA.R. 2709	8/15/99
16 VAC 25-130-1918.1	Amended	15:21 VA.R. 2709	8/15/99
16 VAC 25-175-1926.602	Amended	15:21 VA.R. 2709	8/15/99
Title 18. Professional and Occupational Licensing			
18 VAC 50-22-100	Amended	15:12 VA.R. 1837	5/1/99
18 VAC 50-22-140	Amended	15:12 VA.R. 1837	5/1/99
18 VAC 50-30-10	Amended	15:19 VA.R. 2458	7/9/99
18 VAC 50-30-20	Amended	15:19 VA.R. 2460	7/9/99
18 VAC 50-30-30	Amended	15:19 VA.R. 2460	7/9/99
18 VAC 50-30-40	Amended	15:19 VA.R. 2461	7/9/99
18 VAC 50-30-50	Amended	15:19 VA.R. 2461	7/9/99
18 VAC 50-30-60	Amended	15:19 VA.R. 2462	7/9/99
18 VAC 50-30-70	Amended	15:19 VA.R. 2463	7/9/99
18 VAC 50-30-80	Amended	15:19 VA.R. 2463	7/9/99

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18 VAC 50-30-90	Amended	15:12 VA.R. 1838	5/1/99
18 VAC 50-30-90	Amended	15:19 VA.R. 2463	7/9/99
18 VAC 50-30-100	Amended	15:19 VA.R. 2464	7/9/99
18 VAC 50-30-120	Amended	15:19 VA.R. 2464	7/9/99
18 VAC 50-30-130	Amended	15:19 VA.R. 2464	7/9/99
18 VAC 50-30-140	Amended	15:19 VA.R. 2465	7/9/99
18 VAC 50-30-150	Amended	15:19 VA.R. 2465	7/9/99
18 VAC 50-30-170	Amended	15:19 VA.R. 2465	7/9/99
18 VAC 50-30-190	Amended	15:19 VA.R. 2465	7/9/99
18 VAC 50-30-200	Amended	15:19 VA.R. 2466	7/9/99
18 VAC 60-20-20 emer	Amended	15:11 VA.R. 1729	1/21/99-1/20/00
18 VAC 60-20-20	Amended	15:21 VA.R. 2712	8/5/99
18 VAC 60-20-30 emer	Amended	15:11 VA.R. 1729	1/21/99-1/20/00
18 VAC 65-20-70 emer	Amended	15:12 VA.R. 1846	2/2/99-2/1/00
18 VAC 65-20-120 emer	Amended	15:12 VA.R. 1846	2/2/99-2/1/00
18 VAC 65-20-130 emer	Amended	15:12 VA.R. 1846	2/2/99-2/1/00
18 VAC 65-20-435 emer	Added	15:12 VA.R. 1846	2/2/99-2/1/00
18 VAC 70-20-30	Amended	15:18 VA.R. 2404	7/1/99
18 VAC 75-20-10	Amended	15:18 VA.R. 2405	6/23/99
18 VAC 75-20-30	Repealed	15:18 VA.R. 2405	6/23/99
18 VAC 75-20-40	Repealed	15:18 VA.R. 2405	6/23/99
18 VAC 75-20-50	Repealed	15:18 VA.R. 2405	6/23/99
18 VAC 75-20-60	Amended	15:18 VA.R. 2405	6/23/99
18 VAC 75-20-70	Amended	15:18 VA.R. 2406	6/23/99
18 VAC 75-20-90	Amended	15:18 VA.R. 2406	6/23/99
18 VAC 76-10-30	Amended	15:17 VA.R. 2331	4/15/99
18 VAC 85-40-10 emer	Amended	15:11 VA.R. 1730	1/21/99-1/20/00
18 VAC 85-40-25 emer	Added	15:11 VA.R. 1731	1/21/99-1/20/00
18 VAC 85-40-40 emer	Amended	15:11 VA.R. 1731	1/21/99-1/20/00
18 VAC 85-40-45 emer	Added	15:11 VA.R. 1731	1/21/99-1/20/00
18 VAC 85-40-50 emer	Amended	15:11 VA.R. 1731	1/21/99-1/20/00
18 VAC 85-40-60 emer	Amended	15:11 VA.R. 1731	1/21/99-1/20/00
18 VAC 85-40-65 emer	Added	15:11 VA.R. 1731	1/21/99-1/20/00
18 VAC 85-40-70 emer	Amended	15:11 VA.R. 1731	1/21/99-1/20/00
18 VAC 85-40-80 emer	Amended	15:11 VA.R. 1732	1/21/99-1/20/00
18 VAC 85-80-10 emer	Amended	15:12 VA.R. 1847	1/29/99-1/28/00
18 VAC 85-80-11 emer	Added	15:12 VA.R. 1848	1/29/99-1/28/00
18 VAC 85-80-12 emer	Added	15:12 VA.R. 1848	1/29/99-1/28/00
18 VAC 85-80-35 emer	Added	15:12 VA.R. 1848	1/29/99-1/28/00
18 VAC 85-80-40 through 18 VAC 85-80-90 emer	Amended	15:12 VA.R. 1848-1849	1/29/99-1/28/00
18 VAC 85-110-100	Amended	15:21 VA.R. 2713	8/5/99
18 VAC 85-110-110	Amended	15:21 VA.R. 2713	8/5/99
18 VAC 85-110-130	Amended	15:21 VA.R. 2713	8/5/99
18 VAC 90-20-300 emer	Amended	15:11 VA.R. 1733	1/26/99-1/25/00
18 VAC 90-20-330	Amended	15:19 VA.R. 2467	7/7/99
18 VAC 90-20-420 through 18 VAC 90-20-460 emer	Added	15:11 VA.R. 1733-1735	1/26/99-1/25/00
18 VAC 105-30-10	Amended	15:12 VA.R. 1839	3/31/99
18 VAC 105-30-20	Amended	15:12 VA.R. 1839	3/31/99
18 VAC 105-30-30	Amended	15:12 VA.R. 1839	3/31/99
18 VAC 105-30-35	Added	15:12 VA.R. 1839	3/31/99
18 VAC 105-30-40	Amended	15:12 VA.R. 1840	3/31/99
18 VAC 105-30-50	Repealed	15:12 VA.R. 1840	3/31/99
18 VAC 105-30-60	Amended	15:12 VA.R. 1840	3/31/99
18 VAC 105-30-70	Amended	15:12 VA.R. 1840	3/31/99
18 VAC 105-30-90	Amended	15:12 VA.R. 1841	3/31/99

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18 VAC 105-30-100	Amended	15:12 VA.R. 1841	3/31/99
18 VAC 105-30-110	Repealed	15:12 VA.R. 1841	3/31/99
18 VAC 105-30-120	Amended	15:12 VA.R. 1841	3/31/99
18 VAC 110-20-130	Erratum	15:12 VA.R. 1865	--
18 VAC 110-20-490	Amended	15:21 VA.R. 2713	8/4/99
18 VAC 120-40-10 through 18 VAC 120-40-430	Added	15:21 VA.R. 2715-2727	8/5/99
18 VAC 130-20-130	Amended	15:14 VA.R. 2066	5/1/99
18 VAC 135-20-80	Amended	15:18 VA.R. 2408	7/1/99
18 VAC 135-20-120	Amended	15:18 VA.R. 2408	7/1/99
18 VAC 135-20-140	Amended	15:18 VA.R. 2408	7/1/99
18 VAC 135-20-370	Amended	15:18 VA.R. 2408	7/1/99
18 VAC 155-20-40	Amended	15:13 VA.R. 1938	5/1/99
Title 19. Public Safety			
19 VAC 30-20 (Forms)	Added	15:14 VA.R. 2078-2079	--
Title 20. Public Utilities and Telecommunications			
20 VAC 5-400-151	Added	15:19 VA.R. 2473	10/1/99
20 VAC 5-400-151	Erratum	15:21 VA.R. 2732	--
Title 21. Securities and Retail Franchising			
21 VAC 5-10-20	Amended	15:22 VA.R. 2883	7/1/99
21 VAC 5-10-40	Amended	15:22 VA.R. 2883	7/1/99
21 VAC 5-20-10	Amended	15:22 VA.R. 2884	7/1/99
21 VAC 5-20-70	Amended	15:22 VA.R. 2884	7/1/99
21 VAC 5-20-90	Amended	15:22 VA.R. 2884	7/1/99
21 VAC 5-20-150	Amended	15:22 VA.R. 2885	7/1/99
21 VAC 5-20-160	Amended	15:22 VA.R. 2885	7/1/99
21 VAC 5-20-220	Amended	15:22 VA.R. 2885	7/1/99
21 VAC 5-20-280	Amended	15:22 VA.R. 2886	7/1/99
21 VAC 5-20-300	Amended	15:22 VA.R. 2892	7/1/99
21 VAC 5-20-330	Added	15:22 VA.R. 2893	7/1/99
21 VAC 5-30-40	Amended	15:22 VA.R. 2894	7/1/99
21 VAC 5-30-90	Added	15:22 VA.R. 2894	7/1/99
21 VAC 5-40-50	Amended	15:22 VA.R. 2895	7/1/99
21 VAC 5-40-100	Amended	15:22 VA.R. 2895	7/1/99
21 VAC 5-40-130	Added	15:22 VA.R. 2897	7/1/99
21 VAC 5-40-140	Added	15:22 VA.R. 2897	7/1/99
21 VAC 5-40-150	Added	15:22 VA.R. 2898	7/1/99
21 VAC 5-80-30	Amended	15:22 VA.R. 2898	7/1/99
21 VAC 5-80-60	Amended	15:22 VA.R. 2899	7/1/99
21 VAC 5-80-70	Amended	15:22 VA.R. 2899	7/1/99
21 VAC 5-80-90	Amended	15:22 VA.R. 2899	7/1/99
21 VAC 5-80-100	Amended	15:22 VA.R. 2899	7/1/99
21 VAC 5-80-110	Amended	15:22 VA.R. 2899	7/1/99
21 VAC 5-80-130	Amended	15:22 VA.R. 2899	7/1/99
21 VAC 5-80-160	Amended	15:22 VA.R. 2900	7/1/99
21 VAC 5-80-180	Amended	15:22 VA.R. 2905	7/1/99
21 VAC 5-80-200	Amended	15:22 VA.R. 2905	7/1/99
21 VAC 5-80-210	Amended	15:22 VA.R. 2907	7/1/99
21 VAC 5-80-220	Amended	15:22 VA.R. 2908	7/1/99
21 VAC 5-85-10 (Forms)	Repealed	15:22 VA.R. 2909	7/1/99
21 VAC 5-100-10	Amended	15:22 VA.R. 2910	7/1/99
21 VAC 5-120-30	Amended	15:22 VA.R. 2911	7/1/99
21 VAC 5-120-110	Repealed	15:22 VA.R. 2911	7/1/99
21 VAC 5-110-20	Amended	15:22 VA.R. 2918	7/1/99
21 VAC 5-110-30	Amended	15:22 VA.R. 2918	7/1/99
21 VAC 5-110-40	Amended	15:22 VA.R. 2918	7/1/99

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
21 VAC 5-110-50	Amended	15:22 VA.R. 2919	7/1/99
21 VAC 5-110-60	Amended	15:22 VA.R. 2919	7/1/99
21 VAC 5-110-70	Amended	15:22 VA.R. 2919	7/1/99
21 VAC 5-110-85	Added	15:22 VA.R. 2919	7/1/99
21 VAC 5-120 (Forms)	Amended	15:17 VA.R. 2333-2334	--
Title 22. Social Services			
22 VAC 40-35-10 emer	Amended	15:19 VA.R. 2474	5/19/99-5/18/00
22 VAC 40-35-126 emer	Added	15:19 VA.R. 2477	5/19/99-5/18/00
22 VAC 40-35-127 emer	Added	15:19 VA.R. 2477	5/19/99-5/18/00
22 VAC 40-35-128 emer	Added	15:19 VA.R. 2477	5/19/99-5/18/00
22 VAC 40-110 (Forms)	Amended	15:23 VA.R. 3043	--
22 VAC 40-180 (Forms)	Amended	15:23 VA.R. 3043	--
22 VAC 40-190-10 emer	Amended	15:19 VA.R. 2480	5/19/99-5/18/00
22 VAC 40-190-20 emer	Amended	15:19 VA.R. 2482	5/19/99-5/18/00
22 VAC 40-190-25 emer	Added	15:19 VA.R. 2482	5/19/99-5/18/00
22 VAC 40-190-30 emer	Amended	15:19 VA.R. 2483	5/19/99-5/18/00
22 VAC 40-190-40 emer	Amended	15:19 VA.R. 2483	5/19/99-5/18/00
22 VAC 40-190-50 emer	Amended	15:19 VA.R. 2484	5/19/99-5/18/00
22 VAC 40-190-60 emer	Amended	15:19 VA.R. 2485	5/19/99-5/18/00
22 VAC 40-190-70 emer	Amended	15:19 VA.R. 2485	5/19/99-5/18/00
22 VAC 40-190-80 emer	Added	15:19 VA.R. 2486	5/19/99-5/18/00
22 VAC 40-190-90 emer	Added	15:19 VA.R. 2487	5/19/99-5/18/00
22 VAC 40-190-100 emer	Added	15:19 VA.R. 2487	5/19/99-5/18/00
22 VAC 40-190-110 emer	Added	15:19 VA.R. 2487	5/19/99-5/18/00
22 VAC 40-190-120 emer	Added	15:19 VA.R. 2488	5/19/99-5/18/00
22 VAC 40-190-130 emer	Added	15:19 VA.R. 2488	5/19/99-5/18/00
22 VAC 40-190-140 emer	Added	15:19 VA.R. 2489	5/19/99-5/18/00
22 VAC 40-190-150 emer	Added	15:19 VA.R. 2489	5/19/99-5/18/00
22 VAC 40-325-10 and 22 VAC 40-325-20 emer	Added	15:12 VA.R. 1849-1850	4/1/99-3/31/00
22 VAC 40-680-65	Repealed	15:17 VA.R. 2331	6/9/99
22 VAC 40-680-66	Repealed	15:17 VA.R. 2332	6/9/99
22 VAC 40-830-10 et seq.	Repealed	15:22 VA.R. 2929	8/18/99
22 VAC 40-840-10 et seq.	Repealed	15:22 VA.R. 2929	8/18/99
22 VAC 40-850-10 et seq.	Repealed	15:22 VA.R. 2929	8/18/99
22 VAC 40-860-10 et seq.	Repealed	15:22 VA.R. 2929	8/18/99
22 VAC 40-870-10 et seq.	Repealed	15:22 VA.R. 2930	8/18/99
Title 23. Taxation			
23 VAC 10-110-225 through 23 VAC 10-110-229 emer	Added	15:12 VA.R. 1851-1853	2/4/99-2/3/00
23 VAC 10-110-228	Erratum	15:14 VA.R. 2081	--
Title 24. Transportation and Motor Vehicles			
24 VAC 30-250-10	Amended	15:21 VA.R. 2727	6/14/99
24 VAC 30-350-10	Amended	15:13 VA.R. 1939	2/22/99
24 VAC 30-550-10	Amended	15:22 VA.R. 2930	6/22/99

NOTICES OF INTENDED REGULATORY ACTION

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

TITLE 3. ALCOHOLIC BEVERAGES

ALCOHOLIC BEVERAGE CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Alcoholic Beverage Control Board intends to consider amending regulations entitled: **3 VAC 5-10-10 et seq. Procedural Rules for the Conduct of Hearings Before the Board and Its Hearing Officers and the Adoption or Amendment of Regulations.** The purpose of the proposed action is to adopt permanent regulations providing for a 30-day appeal period from decisions of the board's hearing officers, and to require notice of hearing officers' decisions to be sent by both regular and certified mail. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 4.1-111 of the Code of Virginia.

Public comments may be submitted until September 2, 1999.

Contact: W. Curtis Coleburn, III, Secretary, Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, VA 23261-7491, telephone (804) 213-4409 or FAX (804) 213-4411.

VA.R. Doc. No. R99-211; Filed July 13, 1999, 2:05 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Alcoholic Beverage Control Board intends to consider amending regulations entitled: **3 VAC 5-70-10 et seq. Other Provisions.** The purpose of the proposed action is to adopt permanent regulations prescribing the terms and conditions under which credit or debit cards may be accepted at government stores. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 4.1-111 of the Code of Virginia.

Public comments may be submitted until September 2, 1999.

Contact: W. Curtis Coleburn, III, Secretary, Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, VA 23261-7491, telephone (804) 213-4409 or FAX (804) 213-4411.

VA.R. Doc. No. R99-213; Filed July 13, 1999, 2:05 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Alcoholic Beverage Control Board intends to consider amending regulations entitled: **3 VAC 5-70-10 et seq. Other Provisions.** The purpose of the proposed action is to adopt permanent regulations designating the violations for which a waiver of a hearing and payment of a civil charge in lieu of suspension may be accepted for a first offense occurring within three years. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 4.1-111 of the Code of Virginia.

Public comments may be submitted until September 2, 1999.

Contact: W. Curtis Coleburn, III, Secretary, Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, VA 23261-7491, telephone (804) 213-4409 or FAX (804) 213-4411.

VA.R. Doc. No. R99-212; Filed July 13, 1999, 2:05 p.m.

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TITLE 8. EDUCATION

STATE BOARD OF EDUCATION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Education intends to consider amending regulations entitled: **8 VAC 20-131-10 et seq. Regulations Establishing Standards for Accrediting the Public Schools in Virginia.** The purpose of the proposed action is to amend the regulations to address the application and consequences of the Standards of Learning tests upon local schools. The Board of Education, in promulgating these amendments, anticipates addressing several issues: (i) the further refinement of student level consequences related to the testing program, and the impact of such changes on the school's overall accreditation rating; (ii) a plan to reward schools that consistently meet or exceed the requirements of the accrediting standards for school accountability; (iii) the consequences and incentives for those schools that fail to meet the accountability requirements (schools that are rated as accredited with warning or accreditation denied); and (iv) the further refinement and clarification of language inconsistencies in the current regulations. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 22.1-16, 22.1-19, and 22.1-253.13:3 of the Code of Virginia.

Public comments may be submitted until September 17, 1999.

Contact: Charles Finley, Director of Accreditation, Department of Education, P.O. Box 2120, Richmond, VA 23218-2120, telephone (804) 786-9421, FAX (804) 786-9763, or toll-free 1-800-292-3820 or 1-800-422-1098/TTY ☎

VA.R. Doc. No. R99-240; Filed July 28, 1999, 10:03 a.m.

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TITLE 12. HEALTH

STATE BOARD OF HEALTH

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to consider amending regulations entitled: **12 VAC 5-550-10 et seq. Board of Health Regulations Governing Vital Records.** The purpose of the proposed action is to review the regulations and amend them to ensure the accurate, uniform, efficient, and confidential administration of the Commonwealth's system for maintaining vital records, such as birth, adoption, marriage, divorce, death, and fetal death records, and for allowing necessary changes to these records. Resulting amendments may: (i) provide for the electronic reporting of births; (ii) allow delayed reporting of births when warranted; (iii) specify information needed to evidence home births; and (iv) establish protections against the unauthorized, unwarranted, and indiscriminate disclosure of vital records. Resulting amendments may also address other issues relating to these regulations that the public, regulated persons, and health planning community deem appropriate to raise in response to this notice. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 32.1-12, 32.1-250 and 32.1-257 of the Code of Virginia.

Public comments may be submitted until August 18, 1999.

Contact: Deborah Little-Bowser, State Registrar of Vital Records, Department of Health, Office of Vital Records, P.O. Box 1000, Richmond, VA 23218-1000, telephone (804) 225-5007 or FAX (804) 786-0648.

VA.R. Doc. No. R99-207; Filed June 30, 1999, 10:55 a.m.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled: **12 VAC 30-100-10 et seq. State Programs (Health Insurance Program for Working Uninsured Individuals).** The purpose of the proposed action is to promulgate the eligibility requirements for individuals to be qualified to receive assistance from the Health Insurance Program for Working Uninsured Individuals. The agency does not intend to hold a public hearing on the proposed regulations after publication.

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

Public comments may be submitted until September 15, 1999, to John Kenyon, Analyst, Policy Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850 or FAX (804 371-4981.

VA.R. Doc. No. R99-227; Filed July 20, 1999, 11:24 a.m.

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TITLE 17. LIBRARIES AND CULTURAL RESOURCES

LIBRARY BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Library Board intends to consider amending regulations entitled: **17 VAC 15-20-10 et seq. Standards for the Microfilming of Public Records for Archival Retention.** The revisions involve technical amendments incorporating updates in reference standards and adding 17 VAC 15-30-80 of 17 VAC 15-30, Archival Standards for the Recording of Deeds and Other Writings, to this standard. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 42.1-8 and 42.1-82 of the Code of Virginia.

Public comments may be submitted until September 16, 1999.

Contact: Janice M. Hathcock, Public Relations Coordinator, The Library of Virginia, 800 E. Broad St., Richmond, VA

23219-8000, telephone (804) 692-3592 or FAX (804) 692-3594.

VA.R. Doc. No. R99-255; Filed July 28, 1999, 11:25 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Library Board intends to consider repealing regulations entitled: **17 VAC 15-30-10 et seq. Archival Standards for Recording Deeds and Other Writings by a Procedural Microphotographic Process.** Repealing this regulation will eliminate unnecessary duplication since the pertinent portion of this regulation, 17 VAC 15-30-80, will be incorporated into 17 VAC 15-20. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 42.1-8 and 42.1-82 of the Code of Virginia.

Public comments may be submitted until September 16, 1999.

Contact: Janice M. Hathcock, Public Relations Coordinator, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219-8000, telephone (804) 692-3592 or FAX (804) 692-3594.

VA.R. Doc. No. R99-256; Filed July 28, 1999, 11:25 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Library Board intends to consider repealing regulations entitled: **17 VAC 15-40-10 et seq. Standards for the Microfilming of Ended Law Chancery and Criminal Cases of the Clerks of the Circuit Courts Prior to Dispositon.** This regulation is unnecessary since 17 VAC 15-20 includes the necessary requirements to satisfy the original reasons for this standard being promulgated. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 42.1-8 and 42.1-82 of the Code of Virginia.

Public comments may be submitted until September 16, 1999.

Contact: Janice M. Hathcock, Public Relations Coordinator, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219-8000, telephone (804) 692-3592 or FAX (804) 692-3594.

VA.R. Doc. No. R99-257; Filed July 28, 1999, 11:24 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Library Board intends to consider amending regulations entitled: **17 VAC 15-50-10 et seq. Standards for Computer Output Microfilm (Com) for Archival Retention.** The board proposes making technical changes to the regulation and updating the reference standards pertaining to this regulation. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 42.1-8 and 42.1-82 of the Code of Virginia.

Public comments may be submitted until September 16, 1999.

Contact: Janice M. Hathcock, Public Relations Coordinator, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219-8000, telephone (804) 692-3592 or FAX (804) 692-3594.

VA.R. Doc. No. R99-258; Filed July 28, 1999, 11:24 a.m.

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TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Audiology and Speech-Language Pathology intends to consider amending regulations entitled: **18 VAC 30-20-10 et seq. Regulations Governing the Practice of Audiology and Speech-Language Pathology.** The purpose of the proposed action is to amend the regulations to require some specific evidence of continued competency for those seeking renewal of their licenses and to establish an inactive licensure status and set the requirements for reactivation of such a license. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 54.1-2400 and Chapter 26 (§ 54.1-2600 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until September 15, 1999.

Contact: Elizabeth Young Tisdale, Executive Director, Board of Audiology and Speech-Language Pathology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111 or FAX (804) 662-9943.

VA.R. Doc. No. R99-219; Filed July 19, 1999, 11:36 a.m.

BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS

† Withdrawal of Notice of Intended Regulatory Action

Notice is hereby given that the Board for Waste Management Facility Operators has WITHDRAWN the Notice of Intended Regulatory Action for **18 VAC 155-10-10 et seq. Public Participation Guidelines**, which was published in 14:23 VA.R. 3881 August 3, 1998.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4918, telephone (804) 367-8507 or (804) 367-9753/TTY ☎

VA.R. Doc. No. R98279; Filed July 19, 1999, 10:30 a.m.

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TITLE 22. SOCIAL SERVICES

CHILD DAY-CARE COUNCIL

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Child Day-Care Council intends to consider amending regulations entitled: **22 VAC 15-10-10 et seq. Public Participation Guidelines.** The purpose of the proposed action is to describe the way the Child Day-Care Council will obtain input when developing, revising or repealing regulations. The proposed regulation will delete the current requirement to publish the Notice of Comment Period in a newspaper and make other changes for clarity. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 9-6.14:7.1 and 63.1-202 of the Code of Virginia.

Public comments may be submitted until September 15, 1999.

Contact: Arlene Kasper, Program Development Supervisor, Department of Social Services, 730 E. Broad St., 7th Floor, Richmond, VA 23219, telephone (804) 692-1791 or FAX (804) 692-2370.

VA.R. Doc. No. R99-236; Filed July 26, 1999, 1:21 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Child Day-Care Council intends to consider amending regulations entitled: **22 VAC 15-50-10 et seq. Regulation for Criminal Record Checks for Child Welfare Agencies.** The purpose of the proposed action is to establish criminal record check procedures to be followed by licensed and registered child welfare agencies. The proposed revision would provide for technical amendments and clarification and would incorporate changes in the Code of Virginia resulting from the 1998 General Assembly session. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 63.1-202 of the Code of Virginia.

Public comments may be submitted until September 1, 1999.

Contact: Peggy Neider, Human Service Program Consultant, Department of Social Services, 730 E. Broad St., 7th Floor, Richmond, VA 23219, telephone (804) 692-1881 or FAX (804) 692-2370.

VA.R. Doc. No. R99-217; Filed July 14, 1999, 11:24 a.m.

STATE BOARD OF SOCIAL SERVICES

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled: **22 VAC 40-35-5 et seq. Virginia Independence Program.** The purpose of the proposed action is to eliminate the sanction on the entire family when a caretaker parent has not cooperated in establishing paternity of one of her children. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Public comments may be submitted until September 15, 1999.

Contact: Carolyn Ellis, TANF Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1738 or FAX (804) 692-1709.

VA.R. Doc. No. R99-233; Filed July 26, 1999, 1:21 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to consider repealing regulations entitled: **22 VAC 40-230-10 et seq. Agency Placement Adoptions-Preplacement Services.** The purpose of the proposed action is to eliminate requirements for submission of an adoptive placement plan and replace it with language requiring submission of an adoption progress report. Since the law no longer requires an adoptive placement plan and since the adoption progress report is mandated by law, a regulation is not necessary. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 63.1-25 and 63.1-56 of the Code of Virginia.

Public comments may be submitted until September 15, 1999.

Contact: Brenda Kerr, Adoption Policy Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1273 or FAX (804) 692-1284.

VA.R. Doc. No. R99-234; Filed July 27, 1999, 2:43 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled: **22 VAC 40-250-10 et seq. Agency Placement Adoptions-AREVA.** The purpose of the proposed action is to include changes in the criteria of children to be registered to ensure consistency with criteria for eligibility for adoption assistance and changes to lengthen the timeframe for registration following termination of parental rights. This is to ensure that the agency has sufficient time to receive the court order terminating parental rights before registration with AREVA. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Public comments may be submitted until September 15, 1999.

Contact: Brenda Kerr, Adoption Policy Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1273 or FAX (804) 692-1284.

VA.R. Doc. No. R99-232; Filed July 27, 1999, 2:42 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled: **22 VAC 40-260-10 et seq. Agency Placement Adoptions-Subsidy.** This action proposes changes to the existing regulation in the following areas: eligibility for adoption assistance, type of payment to be provided, and termination of the agreement. The existing regulation facilitates adoption for special needs children by requiring agencies to provide an adoption assistance agreement for all children who have special needs and who have been determined eligible for subsidy. Prior to the implementation of adoption assistance, children with special needs were remaining in foster care and not being adopted. The proposed revisions are to ensure compliance with federal laws, to ensure that the children receiving adoption assistance are the children who are the most difficult to place for adoption, and to ensure that families adopting children with special needs are provided with financial support to adopt these children. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Public comments may be submitted until September 15, 1999.

Contact: Brenda Kerr, Adoption Policy Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1273 or FAX (804) 692-1284.

VA.R. Doc. No. R99-235; Filed July 27, 1999, 2:43 p.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to consider repealing regulations entitled: **22 VAC 40-480-10 et seq. Relocation Assistance - General Relief Program.** The purpose of the proposed action is to repeal the regulation as no local agency has provided relocation assistance in the last five years, therefore, the regulation is unnecessary. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 63.1-25 and 63.1-106 of the Code of Virginia.

Public comments may be submitted until September 15, 1999.

Contact: Joy Duke, Adult Protective Services Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1260 or FAX (804) 692-2215.

VA.R. Doc. No. R99-237; Filed July 26, 1999, 1:21 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled: **22 VAC 40-770-10 et seq. Standards and Regulations for Agency Approved Providers.** The purpose of the proposed action is to amend the regulation to comply with previously promulgated regulations that eliminated language relating to "reason-to-suspect" cases in Child Protective Services and redefined "registry," and to add additional crimes from the Adoption and Safe Families Act of 1997 (Public Law 105-89). The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 63.1-25 and 63.1-56 of the Code of Virginia.

Public comments may be submitted until August 18, 1999.

Contact: Marjorie L. Marker, Adult Services Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1262 or FAX (804) 692-2215.

VA.R. Doc. No. R99-201; Filed June 22, 1999, 1:20 p.m.

TITLE 23. TAXATION

DEPARTMENT OF TAXATION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Taxation intends to consider amending regulations entitled: **23 VAC 10-210-10 et seq. Retail Sales and Use Tax** as follows:

23 VAC 10-210-40 through 23 VAC 10-210-43. Advertising. The department is proposing amendments to clarify the application of the media exemption to advertising companies.

23 VAC 10-210-610. Florist and Nurserymen. The proposed amendments clarify the application of the tax to nurserymen, landscape contractors, and florist delivery orders.

23 VAC 10-210-680. Gifts Purchased in Virginia. The proposed amendments reflect legislative changes to exempt gift purchases by a nonresident from taxation.

23 VAC 10-210-720. Hospitals and Nursing Homes. The proposed amendments relate to purchases and sales by nonprofit hospitals and nursing homes exempt from taxation.

23 VAC 10-210-730. Hotels, Motels, Tourist Camps, Etc. The proposed amendments add definitions and language to explain the exemption for transient accommodations.

23 VAC 10-210-840. Leases or Rentals. The amendments will clarify the application of the sales and use tax to leases or rentals of tangible personal property.

23 VAC 10-210-910. Maintenance Contracts and Warranty Plans. The proposed amendments clarify the application of the sales tax to maintenance contracts and warranty plans.

23 VAC 10-210-940. Medicine, Drugs, Eyeglasses, and Related Items. The proposed amendments are intended to clarify the application of the retail sales and use tax.

23 VAC 10-210-960. Mining and Mineral Processing. Legislative changes created an exemption for the coal mining, natural gas and oil mining industries that must be reflected in the regulation.

23 VAC 10-210-1060. Newspapers, Magazines, Periodicals, and Other Publications. New language will be added to define a publication, exempt back issues from taxation, and specify those publications subject to taxation.

23 VAC 10-210-1080. Occasional Sale. The proposed amendments will add criteria to determine an occasional sale of a business entity.

23 VAC 10-210-3030. Radio and Television Broadcasting. The proposed amendments will clarify the application of the exemption to equipment directly used in broadcast transmission and distribution.

23 VAC 10-210-4020. Schools and Colleges, Certain Educational Institutions and Other Institutions of Learning. The proposed amendments clarify the types of educational facilities qualified for an exemption and provide guidance for affiliated organizations on purchases and sales.

23 VAC 10-210-6050. Veterinarians. The proposed amendments will clarify the application of the sales tax exemption to services, sales and uses of tangible personal property.

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

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

Public comments may be submitted until September 16, 1999.

Contact: Michael S. Melson, Executive Assistant, Department of Taxation, 2220 W. Broad St., Richmond, VA 23220, telephone (804) 367-0033 or FAX (804) 367-0045.

PUBLIC COMMENT PERIODS - PROPOSED REGULATIONS

PUBLIC COMMENT PERIODS REGARDING STATE AGENCY REGULATIONS

This section gives notice of public comment periods and public hearings to be held on proposed regulations. The notice will be published once at the same time the proposed regulation is published in the Proposed Regulations section of the *Virginia Register*. The notice will continue to be carried in the Calendar of Events section of the *Virginia Register* until the public comment period and public hearing date have passed.

Notice is given in compliance with § 9-6.14:7.1 of the Code of Virginia that the following public hearings and public comment periods regarding proposed state agency regulations are set to afford the public an opportunity to express their views.

TITLE 12. HEALTH

STATE BOARD OF HEALTH

September 7, 1999 - 10 a.m. – Public Hearing
J. Sargent Reynolds Corporate Center, North Run Business Park, 1630 East Parham Road, Richmond, Virginia.

September 9, 1999 - 1 p.m. – Public Hearing
Central Rappahannock Regional Library, 1201 Caroline Street, Fredericksburg, Virginia.

September 16, 1999 - 1 p.m. – Public Hearing
Lynchburg Public Library, 2315 Memorial Avenue, Lynchburg, Virginia.

September 23, 1999 - 1 p.m. – Public Hearing
Main Street Library, 110 Main Street, Newport News, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to adopt regulations entitled: **12 VAC 5-408-10 et seq. Regulations for the Certification of Managed Care Health Insurance Plan Licenses.** Senate Bill 712 (1998) established a quality assurance certification program for managed care health insurance plan (MCHIP) licensees. All MCHIP licensees will have to obtain certification and remain certified by the State Health Commissioner to confirm the quality of health care services they deliver. The regulation will define the expectations relating to quality upon which certification will be based.

Statutory Authority: § 32.1-137.3 of the Code of Virginia.

Public comments may be submitted until October 15, 1999, to Nancy R. Hofheimer, Director, Department of Health, 3600 West Broad Street, Richmond, VA 23230.

Contact: Carrie Eddy, Policy Analyst, Center for Quality Health Care Services and Consumer Protection, Department of Health, 3600 W. Broad St., Suite 216, Richmond, VA 23230, telephone (804) 367-2157 or FAX (804) 367-2149.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL REGULATION

BOARD OF DENTISTRY

September 16, 1999 - 9:30 a.m. – Public Hearing
Hyatt Regency, 1800 Presidents Street, Reston, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Dentistry intends to amend regulations entitled: **18 VAC 60-20-10 et seq. Regulations Governing the Practice of Dentistry and Dental Hygiene.** The proposed amendments replace emergency regulations, which were promulgated to comply with statutory provisions authorizing the board to issue volunteer restricted licenses in dentistry and dental hygiene.

Statutory Authority: §§ 54.1-2400, 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia.

Contact: Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9901.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

September 15, 1999 - 9 a.m. – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Funeral Directors and Embalmers intends to amend regulations entitled: **18 VAC 65-20-10 et seq. Regulations of the Board of Funeral Directors and Embalmers.** The

proposed amendments replace emergency regulations, which were promulgated to comply with statutory provisions authorizing the board to register crematories.

Statutory Authority: §§ 54.1-2400 and Chapter 28 (§ 54.1-2800 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Elizabeth Young Tisdale, Executive Director, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907.

BOARD OF MEDICINE

September 24, 1999 - 1 p.m. – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **18 VAC 85-20-10 et seq. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic and Physician Acupuncture.** The amendments are proposed pursuant to a statutory mandate in § 54.1-2910.1 of the Code of Virginia to establish a physician profile system which would provide information on the practice and disciplinary history of doctors of medicine and osteopathy.

Statutory Authority: §§ 54.1-2400 and 54.1-2910.1 of the Code of Virginia.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

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September 9, 1999 - 1 p.m. – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **18 VAC 85-101-10 et seq. Regulations for the Licensure of Occupational Therapists.** The amendments are proposed to replace emergency regulations, effective January 29, 1999, which were promulgated to comply with statutory provisions requiring licensure of occupational therapists. Proposed amendments clarify the requirements for licensure and clarify that evidence of active practice is required for renewal or reinstatement of a license and for an applicant applying for licensure from another state. Active practice is defined as 160 hours within a 24-month period.

Statutory Authority: §§ 54.1-2400 and Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

BOARD OF LICENSED PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND SUBSTANCE ABUSE TREATMENT PROFESSIONALS

August 26, 1999 - 9 a.m. – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals intends to amend regulations entitled: **18 VAC 115-30-10 et seq. Regulations Governing the Certification of Substance Abuse Treatment Counselors.** The purpose of the proposed amendments is to respond to Executive Order 15 (94) by clarifying and reformatting the regulations, extending the endorsement provision to include holders of certain national certifications, reducing the burden of the supervised training requirement, and clarifying the standard of practice pertaining to dual relationships. To reduce the financial burden on individuals who wish to renew a certification which has lapsed for more than four years, the board is proposing a reapplication alternative to the current cumulative renewal and penalty fee.

Statutory Authority: §§ 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Janet Delorme, Deputy Executive Director, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9575, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

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August 26, 1999 - 9 a.m. – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals intends to amend regulations entitled: **18 VAC 115-50-10 et seq. Regulations Governing the Practice of Marriage and Family Therapy.** The purpose of the proposed amendments is to respond to a petition for rulemaking to make it possible for individuals to be licensed if their educational programs do not offer all course work currently required; to conform the residency requirements to those required for the licensed professional counselors as mandated by statute; to simplify documentation of credentials for endorsement applicants; and to recognize all acceptable accrediting bodies for graduate programs.

Statutory Authority: §§ 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Janet Delorme, Deputy Executive Director, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9575, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

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August 26, 1999 - 9 a.m. – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals intends to amend regulations entitled: **18 VAC 115-60-10 et seq. Regulations Governing the Practice of Substance Abuse Treatment Practitioners.** The purpose of the proposed amendments is to promulgate new regulations establishing qualifications for licensure of substance abuse treatment practitioners, fees, and standards of ethical practice as required by statutory mandate.

Statutory Authority: §§ 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Janet Delorme, Deputy Executive Director, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9575, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

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TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

September 27, 1999 - 1 p.m. – Public Hearing
Albemarle County Public Building, Board Room 241, Charlottesville, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **22 VAC 40-705-10 et seq. Child Protective Services.** The purpose of the proposed amendments is to require attending physicians to respond to their local department of social services office evidence that newborn infants have been exposed to a controlled substance or display symptoms of fetal alcohol syndrome as required by § 63.1-248.3 A1 and 63.1-248.1 E 1 and E 2 of the Code of Virginia.

Statutory Authority: §§ 63.1-25, 63.1-248.3 and 63.1-248.6 of the Code of Virginia.

Contact: Betty Jo Zarris, Program Consultant, Department of Social Services, Child Protective Services Program, 730 E. Broad St., 2nd Floor, Richmond, VA 23219, telephone (804) 692-1220 or FAX (804) 692-2215.

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see Information Page.

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

TITLE 12. HEALTH

STATE BOARD OF HEALTH

Title of Regulation: **12 VAC 5-408-10 et seq. Regulation for the Certification of Managed Care Health Insurance Plan Licenses.**

Statutory Authority: § 32.1-137.3 of the Code of Virginia.

Public Hearing Dates:
September 7, 1999 - 10 a.m. (Richmond)
September 9, 1999 - 1 p.m. (Fredericksburg)
September 16, 1999 - 1 p.m. (Lynchburg)
September 23, 1999 - 1 p.m. (Newport News)
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Section 32.1-137.3 establishes a statutory provision directing the Board of Health, consistent with its duties to protect the health, safety, and welfare of the public, to promulgate regulations governing the quality of care provided to covered persons by a managed care health insurance plan licensee through its managed care health insurance plans (MCHIPs). Section 32.1-137.4 authorizes the State Health Commissioner to examine or review each MCHIP for the purpose of considering the compliance of the managed care health insurance plan licensee with the regulations promulgated under § 32.1-137.3.

Purpose: With the expanding influence of managed care, the number of MCHIPs and persons enrolled in them will increase the need for standards assuring the quality of care provided by MCHIP licensees. The proposed regulation will help allay public concerns over quality in the managed health care market by, among other things, establishing protective standards and providing a process for the redress of complaints against MCHIP licensees for the quality of care and services provided.

Substance: The key provisions of the proposed regulation create requirements that MCHIPs have: (i) a complaint system for reasonable and adequate procedures for the timely resolution of written complaints; (ii) a reasonable and adequate system for assessing the satisfaction of its covered persons; (iii) a system to provide for reasonable and adequate availability of and accessibility to health care services for its covered persons; (iv) reasonable and adequate policies and procedures to encourage the appropriate provision and use of preventive services for its covered persons; (v) reasonable and adequate standards and procedures for credentialing and recredentialing the providers with whom it contracts; (vi) reasonable and adequate procedures to inform its covered persons and providers of the managed care health insurance plan licensee's policies and procedures; (vii) reasonable and adequate systems to assess, measure, and improve the health status of covered persons, including outcome measures, (viii) reasonable and adequate policies and procedures to ensure confidentiality of medical records and patient information to permit effective and confidential patient care and quality review; (ix) reasonable, timely and adequate requirements and standards for utilization review entities; and (x) such other requirements as the board may establish by regulation consistent with Article 1.1 of Chapter 5 Title 32.1 of the Code of Virginia.

Issues:

The first legislation specific to managed care in Virginia was the HMO Act of 1980, which addressed licensure and operating requirements for health maintenance organizations. Included in the law was the permissive authority of the State Health Commissioner to examine the quality of health care services and the complaint systems of health maintenance organizations (HMOs). Legislation in 1997 (HB 2785) changed the commissioner's role in examining the quality of health care services from discretionary to mandatory. In addition, VDH was charged with receiving and responding to quality of care complaints from managed care enrollees. However, HB 2785 did not include any statutory authority to promulgate regulations necessary to discharge the department's new responsibilities. HB 2785 also requested that the State Health Commissioner study the quality of health care services provided by managed care entities. The resulting report, presented to the General Assembly and the Governor on October 1, 1997, noted that rapid shifts in the health care market led to consumer demands for improvements in the quality of care and in the level of protection afforded them by MCHIPs. The report suggested that responding to consumer demands would require a deliberate effort, i.e., legislation establishing an impartial authority capable of validating the quality of managed health care services in general.

In 1998, the administration proposed legislation (SB 712) to establish statutorily a quality assurance certification program for MCHIPs to enhance the quality of care for enrollees. The program is to certify health insurance carriers based on quality of care considerations and is expected to operate concurrently with the existing licensure program of the State Corporation Commission's Bureau of Insurance (Bureau). As a result of the legislation, all MCHIP licensees will have to obtain certification and remain certified by the department to confirm the quality of health care services they deliver. The debate over managed care carried over to the 1999 session of the General Assembly. Two bipartisan bills (HB 871 and SB 1235) provide further consumer protections, thereby reinforcing the initiative established with SB 712 to affect the quality of health care provided to Virginia's citizens.

The proposed regulation has a direct benefit for families in Virginia, enrolled in a MCHIP for their health insurance coverage, by providing an assurance of quality care in the managed health care market and by providing an avenue for the redress of complaints against their MCHIP for the quality of care and services provided. However, some Virginia families could experience a rise in the cost of their health insurance plan as a result of some health insurance carriers "passing along" the costs for implementing the regulation to the consumer.

The advantage of implementing the quality assurance certification program is the expansion of the department's oversight authority of Virginia's health care system by allowing the department to monitor the quality of care provided by health insurance payers. Any disadvantage experienced by the department as a result of implementing the regulation is outweighed by the obvious benefits to Virginia facilities.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. This proposed regulation implements the requirements of SB 712 (1998) requiring the Department of Health to establish a certification program for managed care health insurance providers (MCHIPs). MCHIPS are health care insurance plans that arrange for insured individuals to obtain their care mostly or entirely from health care providers (physicians, hospitals, etc.) under contract with or employed by the insurance organization. The intended purpose of the certification program is to require MCHIPs to satisfy a set of quality assurance standards. These standards do not, in most respects, specify what coverage must be offered by the MCHIPs.[1] Instead, they specify a set of procedures and standards of operation designed primarily to ensure that the insured parties receive the care that they are entitled to in their coverage contract. This is accomplished by a set of standards for keeping consumers informed and for managing information within the organization itself about the quality of services and customer satisfaction. The standards include requirements for resolving and tracking consumer complaints.

These quality assurance standards reflect, in many respects, the standards for quality assurance used by national certification organizations. For example, for health maintenance organizations (HMOs), satisfying the accreditation standards of the National Committee for Quality Assurance (NCQA) will bring the HMO into compliance with most, if not all, of the requirements of this rule, although, the regulations do not allow satisfaction of the NCQA standards to substitute for compliance with the terms of the certification requirements and the certification review process.

The rules proposed here apply somewhat differently to the various types of MCHIPs. MCHIPs can be roughly categorized into three types: HMOs, preferred provider organizations (PPOs), and point of service providers (POS). The differences between these types of arrangements have to do with the contractual arrangements between the MCHIP and its providers and with the terms on which consumers can seek care outside of the MCHIPs contracted providers.

Estimated economic impact. The number of people enrolled in managed care programs has increased from 6 million people in 1976 to more that 70 million today. The significant penetration of managed care into the health care market has been credited by some with a substantial share of the reduction of the growth rate of medical expenses during the 1990s. Managed care programs reduce medical costs in a number of ways. First, large managed health care organizations are in a relatively strong bargaining position with respect to their suppliers and may be able to obtain price discounts. Second, MCHIPs reduce costs by writing contracts with providers (physicians and hospitals) that result in lower costs per procedure. Third, MCHIPs save money by reducing utilization through utilization review, health management for individuals, and preventive care.

The use of utilization review and the restrictions on which providers could provide care to the enrolled have led to an increasing number of complaints as the population enrolled in MCHIPs has expanded. The Virginia General Assembly responded by requiring that the Department of Health (VDH) establish regulations governing the quality of care of individuals covered by managed care plans. These proposed regulations attempt to allay the concerns about the quality of MCHIP care by requiring MCHIPs to have in place a set of quality assurance procedures. The rules also provide for periodic review of MCHIP compliance with the requirements. These include: grievance procedures, customer satisfaction assessment, accessibility assurance, preventive services, credentialing contract providers, informing enrollees and providers of policies, outcome-based measures of improved health outcomes, confidentiality assurance, and utilization review standards.

As mentioned earlier, these standards are similar to those established by national accrediting organizations. HMOs are required to meet all of these requirements. PPOs are exempt from some of the standards (particularly utilization review) if they are accredited by nationally recognized

[1] There are exceptions to this general statement. For example, the regulations specify maximum travel times for the insured to various types of health care facilities and services.

accreditation standards for PPOs.[2] These regulations only apply to a subset managed health plans, but the organizations that offer the covered plans also offer the non-covered plans in Virginia. Thus, all managed care organizations in Virginia are likely to be affected.

Costs

For MCHIPs not choosing to seek accreditation from one of the national organizations, the cost of complying with this regulation is probably somewhat less than the cost of complying with the national accreditation standards. MCHIPs that do choose to become accredited will probably find that these regulations will impose some additional expenses, partly because there are a few additional requirements and partly because the VDH will be conducting on-site reviews which will involve a commitment of MCHIP staff resources. The additional costs experienced by MCHIPs already satisfying the standards of the national accrediting organizations will be relatively modest.[3] For an organization not yet accredited, the costs may be considerable depending on how large the organization is and how far it is from meeting the accreditation standards. Putting these standards in place can be a very expensive proposition. Figures reported for the initial investment in accreditation range from $0.25 million to $1 million.[4] It is not possible at this writing to make a reliable estimate of gross compliance costs.

Surveys of MCHIPs indicate that most of them have some grievance procedures in place, many perform customer satisfaction surveys annually, many have explicit utilization review standards and procedures.[5] Since the actual distribution of costs are not known at this time, the aggregate gross cost of compliance of MCHIPs cannot be estimated at this time although it can reasonably be expected to be several million dollars for initial compliance by all 110 MCHIPs and some continuing elevated operating expenses in subsequent years.

As already indicated, this is the *gross* cost of compliance. Since these regulations are requiring a set of management practices that are only marginally different from the national private accreditation standards, and since a number of MCHIPs have already voluntarily sought and received accreditation, it may be assumed that there is some benefit to firms of receiving accreditation. Among the potential benefits are: improved customer satisfaction, improved health outcomes, improved public perception, and improved management information.[6] For those firms that had not in the past sought accreditation, it may be assumed that the benefits listed above were worth something but that that amount was less than the cost of achieving accreditation. Thus, to get the net cost of compliance, we must subtract off any incidental benefits of achieving compliance.[7] The magnitude of these offsetting benefits of compliance is probably not known with any degree of certainty even by the MCHIPs themselves. There are not, at this time, any publicly available estimates.

Estimating the cost of compliance is further complicated by the possibility that some MCHIPs may choose to substitute the VDH quality assurance certification for the certification they might have otherwise chosen to receive from the national accreditation organizations. If it is less costly to achieve VDH certification, and if firms can gain much of the public relations value from VDH as from private certification, then there may be some substitution. For MCHIPs that would have chosen national accreditation, the existence of these regulations could actually reduce costs.

However, since the national standards are somewhat more detailed than the VDH rules, there is the possibility that the VDH rules will not produce the same level of quality assurance as the national accreditation standards. VDH argues that their standards have been written to achieve the same level of quality assurance as the national standards. It is not possible, at this time, to make a useful estimate of the value of the impact of any substitution away from national standards that might occur due to this proposed regulation. Only actual experience after the implementation of the rules will allow an assessment of the net impact of these effects.

Whatever the magnitude of the cost increase the costs will be distributed between the complying organization and its customers. Nearly 85% of Americans with health insurance coverage are in managed care plans. These regulations only affect MCHIPs covering approximately one fifth of the Virginia population covered by managed care plans. However, representatives of the Virginia Association of Health Care Plans (VAHCP) have argued that these rules will actually affect virtually all MCHIPs in Virginia, because the plans covered by these proposed standards are offered by the same firms and organizations that offer the plans not

[2] Two such standards currently exist and are specifically listed in the regulation: (i) the American Accreditation Health Care Commission/Utilization Review Accreditation Commission (AAHCC/URAC), and (ii) the Joint Commission on Accreditation of Healthcare Organizations' Accreditation Standards for Preferred Provider Organizations (JCAHO).

[3] The Virginia Association of Health Plans has argued that these rules are more burdensome than is required to accomplish the legislative intent. First, they impose a number of substantive standards for care in addition to the management systems envisioned in the legislation. Second, the rules could accomplish their intended purpose by allowing MCHIPs to be "deemed" to satisfy the standards if they have received accreditation. Finally, the Association argues that VDH is requiring the reporting of more information than is needed to accomplish the regulatory purpose.

[4] Personal conversations with Robert Hurley, Virginia Commonwealth University ($0.5 million), Nancy Hofheimer, VDH ($0.25 million), 6/10/99. Also, Mark Pratt and Lynn Warren of the Virginia Association of Health Care Plans (up to $1 million), 6/14/99.

[5] Final Report: President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry (1998), See especially, Chapter 2. Available from: http://www.hcqualitycommission.gov/final.

[6] Personal conversation with Nancy Davenport-Ennis, National Patient Advocate Foundation.

[7] It has even been suggested that compliance with these rules could actually improve profits for MCHIPs. This is not likely to be a common occurrence since these firms had the option of doing the things required of this regulation voluntarily and chose not to do so.

covered. VAHCP argues that the VDH certification standards will involve organization-level changes rather than changes at the individual plan level. Given that this is true, it may be expected that most of the net costs of compliance will be passed on to customers since the regulations affect all providers.[8] If the customer is an employer, the employer may choose not to pass all of the costs along to its employees, however, it can be expected that some share of the net costs will be passed along to consumers. It is important to note that if a significant number of insurers leave the Virginia market due to these rules, there could be some impact on the competitiveness of some health care markets resulting in some additional losses to consumers.

The demand for health insurance, as with other goods, depends on price. Therefore, it can be expected that any cost increases from complying with this regulation may result in some firms choosing to drop all or part of their employee health plan or some number of insured people choosing to drop their coverage. Since the magnitude of the cost increases is not known, no estimate can be provided for the likely number of people who will choose to drop coverage.

Benefit

The benefits of the proposed regulation arise from the potential for better health outcomes and for increases in consumer satisfaction.[9] A report prepared by the VDH[10] presents some focus group and survey data on customer satisfaction with managed care plans. It is not clear from the report that the level of consumer dissatisfaction in the managed care field is significantly different from consumer dissatisfaction in other services that people purchase. Nor is it necessarily true that consumer dissatisfaction is necessarily indicative of reduced health outcomes.

In order to assess the benefits of this regulation, we would need to have information on the differences in health outcomes (and satisfaction) for MCHIPs before and after the imposition of the rules. We would also need to know whether firms would have implemented any of the requirements of these standards without the promulgation of the regulations. If MCHIPs are in some way insulated from competitive pressures that would give more competitive firms incentive to improve their quality assurance management, then there may be significant gains from the imposition of these regulations. If, on the other hand, MCHIPs are in a more competitive environment, where a number of firms or organizations are competing for enrollees, then we would expect the gains from these regulations to be small.

In the absence of direct evidence on any of these issues, the magnitude of benefits resulting from this proposal cannot be estimated in any meaningful way. It cannot be known at this time whether this proposal will result in a net benefit or cost to the Virginia economy. Given the prevalence of uninsured individuals, it is very important that careful attention be given to making sure that the benefits of this regulation are achieved at the lowest possible cost. Each addition to MCHIP costs should be assessed for whether the benefits of the added information or management process add significant value to the regulation.

Businesses and entities affected. This regulation affects approximately 110 managed care health insurance plans in Virginia.

Localities particularly affected. No localities are particularly affected by this regulation.

Projected impact on employment. This regulation will probably raise somewhat the cost of employer-provided health insurance. This may result in some shift in the mix of types of compensation received by Virginia workers, but will probably not have any significant net impact on the level of employment.

Effects on the use and value of private property. It is expected that most of the costs of this regulation will be passed on to employers and consumers. However, any portion of costs paid by for-profit health care firms could result in lower profits and hence a lower market value for the firm than would be the case in the absence of the regulation. This effect is not expected to be large.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The Virginia Department of Health concurs with the economic impact analysis of the proposed Regulations for the Certification of Quality Assurance of managed Care Health Insurance Plans as developed by the Department of Planning and Budget.

Summary:

Senate Bill 712 (1998) established a quality assurance certification program for managed care health insurance plan (MCHIP) licensees. All MCHIP licensees will have to obtain certification and remain certified by the State Health Commissioner to confirm the quality of health care services they deliver. The proposed regulation defines the expectations relating to quality upon which certification will be based.

[8] Should the VAHCP assertion not be true, then there is the potential that these regulations could induce some substitution away from covered plans toward non-covered plans. In that case, we would expect to see some of the costs of compliance paid by the organizations offering the MCHIPs. This is because the higher price-elasticity of demand for covered plans would force the providers to absorb some portion of cost increases. In general, however, we would expect that most of the increased costs will be directly passed on to consumers. It should also be noted that any substitution away from covered plans toward non-covered plans could affect the net costs or benefits ultimately achieved by these proposed rules.

[9] Aside from the direct benefit to individuals of these effects, an indirect effect could be a reduction in the amount of litigation and other ancillary costs resulting from poor health outcomes and consumer dissatisfaction.

[10] The Role of the Commonwealth in Monitoring and Improving the Quality of Care in Managed Care Plan: House Document No. 14 (1998). Virginia Department of Health. Richmond.

CHAPTER 408.
CERTIFICATE OF QUALITY ASSURANCE OF MANAGED CARE HEALTH INSURANCE PLAN LICENSEES.

PART I.
DEFINITIONS AND GENERAL INFORMATION.

12 VAC 5-408-10. Definitions.

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

"Adverse decision" means a utilization review determination by the utilization review entity that a health service rendered or proposed to be rendered was not or is not medically necessary, when such determination may result in noncoverage of the health service or health services.

"Appeal" means a formal request by an enrollee or a provider on behalf of an enrollee for reconsideration of a decision, such as a utilization review recommendation, a benefit payment, an administrative action, or a quality-of-care or service issue.

"Basic health care services" means those health care services described in § 38.2-5800 of the Code of Virginia which are required to be provided, arranged, payed, or reimbursed by the managed care health insurance plan licensee for its covered persons.

"Board" means the Board of Health.

"Bureau of Insurance" means the State Corporation Commission acting pursuant to Title 38.2 of the Code of Virginia.

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

"Complaint" means a written or oral expression of dissatisfaction received from an enrollee or provider on behalf of an enrollee.

"Department" means the Virginia Department of Health.

"Disease management program" means an integrated population based system approach to deliver health care services. Disease management programs use information based processes to improve the entire continuum of care, from prevention and patient education, to diagnosis and treatment, to follow-up and ongoing maintenance, with the intention of producing the best clinical outcomes. A disease management program performs the following functions: (i) classifying patients by disease state; (ii) identifying patients with specific chronic diseases in a covered population, (iii) encouraging intervention at the most beneficial medical junctures, (iv) offering long-range strategies to prevent and control each disease, (v) providing feedback on outcome to physicians, and vi) emphasizing preventive care and patient education.

"Emergency services" means those health care services that are rendered by affiliated or nonaffiliated providers after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in (i) serious jeopardy to the mental or physical health of the individual, (ii) danger of serious impairment of the individual's bodily functions, (iii) serious dysfunction of any of the individual's bodily organs, or (iv) in the case of a pregnant woman, serious jeopardy to the health of the fetus. Emergency services provided within an MCHIP's service area shall include covered health services from nonaffiliated providers only when delay in receiving care from a provider affiliated with the MCHIP could reasonably be expected to cause the enrollee's condition to worsen if left unattended.

"Enrollee" means an individual residing in the Commonwealth, whether a policyholder, subscriber, covered person, or member of a managed care health insurance plan, who is entitled to health care services or benefits provided, arranged for, paid for or reimbursed pursuant to a managed care health insurance plan under Title 38.2 of the Code of Virginia.

"Evidence of coverage" means any certificate, individual or group agreement or contract, or identification card or related document issued in conjunction with the certificate, agreement or contract, issued to an enrollee setting out the coverage and other rights to which an enrollee is entitled.

"Final adverse decision" means a utilization review determination made by a physician advisor or peer of the treating health care provider in a reconsideration of an adverse decision, and upon which a provider or patient may base an appeal.

"Fully accredited" means the highest or most comprehensive level of accreditation granted as defined by the nationally recognized accrediting body.

"Grievance" means a process available to enrollees to request a second reconsideration of an adverse decision in order to resolve a disagreement about the MCHIP's responsibilities and obligations.

"Health care data reporting system" means the state contracted integrated system for the collection and analysis of data used by consumers, employers, providers, and purchasers of health care to continuously assess and improve the quality of health care in the Commonwealth.

"Managed care health insurance plan" or "MCHIP" means an arrangement for the delivery of health care in which a health carrier as defined in § 38.2-5800 of the Code of Virginia undertakes to provide, arrange for, pay for, or reimburse any of the costs of health care services for a covered person on a prepaid or insured basis which (i) contains one or more incentive arrangements, including any credentialing requirements intended to influence the cost or level of health care services between the health carrier and one or more providers with respect to the delivery of health care services and (ii) requires or creates benefit payment

differential incentives for covered persons to use providers that are directly or indirectly managed, owned, under contract with or employed by the health carrier. Any health maintenance organization as defined in § 38.2-4300 of the Code of Virginia or health carrier that offers preferred provider contracts or policies as defined in § 38.2-3407 of the Code of Virginia or preferred provider subscription contracts as defined in § 38.2-4209 of the Code of Virginia shall be deemed to be offering one or more managed care health insurance plans. For the purposes of this definition, the prohibition of balance billing by a provider shall not be deemed a benefit payment differential incentive for covered persons to use providers who are directly or indirectly managed, owned, under contract with or employed by the health carrier. A single managed care health insurance plan may encompass multiple products and multiple types of benefit payment differentials; however, a single managed care health insurance plan shall encompass only one provider network or set of provider networks.

"Managed care health insurance plan licensee" or "licensee" means a health carrier subject to licensure by the Bureau of Insurance under Title 38.2 of the Code of Virginia who is responsible for a managed care health insurance plan in accordance with Chapter 58 (§ 38.2-5800 et seq.) of Title 38.2 of the Code of Virginia.

"Medical necessity" or "medically necessary" means appropriate and necessary health care services which are rendered for any condition which, according to generally accepted principles of good medical practice, requires the diagnosis or direct care and treatment of an illness, injury, or pregnancy-related condition, and are not provided only as a convenience.

"Person" means any individual, aggregate of individuals, association, business, company, corporation, joint-stock company, Lloyds type of organization, other organization, partnership, receiver, reciprocal or inter-insurance exchange, trustee or society.

"Plan of correction" means a MCHIP'S written plan, approved by the department, that outlines the action the MCHIP will take to address compliance issues identified during an administrative review or on-site examination conducted by the department.

"Preferred provider organization" means a managed care health insurance plan that does not require covered medical services to be coordinated or managed through a primary care physician. A managed care health insurance plan licensee that is responsible for a managed care health insurance plan, commonly recognized as a "preferred provider organization," may delegate by contract to provide all or some of the preferred provider system components, which include the provider network, utilization review, credentialing, and claims administration, while retaining direct contact with the enrollee regarding the coordination of benefits.

"Service area" means a geographic area as defined in § 38.2-5800 of the Code of Virginia.

"Timely" means the provision of services so as not to impair or jeopardize the integrity of the enrollees' diagnosis or outcomes of illness.

"Treating health care provider" or "provider" means a licensed health care provider who renders or proposes to render health care services to an enrollee.

"Utilization review" means a system for reviewing the necessity, appropriateness, and efficiency of hospital, medical or other health care services rendered or proposed to be rendered to a patient or group of patients for the purpose of determining whether such services should be covered or provided by an insurer, health services plan, managed care health insurance plan licensee, or other entity or person. For purposes of this chapter, "utilization review" shall include, but not be limited to, preadmission, concurrent and retrospective medical necessity determination, and review related to the appropriateness of the site at which services were or are to be delivered. "Utilization review" shall not include (i) review of issues concerning insurance contract coverage or contractual restrictions on facilities to be used for the provision of services, (ii) any review of patient information by an employee of or consultant to any licensed hospital for patients of such hospital, or (iii) any determination by an insurer as to the reasonableness and necessity of services for the treatment and care of an injury suffered by an insured for which reimbursement is claimed under a contract of insurance covering any classes of insurance defined in §§ 38.2-117 through 38.2-119, 38.2-124 through 38.2-126, 38.2-130 through 38.2-132 and 38.2-134 of the Code of Virginia.

"Utilization review entity" or "entity" means a person or entity performing utilization review.

"Utilization review plan" or "plan" means a written procedure for performing a utilization review.

12 VAC 5-408-20. Responsibility of the department.

A. The Code of Virginia allows the Board of Health to adopt regulations for the certification of quality assurance for managed care health insurance plans licensees. The Department of Health is charged with the responsibility for examining the quality of health care services provided by managed care health insurance plans according to regulations adopted by the board and any additional requirements that may be specified by the Code of Virginia. The Center for Quality Health Care Services and Consumer Protection acts as agent for the department for certifying managed care health insurance plans, which includes investigating complaints made against a MCHIP.

B. In developing or revising these regulations, the department adheres to the requirements of the Administrative Process Act (§ 9.6-14:1 et seq. of the Code of Virginia) and the public participation process. The department solicits input from MCHIPs, associations of MCHIPs, providers, experts in related fields, advocacy organizations, consumers and the general public in the development or revision of this chapter

through informal and formal comment periods and public hearings.

C. The department shall coordinate its activities with the Bureau of Insurance to ensure an appropriate level of regulatory oversight and to avoid undue duplication of effort or regulation.

D. The department will be guided by its own interpretive guidelines when determining compliance with this regulation.

12 VAC 5-408-30. Certificate of quality assurance.

A. A certificate for quality assurance shall be issued for managed care health insurance plan licensees. The department shall issue or renew a certificate of quality assurance if the MCHIP licensee is in compliance with the applicable law and this chapter.

B. No certificate of quality assurance may be transferred or assigned without approval of the department.

C. Every certified MCHIP licensee shall file for its certificate of quality assurance with the department biennially, subject to payment of a fee and receipt of all material required by law and this chapter.

D. Upon request, the center will provide an application form for a certificate of quality assurance. The center shall consider the application complete when all the information requested and the application fee are submitted with the required form. If the center finds the application incomplete, the applicant will be notified in writing of receipt of the incomplete application.

E. The department shall send an application for renewal of a certificate to the licensee at least 60 days prior to the expiration date of the current certificate.

F. The department shall examine or review each applicant for an initial certificate of quality assurance and periodically for renewal thereof.

G. Upon the issuance or renewal of a certificate, the department shall provide a certificate of quality assurance to the MCHIP licensee and a copy to the Bureau of Insurance.

H. Upon determining to deny or refuse to renew a certificate, the department shall notify the applicant in writing stating the reasons for the denial of the certificate. A copy of the notification of denial shall be provided to the Bureau of Insurance.

I. Appeals from a notification of denial shall be brought by a certificate applicant pursuant to the process set forth in 12 VAC 5- 408-140.

12 VAC 5-408-40. Fees.

A. The center shall collect a fee for each initial application and each renewal application. Fees shall accompany the application and are not refundable.

B. Fees shall be sufficient to cover reasonable costs for the administration of the quality assurance program.

C. Fees shall be based upon a percentage, not to exceed 1/10 of 1.0%, of the proportion of direct gross premium income on business done in this Commonwealth attributable to the operation of managed care health insurance plans in the preceding biennium not to exceed $10,000 per licensee.

After July 2000, new applicants proposing to offer MCHIP plans in the Commonwealth shall be assessed a flat fee of $5,000 for the initial application.

12 VAC 5-408-50. Preferred provider organization exemption.

A. Managed care health insurance plan licensees, when operating a preferred provider organization as defined in this chapter, must comply with all of the provisions of this chapter with the exception of the following:

1. 12 VAC 5-408-220;

2. 12 VAC 5-408-250 and 12 VAC 5-408-290; and

3. Part V (12 VAC 5-408-300 et seq.) of this chapter.

B. In lieu of compliance with the regulations noted in subsection A of this section, the licensee shall demonstrate that the preferred provider organization is in compliance with one of the following:

1. The Health Networks Standards, Version 3.0, of the American Accreditation HealthCare Commission/URAC for Health Networks;

2. The Joint Commission on Accreditation of Healthcare Organizations' Accreditation Standards for Preferred Provider Organizations (1997); or

3. Other nationally recognized accreditation standards for preferred provider organizations accepted by the department.

C. If the licensee can demonstrate that, by complying with the above accreditation standards, it meets or exceeds other MCHIP quality assurance regulations than are noted in subsection A of this section, it may offer evidence of that compliance for consideration by the department.

12 VAC 5-408-60. General examination process.

A. MCHIP licensees shall be examined or reviewed by the department according to Article 1.1 (§ 32.1-137.1 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia to:

1. Verify that a MCHIP qualifies for an initial or renewal certificate of quality assurance;

2. Investigate a complaint filed against a MCHIP;

3. Determine compliance with this chapter and applicable law; and

4. Determine if the MCHIP has successfully implemented corrective action following an examination, or as a result of disciplinary action or sanction.

B. Examinations shall be conducted onsite at a MCHIP's headquarters and at the site of any contractors. At its

discretion, the department may choose to conduct an administrative review to evaluate the MCHIP for compliance with applicable law and this chapter. The MCHIP's examination may also include contractors with whom the licensee has agreements, contracts, or other arrangements to provide health care services for the MCHIP.

C. Any examiner authorized by the department shall, so far as necessary for the purposes of the examination or review, have access during regular business hours to the premises and to any books, records, files, or property of the licensee as far as they directly relate to the quality of care provided by the MCHIP.

All material copied, recorded, or received by the department from the MCHIP shall be privileged and confidential and shall not be subject to subpoena.

D. The MCHIP licensee shall be responsible for ensuring that all examination materials are submitted to the department at the time specified for submission and that they are complete. Failure to submit all of the examination materials as required may delay processing or result in the denial of the issuance or renewal of the quality assurance certificate.

E. A summary report of a MCHIP licensee's examination shall become part of the department's public file on the MCHIP. A copy of the summary report shall be provided to the Bureau of Insurance.

F. The department shall consider a MCHIP licensee's initial examination for a certificate of quality assurance as a baseline evaluation of the MCHIP's quality improvement program in order to determine if it has the structure, organization, and policies and procedures in place to provide and support quality improvement activities. If the MCHIP has been operating outside the geographic boundaries of Virginia, it shall demonstrate that it has a record of successfully implementing its quality improvement program to the benefit of the enrollees that it serves.

G. Information provided during any examination conducted regarding compliance with this chapter shall be accurate and truthful. The MCHIP shall not provide the department with falsified information during any aspect of the examination process. The department shall construe any effort to provide falsified information as violation of the statute, and the MCHIP shall be subject to disciplinary action. Falsification is defined for the purpose of this chapter as fabrication, in whole or in part, of any information provided by the MCHIP or the MCHIP licensee to include, but not be limited to, any redrafting, reformatting, or content deletion of documents.

H. The refusal of any licensee, by its officers, directors, employees or agents, to submit to examination or review or to comply with any reasonable written request of the examiners shall be grounds for suspension, revocation, denial, or nonrenewal of a certificate of quality assurance held by the licensee.

12 VAC 5-408-70. Administrative review.

A. In most instances, the initial examination shall be an administrative review of the application for certificate of quality assurance and supporting documentation that includes:

1. The items listed in 12 VAC 5-408-160 F;

2. A copy of the most recent accreditation report issued to the MCHIP or to the MCHIP's licensee from a nationally recognized accreditation organization that evaluates the quality of health care services provided by health care plans. The written corrective action response, if any, shall also be submitted;

3. A copy of the most recent report of an examination of the MCHIP under similar laws and regulations governing managed care plans of another state or states, and a copy of the written corrective action response, if any; and

4. The most recent report of any examination of the quality of health care provided by the MCHIP issued by a federal regulatory agency. The written corrective action plan, if any, shall also be submitted.

The department shall also consider any information that the Bureau of Insurance, in its review of the MCHIP licensee's application for licensure, determines is pertinent to the department's examination for issuance of a certificate of quality assurance. The department shall coordinate with the Bureau of Insurance to obtain information necessary to complete its review.

B. The administrative review examination shall be conducted within 45 business days of the receipt of the documentation required by the department. The MCHIP licensee shall be notified in writing if additional information is needed to clarify the information submitted and the specific time period in which to submit the materials.

C. The MCHIP licensee shall be notified of the results of the administrative review examination within 60 business days from the receipt by the department of all of the required documents.

D. The department, at its discretion, may conduct an onsite examination of the MCHIP's quality improvement program or aspects integral to the quality improvement program if, during its conduct of the administrative review examination, the department determines that an onsite examination is warranted in order to determine the MCHIP's compliance with applicable laws or this chapter.

E. Licensees with MCHIPs that successfully complete the examination shall be issued a certificate of quality assurance. Licensees with MCHIPs that do not successfully complete the examination shall be denied a certificate of quality assurance.

12 VAC 5-408-80. Renewal application.

A. Every MCHIP licensee shall request renewal of its certificate of quality assurance biennially with the department.

The purpose of the renewal examination shall be to determine if the MCHIP has maintained compliance with applicable laws and regulations since the last certificate of quality assurance was issued or renewed, and whether the MCHIP is making substantive progress in meeting its quality improvement expectations.

Failure of the MCHIP licensee to adequately document that its quality improvement program is dynamic rather than static and that it responds to the health care needs of its enrollees will be a factor in the renewal of the certificate of quality assurance.

B. The renewal examination shall include an administrative review of the renewal application and supporting documentation that includes:

1. The items listed in 12 VAC 5-408-160 F;

2. The annual complaint reports;

3. The MCHIP's formal written evaluations of its quality improvement program expectations for the time period since the MCHIP's last application for a certificate of quality assurance;

4. A copy of the most recent accreditation report issued to the MCHIP or to the licensee from a nationally recognized accreditation organization that evaluates the quality of health care services provided by health care plans if the report was issued after the issuance of the current certificate from the department. The written corrective action plan in response to the report, if applicable, shall also be submitted;

5. A copy of the most recent report of an examination of the MCHIP under similar laws or regulations governing managed care plans of another state or state regulatory agency in which the MCHIP is domiciled that was issued since the certificate of quality assurance was last issued or renewed; and

6. A copy of the report of any examination of the MCHIP by a federal regulatory body issued since the certificate of quality assurance was last issued or renewed.

C. In addition, the department shall consider the following in its renewal examination:

1. The report of any comprehensive onsite examination of the MCHIP if one was conducted during the renewal period;

2. Any disciplinary actions or sanctions issued by the department pursuant to § 32.1-137.5 of the Code of Virginia or this chapter, or by the Bureau of Insurance in keeping with § 32.1-137.2 E of the Code of Virginia; and

3. A summary report of the analysis of any data provided to the Health Care Data Reporting System.

12 VAC 5-408-90. Comprehensive onsite examination.

A. The comprehensive onsite examination represents a periodic quality improvement evaluation process designed to validate that not only does the MCHIP have appropriate systems in place to ensure quality of health care, but that the systems are successfully implemented and result in the improvement of enrollees' health outcomes and the delivery of their care.

B. A comprehensive onsite examination shall be conducted at least once every two years with the exception of MCHIPs that meet the quality improvement acknowledgment criteria specified in 12 VAC 5-408-100. The comprehensive onsite examination shall be conducted every four years for plans that meet the quality improvement acknowledgment criteria.

Recognition of compliance with the quality improvement acknowledgment criteria shall not prevent onsite investigations for complaints, monitoring, certificate examinations, enforcement activities, or other onsite examinations that the department determines are necessary to verify compliance with applicable law and this chapter.

C. The comprehensive onsite examination may take place:

1. In conjunction with a Bureau of Insurance market conduct examination of the company;

2. At the request of the MCHIP licensee and in conjunction with a full accreditation survey of the MCHIP conducted by a nationally recognized accreditation organization that examines health care plans for quality of health care;

3. At the request of the MCHIP licensee following the completion of the initial administrative review and receipt of the examination results in order to document the corrective action taken in response to the examination results;

4. When the department, at its discretion, participates in a coordinated survey in conjunction with the Bureau of Insurance or a nationally recognized accreditation organization; or

5. At the department's discretion, in response to complaints against the MCHIP or other MCHIP activities in order to determine continued compliance with applicable laws and regulations.

D. The MCHIP licensee shall be notified in writing at least 60 days in advance of the comprehensive onsite examination and shall be provided with information regarding the parameters of the examination.

The final determination of when a comprehensive onsite examination shall be conducted rests with the department. However, the department will take into consideration mitigating circumstances presented by the MCHIP licensee.

E. The MCHIP licensee or the department may request a preexamination conference for the purpose of discussing preparations for the examination. The conference shall not be used for determining whether a plan needs to be examined or the frequency of an onsite comprehensive examination.

F. In the period before the comprehensive onsite examination, the department shall conduct or arrange for member satisfaction input regarding the plan by conducting or reviewing the results of a member satisfaction survey or by making examiners available to receive comments from enrollees following notice to enrollees and providers of a scheduled examination through public notice to the plan's enrollees of upcoming examinations. The plan shall provide the department with the member mailing list for Virginia enrollees, upon request, to be used to select samples of the plan's membership for the surveys or for public notice of the examination.

G. The MCHIP shall be notified of the results of the comprehensive onsite examination within 60 business days of the final day of the examination. The department may choose to notify the plan earlier than 60 days and require immediate corrective action or initiate administrative disciplinary hearings for findings of serious or substantial noncompliance with the law or the regulations that could jeopardize enrollees' health or safety.

H. Depending on the examination findings, the department may:

1. Require a corrective action plan with a time frame in which corrective action shall be completed and verified by the department;

2. Proceed with disciplinary action or sanctions; or

3. Notify the MCHIP that it is fully and completely in compliance with all applicable regulations.

12 VAC 5-408-100. Quality improvement acknowledgment criteria.

A. A MCHIP licensee may qualify for a comprehensive onsite examination every four years as determined by the department based upon the MCHIP's ability to meet the following criteria:

1. The MCHIP is fully accredited by a nationally recognized accreditation organization that evaluates the quality of health care provided by managed care plans and the accreditation organization is accepted by the department.

2. The MCHIP generates few complaints and utilization review appeals relative to its enrollee population and the complaints and appeals it receives are resolved in compliance with this chapter.

3. There has been no change in ownership, merger, or consolidation of the plan since its last examination.

4. There has been a stable executive administration of the plan with no frequent changes in administration in excess of normal turnover rates.

5. Reports from other state regulatory agencies or federal regulatory agencies that evaluate the plan's quality of care demonstrate that the MCHIP is in substantial compliance with those agencies' regulations and that substantial compliance is consistent.

6. The MCHIP licensee is in substantial compliance with the applicable licensure requirements of the Bureau of Insurance.

7. The MCHIP is able to demonstrate through clinical studies the evaluation of its quality improvement program, and from input from providers and enrollees that its performance expectations are being met and patient outcomes are being achieved. There is no evidence of recurring areas of noncompliance by the MCHIP with its own quality improvement program expectations as noted by the MCHIP's internal evaluation process or by external reviewers.

8. The MCHIP successfully and in a timely manner completes its requirements for initial and renewal examination and complaint examinations.

9. The MCHIP demonstrates how it successfully integrates its program activities with public and community health goals.

10. The MCHIP provides a summary of its quality improvement program in its marketing materials and makes the findings of its quality improvement program available to its providers and enrollees.

B. It shall be the responsibility of the MCHIP licensee that wishes to qualify for this option to submit the necessary documentation to support its compliance.

12 VAC 5-408-110. Corrective action procedures.

A. At the conclusion of an examination, or within 30 business days thereafter, the department shall provide the MCHIP licensee with a written summary of violations of the regulations or laws and any factual findings used as a basis to determine that a violation has occurred.

B. The department may require the MCHIP licensee to submit a written plan of correction specifying how each violation will be corrected along with the time frames for completion of each corrective action. A single plan of correction may address all events associated with a given violation. The plan of correction, when required, shall be submitted by the MCHIP licensee within 20 business days of receipt of the notice of violation, or sooner, if the department determines that the violations jeopardize the safety of enrollees.

C. The plan of correction shall be approved when the MCHIP demonstrates to the satisfaction of the department that compliance will be achieved. If the plan of correction is not approved, the department may request that an amended plan of correction be submitted within 10 business days, or sooner, if the department determines that the violations jeopardize the safety of enrollees.

D. The summary of violations and the plan of correction shall not be released as public information until the department has received the plan of correction or, in the

event no plan of correction is required, after 20 business days of receipt of the summary of violations by the MCHIP, whichever is sooner.

E. Unless otherwise documented, the department will presume receipt of the summary of violations by the MCHIP licensee by the seventh business day if sent by regular mail.

F. Failure of the MCHIP to successfully implement the written plan of correction within a specified time period may result in an administrative sanction.

12 VAC 5-408-120. Changes to geographic service areas.

A. Any changes to a MCHIP's geographic service areas shall be submitted in writing to the department 45 days prior to the proposed effective date of the changes.

B. The request for a change in a geographic service area shall include:

1. A description of the current geographic service area including a map of the current service area, a list of current primary care and specialty physicians and other providers, and the number of enrollees by service area.

2. An explanation as to whether the MCHIP is requesting an expansion or a reduction in its service area.

3. Notification that the MCHIP licensee has inquired of the Bureau of Insurance as to whether or not the service area request constitutes a material change and the bureau's determination, if available.

4. If a service area expansion is proposed, then the following is required:

a. A description of the proposed area that includes a map of the proposed geographic area expansion, projections of new enrollment, a listing of new primary care and specialty providers and other providers and their locations, and physician capacity to accept the anticipated enrollment;

b. Information necessary to determine if the MCHIP will be capable of conforming to the access, availability, and travel requirements of 12 VAC 5-408-260 and 12 VAC 5-408-270; and

c. The methodology used to determine that the current health care system in the proposed service area can support the expansion.

5. If a MCHIP is reducing or eliminating a service area, the following information is required:

a. A description of the service area being reduced or eliminated;

b. The reason for the reduction or elimination of the service area and the effective date on which health care services will no longer be available through the MCHIP; and

c. Any information required by the department to determine that MCHIP enrollees are ensured continuity of care during the transition.

C. If the department fails to act on a request within 30 business days of receipt of all requested information, the proposed changes shall be deemed approved. The department, at its discretion, may extend the period of time within which to approve or disapprove the proposed changes for up to an additional 30 days. Licensees shall be notified in writing of any such extensions.

12 VAC 5-408-130. Complaint system, complaint examination and investigation.

A. Each MCHIP licensee shall establish and maintain for each of its MCHIPs a complaint system approved by the department and the Bureau of Insurance to provide reasonable procedures for the resolution of complaints.

B. The department, in cooperation with the Bureau of Insurance, shall examine the complaint system for compliance of the system with applicable statutes and regulations and shall require corrections or modifications as necessary. The effectiveness of the complaint system in allowing enrollees, or their duly authorized representatives, to have issues regarding quality assurance appropriately resolved shall be assessed by the department.

C. The department has the responsibility to investigate complaints regarding alleged quality of care violations filed by or on behalf of enrollees.

D. Every person from whom information is sought in an investigation of a complaint against a MCHIP licensee shall cooperate in producing, or allowing reasonable access during regular business hours to, the books, records, files, accounts, papers, documents, and any or all computer or other recordings of the licensee being examined or those of any person delivering health care services under contract, affiliation, delegation or other arrangement directly relevant to the investigation. Information shall be limited to that which is relevant to the investigation in question.

E. Deficiencies found during a complaint investigation shall be corrected as required in 12 VAC 5-408-110.

F. When the investigation is complete, the MCHIP and the complainant will be notified of the findings of the investigation.

12 VAC 5-408-140. Administrative sanctions.

A. Nothing in this part shall prohibit the department from exercising its responsibility and authority to enforce applicable law and this chapter including proceeding directly to imposition of administrative sanctions.

B. The department, in consultation with the Bureau of Insurance, may impose such administrative sanctions or take such actions as are appropriate for violation of any of the regulations or laws. Such sanctions include:

1. Imposing civil monetary penalties, which shall not exceed $1,000 per incident of noncompliance, to a

maximum of $10,000 for a series of related incidents of noncompliance;

2. Placing a certificate holder on probation;

3. Temporarily suspending a certificate of quality assurance;

4. Temporarily restricting or prohibiting new enrollments into a MCHIP with the concurrence of the Bureau of Insurance;

5. Revoking or not renewing a certificate of quality assurance and certifying to the Bureau of Insurance that a MCHIP licensee or its managed care health insurance plan is unable to fulfill its obligations to furnish quality health care services; or

6. Other remedies as provided by state or federal law.

C. The MCHIP licensee shall receive a written notice describing the reasons for the imposition of sanctions and a report specifying the findings of noncompliance. Upon receipt of the notice to impose a sanction, the MCHIP shall have the right and the opportunity to appeal the sanction according to § 32.1-137.5 of the Code of Virginia. A copy of the department's notice shall be provided to the Bureau of Insurance.

12 VAC 5-408-150. Surrender of certificate.

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

B. In the event a MCHIP licensee voluntarily ceases operation, it shall provide at least 90 business days advance written notice to all enrollees, employers, providers, the department, and the Bureau of Insurance. The notice shall identify the storage location of business and medical records, where applicable, and procedures for obtaining copies of such records.

PART II.
ADMINISTRATIVE SERVICES.

12 VAC 5-408-160. Management and administration.

A. No person shall establish or operate a managed care health insurance plan in Virginia without first obtaining a license from the Bureau of Insurance and a certificate of quality assurance from the department.

B. The licensee must comply with:

1. This chapter (12 VAC 5-408 et seq.);

2. Other applicable federal, state or local laws and regulations; and

3. The licensee's own policies and procedures.

C. The licensee shall submit or make available reports and information as described in § 32.1-137.4 of the Code of Virginia necessary to establish compliance with these standards and applicable laws.

D. The licensee shall permit representatives from the center to conduct examinations or reviews to:

1. Verify application information;

2. Determine compliance with these standards;

3. Review necessary records, including contracts for delegated services and capitated rate information; and

4. Investigate complaints and review grievance and appeals procedures.

E. The licensee shall notify the center and providers in writing 30 days prior to implementing any changes affecting the plan, including:

1. Mailing address;

2. Ownership;

3. Health care services provided, including any delegated services;

4. Medical director;

5. MCHIP or licensee name;

6. Significant provider network changes; and

7. Any systematic changes in the quality assurance plan, complaint process, or utilization review process.

If more advanced notice of a specific change is required by law for notices to providers or enrollees, notice given to the department under this section shall be no less than notice given to enrollees under the law.

F. All applications, including those for renewal, shall require:

1. A description of the geographic area to be served with a map clearly delineating the boundaries of the service area or areas;

2. A description of the complaint system required under to § 32.1-137.6 of the Code of Virginia and 12 VAC 5-408-130;

3. A description of the procedures and programs established by the licensee to assure both availability and accessibility of adequate personnel and facilities and to assess the quality of health care services provided; and

4. A list of the licensee's managed care health insurance plans.

G. In addition, applications shall include:

1. A description of the MCHIP's disease management program;

2. The MCHIP's drug formulary;

3. A description of the quality improvement plan;

4. The utilization review plan including a description of the criteria, clinical and therapeutic guidelines, and their derivation or source;

5. The credentialing process;

6. The current provider directory identifying providers by specialty and by service area, including those providers who are not currently accepting new patients;

7. A copy of the evidence of coverage or insurance plan coverage limitations and exclusions and other information provided to enrollees;

8. A description of all types of payment arrangements that the licensee uses to compensate providers for health care services rendered to enrollees, including, but not limited to, withholds, bonus payments, capitation, processing fees, and fee-for-service discounts; and

9. A list of clinical outcome studies with abstracts of study design, objectives and, if available, results.

H. The licensee shall provide or arrange for access to basic health care services which shall be appropriately integrated throughout the MCHIP's service area. Services shall be based upon prevailing nationally recognized standards of medical practice.

I. The licensee shall have a written policy stating the MCHIP's commitment to treating enrollees in a manner that respects their rights as well as its expectations of provider and enrollee responsibilities. The services shall be accessible to all enrollees, including those with diverse cultural and ethnic backgrounds, and those with physical and mental disabilities.

12 VAC 5-408-170. Provider credentialing and recredentialing.

A. The licensee shall establish and maintain a comprehensive credentialing verification program to ensure its providers meet the minimum standards of professional licensure or certification. Written supporting documentation shall include, but is not limited to:

1. Current valid license and history of licensure or certification;

2. Status of hospital privileges, if applicable;

3. Valid DEA certificate, as applicable;

4. Information from the National Practitioner Data Bank as available;

5. Education and training, including post graduate training, if applicable;

6. Specialty board certification status, if applicable;

7. Practice or work history covering at least the past five years; and

8. Current, adequate malpractice insurance and malpractice history of at least the past five years.

B. Policies for credentialing and recredentialing shall include, but are not limited to the:

1. Criteria used to credential and recredential;

2. Process used to make credentialing and recredentialing decisions;

3. Type of providers covered under the credentialing and recredentialing policies;

4. Process for notifying providers of information obtained that varies substantially from the information provided by the provider; and

5. Process for receiving input from participating providers to make recommendations regarding the credentialing and recredentialing process.

The policies shall be made available to participating providers and applicants upon written request.

C. The credentialing process shall be completed before the provider:

1. Begins seeing enrollees;

2. Enters into the employment or contractual relationship with the MCHIP; and

3. Is included in the listing of health care providers as a participating provider in any marketing and enrollee materials.

D. The providers shall be recredentialed at least every two years. Recredentialing documentation shall include:

1. Current valid license or certification;

2. Status of hospital privileges, if applicable;

3. Current valid DEA registration, if applicable;

4. Specialty board eligibility or certification status, if applicable;

5. Data from enrollee complaints and the results of quality reviews, utilization management reviews and enrollee satisfaction surveys, as applicable; and

6. Current, adequate malpractice insurance and history of malpractice claims and professional liability claims resulting in settlements or judgments.

E. All information obtained in the credentialing process shall be subject to review and correction of any erroneous information by the health care provider whose credentials are being reviewed.

F. Providers shall be required by the MCHIP to notify the MCHIP of any changes in the status of any credentialing criteria.

G. The licensee shall not refuse to initially credential or refuse to reverify the credentials of a health care provider solely because the provider treats a substantial number of patients who require expensive or uncompensated care.

H. The licensee shall have policies and procedures for altering the conditions of the provider's participation with the MCHIP. The policies shall include a range of actions to be taken to improve performance prior to termination and an appeals process for instances when the MCHIP chooses to alter the condition of provider participation based on issues of quality of care or service. Providers shall have complete and timely access to all data and information used by the licensee to identify or determine the need for altering the conditions of participation.

I. The licensee shall retain the right to approve new providers and sites based on quality issues, and to terminate or suspend individual providers. Termination or suspension of individual providers shall be supported by documented records of noncompliance with specific plan expectations and requirements for providers. The provider shall have a prescribed system of appeal of this decision available to them as prescribed in the MCHIP contract with the provider.

J. Providers shall be informed of the appeals process. Profession specific providers actively participating in the plan shall be included in reviewing appeals and making recommendations for action.

K. The MCHIP shall notify appropriate authorities when a provider's application or contract is suspended or terminated because of quality deficiencies by the health care provider whose credentials are being reviewed.

L. There shall be an organized system to manage and protect the confidentiality of personnel files and records. Records and documents relating to a provider's credentialing application shall be retained for at least seven years.

12 VAC 5-408-180. Complaint system.

A. Every MCHIP shall establish and maintain a system for the resolution of complaints brought by enrollees, or by providers acting on behalf of an enrollee and with the enrollee's consent, regarding any aspect of an MCHIP's health care services including, but not limited to, complaints regarding quality of care, choice and accessibility of providers, and network adequacy.

The system shall include, but is not limited to:

1. Written notification to all enrollees of the procedures, including telephone numbers and addresses, for contacting the MCHIP with a complaint and telephone numbers and addresses of advocate programs to help with complaints, grievances or appeals;

2. A description of the process used to investigate and resolve complaints, including specific time lines for each step in the complaint process; and

3. A description of the process used to document and track the status of all complaints and compile the complaint information required to be reported to the department under § 32.1-137.6 C of the Code of Virginia.

B. Time lines for responding to complaints shall accommodate clinical urgency and shall not exceed 30 days from receipt of the complaint. Resolution of complaints shall not exceed 60 days from date of receipt of the complaint.

C. The MCHIP shall keep records of complaints filed including, but not limited to:

1. Complaint identifier, using a unique identification code assigned consistently to the enrollee;

2. Date complaint received;

3. A general description of the reason for the complaint;

4. Date of each review and hearing, if any;

5. The number of days to gather the information necessary to resolve the complaint;

6. Date closed;

7. Resolution of the complaint;

8. Record of internal actions necessary as a result of the complaint resolution, as applicable; and

9. Notification to the enrollee of the resolution.

D. No enrollee who exercises the right to file a complaint or a grievance shall be subject to disenrollment or otherwise penalized due to the filing of a complaint or grievance.

E. Complaint records shall be maintained from the date of the licensee's last examination and for no less than five years.

F. A description of the systems for filing complaints, grievances, and appeals shall be provided to enrollees at the time of enrollment and upon request thereafter.

12 VAC 5-408-190. Enrollee education and communication.

A. The MCHIP shall make available to each enrollee at the time of enrollment or at the time the contract or evidence of coverage is issued, as required by law and upon request thereafter, policies and procedures applicable to the enrollee including, but not limited to:

1. A statement of enrollee's rights and responsibilities;

2. Procedures for obtaining care including:

a. Referral and authorization requirements;

b. Primary care services;

c. Specialty care and hospital services;

d. Behavioral services, when the complexity of the enrollee's condition requires the knowledge base and expertise beyond those of the primary care provider;

e. Emergency services and after-hours coverage, including access to emergency care, and any requirements for prior authorization and payment for out-of-service areas;

f. Care and coverage when out of the service area;

g. Out of network services; and

h. Pharmacy services;

3. Procedures for appealing decisions adversely affecting enrollee coverage benefits;

4. Procedures for changing primary care and specialty care providers including any restrictions on changing providers;

5. All necessary mailing addresses and telephone numbers for seeking information or authorization;

6. The toll-free number for the complaint unit of the center; and

7. Notice of the right to obtain information on types of provider payment arrangements used to compensate providers for health care services rendered to enrollees, including, but not limited to, withholds, bonus payments, capitation, processing fees, and fee-for-service discounts.

B. Lists of all network providers by specialty and by location and indicating which providers are accepting new patients shall be available to all enrollees on request.

C. There shall be a mechanism for providing enrollee information in plain language that is clearly understood and in the languages of the major population groups served.

D. Enrollees shall be provided an opportunity for input into matters of policy and operation through the establishment of advisory panels, the use of advisory referenda on major policy decisions, or by other mechanisms.

E. There shall be a mechanism for assisting enrollees affected by changes in the MCHIP's service areas or network providers.

12 VAC 5-408-200. Data management.

A. The information system shall collect data on enrollees and provider characteristics and on services furnished to enrollees, as needed, to guide the selection of the quality assurance activities and to meet the data collection requirements of quality assurance projects.

B. The data management system, which includes medical records, shall be safeguarded against loss, destruction, tampering, and unauthorized access or use.

12 VAC 5-408-210. Medical records.

A. The licensee shall maintain an organized medical record system assuring the availability of information required for effective and continuous enrollee care and for quality review. Written policies and procedures based on accepted standards of practice shall specify retention, reproduction, access, storage, content, and completion of each record.

B. Medical records shall be confidential. Only authorized personnel shall have access as specified in § 32.1-127.1:03 of the Code of Virginia. Written procedures shall govern the use and removal of medical records and the conditions for release of information. The enrollee's written consent shall be required for release of information as required by law.

PART III.
QUALITY IMPROVEMENT PROGRAM.

12 VAC 5-408-220. Purpose.

A. The MCHIP shall have a comprehensive, systematic, and organized quality improvement program for the purpose of:

1. Improving enrollees' health outcomes;

2. Enhancing the quality of the clinical care and service provided to enrollees;

3. Increasing enrollee satisfaction;

4. Maximizing opportunities for MCHIP improvements and minimizing opportunities for errors;

5. Monitoring and evaluating quality of care issues; and

6. Reporting incidences to the appropriate entities.

B. The quality improvement program shall ensure that the MCHIP provides health services that, at a minimum:

1. Are (i) consistent with prevailing nationally recognized medical standards of care, (ii) adequately available, (iii) accessible, (iv) appropriate for enrollees' clinical conditions, and (v) guided by a combination of utilization review guidelines, treatment protocols, accepted practice guidelines, and clinical case data that ensures balanced clinical decision making;

2. Target acute and chronic illnesses;

3. Promote prevention;

4. Provide for the treatment of enrollees with similar medical conditions while recognizing individual case differences;

5. Allow for a variety of treatment options that are commensurate with the MCHIP's benefit coverage;

6. Offer enrollee guidance for treatment out of network if treatment is not available through the MCHIP;

7. Recognize identified public health goals;

8. Allow for the evaluation and use of new technology or the new application of existing technology; and

9. Provide for a multidisciplinary treatment approach that addresses the physical and psychological function and functional status of the MCHIP's enrollees.

12 VAC 5-408-230. Program structure.

A. The MCHIP shall have an operational unit to administer the quality improvement program.

B. The operational unit shall have the primary responsibility for all aspects of the MCHIP's quality improvement program including, but not limited to:

1. Establishing performance expectations designed to improve the quality of health care services provided by the MCHIP;

2. Developing a quality improvement plan to implement the expectations;

3. Measuring and assessing the MCHIP's performance in meeting the expectations;

4. Implementing activities based upon the assessments to improve and maintain performance;

5. Integrating the quality improvement activities of all other organizational units, providers, delegated health service providers, and the governing body into the quality improvement program and providing feedback to those entities;

6. Enlisting enrollee input through sources such as satisfaction surveys, reviews of complaints, appeals, and requests to change providers, and utilizing enrollee and provider participation in the program;

7. Identifying the resources necessary for the MCHIP to successfully pursue improvement priorities;

8. Maintaining and documenting the plan's compliance with state and federal laws, as well as private accreditation requirements, if applicable, that govern the MCHIP's quality improvement program; and

9. Ensuring that the MCHIP's quality improvement expectations are communicated to all organizational units of the plan, enrollees, providers and delegated health service providers.

C. The quality improvement program shall be managed by professional personnel qualified by training and experience to implement the MCHIP's program expectations. The organizational relationship and responsibilities for quality improvement shall be clearly defined.

D. The quality improvement program shall be structured to include, but is not limited to:

1. A quality improvement program operational unit accountable for the quality improvement program;

2. A quality improvement program advisory committee whose members include enrollees and representatives from the operational units responsible for quality improvement, utilization management, provider affairs, credentialing, complaints and grievances, customer service, medical records, and data management;

3. A medical director of the MCHIP;

4. Committees established accountable to the quality improvement program operational unit that meet to address specific ongoing aspects of the quality improvement program; and

5. Committees established to provide the quality improvement program unit with periodic input regarding the quality improvement program from Virginia providers active in the plan and enrollees.

E. The MCHIP shall designate a board-certified physician to serve as medical director.

F. The medical director shall provide supervision and oversight of the quality improvement program including, but not limited to:

1. Defining the responsibilities and interrelationships for professional services;

2. Coordinating, supervising and overseeing the functioning of professional services;

3. Input into the medical performance of providers;

4. Overseeing the continuing in-service education of the MCHIP's professional staff;

5. Providing clinical direction and leadership to the continuous quality improvement program;

6. Establishing policies and procedures covering all health care services provided to enrollees; and

7. Ensuring review of provider credentials including, but not limited to:

a. Delineating qualifications for participating in the MCHIP;

b. Establishing a system for verification of providers' credentials, recredentialing, performance reviews; and

c. Obtaining information about any disciplinary action against the provider.

G. The quality improvement program advisory committee shall:

1. Recommend policies for quality improvement;

2. Review and approve the quality improvement program;

3. Evaluate the results of the quality improvement program;

4. Initiate quality improvement activities; and

5. Ensure implementation of the quality improvement program.

H. All determinations and actions made by the committee shall be recorded in minutes that are dated, approved and current.

I. The quality improvement program operational unit shall maintain written descriptions of the responsibilities of each of the operational units of the licensee and the governing body in the planning, development, implementation and evaluation of the plan's quality improvement program. The descriptions shall clearly delineate the responsibilities of each unit, to whom the responsibilities are delegated, and the organizational relationship that each operational unit has with another to provide quality health care.

J. The director of the quality improvement program operational unit shall report directly to the executive management of the MCHIP.

K. A written report shall be issued annually by the quality improvement operational unit to the MCHIP's executive management and to the governing body. The purpose of the report shall be to evaluate the MCHIP's quality improvement program activities including, at a minimum:

1. The MCHIP's achievements in meeting its quality improvement expectations;

2. Those areas where expectations were not met or where improvements are still needed;

3. The impact on enrollee's health services and the MCHIP as a result of meeting and needing to continue improving upon expectations;

4. New areas identified through the quality improvement assessment process that will be incorporated in the next annual quality improvement program plan; and

5. Resources identified as necessary to assist in meeting the MCHIP's quality improvement expectations.

L. The governing body shall retain the ultimate authority for the MCHIP's quality improvement program. Documentation shall be maintained by the MCHIP that the governing body has reviewed the annual quality improvement program report and has provided direction to the program and, as necessary, other operational units in response to the report.

M. A summary of the program shall be provided to appropriate managers, providers and staff members of the MCHIP, and shall be available to enrollees of the MCHIP upon request. The program shall be made available to all other managers, providers, and staff upon request.

N. There shall be a mechanism in place to inform enrollees, providers, and employers of the MCHIP's annual performance results each year, upon request.

12 VAC 5-408-240. Program plan.

A. Each MCHIP shall have a written quality improvement plan. The plan shall include:

1. The quality improvement performance expectations for the MCHIP for the year and an explanation as to the rationale for targeting these expectations;

2. Delineation of the expected outcomes for the performance expectations;

3. The performance activities to implement the plan and the specific lines of authority and accountability for implementation;

4. The data collection and analysis methodologies to be used to evaluate the quality of health care services;

5. Clinical studies that target clinical diagnosis and treatments with the requirement that those diagnoses focused upon are pertinent to a substantial number of its enrollees or have been identified as major public health risks. The plan shall also include studies that are pertinent to the enrollees of the product lines that the MCHIP manages or that address major public health risks;

6. Strategies to evaluate provider performance and systems, direct corrective action, and act when corrective action has not been taken;

7. Methods to assess enrollee and provider satisfaction and respond to enrollee and provider satisfaction results regarding the provision of the quality of the health care services;

8. Evaluations of the actual outcomes of care provided to selected groups of enrollees with an analysis of variations in care;

9. Amendment of treatment protocols and clinical practice guidelines, as necessary, to make them current and the development of new protocols and clinical practice guidelines, as necessary, to address clinical conditions;

10. Examination of the overutilization and underutilization of services and interventions when either are identified;

11. Strategies to evaluate the coordination and continuity of care that enrollees receive;

12. Analysis of the accessibility of enrollee services including emergency services and after-hour care; and

13. Strategies to evaluate experimental treatment procedures.

PART IV.
COORDINATION AND CONTINUITY OF CARE.

12 VAC 5-408-250. Continuity of care.

A. The MCHIP shall coordinate the health care services it provides in such a way that:

1. Enrollees' individual needs are assessed on an ongoing basis through their physician or staff and matched with the appropriate level of medical, psychological, or medical social services care. The MCHIP shall monitor the continuity and coordination of care an enrollee receives with other facets of care;

2. Enrollees' transitions through the health care delivery system are facilitated by the MCHIP and its components;

3. The MCHIP provides for enrollees' involvement in determining care and treatment and facilitates the family's involvement in treatment decisions when the enrollee is unable to do so;

4. Information necessary to support the provision of care from one plan component to another is provided in a timely manner to enrollees and providers to support the continuity of the enrollee's care;

5. Providers follow plan procedures to address enrollees' need to know specific information about their illness, condition or treatment in order for the enrollee to follow their plan of care and receive follow-up care when needed; and

6. Enrollees affected by a change or termination of benefits, services or providers are assisted in understanding how such developments impact them and the options available for dealing with them.

B. If a utilization management decision results in denial of authorization for care, enrollees and providers shall be notified in a timely manner. The MCHIP shall assist with denial of care issues by providing adequate information for enrollee and provider decisions regarding ongoing care, or if appropriate, discharge.

12 VAC 5-408-260. Network adequacy.

A. The MCHIP shall provide a sufficient number and mix of services, specialists, and practice sites to meet enrollees' health care needs, including providers serving high risk populations or those specializing in the treatment of costly conditions, and its contractual obligations with reasonable promptness.

B. The MCHIP shall ensure telephone access 24 hours a day, 7 days a week, to responsible and knowledgeable health care practitioners capable of assessing the enrollees' conditions and, as necessary, arranging for appropriate services.

C. The MCHIP shall incorporate strategies into their access procedures to facilitate utilization of the MCHIP's health care services by enrollees with physical, mental, language or cultural barriers.

D. When a MCHIP does not have a health care provider with the appropriate training and experience within its network capable of meeting the particular health care needs of an enrollee, the MCHIP shall ensure that the enrollee is referred, consistent with the evidence of coverage, to a health care provider outside of the MCHIP's network. The enrollee shall not be responsible for any additional costs incurred by the MCHIP as a result of this referral, consistent with the evidence of coverage, other than any applicable copayment, coinsurance or deductible.

E. The MCHIP shall make provisions for affected enrollees to be notified about the termination of a health care delivery site as soon as it becomes aware of the termination but at least 30 days before the termination or closing date. The MCHIP shall inform the affected enrollees of other participating providers available to assume their care and facilitate the enrollees' transition from a terminating provider to another provider so that the enrollee's continuity of care is not interrupted. Enrollees undergoing an active course of treatment shall have continued access to care during the transition period.

12 VAC 5-408-270. Travel and appointment waiting times.

A. The travel time for the enrollee to the nearest primary care delivery site or to the nearest institutional service site shall not exceed 30 minutes normal driving time from the enrollee's residence or place of business for at least 90% of the enrolled population within each approved service area. Pharmacy services shall also be available within this time frame. The department may waive this requirement for rural or urban areas if the MCHIP can successfully demonstrate that the 30-minute driving time is not feasible.

Institutional service sites include acute care hospitals, surgical facilities including licensed acute care hospitals and outpatient surgical hospitals, psychiatric inpatient facilities, licensed long-term care facilities with certified skilled nursing beds, certified renal dialysis providers, home health agencies, hospice programs, outpatient therapy providers for mental health and substance abuse conditions, and other sites as determined appropriate by the department.

B. The travel time for the enrollee to the nearest specialty care shall not exceed 60 minutes normal driving time from the enrollee's residence or place of business for at least 90% of the enrolled population within each approved service area. The department may waive this requirement for rural or urban areas if the plan can successfully demonstrate that the 60-minute driving time is not feasible.

C. The travel time for the enrollee to each of the nearest health care delivery sites listed in this subsection shall not exceed 60 minutes normal driving time from the enrollee's residence or place of business for at least 90% of the enrolled population within each approved service area:

1. A hospital providing specialty level or above neonatal services;

2. A hospital providing tertiary pediatric services;

3. A residential substance abuse treatment center;

4. Hospital-based diagnostic cardiac cauterization services;

5. Hospital inpatient medical rehabilitation services; and

6. Laboratory, x-ray, Magnetic Resonance Imaging (MRI) services.

The department may waive this requirement for rural or urban areas if the plan can successfully demonstrate that the 60-minute driving time is not feasible.

D. The travel time for the enrollee to each of the nearest health care delivery sites listed in this subsection shall not exceed 90 minutes normal driving time from the enrollee's residence or place of business for at least 90% of the enrolled population within each approved service area:

1. A hospital providing kidney and other organ transplantation services;

2. A hospital providing major trauma treatment and open-heart surgery services; and

3. Other specialty hospital services including major burn care and oncology services.

The department may waive this requirement for rural or urban areas if the plan can successfully demonstrate that the 90-minute driving time is not feasible.

Nothing in this section shall prohibit or restrict a plan from offering such services at designated "centers of excellence" inside or outside of the geographic boundaries of Virginia.

E. Routine appointments for nonemergency or nonurgent care shall be available within two weeks of the enrollee's request.

F. Preventive care appointments, including routine physical examinations, shall be available with 60 days of the enrollee's request.

G. Consultations for specialty services shall be available as requested by the primary care provider.

12 VAC 5-408-280. Urgent care and emergency services.

A. The MCHIP shall have a system in place to provide to its enrollees, on a 24-hour basis, (i) access to medical care or (ii) access by telephone to a physician or licensed health care professional with appropriate medical training who can refer or direct an enrollee for prompt medical care in cases where there is a need for urgent care or emergency services.

B. The MCHIP shall comply with the requirements of the Federal Emergency Medical Treatment and Active Labor Act (42 USC § 1395 dd).

C. The MCHIP shall provide clear and understandable explanations to enrollees and providers of :

1. What constitutes emergency and urgent care;

2. The process for accessing emergency and urgent care;

3. The responsibility of the enrollee for payment for nonemergency services rendered in a hospital emergency facility; and

4. Coverage for out of network emergency medical care when a enrollee cannot reasonably access network services.

D. The MCHIP shall require its providers to clearly notify enrollees of provisions for urgent care or emergency services when the physician is not available after hours.

E. The MCHIP shall recognize primary care practitioners' authority to facilitate and authorize emergency services for enrollees.

F. Coverage of costs for emergency services shall be consistent with the evidence of coverage and shall not interfere with enrollee access to care.

G. Enrollees shall be allowed immediate access to emergency services and access within no more than 24 hours for urgent care. Urgent care access may be provided sooner with appropriate authorization.

H. The MCHIP shall monitor usage of urgent care and emergency service to determine if the services are understood and appropriately used by enrollees and providers.

12 VAC 5-408-290. Health promotion and disease management.

A. Annually, the MCHIP shall develop and implement at least two health guidelines for the prevention and early detection of illness and disease. Each written guideline shall:

1. Be available to enrollees upon request;

2. Describe the prevention or early detection intervention and the recommended frequency and condition under which the intervention is required; and

3. Document the scientific basis or authority upon which the guideline is based.

Guidelines may be specific to a defined population segment.

B. The MCHIP shall distribute any preventive health guideline it develops and any updates to its providers as soon as practicable after development of the guideline.

C. The MCHIP shall regularly communicate with its enrollees to encourage the use of preventive health services.

D. At least annually, the MCHIP shall measure enrollee and provider compliance with the current preventive care guidelines. The MCHIP may measure compliance by population segment if the guideline is specific to a population segment.

E. Providers who have appropriate knowledge shall be consulted in the adoption of the preventive health guidelines.

PART V.
CLINICAL PERFORMANCE EVALUATION.

12 VAC 5-408-300. Clinical performance evaluation systems.

A. The MCHIP shall have a system for the evaluation of the outcomes and processes of clinical care services delivered to the MCHIP's enrollees.

B. The MCHIP shall adopt a nationally recognized clinical performance evaluation system, such as HEDIS, that analyzes data based upon selected performance factors or shall establish a clinical performance evaluation system that uses data collection, quantitative measures, and analysis to monitor quality improvement activities.

C. The MCHIP shall notify the department regarding its adoption of a nationally recognized clinical performance evaluation system, such as HEDIS, or that it has chosen to establish its own performance measurement system.

MCHIPs that choose not to adopt a nationally recognized system shall provide justification to the department of their choice of performance measurement selections for the department's approval.

D. The MCHIP shall annually evaluate its performance in at least three of the areas of clinical care shown below:

1. Primary care services;

2. High volume specialty services;

3. Behavioral health services; and

4. Institutional health services including inpatient hospital care, home health services, skilled nursing facility services and ambulatory surgery.

If HEDIS is used to assess clinical performance, the plan shall substitute the HEDIS "Effectiveness of Care" measures for those areas listed in subdivisions 1 through 4 of this subsection.

E. The performance measurement indicators chosen by the plan shall:

1. Be objective and quantifiable;

2. Be based upon current and reliable scientific information;

3. Have an established goal or benchmark;

4. Effectively measure performance indicators; and

5. Have priority areas for measuring outcomes of clinical care and be reflective of industry-wide performance measurement goals.

F. The plan shall implement ways to improve its performance based on an analysis of its clinical performance measurements.

12 VAC 5-408-310. Data collection and submission.

A. Data collected and analyzed for clinical service evaluation shall be:

1. From the enrollee population areas appropriate for the MCHIP to assess including: (i) high risk and high volume areas, (ii) areas where clinical problems are expected or have occurred in the past, (iii) areas that have the potential for adverse health outcomes, and (iv) areas where preventive health measures may have an impact;

2. Collected using processes that are methodologically sound;

3. Valid, reliable, complete and timely;

4. Analyzed quantitatively by personnel qualified to evaluate the data for clinical quality improvement; and

5. Protected for confidentially, easily retrievable, and transmitted for appropriate release to external parties.

In addition, the data shall allow for intra and intersystem comparisons for the purpose of improving patient health outcomes and improving clinical health delivery systems.

B. The plan shall permit any organization with which it contracts to collect and analyze clinical data for performance evaluation to release that data to the department or its designee.

PART VI.
DELEGATED SERVICES.

12 VAC 5-408-320. Delegated services.

A. If the licensee contracts for any of the following services, it shall retain accountability for the oversight of those services:

1. Quality assurance activities;

2. Credentialing and recredentialing;

3. Enrollee education, communication and satisfaction;

4. Utilization management;

5. Health promotion;

6. Records management;

7. Data management, to include the collection of clinical trial and the audit of all clinical trial data;

8. Providers and provider networks;

9. Claims administration; or

10. Pharmacy benefits.

B. The MCHIP shall establish and implement written procedures to evaluate the effectiveness of any delegated service.

C. Documentation that the delegated service complies with this chapter, its agreement with the MCHIP to provide services, and any applicable state and federal laws required of the MCHIP to provide the service shall be maintained by the MCHIP licensee.

D. Data and information exchanged between the delegated service and the plan shall be accomplished in a manner that is timely, efficient, and effective.

E. The MCHIP shall ensure that data held by the delegated service that is required to be shared with the state's Health Care Data Reporting System is transmitted according to collection requirements.

F. The MCHIP shall require the delegated service to provide for timely and efficient access by state examiners to data, records, and personnel necessary to determine compliance with this chapter.

12 VAC 5-408-330. Written agreement.

A. There shall be a written agreement signed by the MCHIP and the delegated service that describes the:

1. Delegated service or services;

2. Responsibilities of the MCHIP and the delegated service and the remedies available to the MCHIP if the delegated service does not fulfill its obligations; and

3. Frequency of reporting to the MCHIP and the process by which the MCHIP will evaluate the delegated service's performance.

B. The MCHIP shall ensure that the enrollees' continuity of care is not disrupted because of changes made in the written agreement between the MCHIP and the delegated service or because the relationship, as provided for in the agreement, is terminated.

12 VAC 5-408-340. Exchange of information.

A. The MCHIP shall inform its enrollees and providers which services they may need are delegated and how those services are accessed.

B. If the delegated services are health care services, then the contractor shall also inform the plan's enrollees of at least the following:

1. The procedures for filing complaints, appeals, and grievances;

2. The utilization management decision process;

3. The process for appealing claims denials;

4. How to access emergency and urgent care;

5. How to obtain services not covered in the delegated health services' benefit package;

6. The process for changing from one practitioner to another;

7. Orientation process for new enrollees;

8. Enrollee participation opportunities; and

9. Participating practitioners and providers.

C. The delegated health services shall also inform the MCHIP's providers of at least the following:

1. Opportunities for provider involvement;

2. Quality improvement program expectations;

3. Provider credentialing process;

4. Procedures for complaints, appeals, grievances;

5. Process for utilization management decisions; and

6. How to access emergency and urgent care.

12 VAC 5-408-350. Quality improvement integration.

A. As it pertains to the enrollees, the MCHIP shall integrate monitoring of the delegated health services within its quality improvement program:

1. Quality improvement program activities;

2. Quality improvement outcomes; and

3. Complaint, grievance and appeals processes.

B. At least annually, the MCHIP shall evaluate the delegated health service's quality improvement program, and complaint, grievance, and appeals processes, and provide the delegated health service with a report of its evaluation.

C. When the MCHIP's expectations have not been met, the MCHIP shall require the delegated health service to provide:

1. A corrective action plan that addresses areas where performance expectations have not been met; and

2. Evidence that corrective action was taken in keeping with corrective action plans.

PART VII.
UTILIZATION REVIEW AND MANAGEMENT.

12 VAC 5-408-370. Utilization review and management.

A. The MCHIP shall have a utilization review and management process that complies with the requirements of §§ 32.1-137.7 through 32.1-137.16 of the Code of Virginia and this chapter. The process shall be managed by a licensed physician.

B. In developing its utilization review program, the MCHIP shall utilize the "Standards for Utilization Management" and the "Standards for the Delegation of Utilization Management" in the National Committee for Quality Assurance's "Standards for the Accreditation of Managed Care Organizations," effective July 1, 1999, which is incorporated by reference as the criteria for determining compliance with the utilization management and review requirements of this section except in those instances in which state requirements in law or regulation are more stringent.

C. The purpose of the utilization review process shall be to monitor access to and utilization of health care services with the process ensuring that the conduct of utilization review is:

1. Impartial, timely, consistent and based upon supportive medical evidence;

2. Performed by qualified personnel;

3. Comprehensive in assuring that good faith efforts to obtain all information necessary to make utilization review decisions are made;

4. Evaluated routinely so that program changes that determine the necessity, appropriateness, efficiency and efficacy of health care services provided by the plan can be made as a result of the evaluation; and

5. Reported annually to the MCHIP's governing body.

D. In addition, the utilization review process shall:

1. Allow for flexibility, taking into account individual cases when appropriate;

2. Provide avenues for provider input into the establishment of clinical guidelines and protocols;

3. Afford opportunity for reconsideration and appeal of adverse determinations in a manner that is easily

understood and accessed by enrollees and providers; and

4. Be coordinated with other components of the MCHIP that use or could benefit from utilization review data.

E. The utilization review process shall be based upon a written plan that is reviewed annually and that shall contain, at a minimum:

1. A description of the scope of the utilization review process, both internal and external;

2. A description of the organizational responsibilities for utilization review including the qualifications of utilization review personnel;

3. The clinical review guidelines, standards, and protocols which are applied in utilization review determinations;

4. Mechanisms to evaluate uniform application of guidelines and to determine the necessity for case-by-case decision making;

5. Procedures for soliciting and implementing provider input in the development of guidelines as well as evaluating provider usage of the guidelines;

6. The process for monitoring over utilization and under utilization;

7. Provisions for notice to enrollees and providers regarding any need for precertification, concurrent certification, or retrospective review as a prerequisite for approval of payment or access to service;

8. Procedures for reconsideration of adverse decisions and appeals including expedited appeals;

9. Guidelines for the delegation of utilization review to external entities and the expectations for that delegation;

10. Guidelines for the notification in clear and understandable terms of the reasons for denial of services or payments to providers and subscribers;

11. Mechanisms for review and implementation of experimental treatments and new technology;

12. Mechanisms for soliciting and evaluating provider and enrollee satisfaction with utilization review determinations and the MCHIP's appeal process and implementing mechanisms to address areas of dissatisfaction; and

13. Procedures for the maintenance of records required under § 32.1-137.16 of the Code of Virginia.

DOCUMENTS INCORPORATED BY REFERENCE

Health Network Standards, Version 3.0, American Accreditation HealthCare Commission/URAC.

Standards for Preferred Provider Organizations, 1997, Joint Commission on Accreditation of HealthCare Organizations.

Standards for the Accreditation of Managed Care Organizations, effective July 1, 1999, National Committee for Quality Assurance.

NOTICE: The forms used in administering 12 VAC 5-408-10 et seq., Regulation for the Certification of Managed Care Health Insurance Plan Licenses, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

Application for Certificate of Quality Assurance - Managed Care Health Insurance Plan Licensee

For Office Use Only

VIRGINIA DEPARTMENT OF HEALTH
CENTER FOR QUALITY HEALTH CARE SERVICES AND CONSUMER PROTECTION

APPLICATION FOR CERTIFICATE OF QUALITY ASSURANCE
MANAGED CARE HEALTH INSURANCE PLAN LICENSEE

In accordance with provisions in the Code of Virginia, 1950, as amended, Section 32.1 – 137.2 A, each Managed Care Health Insurance Plan (MCHIP) Licensee must apply for a Certificate of Quality Assurance and submit the following information to the Virginia Department of Health. The application must be accompanied by a money order, bank or teller check, or certified check in the amount of the application fee payable to the Virginia Department of Health Center for Quality Health Care Services and Consumer Protection.

ANY CHANGES DURING THE YEAR WHICH WOULD AFFECT THE ACCURACY OF THE FOLLOWING INFORMATION MUST BE REPORTED PROMPTLY, IN WRITING, TO THE VIRGINIA DEPARTMENT OF HEALTH, CENTER FOR QUALTIY HEALTH CARE SERVICES AND CONSUMER PROTECTION.

NAME OF MANAGED CARE HEALTH INSURANCE PLAN LICENSEE:

_____

EFFECTIVE DATE OF LICENSE: _____ **EXPIRATION DATE:** _____

TYPE OF LICENSE: _____

NAIC NUMBER: _____

FEIN, IRS Identification Number, or Social Security Number: _____

ADDRESS
NUMBER AND STREET: _____

CITY OR TOWN: _____ **STATE:** _____

ZIP CODE: _____ **TELEPHONE NUMBER:** _____

FACSIMILE NUMBER: _____

MAILING ADDRESS: _____
(If different)

NAME OF CONTACT PERSON: _____

TITLE OF CONTACT PERSON: _____

I hereby certify that the information contained in the Application for Certificate of Quality Assurance is, to the best of my knowledge, accurate and true.

_____ _____
(SIGNATURE OF AUTHORIZED REPRESENTATIVE) (DATE OF COMPLETION)

For Office Use Only:

Date Received: _____

Date Processed: _____

Date Approved / Disapproved (circle): _____

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MHIP Application

1. State any assumed or trade name under which the MCHIP operates (if different from legal name).

_____

a. List of the licensee's Managed Care Health Insurance Plans.

_____

_____

_____

_____

2. If the applicant is wholly or partly owned by another organization, provide the names and addresses of all organizations owning all or part of the applicant.

_____

_____

_____

3. What type of business entity (for example, corporation, general partnership, limited partnership, and sole proprietorship) is the applicant?

_____

4. Service Area by Cities and Counties:

_____

_____

_____

_____

Include a description of the geographic area to be served, with a map clearly delineating the boundaries of the service area(s).

5. Health Care Services provided, including any delegated services:

_____

_____

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MCHIP Application

6. Name of Chief Medical Officer:

_____

7. Medical Director(s):

_____

_____

8. State the national accreditation organization(s), the dates of accreditation, and the accreditation status.

Name of Accreditation Organization:	Accreditation Dates:	Status:
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____

Attach the following items:

1. The most recent accreditation report from a nationally recognized accreditation organization and if applicable, the written corrective action response.

2. A copy of the most recent report of an examination of the MCHIP under similar laws and regulations governing managed care plans of another state or states and if applicable, a copy of the written corrective action response.

3. The most recent report of any examination of the quality of health care provided by the MCHIP issued by a federal regulatory agency and if applicable, a copy of the written corrective action plan.

4. A description of the geographic area to be served, with a map clearly delineating the boundaries of the service area or areas.

5. The Policies and Procedures established by the licensee to assure both availability and accessibility of adequate personnel and facilities and to assess the quality of health care services provided.

6. The plan's drug formulary.

7. The Policies and Procedures for Credentialing and Recredentialing process to satisfy compliance with 12 VAC 5-408-160.

8. The contracts for all types of payment arrangements that the licensee uses to compensate providers for health care services rendered to enrollees, including, but not limited to, withholds, bonus payments, capitation, and fee-for-service discounts.

9. The Policies and Procedures of the Complaint System required under 32.1-137.6 of the Code and 12 VAC 5–408-120 and 12 VAC 5–408-170.

10. A copy of the evidence of coverage, coverage limitations, exclusions, and other information provided to enrollees under 12 VAC 5-408-180. The written policy stating the MCHIP's commitment to treating enrollees in a manner that respects their rights as well as its expectations of provider and enrollee responsibilities.

11. The current provider directory identifying providers by specialty and by service area, including those providers who are not currently accepting new patients.

12. The Policies and Procedures for Medical Records to satisfy compliance with 12 VAC 5–408-200.

13. The Policies and Procedures for the Quality Improvement plan to satisfy compliance with 12 VAC 5-408-210, 12 VAC 5-408-220, and 12 VAC 5-408-230.

14. The Policies and Procedures for the Continuum of Care to satisfy compliance with 12 VAC 5-408-240.

15. The Policies and Procedures for Network Adequacy to satisfy compliance with 12 VAC 5-408-250.

16. The Policies and Procedures for Travel and Appointment Waiting Times to satisfy compliance with 12 VAC 5-408-260.

17. The Policies and Procedures for Emergency and Urgent Care Services to satisfy compliance with 12 VAC 5-408-270.

18. The Policies and Procedures to satisfy compliance with 12 VAC 5–408-280 Health Promotion and Disease Management. A description of the plan's disease management program(s).

19. The Policies and Procedures for Clinical Performance Evaluation Systems to satisfy compliance with 12 VAC 5-408-290 and 12 VAC 5-408-300. A list of clinical outcome studies with abstracts of study design, objectives, and results. State the nationally recognized clinical performance evaluation system used.

20. The Policies and Procedures for Delegated Services to satisfy compliance with 12 VAC 5-408-310, 12 VAC 5-408-320, 12 VAC 5-408-330, and 12 VAC 5-408-340. Include a sample written agreement. List of contracted activities that provide medical care and/or services. Identify names of contractors and type of medical care and/or service provided.

21. The Policies and Procedures for Utilization Review and Management to satisfy compliance with 12 VAC 5-408-350.

VA.R. Doc. No. R99-16; Filed July 28, 1999, 11:17 a.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF DENTISTRY

Title of Regulation: **18 VAC 60-20-10 et seq. Regulations Governing the Practice of Dentistry and Dental Hygiene (amending 18 VAC 60-20-20 and 18 VAC 60-20-30).**

Statutory Authority: §§ 54.1-2400, 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia.

Public Hearing Date: September 16, 1999 - 9:30 a.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 27 (§ 54.1-2700 et seq.) of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of health regulatory boards including the power to establish qualifications for licensure and responsibility to promulgate regulations.

Sections 54.1-2712.1 and 54.1-2726.1 establish the requirements which must be met for the board to issue a restricted volunteer license to a dentist or dental hygienist.

Purpose: The purpose of the proposed regulations is to establish application and renewal fees for dentists and dental hygienists who hold a restricted volunteer license under the provisions of §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia. Amendments are being promulgated to comply with statutory provisions of HB 1023 (Chapter 326 of the 1998 Acts of the Assembly). HB 1023 had an enactment clause requiring the Board of Dentistry to promulgate emergency regulations; this proposal replaces the emergency regulations and is intended to provide the board with sufficient fees to administer a regulatory program to ensure safe practice by volunteer dentists and dental hygienists who are practicing on patients in the Commonwealth.

Substance:

18 VAC 60-20-20. License renewal and reinstatement. Establishes a renewal fee of $15 for every person holding a restricted volunteer license as a dentist or a dental hygienist.

18 VAC 60-20-30. Other fees. Establishes an application fee of $25 for licensure as a restricted volunteer dentist or dental hygienist.

Issues: Since the Code of Virginia requires that health regulatory boards generate fees from applications and renewals sufficient to cover the expenditures, the Board of Dentistry determined that fees were necessary for this new category of licensure. Since persons holding a restricted volunteer license will likely engage in practice on a very limited basis and will be providing free services to an under-served population, the fees are intended to minimal so as to not be a hindrance to persons who want to obtain this license.

The statutory mandate in §§ 54.1-2712.1 and 54.1-2726.1 provides very specific requirements for who can be so licensed and the restricted conditions under which a person can practice. In its examination of the statute, the board concluded that no additional requirements were necessary to ensure minimal competency or to provide further restrictions on the practice of volunteer dentists or dental hygienists who are not otherwise licensed in Virginia. Therefore, proposed regulations only establish essential fees and provide for licensure according to the requirements of and under the provisions of the Code of Virginia.

Advantage or disadvantages. There are no disadvantages to the public; the application and renewal fees should not be a hindrance to licensure and should not have a detrimental effect on the availability of dental services by volunteer licensees to people who are served by free clinics in Virginia. There are no advantages or disadvantages to the agency.

Fiscal Impact Prepared by the Agency:

A. Number of entities affected by this regulation: To date, there has been no one licensed as a restricted volunteer dentist or dental hygienist; application packets have been sent to all persons who have expressed an interest in the license during the passage of legislation and development of regulations.

B. Projected cost to the agency: The agency will incur some costs (less than $2,000) for mailings to the public participation guidelines mailing list, conducting a public hearing, and sending copies of final regulations to regulated entities. Every effort will be made to incorporate those into anticipated mailings and board meetings already scheduled.

There should not be any on-going costs associated with disciplinary cases related to restricted volunteer licenses. Since this is a restricted license that allows the individual to practice without a fee only in free clinics in the Commonwealth, it is doubtful that anyone would seek to retain the license if a complaint was filed and a disciplinary action begun. It is likely that anyone with a restricted volunteer license who is involved in a disciplinary matter would surrender the license under a prehearing consent order. If a complaint was filed, costs associated with an investigation might result in expenditures of $500 to $1,000 per case. The board does not anticipate any increase in its disciplinary load as a result of this new category of licensure.

C. Projected costs to the affected entities: For persons who seek to obtain a restricted volunteer license, there will be an application fee of $25 and a yearly renewal fee of $15. It is estimated that 10 to 15 persons will be licensed under these provisions.

D. Citizen input in development of regulation: In the development of emergency and proposed regulations, notices of meetings were sent to persons on the public participation guidelines mailing list. A Notice of Intended

Regulatory Action was sent to persons on the public participation guidelines mailing list, but no comment was received on the NOIRA. Public comment was also received at each meeting. The board has worked with parties interested in this license, the Virginia Dental Association, and the patron of the legislation in order to craft legislation and regulations that will enable persons to be licensed to do volunteer work in free clinics but will also provide the necessary protection for public health, safety and welfare.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The proposed changes to this chapter of the Administrative Code establish an application process and fees for a restricted volunteer license for dentists and dental hygienists pursuant to §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia. The statute specifies the qualifications of those eligible for licenses under these provisions. These changes have already been implemented as emergency regulations. The purpose of this proposal is to make the emergency regulation permanent.

Estimated economic impact. These regulations specify a fee of $25 for the initial application and $15 for renewal of a restricted volunteer license. These rules have been in place since late in 1998. The board sent information about the new license to the four or five people who had expressed an interest. To date, no one has applied for this new license. Due to the nature of the license, it is unlikely that there will be many applicants in the future. The Department of Health Professions estimates that 10 to 15 people will be licensed under these provisions. Due to the very modest amount involved, it must be considered unlikely that the fee will be a substantial barrier for volunteers wishing to provide these services or clinics wishing to employ them.

While no one has yet applied for a restricted license, should anyone receive a license and provide services under the license, the additional dental services for those who would not otherwise have access to dental care would generate a net economic benefit for Virginia. Due to the uncertainties already mentioned, it cannot be known at this time whether the $2,000 spent to promulgate this change will produce a net economic benefit for the Commonwealth. However, even if only a few people become licensed in the near future, we could expect that the value of the services that they would provide would be greater than the cost of promulgating the regulation.

Businesses and entities affected. This regulation only affects those who would seek to become licensed under these provisions and any clinics where they might provide services. At the present time, it appears that no businesses or entities will be affected, at least in the short run.

Localities particularly affected. No localities will be particularly affected.

Projected impact on employment. This proposal will have no impact on employment.

Effects on the use and value of private property. This proposal will have no effects on the use and value of private property.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The Board of Dentistry concurs with the Economic Impact Analysis prepared by the Department of Planning and Budget.

Summary:

The proposed amendments establish application and renewal fees for dentists and dental hygienists who hold a restricted volunteer license under the provisions of §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia. Amendments are being promulgated to comply with statutory provisions of House Bill 1023 (Chapter 326 of the 1998 Acts of the Assembly). House Bill 1023 had an enactment clause requiring the Board of Dentistry to promulgate emergency regulations; this proposal replaces the emergency regulations.

18 VAC 60-20-20. License renewal and reinstatement.

A. Renewal fees. Every person holding an active or inactive license ~~or~~*,* a full-time faculty license*, or a restricted volunteer license* to practice dentistry or dental hygiene shall, on or before March 31, renew his license. Every person holding a teacher's license or a temporary permit to practice dentistry or dental hygiene shall, on or before June 30, renew his license.

1. The fee for renewal of an active license or permit shall be $100 for dentists and $40 for dental hygienists.

2. The fee for renewal of an inactive license shall be $65 for dentists and $25 for dental hygienists.

3. The fee for renewal of a restricted volunteer license shall be $15.

B. Penalty fees. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional penalty fee of $50 for dentists and $35 for dental hygienists. The board shall renew a license if the renewal form, renewal fee, and penalty fee are received within 30 days of the deadline required in subsection A of this section.

C. Reinstatement fees and procedures. The license of any person who does not return the completed renewal form

and fees within 30 days of the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of dentistry/dental hygiene shall be illegal. Upon such expiration, the board shall immediately notify the affected person of the expiration and the reinstatement procedures.

1. Any person whose license has expired who wishes to reinstate such license shall submit to the board a reinstatement application, the renewal fee and the penalty fee of $50 for dentists and $35 for dental hygienists per month for each month or part of a month the license has been expired for a maximum amount of $600 for dentists and $420 for dental hygienists.

2. Practicing in Virginia with an expired license may subject the licensee to disciplinary action and additional fines by the board.

3. The executive director shall reinstate such expired license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18 VAC 60-20-170 to deny said reinstatement, and that the applicant has paid all unpaid renewal fees and assessments.

D. Reinstatement of a license previously revoked or indefinitely suspended. Any person whose license has been revoked shall submit to the board for its approval a reinstatement application and fee of $750 for dentists and $500 for dental hygienists. Any person whose license has been indefinitely suspended shall submit to the board for its approval a reinstatement application and fee of $350 for dentists and $250 for dental hygienists.

18 VAC 60-20-30. Other fees.

A. Dental licensure application fees. The application fee for a dental license, a license to teach dentistry, or a temporary permit as a dentist shall be $225.

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be $160.

C. Duplicate wall certificate. Licensees desiring a duplicate wall certificate shall submit a request in writing stating the necessity for such duplicate wall certificate, accompanied by a fee of $15.

D. Duplicate license. Licensees desiring a duplicate license shall submit a request in writing stating the necessity for such duplicate license, accompanied by a fee of $10. If a licensee maintains more than one office, a notarized photocopy of a license may be used.

E. Licensure certification. Licensees requesting endorsement or certification by this board shall pay a fee of $25 for each endorsement or certification.

F. Restricted license. Restricted license issued in accordance with § 54.1-2714 of the Code of Virginia shall be at a fee of $100.

G. Examination. Each examination administered by the board shall be at a fee of $25.

H. Endorsement license. License by endorsement issued in accordance with 18 VAC 60-20-80 for dental hygienists shall be at a fee of $225.

I. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with § 54.1-2712.1 or § 54.1-2726.1 shall be $25.

NOTICE: The forms used in administering 18 VAC 60-20-10 et seq., Regulations Governing the Practice of Dentistry and Dental Hygiene, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

Outline and Explanation of Documentation Required for Dental Licensure by Exam, Teacher's License, Restricted License, Full Time Faculty License, and Temporary Permit (eff. 11/98).

Application for Licensure to Practice Dentistry (eff. 3/98).

Application for Restricted Volunteer Licensure to Practice Dentistry and Dental Hygiene (eff. 7/7/98).

Form A, Certification of Dental/Dental Hygiene School (rev. 3/98).

Form AA, Sponsor Certification for Dental/Dental Hygiene Volunteer License (eff. 7/98).

Form B, Chronology (rev. 3/98).

Form C, Certification of Dental/Dental Hygiene Boards (rev. 3/98).

Outline and Explanation of Documentation Required for Dental Hygiene Licensure by Exam, Teacher's License, Dental Hygiene by Endorsement, and Dental Hygiene Temporary Permit (rev. 11/98).

Application for Licensure to Practice Dental Hygiene (rev. 3/98).

Reinstatement Application for Dental/Dental Hygiene Licensure (rev. 3/98).

Expiration letter to licensee (rev. 7/98).

Radiology Information for Dental Assistants (rev. 7/97).

Application for Radiology Exam for Dental Assistants (rev. 7/97).

Renewal Notice and Application (rev. 9/97).

COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY

Department of Health Professions
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230-1717
(804) 662-9906

APPLICATION FOR RESTRICTED VOLUNTEER LICENSURE TO PRACTICE DENTISTRY AND DENTAL HYGIENE

[ ] DENTISTRY RESTRICTED VOLUNTEER LICENSE
[ ] DENTAL HYGIENIST RESTRICTED VOLUNTEER LICENSE

INSTRUCTIONS: Use typewriter or print clearly. If the space provided for any answer is insufficient, the applicant must complete his/her answer on a separate page, signed by him/her, specifying the number of the question to which it relates and enclose the page with this application. OMISSIONS OR INACCURACIES ARE GROUNDS FOR REJECTION.

I. APPLICANT PROFILE DATA

Social Security Number or DMV Number		
Name (Last, First, M.I., Suffix, Maiden Name)*	Date of Birth	Place of Birth
Mailing Address (Street and/or Box Number, City, State, Zip Code)**		
Graduation Date (M/D/Y)	Degree	Professional School /City/State
Area Code and Home Telephone Number	Area Code and Office Telephone Number	

FOR OFFICE USE ONLY

Date Received	Chronology (Form B)	National Practitioner Data Bk. Profile	Law
Fee	Pending #	License #	Date Issued
Certification (License from other states) Form C or letter from state(s)			

II. EXAMINATIONS

a. Virginia Jurisprudence Examination: (Required of every applicant)
[ ] Passed [ ] Failed [ ] Never Taken [ ] Taken more than once (attach explanation) _____ Month /Day /Year

III. Applicant History

ALL QUESTIONS MUST BE ANSWERED. If any of the following questions are answered "YES", explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits. Letters must be submitted by any treating professionals regarding health treatment and shall include diagnosis, treatment and prognosis.

a. I hereby certify that I studied dentistry and received the degree or certificate of

_____ on _____, 19_____ from _____
D.D.S., D.M.D., RDH — Month / Day — Year — School/Program

List in chronological order, including months and years, the dental school(s) attended

Months & Years	Name of Dental School	Passed or Failed
_____ to _____	_____	_____
_____ to _____	_____	_____

b. List all jurisdictions where you have been issued a license to practice dentistry, active or inactive. Indicate license number and date issued.

Jurisdiction	License Number	Date Issued

		YES	NO
c.	Have you ever been denied a license, or the privilege of taking a dental dental/hygiene licensure competency examination by a licensing authority? If yes give details, jurisdiction(s) and date(s). _____	____	____
d.	Have you ever failed within the last 5 years the dental licensing examinations given for another jurisdiction? If yes, give details, jurisdiction(s) and date(s). _____	____	____
e.	Have you ever been convicted of a violation or plead Nolo Contedere, to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (excluding traffic violations, *except* convictions for driving under the influence.) If yes, give details, jurisdiction(s) and date(s) on a separate page, and include a copy of the disposition/record certified by the Clerk of the Court.	____	____
f.	Have you ever voluntarily surrendered your clinical privileges while under investigation, been censured, or warned or been requested to withdraw from the staff of any hospital, nursing home, other health care facility, or any health care provider? If yes, give details, jurisdictions(s) and date(s) on a separate page.	____	____
g.	Have you ever had any of the following disciplinary actions taken against your license to practice dentistry, your DEA permit, Medicare, Medicaid, or are any such actions pending: suspension/revocation, or probation, or reprimand/cease and desist, or monitoring of practice, or limitation placed on scheduled drugs? If yes, give details, jurisdiction(s) and date(s) on a separate page.	____	____
h.	Have you ever been a defendant in a military court martial or received medical or other than honorable discharge? If yes, give details, jurisdiction(s) and date(s) on a separate page.	____	____
i.	Have you had any malpractice suits brought against you in the last ten (5) years? If yes, give details, jurisdictions(s) and date(s) for each suit on a separate page, and provide a letter from your attorney explaining each case.	____	____
j.	Have you, within the last two (2) years, been physically or emotionally dependent upon the use of alcohol/drugs or been treated by, consulted with, or under the care of a professional for any substance abuse? If yes, give details, jurisdiction(s) and date(s) on a separate page and provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment and prognosis.	____	____
k.	Have you, within the last two (2) years, received treatment for, or been hospitalized for a nervous, emotional or mental disorder? If yes, give details, jurisdiction(s) and date(s) on a separate page, and provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment and prognosis.	____	____
l.	Do you have a physical disability, disease, or diagnosis which could affect your performance of professional duties? If yes, provide a letter of explanation from the treating professional(s), including summary of diagnosis, treatment and prognosis.	____	____
m.	Have you been adjudged mentally incompetent, or been voluntarily or involuntarily committed to a mental institution within the last five (5) years? If yes, give details, jurisdiction(s) and date(s) on a separate page and provide certified copies of all applicable court documents.	____	____

AFFIDAVIT
(TO BE COMPLETED BEFORE A NOTARY PUBLIC)

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read the Virginia Dental Practice Act (Chapter 27 of § 54.1 of the Code of Virginia (1950), as amended), and the Regulations of the Virginia Board of Dentistry. I am aware that if I am granted a license to practice dentistry in Virginia, I am required to comply with any law governing the practice of dentistry/dental hygiene in the Commonwealth.

I have attached a certified check, cashier's check or money order in the amount of $_____made payable to the Treasurer of Virginia.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present) business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Dentistry any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, and any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information on this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry in the Commonwealth of Virginia.

_____
Signature of Applicant

State of _____ County/City of _____

Sworn and subscribed to, before me, this _____ day of _____ 19 _____.

My commission expires on _____.

SECURELY PASTE A PASSPORT-TYPE PHOTOGRAPH IN THIS SPACE

_____
Signature of Notary Public

NOTARY SEAL
MUST OVERLAY PHOTOGRAPH

FORM AA

COMMONWEALTH OF VIRGINIA
Virginia Board of Dentistry

Department of Health Professions
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230-1717
(804) 662-9906

SPONSOR CERTIFICATION FOR DENTAL/DENTAL HYGIENE VOLUNTEER LICENSE

APPLICANT: THIS FORM IS TO BE COMPLETED BY THE LICENSED VIRGINIA DENTIST WHO WILL SPONSOR/SUPERVISE.

SPONSOR CERTIFICATION FOR: DENTAL VOLUNTEER LICENSE _____

DENTAL HYGIENE VOLUNTEER LICENSE _____

SPONSOR - Please complete and return to the Board Office.

PRINT CLEARLY OR TYPE:

I, _____ hereby certify that I will:
(Name of Sponsor)

1. Sponsor/Supervisor _____ to practice in a public health or community free clinic _____ on only those persons who have been screened by the approved clinic and are eligible for treatment.
(Name of Volunteer) (Name of Clinic)

2. Review the quality of care rendered by _____ at least every 30 days.
(Name of Volunteer Dentist)

_____
Signature of Sponsor/Supervisor

_____
Virginia License Number

VA.R. Doc. No. R99-80; Filed July 19, 1999, 11:37 a.m.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Title of Regulation: **18 VAC 65-20-10 et seq. Regulations of the Board of Funeral Directors and Embalmers (amending 18 VAC 65-20-70, 18 VAC 65-20-120, and 18 VAC 65-20-130; adding 18 VAC 65-20-435).**

Statutory Authority: §§ 54.1-2400, 54.1-2800 and 54.1-2818.1 through 54.1-2818.3 of the Code of Virginia.

Public Hearing Date: September 15, 1999 - 9 a.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 28 (§ 54.1-2800 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of health regulatory boards including the power to establish qualifications for licensure and responsibility to promulgate regulations.

Section 54.1-2800 establishes the definitions necessary for the regulation of crematory services, and §§ 54.1-2818.1 through 54.1-2818.3 establish the prerequisites for cremation and the authority for the board to register crematories.

Purpose: The purpose is to amend regulations pursuant to changes in the Code of Virginia made in Chapter 867 of the 1998 Acts of the Assembly which required the board to promulgate regulations for the registration of crematories. In accordance with the fourth enactment clause, the board promulgated emergency regulations which became effective on February 2, 1999. These proposed regulations replace the emergency regulations and are intended to establish a renewal fee and registration schedule for crematories. The proposed regulations also specify that a crematory providing services directly to the public must be licensed as a funeral service establishment or a branch of an establishment in order to ensure public safety and protection.

Substance:

18 VAC 65-20-70. Initial fees. The fee for registration of a crematory is established at $100; the renewal of a crematory registration is established at $100, payable by January 31 of each year.

The reinstatement fee for a crematory that has allowed its registration to lapse is $50 for up to three years following expiration.

18 VAC 65-20-120 Expiration dates. The expiration date is established as January 31 of each calendar year.

18 VAC 65-20-130. Renewal of license; registration. The crematory is added to the listing of persons or entities that must renew according to provisions of this section.

18 VAC 65-20-435. Registration of crematories. This section establishes the requirement for a person intending to own or operate a crematory to register with the board at least 30 days prior to opening. It also specifies that an entity providing cremation services directly to the public must be licensed as a funeral service establishment or be a branch of such establishment. This references the current requirement for licensing of funeral establishments.

Issues:

ISSUE 1: Establishment of a fee and schedule for renewal of crematory registration.

The third enactment clause of HB 1078 provided that any crematory's valid and current registration with the Division of Vital Records of the Board of Health was automatically transferred to the Board of Funeral Directors and Embalmers, which was authorized to promulgate emergency regulations for the implementation of the act. In its consideration of a fee for initial registration or renewal for a crematory, it was determined that fees should be equal to those currently charged to another entity registered by the board – a courtesy care holder. The two entities are similar in that they provide limited rather than full services in the funeral industry and, therefore, pay registration or renewal fees of $100 versus the $225 charged to a funeral service establishment. The reinstatement fee of $50 per year is the same for any license or registration that has expired.

Advantages or disadvantages. For a crematory seeking initial registration or renewal of registration, the $100 per year fee should not present a barrier to doing business. Other licensees or registrants of the board pay higher fees ranging from $150 for an individual's license to practice funeral services to $250 for a surface transportation and removal service registration.

There are no advantages or disadvantages to the public; the registration fee should not have any affect on the availability of cremation services to people in Virginia.

ISSUE 2: Establishment of requirements for registration.

The statutory mandate for registration of crematories does authorize the Board of Funeral Directors and Embalmers to establish criteria for or to require inspections of the facilities. There are certain prerequisites for cremations set forth in the Code of Virginia and there are federal regulations which must be followed (such as OSHA rules), but the board cannot place conditions on the registration of a crematory such as it would on the licensure of a funeral service establishment. Therefore, the only requirement stipulated is that someone intending to open a crematory must apply for registration at least 30 days in advance of opening.

With the advice of the Assistant Attorney General, the board has interpreted the practice of cremation in which the crematory deals directly with the public as the "practice of funeral services" as defined in § 54.1-2800 of the Code of Virginia. In the proposed regulation, the board has so specified that a crematory providing services directly to the public must also be licensed as a funeral service establishment or a branch of an establishment.

Advantages and disadvantages. Since the majority of cremation services are performed under contract with a licensed funeral service establishment, the public is protected by the extensive laws and regulations governing disclosures, pricing, sales of preneed packages, facility standards, and infection control. If a crematory is dealing directly with the public, it is required to hold a license and follow those same laws and regulations. While that may be burdensome to the crematory, it does provide some protection and security to persons who may be vulnerable at the time of a death.

Fiscal Impact Prepared by the Agency:

Number of entities affected by this regulation. There are 41 entities that have registered with the board as crematories in Virginia.

Projected cost to the agency. The agency will incur some costs (less than $2,000) for mailings to the Public Participation Guidelines mailing list, conducting a public hearing, and sending copies of final regulations to regulated entities. Every effort will be made to incorporate those into anticipated mailings and board meetings already scheduled.

There may be some on-going costs associated with disciplinary cases related to crematories. Since the date of initial registration, July 1, 1998, there have been two cases opened – both related to registered crematories doing business directly with the public in violation of law and regulation. While there are no regulatory requirements for cremations, the board would anticipate a minimal number of reported violations of law related to crematory practices. If the caseload continues to be two to three per year, the anticipated disciplinary cost to the board would range from $1,000 to $6,000, depending on the level of investigative work required, the stage at which an outcome is determined (no violation, prehearing consent order, informal conference, formal hearing, etc.).

Projected costs to the affected entities. Crematories that provide cremation services under a contract with a funeral establishment have been registered with the Department of Health. That registration has been transferred to the Board of Funeral Directors and Embalmers, which has set the fee for initial registration and renewal of $100 per year. If a crematory allows that registration to lapse, the facility that wants to reinstate its registration would pay an additional $50 per year for each year the registration was lapsed.

Citizen input in development of regulation. In the development of emergency and proposed regulations, notices were sent to persons on the public participation guidelines mailing list of meetings. Emergency regulations were also sent to all entities that had been registered with the Board of Health as crematories. A Notice of Intended Regulatory Action was sent to persons on the Public Participation Guidelines mailing list, but no comment was received on the NOIRA. Public comment was also received at each meeting.

E. Localities affected: There are no localities affected by these regulations in the Commonwealth.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Board of Funeral Directors and Embalmers proposes to amend its regulations in order to establish a registration program for crematories, which includes application and renewal fees and a registration schedule. The proposed regulations also specify that a crematory providing services directly to the public must be additionally licensed as a funeral service establishment or as a branch of an establishment.

Estimated economic impact. Prior to July 1998, crematories in Virginia were required to register with the Division of Vital Records within the Department of Health. No fee was charged for this service. Recent growth in the process of cremations led interested groups to pursue legislation that would allow for greater oversight of these services.[1] That legislation, contained in Chapter 28 of Title 54.1 of the Code of Virginia, transferred registration authority from the Department of Health to the Department of Health Professions (DHP), which also has regulatory authority for the licensure of funeral service establishments. Since many funeral service establishments now have a branch that provides cremation services to the public, it seemed logical to have all such services under one regulatory umbrella. In addition, DHP is better able to provide any necessary oversight as the agency already has a substantial regulatory licensure infrastructure in place.

As a special fund agency, the Board of Funeral Directors and Embalmers must generate sufficient revenue from the renewal and application fees it charges its licensees to cover its expenditures for the necessary functions of regulation. The proposed regulations would require a $100 initial application fee and $100 annual renewal fee for crematory registration with the Board of Funeral Directors and Embalmers. In addition, crematories providing services directly to the public must also be licensed as a funeral service establishment, or as a branch of a licensed establishment, at an initial application and annual renewal cost of $225. Since enactment of this legislation, 41 crematories have registered with the Board of Funeral

[1] The National Funeral Directors Association reports that, within the last 10 years, the process of cremations by the general public rose 50% and will continue to rise as consumers seek more affordable means of final disposition.

Directors and Embalmers. Of those 41 crematories, 23 provide services directly to the public. All 23 of this latter group obtained additional licensure as branches of a funeral service establishment.

The provision requiring licensure as a funeral service establishment for crematories that provide services directly to the public is based on the board's interpretation of the statutory definition of "practice of funeral services." Section 54.1-2800 of the Code of Virginia defines the practice of funeral services as:

> *"Engaging in the care and disposition of the human dead, the preparation of the human dead for the funeral service, burial or cremation, the making of arrangements for the funeral service or for the financing of the funeral service and the selling or making of financial arrangements for the sale of funeral supplies to the public."*

DHP states that there has been some opposition to their interpretation of the statutory definition, but it is the opinion of the board's counsel that the board has interpreted the statute correctly. The majority of cremation services are performed under contract with a licensed funeral service establishment whereby the public is protected by the extensive laws and regulations governing disclosures, pricing, sales of preneed packages, facility standards, and infection control. These laws and regulations are based on the opinion that individuals are likely to be more vulnerable at the time of a death. If that is the case, then the public would benefit by requiring a crematory dealing directly with the public to hold a license and follow those same laws and regulations.

The most burdensome requirement of funeral service establishment licensure for entities that only process cremations is likely to be the preparation room. According to DHP, preparation rooms serve not only as a holding room prior to any final disposition, but also as a safeguard against the spread of infectious disease and blood-borne pathogens and the embalming process. Embalming is sometimes required, even for a cremation, in cases where the family members want to have a viewing or are delayed in making a decision on disposition. A licensed funeral service establishment may operate one or more branch establishments without a preparation room. Since all 23 crematories currently affected by this provision have obtained additional licensure as branches of a funeral service establishment, this requirement should not negatively affect them. In the future, however, there may be instances where a crematory does not obtain branch licensure and incurs some additional compliance costs. Even in these cases, if the licensure requirements provide some protection and security to persons who may be more vulnerable at the time of a death, then the compliance costs of the crematory are likely to be outweighed by the benefits to consumers.

Businesses and entities affected. There are currently 41 crematories registered with the Board of Funeral Directors and Embalmers that are affected by this regulation. Of those 41 crematories, 23 provide services directly to the public.

Localities particularly affected. The proposed regulation is not expected to uniquely affect any particular localities.

Projected impact on employment. The proposed regulation is not expected to have any significant impact on employment in Virginia.

Effects on the use and value of private property. The proposed regulation is not expected to have any significant effects on the use and value of private property in Virginia.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency concurs with the analysis of the Department of Planning and Budget.

Summary:

> *The proposed amendments establish a registration program for crematories, which includes application and renewal fees and a registration schedule. The proposed regulations also specify that a crematory providing services directly to the public must be additionally licensed as a funeral service establishment or as a branch of an establishment.*

18 VAC 65-20-70. Required fees.

A. The following fees shall apply for initial licensure or registration and for renewal of licensure or registration:

1. License to practice funeral service or as a funeral director or an embalmer	$150~~;~~
2. Funeral service establishment license	$225~~;~~
3. Surface transportation and removal service registration	$250~~;~~
4. Courtesy card	$100~~;~~
5. Crematory	*$100*

B. Other fees.

1. Reinstatement fee for each year of licensure *or registration* expiration	$50 ~~per year;~~
2. Change of manager or establishment name	$50~~;~~
3. Verification of license or registration to another state	$50~~;~~
4. Duplicate license, registration, or courtesy card	$25~~;~~
5. Duplicate wall certificates	$50~~;~~
6. Change of ownership	$100~~;~~
7. Reinspection for change of location or ownership	$100~~;~~

18 VAC 65-20-120. Expiration dates.

A. A funeral service establishment license*, crematory registration,* or surface transportation and removal service registration shall expire on January 31 of each calendar year.

B. The funeral service license, funeral director license, or embalmer license shall expire on March 31 of each calendar year.

C. Courtesy cards expire on December 31 of each calendar year.

18 VAC 65-20-130. Renewal of license; registration.

A. A person, establishment, *crematory,* courtesy card holder or surface transportation and removal service that desires to renew its license or registration for the next year shall, not later than the expiration date as provided in 18 VAC 65-20-120, submit the renewal application and applicable fee.

B. A person who or ~~establishment~~ *entity* which fails to renew a license, registration, or courtesy card by the expiration dates prescribed in 18 VAC 65-20-120 shall be deemed to have an invalid license, registration, or courtesy card and continued practice may subject the licensee to disciplinary action by the board.

PART IV.
REGISTRATION.

18 VAC 65-20-435. Registration of crematories.

A. At least 30 days prior to opening a crematory, any person intending to own or operate a crematory shall apply for registration with the board by submitting a completed application and fee as prescribed in 18 VAC 65-20-70.

B. A crematory providing cremation services directly to the public shall also be licensed as a funeral service establishment or shall be a branch of a licensed establishment.

NOTICE: The forms used in administering 18 VAC 65-20-10 et seq., Regulations of the Board of Funeral Directors and Embalmers, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

Application for Funeral Service Licensure (rev. 7/1/98).

Application for Courtesy Card (rev. 7/1/98).

Application for Establishment Licensure/Change of Address (rev. 7/1/98).

Application for Waiver of Full-time Manager Requirements (rev. 7/1/98).

Application for Cremator Registration (rev. 2/4/99).

Renewal Application for Waiver of Full-time Manager Requirements (rev. 12/1/98).

Licensure Verification Form (rev. 7/97).

Application for Surface Transportation and Removal Service Registration (rev. 7/1/98).

Renewal Notice and Application, C-45128 (rev. 7/97).

Appendix I: General Price List (rev. 11/17/98).

Appendix II: Casket Price List; Outer Burial Container Price List (rev. 11/17/98).

Appendix III: Itemized Statement of Funeral Goods and Services Selected (rev. 11/17/98).

Appendix IV: Embalming Record (rev. 11/17/98).

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
6606 W. BROAD STREET, 4TH FLOOR
RICHMOND, VIRGINIA 23230-1717

APPLICATION FOR CREMATOR REGISTRATION

FEE: **$100** Check or money order must accompany this application. Applications received without the appropriate fees will be returned to applicant. Make check or money order payable to the Treasurer of Virginia. **ALL FEES ARE NON-REFUNDABLE.**

DISCLOSURE OF SOCIAL SECURITY OR VIRGINIA DMV CONTROL NUMBER. In accordance with § 54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your control number* issued by the *Virginia* Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **NO LICENSE, CERTIFICATION OR REGISTRATION WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.** *In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure of your Social Security Number will be required.

I. IDENTIFYING INFORMATION Name in full (please type or print)

Business Name:			Area Code/Telephone Number
Trade Name (if other than business name)			
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code

II. ADMINISTRATOR INFORMATION

Owner		Social Security Number	Area Code/Telephone Number
Mailing Address	City	State	Zip Code
Co-Owner		Social Security Number	Area Code/Telephone Number
Mailing Address	City	State	Zip Code
Manager (If Applicable)		Social Security Number	Area Code/Telephone Number
Mailing Address	City	State	Zip Code

III. APPLICATION INFORMATION (Check All That Apply)

1. Is this business licensed as a funeral establishment? Yes____ No ____

   Give name and license number of funeral establishment: _____

2. Will this business arrange and/or conduct funerals? Yes____ No ____

3. *Will this business offer to or provide for the care or preparation including embalming,* of dead human bodies? Yes ____ No ____

4. Will this business sell or provide funeral related goods and services? Yes ____ No ____

5. Will this business have personnel licensed by the Board of Funeral Directors and Embalmers as staff members? Yes ____ No ____ If yes, what are the duties: _____

6. Will this business offer services to the public? Yes___ No ___

IV. AFFIDAVIT (To be completed by a Notary Public)

State of _____ County/City of _____

I (we) _____ am (are) applying to have this business registered as a cremator in the Commonwealth of Virginia. I(we) will at all times abide by the laws of the Commonwealth and Regulations of the Board of Funeral Directors and Embalmers governing such practice. I (we) understand that should I(we) violate any of these laws or regulations, that action may be taken against my(our) license by due process. I(we) hereby certify that all statements contained in this application, and all representations and documents presented by me(us) in connection with this application are true and correct.

_____ Signature of Applicant

_____ Signature of Co-Applicant

_____ Signature of Manager

Subscribed and sworn to before me this _____ day of _____, 19_____. My Commission expires _____.

SEAL

_____ Notary Public

Revised: 02/04/99

VA.R. Doc. No. R99-103; Filed July 20, 1999, 11:23 a.m.

BOARD OF MEDICINE

Title of Regulation: **18 VAC 85-80-10 et seq. Regulations for Licensure of Occupational Therapists (amending 18 VAC 85-80-10, 18 VAC 85-80-20, 18 VAC 85-80-40, 18 VAC 85-80-50, 18 VAC 85-80-60, 18 VAC 85-80-70, and 18 VAC 85-80-80; adding 18 VAC 85-80-25 and 18 VAC 85-80-35).**

Statutory Authority: § 54.1-2400 and Chapter 29 (§ 54.1-2900 et seq.) of the Code of Virginia.

Public Hearing Date: September 9, 1999 - 9 a.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of health regulatory boards including the power to establish qualifications for licensure and responsibility to promulgate regulations.

Sections 54.1-2956.1 through 54.1-2956.5 establish the requirement for the licensure of this profession and specify the powers and duties of the Advisory Board on Occupational Therapy.

Purpose: The purpose of the proposed action is to amend regulations pursuant to changes in the Code of Virginia made in Chapter 593 of the 1998 Acts of the Assembly, which required the board to promulgate regulations for the licensure of occupational therapists. In accordance with the second enactment clause, the board promulgated emergency regulations which became effective on January 29, 1999. These proposed regulations replace the emergency regulations and are intended to establish those qualifications for licensure which are necessary to protect the public health and safety in the delivery of occupational therapy services.

Substance:

18 VAC 85-80-10. A definition of "active practice" was added in the proposed regulations (not included in the emergency regulations) to specify that the active practice of occupational therapy may include activities that are not direct patient care. Other amendments are technical and not substantive.

18 VAC 85-80-20. Editorial changes are proposed.

18 VAC 85-80-25. A new section was added to require licensees to furnish current name and address within 30 days of any change and to specify that notices mailed or served by the board to the name and address on file shall be validly given.

18 VAC 85-80-35. Application requirements have been amended to state some of the current requirements, such as submission of an application form, fee and credentials, that are found in other sections and to specify the documentation or verification necessary to become licensed as an occupational therapist.

18 VAC 85-80-40. An amendment is proposed to remove the specific score required for passage of the Test of English as a Foreign Language examination (TOEFL) and state that the score must be acceptable to the board. The amendment will allow the board to adjust the acceptable score whenever the examination service adjusts its scoring scale for a recommended cut score.

18 VAC 85-80-50. Amendments are adopted to clarify that an applicant must have passed the national examination from National Board for Certification in Occupational Therapy.

18 VAC 85-80-60. An amendment provides that an applicant for licensure who has practiced in another jurisdiction but has not been engaged in active practice of occupational therapy for two years or more shall serve a board-approved practice of at least 160 hours under the supervision of a licensed occupational therapist. This requirement will parallel the minimum requirement for renewal of licensure by an occupational therapist in Virginia.

18 VAC 85-80-70. The current regulations require that an occupational therapist be professionally active in order to renew each biennium. The amendment will specify that the licensee must have practiced at least 160 hours during the past biennium. Other amendments are editorial only.

18 VAC 85-80-80. A proposed amendment requires that anyone who has allowed his license to lapse for two or more years should serve a board-approved practice of at least 160 hours under the supervision of a licensed occupational therapist in order to be reinstated.

Issues:

ISSUE 1: Evidence of competency for licensure. The board is required by § 54.1-2956.1 to "take such actions as may be necessary to ensure the competence and integrity of any person who claims to be an occupational therapist or who holds himself out to the public as an occupational therapist, and to that end it may license practitioners as occupational therapists." Before July 1, 1998, occupational therapists were certified by the Board of Medicine; certification was title protection and, therefore, voluntary for practitioners.

As a certified profession regulated by the Board of Medicine, occupational therapists were required to indicate some professional activity as evidence of competency for biennial renewal of a license, but the level of that activity was undefined. Since they are now a licensed profession, it is expected that there be some further definition of active practice to determine qualification for initial licensure and for continued renewal of licensure. The board determined that

evidence of 160 hours of active practice in the profession within the past two years was the least burdensome regulation it could reasonably impose. Such a requirement is consistent with other professions that have a requirement for active practice, such as physical therapy and respiratory therapy.

To accommodate persons whose practice as an occupational therapist may now include educational, administrative, supervisory or consultative services rather than direct patient care, the board added a definition of "active practice" to clarify that those professional activities were acceptable for the purpose of fulfilled the renewal or initial licensure requirements.

The current regulations require 160 hours of supervised practice for an applicant or a lapsed licensee who has been out of practice for six or more years. In adopting regulations for licensure, the advisory board strongly recommended changing the regulation to require supervised practice for anyone who has not actively practiced for two or more years. With the changes occurring in health care, an occupational therapist who has not practiced at least 160 hours over a two-year period has likely not remained current with professional knowledge and skills.

Advantages and disadvantages. There are no disadvantages to the public, which is better protected by having a requirement for hours of active practice in order to renew an active license or become licensed in Virginia from another state.

An occupational therapist who is maintaining an active license to practice should be required to work a minimal number of hours during the biennium in order to keep up with a rapidly changing, highly technical field. The requirement of 160 hours of practice (the equivalent of four weeks) with a two-year period is easily obtainable, even for persons who are working only on a part-time basis.

Impact of proposed regulations on the agency. The proposed regulations would replace emergency regulations currently in effect. The addition of a requirement for the licensee to inform the board of a name or address change and to specify that notices sent to the name and address of record shall be duly given will assure that the agency has regulatory support for taking action against a licensee who claims to have not received a renewal or other notice. The addition of a new section will assure that all the application requirements are clearly stated in regulation.

Fiscal Impact Prepared by the Agency:

Number of entities affected by this regulation. There are 1,769 occupational therapists licensed in Virginia.

Projected cost to the agency. The agency will incur some costs (less than $1,000) for mailings to the Public Participation Guidelines mailing list, conducting a public hearing, and sending copies of final regulations to regulated entities. Since these regulations are being amended simultaneously with other regulations of the board, the costs of mailings, meetings and hearings will be shared by several professions. In addition, every effort will be made to incorporate those into anticipated mailings and board meetings already scheduled.

Projected costs to the affected entities. There would be no additional costs for compliance with these regulations for occupational therapists who have kept a current license in the Commonwealth. While the board has not kept a record of lapsed licensees, it is estimated that there have been less than five persons who have allowed their license to lapse for more than one year. Most have resumed practice within six months to one year. Therefore, it is unknown whether anyone would be affected by the reinstatement requirement of 160 hours of practice under the supervision of a licensed occupational therapist.

Citizen input in development of regulation. In the development of regulations, notices were sent to persons on the public participation guidelines mailing list of every meeting of the Advisory Board on Occupational Therapy, the Legislative Committee of the board, and of the board itself. A Notice of Intended Regulatory Action was also sent to persons on the list; no comment was received on the NOIRA. Public comment was also received at each meeting.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Board of Medicine proposes the following changes to its Regulations for Licensure of Occupational Therapists:

1. Reorganization of the application, education, and examination sections;

2. Amendments to the initial and reinstatement application requirements; and

3. Addition of an active practice requirement for licensure renewal.

Estimated economic impact.

Application, Education and Examination Requirements

The proposed regulation reorganizes the application, education, and examination sections, which specify the documentation or verification necessary to become licensed as an occupational therapist in Virginia. A majority of the changes clarify the requirements, remove unnecessary language, or eliminate redundancy. This will make the regulations easier to understand and more useful for the

regulated community, but since they do not alter current practices, they will not have any significant economic consequences.

The current rules specify that applicants educated outside the United States must pass the TOEFL with at least a grade of 560. An amendment is proposed to eliminate the reference to a specific score and state that the score must be acceptable to the board. This will allow the board to adjust the acceptable score whenever the examination service adjusts its scoring scale. Since this amendment does not represent a change in the application requirements, it should not have any significant economic consequences.

Currently, applicants for licensure or reinstatement of a lapsed license must serve a 160-hour practice under the supervision of a licensed occupational therapist prior to applying for Virginia licensure if they have not engaged in active practice within the past six years. The board proposes to amend these provisions to require a 160-hour supervised practice of applicants that have not engaged in active practice within the past two years. This is consistent with the minimum requirement for renewal of an active license by an occupational therapist in Virginia.

While the proposed requirement is stricter than the current rules, it is the opinion of the board that, with the changes occurring in health care, an occupational therapist who has not practiced at least 160 hours over the past two years has likely not remained current with professional knowledge and skills. If this is the case, the new requirements should provide benefits to consumers by increasing the quality of care provided. The new requirement will also increase the licensure costs for out-of-state applicants. However, those costs are expected to be less than the benefits to consumers of occupational therapy services.

Active Practice Requirement for Renewal

The most significant change proposed to the current regulations is the addition of an active practice requirement for the renewal of an active license. The existing rules do not require any proof of continuing competency in the profession. While the proposed requirement, 160 hours of active practice during a biennium, does not guarantee that the licensee is learning new techniques and information, the board feels that it will provide minimal assurance that the practitioner is remaining current in his professional knowledge and skills. To accommodate persons who occupational therapy practice may consist of educational, administrative, supervisory, or consultative services rather than direct patient care, the board has added a definition of “active practice” to clarify that those professional activities are acceptable for the purpose of fulfilling the renewal requirement.

There will be no compliance costs for the majority of licensees, even for persons who only work part time or on an occasional basis. Individuals who have either left the state or temporarily left practice of their profession will no longer be able to maintain active licensure status with the Board of Medicine. However, the board is concurrently proposing (in a separate action) the establishment of an inactive license with a reduced renewal fee that will provide a means for inactive practitioners to document their connection to their profession.

It is not possible at this time to estimate the benefits derived by the public from attempts to assure the competency of practitioners to provide safe, effective care to patients. However, it is reasonable to expect that the benefits would outweigh the anticipated costs, which themselves are minimal.

Businesses and entities affected. There are 1,769 occupational therapists currently licensed in Virginia.

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

Projected impact on employment. The proposed regulation will not have any significant impact on employment.

Effects on the use and value of private property. The proposed regulation will not have any significant effects on the use and value of private property.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency concurs with the analysis of the Department of Planning and Budget.

Summary:

Amendments to the regulations are proposed pursuant to changes in the Code of Virginia made by Chapter 593 of the 1998 Acts of the Assembly, which required the board to promulgate regulations for the licensure of occupational therapists. The board promulgated emergency regulations, which became effective on January 29, 1999. These proposed regulations replace the emergency regulation.

The proposed amendments (i) reorganize the application, education, and examination sections; (ii) modify the initial and reinstatement application requirements; and (iii) add an active practice requirement for licensure renewal.

18 VAC 85-80-10. Definitions.

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

~~*"Advisory board"* means the Advisory Board of Occupational Therapy.~~

~~*"AOTA"* means the American Occupational Therapy Association, Inc.~~

"ACOTE" means the Accreditation Council for Occupational Therapy Education.

“Active practice” means a minimum of 160 hours of professional practice as an occupational therapist within the 24-month period immediately preceding renewal or application for licensure, if previously licensed or certified in another jurisdiction. The active practice of occupational therapy may include supervisory, administrative, educational

or consultative activities or responsibilities for the delivery of such services.

"Advisory board" means the Advisory Board of Occupational Therapy.

"Board" means the Virginia Board of Medicine.

~~*"Certification examination"* means the national examination approved and prescribed by NBCOT for certification as an occupational therapist.~~

"NBCOT" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"National examination" means the examination prescribed by NBCOT for certification as an occupational therapist and approved for licensure in Virginia.

"Occupational therapy personnel" means persons who provide occupational therapy services under the supervision of a licensed occupational therapist.

18 VAC 85-80-20. Public participation.

A separate regulation, 18 VAC 85-10-10 et seq., ~~which~~ *Public Participation Guidelines,* provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine~~, is incorporated by reference in this chapter~~.

18 VAC 85-80-25. Current name and address.

Each licensee shall furnish the board his current name and address. All notices required by law or by this chapter given by the board to any such licensee shall be validly given when mailed to the latest address provided or served to the licensee. Any change of name or address shall be furnished to the board within 30 days of such change.

PART II.
REQUIREMENTS OF LICENSURE AS AN OCCUPATIONAL THERAPIST.

18 VAC 85-80-35. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18 VAC 85-80-120.

2. Verification of professional education in occupational therapy as required in 18 VAC 85-80-40.

3. Verification of practice as required in 18 VAC 85-80-60 and as specified on the application form.

4. Documentation of passage of the national examination as required in 18 VAC 85-80-50.

5. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.

18 VAC 85-80-40. Educational requirements.

A. An applicant for licensure who has received his professional education in the United States, its possessions or territories, shall successfully complete all academic and fieldwork requirements of an accredited educational program as verified by the ACOTE.

B. An applicant who has received his professional education outside the United States, its possessions or territories, shall successfully complete all academic and clinical fieldwork requirements of a program approved by a member association of the World Federation of Occupational Therapists as verified by the candidate's occupational therapy program director and ~~approved~~ *as required* by the NBCOT and submit proof of proficiency in the English language by passing the Test of English as a Foreign Language (TOEFL) with a ~~grade of not less than 560~~ *score acceptable to the board*. TOEFL may be waived upon evidence of English proficiency.

C. An applicant who does not meet the educational requirements as prescribed in subsection A or B of this section but who holds certification by the NBCOT as an occupational therapist shall be eligible for licensure in Virginia and shall provide the board verification of his education, training and work experience acceptable to the board.

18 VAC 85-80-50. Examination requirements.

~~A.~~ An applicant for licensure to practice as an occupational therapist shall submit evidence to the board that he ~~holds current and valid~~ *has passed the certification examination for an occupational therapist and any other examination required for initial* certification from the NBCOT.

~~B. An applicant must submit the application, credentials and prescribed fees as required by the board for licensure.~~

~~C. An applicant who has received a degree from a duly accredited educational program in occupational therapy shall be allowed to practice as an occupational therapist for one year from the date of graduation or until he has taken and received a passing grade of the certification examination, whichever occurs sooner.~~

~~D. An applicant who fails to successfully pass the examination within one year after graduation may practice occupational therapy under the supervision of a licensed occupational therapist until successful completion of the certification examination and the filing of the required application, credentials, and fee.~~

~~E. An applicant who does not qualify by education for the NBCOT Certification Examination and who does not hold a valid certificate from the NBCOT but who is currently practicing occupational therapy may submit, for review and recommendation of the advisory board and the approval by the board, evidence of his education, training, and experience along with a request to take the examination for licensure as an occupational therapist in Virginia. A person who does not take the certification examination may continue~~

~~to practice occupational therapy under the supervision of an occupational therapist.~~

18 VAC 85-80-60. Practice requirements.

~~An applicant who has met educational and examination requirements but who has not practiced occupational therapy for a period of six years shall serve a board approved practice of 160 hours which is to be completed in two consecutive months~~ *been practicing occupational therapy in another jurisdiction and has met the requirements for licensure in Virginia shall provide evidence that he has engaged in the active practice of occupational therapy as defined in 18 VAC 85-80-10 for a period of two years immediately preceding submission of his application. If the applicant has not engaged in active practice as defined in 18 VAC 85-80-10, he shall serve a board-approved practice of 160 hours, which is to be completed within 60 consecutive days,* under the supervision of a licensed occupational therapist.

18 VAC 85-80-70. Biennial renewal of licensure.

A. An occupational therapist shall renew his licensure biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18 VAC 85-80-120; and

2. Indicating ~~whether or not~~ *that* he has been ~~professionally~~ *engaged in the* active *practice of occupational therapy as defined in 18 VAC 85-80-10 for at least 160 hours* during each biennial renewal cycle.

B. An occupational therapist whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall ~~be dropped from the licensure roll. C.~~ *pay* an additional *late* fee ~~to cover administrative costs for processing a late application shall be imposed by the board~~ as prescribed in 18 VAC 85-80-120.

18 VAC 85-80-80. Reinstatement.

A. An occupational therapist who allows his licensure to lapse for a period of two years or more and chooses to resume his practice shall make a new application to the board, *shall serve a board-approved practice of 160 hours which is to be completed in two consecutive months under the supervision of a licensed occupational therapist,* and ~~payment of~~ *shall* pay the fee for reinstatement of his licensure as prescribed in 18 VAC 85-80-120.

~~B. An occupational therapist who has allowed his licensure to lapse for six years or more and who has been professionally inactive shall serve a board-approved practice of 160 hours to be completed in two consecutive months under the supervision of a licensed occupational therapist.~~

~~C.~~ *B.* An occupational therapist whose licensure has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of his ~~certification~~ *licensure* as prescribed in 18 VAC 85-80-120 pursuant to § 54.1-2921 of the Code of Virginia.

NOTICE: The forms used in administering 18 VAC 85-80-10 et seq., Regulations for Licensure of Occupational Therapists, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

Instructions for Completing an Occupational Therapist Application (rev. ~~7/98~~ *2/99*).

Application for a License to Practice Occupational Therapy (rev. ~~7/98~~ *2/99*).

Form #A, Claims History Sheet (rev. 7/98).

Form #B, Activity Questionnaire (rev. 7/98).

Form #C, Clearance from Other State Boards (rev. 7/98).

Form #L, Certificate of Professional Education (rev. 2/99).

Report of Supervised Practice (rev. 8/99).

Verification of Certification Request Form (NBCOT) (rev. ~~3/98~~ *1999*).

Renewal Notice and Application (rev. 7/97).

REV. 2/99

INSTRUCTIONS FOR COMPLETING AN OCCUPATIONAL THERAPIST APPLICATION

(This form has been designed to be used as a check list for submitted required documentation.)

☐1. **The licensure application:** Follow the instructions provided on the application. The application may not be copied. Any portion submitted in other than its original form will be considered void and will hold up the application processing time.

> **NOTE: If you are a graduate of a foreign occupational therapy program, a certified copy of the original degree with an English translation may be submitted to the board office in lieu of completion of certificate of professional education.**

☐2. **Licensure fee:** A check or money order for **$100.00**, made payable to the Treasurer of Virginia should be attached to the application. Applications received without a fee and fees submitted without an application attached will be returned to the sender. **NO EXCEPTIONS.**

☐3. **Proof of Professional Education - (Form #L)** This form must be completed by your professional school as directed.

☐4. **Form A:** If you answered yes to question #11 on page three of the application, either have your attorney submit a letter regarding the malpractice suits or complete one of these forms for each case you have been involved in.

☐5. **Form B:** Forward form #B **(Employment Questionnaire)** to all places of employment listed on the chronological page of your application for the last 5 years. This form may be copied as necessary.

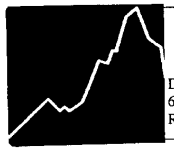
☐6. **Form C:** Forward form #C **(State Clearance)** to those states in which you have been licensed, certified or registered. This form may be copied as necessary. Please contact the applicable states to inquire about processing fees.

☐7. **Certification of credentials from NBCOT:** Certification should be requested from the National Board of Certification of Occupational Therapy, Inc., P.O. Box 64971, Baltimore, MD 21264-4971. Please follow the instructions on the form that has been enclosed for your use. We strongly suggest your contacting the board to inquire about processing fees.

Also, please note the following:

- **Faxed information is not acceptable.**
- **All documents must be original or hard copies.**
- **Applications not completed within a six month time period will be purged.**
- **Application fees are non-refundable.**
- **Address changes must be furnished to the board in writing.**

Rev. 2/99



COMMONWEALTH OF VIRGINIA
Board of Medicine

Department of Health Professions
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230-1717 (804) 662-7664

Application for a License to Practice Occupational Therapy

SECURELY PASTE A PASSPORT-TYPE PHOTOGRAPH IN THIS SPACE

To the Board of Medicine of Virginia:

I hereby make application for a license to practice Occupational Therapy in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last	First	Middle	
Street	City	State	ZIP Code
Date of Birth ___ Mo. ___ Day ___ Yr.	Place of Birth	Social Security No. or VA Control No.*	
Graduation Date ___ Mo. ___ Day ___ Yr.	Prof. School Degree	School, City, State	MAIDEN NAME

Please submit address changes in writing immediately.
Please attach check or money order. Application will not be processed without the fee. It will be returned.
Do not submit fee without an application. **IT WILL BE RETURNED.**

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY_____

CLASS	LICENSE NUMBER	SUFFIX	SCHOOL CODE	FEE	HOW REG.	BASE STATE

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the *Virginia* Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

**In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

2. List in chronological order all professional practices since graduation (e.g. including hospital department, outpatient centers, etc.) Also list all periods of absence from work and non-professional activity or employment for more than three months. **Please account for all time.**

From	To	Name and Location	Position Held

15. AFFIDAVIT OF APPLICANT

(THIS SECTION MUST BE NOTARIZED)

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice Occupational Therapy in the Commonwealth of Virginia.

RIGHT THUMB PRINT

May be self applied

_____
Signature of Applicant

If right thumb is missing, use left and so indicate

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 19____.

My Commission expires _____.

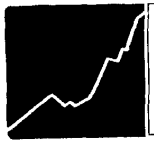
NOTARY SEAL

_____
Signature of Notary Public

Rev. 2/99

Occupational Therapy

Form #L



COMMONWEALTH OF VIRGINIA
Board of Medicine

Department of Health Professions
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230-1717 (804) 662-7764

Submit this form to your medical school for completion and instruct them to return the completed form directly to the Virginia Board of Medicine.

CERTIFICATE OF PROFESSIONAL EDUCATION

(For graduates of approved programs only)

It is hereby certified that _____
(Name of Applicant)

matriculated in _____ on _____
(Course of Study) (Date)

and received a diploma from _____
(Name of Institution)

conferring the degree of _____ on _____.
(Degree) (Date)

_____
(President, Secretary or Dean)

SCHOOL SEAL

Completed form must be mailed to: **Virginia Board of Medicine**
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230-1717
Attn: Ms. Cookie Ergens

8/99

VIRGINIA BOARD OF MEDICINE
6606 WEST BROAD STREET, 4TH FLOOR
RICHMOND, VA 23230-1717

REPORT OF SUPERVISED PRACTICE

Please print or type name of hospital or place of employment for supervised practice:

_____

_____ _____
Name of Applicant

I hereby authorize an evaluation of my supervised practice be released to The Virginia Board of Medicine in connection with the processing of my application.

Hours completed: _____ _____
Signature of Applicant

1. Please evaluate: (Please indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgement				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

2. Recommendation: (please indicated with check mark)
   1. Recommend highly and without reservation _____
   2. Recommend as qualified and competent _____
   3. Recommend with some reservation (explain) _____
   4. Do not recommend (explain) _____

3. Of particular value to us in evaluating any candidate are comments regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

_____

_____

4. The above report is based on: (please indicate with check mark)
   1. Close personal observation _____
   2. General impression _____
   3. A composite of evaluations _____
   4. Other _____

Date: _____

_____
Signed

_____
Please print of type name

_____
Title

(This report will become a part of the applicant's file and may be reviewed by the applicant upon demand).

****

FOR OFFICE USE ONLY

Approved by: _____
Deputy Executive Director - Licensure

_____
Date

Serving the Public Interest

COMMON QUESTIONS REGARDING NBCOT VERIFICATION OF CERTIFICATION TO STATE BOARDS AND OTHER AGENCIES

Who is NBCOT ?

The National Board for Certification in Occupational Therapy, Inc. (NBCOT) is the independent national credentialing agency that certifies persons as an OCCUPATIONAL THERAPIST REGISTERD OTR® or as a CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®.

Score Information

If a state or other agency requires your score information, please contact our testing agency, Professional Examination Service (PES) at 212-367-4340. Please note, if you were certified prior to 1985, your score information is ***not*** available.

State Board Information

Each state regulatory board has it's own licensing rules and procedures. Please contact the state board you wish to practice in to obtain an application packet. You can find a listing of state boards, addresses, and phone numbers on our web site: WWW.NBCOT.ORG.

NBCOT Verification of Certification Request Form

Verification Fee Information

The fee for **each** verification letter request is **$30.00**. NBCOT will accept a personal check, money order, or credit card payment -Visa or MasterCard. Requests submitted without the required fee will be returned. There is a $30.00 fee for any returned check. **Verification fees are non-refundable.**

Where should I send my request?

♦ Credit Card payments via Fax: If you are paying by credit card, you may fax this form to: 301-869-8492. Our fax machine is available 7 days a week, 24 hours a day.

♦ Personal Check, Money Order, Credit Card non-fax: Please mail your request to:
NBCOT, Inc.
Attn: Verification Letter
P.O. Box 64971
Baltimore, MD 21264

♦ If you wish to enclose a **pre-paid, addressed, overnight** (Fed-Ex, UPS, Express, Priority) envelope for a state board or agency, please send your request to:
NBCOT, Inc.
Attn: Verification Letter
800 South Frederick Avenue Suite 200
Gaithersburg, MD 20877

Verification Processing

Please allow ***3-4*** weeks for your request to be processed and mailed.

Questions regarding my request

You can contact the NBCOT by phone at 301 - 990-7979 x3131 or e-mail verify@NBCOT.org to inquire about your verification request.

The name on my NBCOT record

If your name is different from what our certification records reflect, and you want the verification notice processed in your new name, the NBCOT requires legal documentation (i.e., marriage license, divorce decree, or court order). Submit an original certified copy or a notarized photocopy (i.e., copy the document and have it notarized) to reflect your change in name. Please attach your name change documentation to your verification request.

♦ If you are submitting a name change, you must ***mail*** your entire request (name change documents, fees, and this form) to the Baltimore, MD address. Faxed requests will **NOT** be honored. ♦

Side 1 of 2 – Revised for 1999

♦ *NBCOT VERIFICATION OF CERTIFICATION REQUEST FORM* ♦ Side 2 of 2

To request a letter verifying your NBCOT certification to be sent to a state regulatory board, employer, or any other agency, complete this form. Please print or type your request.

I have **A)** Faxed my verification request _____ **B)** Mailed my verification request_____

* If you have faxed your request, please allow ample processing time (one week) to verify receipt of your request.
*NBCOT suggests you make a photocopy of this request for your files.

♦FULL NAME

♦STREET ADDRESS-please check if new _____

♦CITY, STATE, ZIP CODE, COUNTRY

♦SOCIAL SECURTIY NUMBER

♦DATE OF BIRTH (Month/ Day / Year)

ADDITIONAL INFORMATION

1. Please *do not* enclose a self addressed stamped envelope (SASE) to a state board.

2. Verification letters *cannot and will not* be faxed.

3. Please check here if you are taking or have taken the certification exam in 1999.

March 1999 Examination _____

September 1999 Examination _____

4. Please check here if you have enclosed name change documentation.

Name change documentation enclosed _____

♦CERTIFICATION NUMBER AND LEVEL
OCCUPATIONAL THERAPIST REGISTERED OTR® OR CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®

♦HOME AREA CODE/PHONE NUMBER

♦DAYTIME AREA CODE/PHONE NUMBER

VIRGINIA BOARD OF MEDICINE
♦STATE BOARD, EMPLOYER, OR AGENCY TO SUBMIT VERIFICATION REQUEST (If 2 or more state boards, please abbreviate- i.e. MD&WA)

♦ADDRESS OF EMPLOYER OR AGENCY
(STATE BOARD ADDRESSES NOT REQUIRED- NBCOT MAINTAINS CURRENT LISTING)

METHOD OF PAYMENT: - $ 30.00 PER LETTER

A) Visa _____ MasterCard_____

Credit Card Number:

_____

Expiration Date: Month ____ Year____

Amount of Credit Card $_____

Signature:
Required for Credit Card Requests_____

B) Check _____ Money Order_____

Amount of Check/Money Order $_____
Verification Letter Order Date _____

VA.R. Doc. No. R99-96; Filed July 19, 1999, 11:36 a.m.

* * * * * * * *

Title of Regulation: **18 VAC 85-20-10 et seq. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, and Physician Acupuncture (adding 18 VAC 85-20-280, 18 VAC 85-20-290, and 18 VAC 85-20-300).**

Statutory Authority: §§ 54.1-2400 and 54.1-2910.1 of the Code of Virginia.

Public Hearing Date: September 24, 1999 - 1 p.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of health regulatory boards including the power to establish qualifications for licensure and renewal, to promulgate regulations and to issue inactive licenses.

Chapter 29 establishes the definitions and the requirements for the establishment of a physician profile of information to be made available to the public by the board.

Purpose: The purpose of the proposed amendments is to establish a physician profile which will include information on education, training, practice and disciplinary actions to be made available to the consuming public in seeking the services of a medical professional. The proposed regulations are mandated by Chapter 744 of the 1998 Acts of the Assembly and are intended to provide greater protection for the health and safety of the public.

Substance:

18 VAC 85-20-280. Required information. The information to be required of the practitioner and made available to the public is primarily set forth in § 54.1-2910.1 of the Code of Virginia. In subsection A, proposed regulations restate those requirements and provide additional specification where it is required by statute that the board do so in regulation.

1. In subdivision 4, the board has specified that the years in active, clinical practice shall be those spent practicing in the United States or Canada and/or those years in active, clinical practice outside the United States or Canada following completion of medical training.

2. In subdivision 5, the physician is required to specify the specialty in which he practices for the purpose of calculating the relative significance of paid malpractice claims for that specialty among physicians practicing in Virginia. (The profile form lists specialties from which to chose, or the physician may designate general medicine or unspecified.)

3. In subdivision 8, the board has specified that the publications to be listed are not to exceed 10 in number.

4. In subdivision 10, the physician is required to indicate whether translating services are available at the primary practice setting, and which, if any, foreign language is spoken in the practice.

Subsection B provides that the physician may include other information on the profile that is not required by law or regulation but which may be useful to the consumer, such as continuing education earned or honors and awards received.

Subsection C states that the licensee is required to update the profile whenever there is a change in information which has been provided and is on record with the profile system.

18 VAC 85-20-290. Reporting of malpractice paid claims. The proposed regulations set forth the information that is to be used by the board to calculate the level of significance of a malpractice award or settlement. Each report on the profile will state the number of years of practice in Virginia; the specialty in which the physician practices; the number of physicians practicing in that specialty in Virginia and the percentage of physicians that have made malpractice payments within the last 10-year period; the date of the claim; and the relative amount of the paid claim described as average, below average or above average. Definitions for those relative levels of payment are also stated.

18 VAC 85-20-300. Noncompliance or falsification of the profile. The proposed regulation stipulates that failure to provide information within 30 days of the request from the board may constitute unprofessional conduct and may subject the licensee to disciplinary action. Intentionally providing false information does constitute unprofessional conduct and shall subject the licensee to disciplinary action.

Issues:

ISSUE 1: In the 1998 General Assembly, Senate Bill 660 (Chapter 744) was introduced by Senator John Watkins to require the collection and release of certain data on physicians. The legislation mandates the promulgation of regulations and specifies information that is to be required and made available upon request from a consumer. While the data to be collected is statutorily specified, there are several provisions of the law in which the board had some discretion through its regulatory authority. Those are as follows:

1. Information on the number of years in active, clinical practice - The board considered a definition for “active” (number of hours, months per year, etc.) and a definition for “clinical.” It is proposing that anyone who holds an active license to practice would be considered to be “in active, clinical practice.” Those years spent practicing after completion of medical training within and/or outside the United States or Canada would be reportable.

2. Information on publications in peer-reviewed literature within the most recent five-year period - The

board considered 10 to be an appropriate limitation to the number of publications to be reported.

3. Other information related to the competency of physicians - The board sought comment on the need for information other than that specified in § 54.1-2910.1 of the Code of Virginia. Some physicians want an opportunity to include other pertinent information on their training or abilities, such as honors and awards or hours of continuing education.

4. While the Code of Virginia requires reporting of all paid malpractice claims, the regulations provide the information necessary to report those payments in categories indicating the level of significance of each award or settlement. Those reports will be made in terms of the date paid; whether it was a judgment or a settlement; whether it was above average, average or below average for similar cases; the number of practitioners with the same specialty in Virginia; and the percentage of practitioners with paid claims.

5. In the development of regulations, the board considered the consequences for failure to report in a timely fashion or for the reporting of false information. The proposed regulation sets a reasonable time limit of 30 days for providing information after a request from the board or after a change in the current information has occurred. Failure to report may subject the licensee to disciplinary action, but intentionally providing false information shall subject the licensee to disciplinary action. The board considered but rejected specified, graduated monetary penalties designated for failure to report within 30, 60 or 90 days.

Advantages and disadvantages. There are no disadvantages for the public, which will benefit from the law requiring the establishment of a profile and specifying the information to be included. Having a great deal of information on the education, practice, and disciplinary status of a physician will assist patients in choosing competent and ethical doctors. In implementing the system, the board intends to make information available by the Internet, FAX, mail, or by telephone so that all Virginians will have access to the data. Consumers of medical care will have the data necessary to make more informed choices about their physicians.

The law requires that physicians provide initial information upon request; they will also have to update that information as it changes. For those physicians who have had malpractice awards or settlements, who have been disciplined by the hospitals in which they have privileges, or who have had disciplinary action taken by the Board of Medicine, the physician profile system may have a detrimental effect on their practice if consumers become concerned about the pattern of negative findings. The board does intend to attach disclosures, similar to those on the Massachusetts profile, to state such things as: (i) studies have shown that there is not necessarily a correlation between malpractice history and a physician's competence and (ii) a payment of a malpractice claim should not be construed as creating a presumption that medical malpractice has occurred.

ISSUE 2: Penalties for noncompliance or for providing false information.

The board determined that penalties for noncompliance should not be specified by regulation, but that it should be stated that such action may be considered unprofessional conduct and may subject the licensees to disciplinary action. Therefore, the board has the ability of handling noncompliance in a variety of ways, depending on the circumstances and the severity of the problem. Providing false information is definitely considered unprofessional conduct and will subject the licensee to a disciplinary action.

Advantages and disadvantages. There are no disadvantages to the public or to the licensees. The board has clearly stated that providing accurate information for the physician profile system is part of the professional responsibility of a licensee and to do otherwise may place his license to practice in jeopardy.

Fiscal Impact Prepared by the Agency:

Number of entities affected by this regulation. All 26,902 doctors of medicine and surgery and 753 doctors of osteopathy will be affected by these regulations.

Projected cost to the agency. The agency will incur some costs (approximately $5,000) for mailings to the Public Participation Guidelines mailing list, conducting a public hearing, and sending copies of final regulations to regulated entities. Every effort will be made to incorporate those into anticipated mailings and board meetings already scheduled.

The fiscal impact analysis prepared on SB 660 at the time the legislation was under consideration stated that regulations would likely have to be amended to provide for an increase in the renewal fees for physicians in accordance with the board's authority in § 54.1-2400 of the Code of Virginia. To that end, the board has also submitted a request for publication of a Notice of Intended Regulatory Action to increase fees during the renewal cycle beginning in January of 2000.

Projected costs to the affected entities. Other than the time it takes to provide the initial data and then to keep it updated, there would be no costs for compliance with these regulations for the licensees. The physician profile system will be integrated into the new computer system at DHP. Once that is fully functional, it will be possible for a physician to electronically update the self-reported information. The initial collection of information will be accomplished by use of a mailed survey followed by data entry into the system. Thereafter, updating may be done electronically, by written request, or by telephone. Of course, certain information on disciplinary actions will be verified by the board and may not be altered by the doctor.

The overall costs of initiating and operating the physician profile system will likely result in a fee increase. Biennial fees may have to be increased from $125 to $138 or $150.

Citizen input in development of regulation. In the development of the proposed regulations, notices were sent to persons on the public participation guidelines mailing list of every meeting of the Legislative Committee of the board, and of the board itself. A Notice of Intended Regulatory Action was also sent to persons on the list; no comment was received on the NOIRA. Public comment was also received at each meeting.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Board of Medicine is proposing to amend its Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, and Physician Acupuncture in order to gather the necessary information from licensees to establish a statewide physician profile system required by § 54.1-2910.1 of the Code of Virginia. The profile system will provide information on the education, practice, and disciplinary actions for all doctors of medicine or osteopathy licensed in Virginia to the public. In addition to requiring the reporting of specific information, the proposed regulations provide that failure to comply with a request for information in a timely manner may subject the licensee to disciplinary action and willfully providing false information will result in a disciplinary action and may jeopardize the practitioner's license to practice.

Estimated economic impact. DHP estimates that establishment and operation of the physician profile system will cost approximately $580,000 during the first biennium and approximately $500,000 for each subsequent biennium. As a special fund agency, the Board of Medicine must generate sufficient revenue from the renewal and application fees it charges its licensees to cover its expenditures for the necessary functions of regulation. Physicians licensed by the Board of Medicine will bear the costs of the profiling system; most likely in the form of increased renewal fees.

Although there is no supporting empirical evidence, it is generally accepted that more information is better than less information and that more informed consumers make "better" choices that lead to better outcomes. However, there are situations where additional information may have negative consequences, specifically if that information is misinterpreted or misused. In order to minimize this risk, the Board of Medicine intends to attach disclosures to state such things as:

1. Studies have shown that there is not necessarily a correlation between malpractice history and a physician's competence; and

2. Payment of a malpractice claim should not be construed as creating a presumption that medical malpractice has occurred.

Physicians who have had malpractice awards or settlements or other disciplinary actions taken against them may suffer some negative effects due to the dissemination of that information to the public. Including these disclosures is intended to ensure that the information provided is correctly interpreted. In some cases, however, consumers may, justifiably, become concerned about a pattern of negative finding for a particular physician.

The proposed physician profiling system will be available to the public via the Internet, FAX, mail, or by phone. This information will allow consumers to make more informed choices about their physicians, which should result in a positive net economic benefit. While it would not be possible to accurately estimate the magnitude, the benefits attributable to more informed patients are likely to outweigh the costs borne by physicians.

Businesses and entities affected. There are 26,902 doctors of medicine and 753 doctors of osteopathy currently licensed in Virginia. The proposed regulations will affect those individuals as well as the general public by providing profile information on all physicians licensed in Virginia. The anticipated costs of establishing and providing this service will be borne by each licensed physician in the form of a renewal fee increase of an estimated $25 per biennium.

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

Projected impact on employment. The proposed regulation is not expected to have any significant impact on employment in Virginia.

Effects on the use and value of private property. Some physicians may experience a negative impact on their practice resulting from public access to information on malpractice awards or settlements or other disciplinary actions taken. The Board of Medicine has taken precautions to ensure that this information is correctly interpreted, therefore, physicians adversely affected by this information are likely to be those where concerns over competency are justified.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency concurs with the analysis of the Department of Planning and Budget.

Summary:

The proposed amendments establish a physician profile system by which information on the education, practice and disciplinary actions of physicians would be available to the public. The regulations specify the information which a physician is required to report, and provide that failure to comply with a request for information may subject the licensee to a disciplinary action. Willfully

providing false information will subject a physician to disciplinary action and may jeopardize his license to practice.

PART VII.
PRACTITIONER PROFILE SYSTEM.

18 VAC 85-20-280. Required information.

A. In compliance with requirements of § 54.1-2910.1 of the Code of Virginia, a doctor of medicine or osteopathy licensed by the board shall provide, upon initial request, the following information within 30 days:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of medical or osteopathic schools and graduate medical education programs attended with dates of graduation or completion of training;

3. Names and dates of specialty board certification, if any, as approved by the American Board of Medical Specialties or the American Board of Osteopathic Medical Specialties;

4. Number of years in active, clinical practice in the United States or Canada following completion of medical training and the number of years, if any, in active, clinical practice outside the United States or Canada;

5. The specialty in which the physician practices;

6. Names of insurance plans accepted or managed care plans in which the physician participates;

7. Names of hospitals with which the physician is affiliated;

8. Appointments within the past 10 years to medical school faculties with the years of service and academic rank;

9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period.

10. Whether there is access to translating services for non-English speaking patients at the primary practice setting, and which, if any, foreign languages are spoken in the practice; and

11. Whether the physician participates in the Virginia Medicaid Program.

B. The physician may provide additional information on hours of continuing education earned, subspecialties obtained, and honors or awards received.

C. After the initial request for information, the licensee shall provide to the board, within 30 days, current information in any of the above categories whenever there is a change in the information on record with the physician profile system.

18 VAC 85-20-290. Reporting of malpractice paid claims.

All malpractice paid claims reported to the Board of Medicine within the 10 years immediately preceding the report shall be used to calculate the level of significance as required by § 54.1-2910.1 of Code of Virginia. Each report of an award or settlement shall indicate:

1. The number of years the physician has been licensed in Virginia.

2. The specialty in which the physician practices.

3. The relative frequency of paid claims described in terms of the number of physicians in each specialty and the percentage who have had made malpractice payments within the 10-year period.

4. The date of the paid claim.

5. The relative amount of the paid claim described as average, below average or above average, which shall be defined as follows:

a. "Average" if the amount of the award is within one standard deviation above or below the mean for the amount of all reported claims for physicians who share the same specialty as the subject of the report;

b. "Below average" if the amount of the award is below one standard deviation from the mean for the amount of all reported claims for physicians who share the same specialty as the subject of the report; and

c. "Above average" if the amount of the award is above one standard deviation from the mean for the amount of all reported claims for physicians who share the same specialty as the subject of the report.

18 VAC 85-20-300. Noncompliance or falsification of profile.

A. The failure to provide the information required by subsection A of 18 VAC 85-20-280 within 30 days of the request for information by the board may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the physician profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

NOTICE: The forms used in administering 18 VAC 85-20-10 et seq., Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, and Physician Acupuncture, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

Instructions for Completing FLEX or USMLE Endorsement Application; American Graduates--revised May, 1997.

Instructions for Completing FLEX or USMLE Endorsement Application; Non-American Graduates--revised June, 1997.

Instructions for Completing PMLEXIS Examination Application--revised May, 1997.

Instructions for Completing Chiropractic Endorsement Application--revised May, 1997.

Instructions for Completing Podiatry Endorsement application--revised May, 1997.

Instructions for Completing LMCC Endorsement Application; Canadian/American Graduates--revised May, 1997.

Instructions for Completing LMCC Endorsement Application; Non-American Graduates--revised June, 1997.

Instructions for Completing National Boards Endorsement Application--revised May, 1997.

Instructions for Completing Osteopathic National Boards Endorsement Application--revised May, 1997.

Instructions for Completing Other Boards Endorsement Application; American Graduates--revised May, 1997.

Instructions for Completing Other Boards Endorsement Application; Non-American Graduates--revised June, 1997.

Form #A, Claims History Sheet--revised June, 1997.

Form #B, Activity Questionnaire--revised June, 1997.

Form #C, Clearance from Other State Boards--revised June, 1997.

Form #D, Virginia Request for Physician Profile--revised June, 1997.

Application for a License to Practice Medicine/Osteopathy--revised May, 1997.

Form #H, Certification of Grades Attained on the Podiatric Medical Licensing Examination for States (PMLEXIS)--revised June, 1997.

Form #I, National Board of Podiatric Medical Examiners Request for Scores on Part I and II--revised June, 1997.

Form HRB-30-061, Requirements and Instructions for an Intern/Resident License--revised July, 1997.

Intern/Resident Form #A, Memorandum from Associate Dean of Graduate Medical Education--revised July, 1997.

Intern/Resident Form #B, Certificate of Professional Education--revised July, 1997.

Instructions for Completing an Application for a Limited License to Practice Medicine as a Full-time Faculty Member or as a Full-time Fellow--revised January, 1998.

Form DHP-030-056, Application for a Limited License to Practice Medicine as a Full-time Faculty Member or as a Full-time Fellow--revised January, 1998.

Form #G--Request for Status Report of Educational Commission for Foreign Medical Graduates Certification--revised October, 1997.

Instructions for Licensure to Practice as a Physician Acupuncturist--revised March, 1997.

Application for a License to Practice Acupuncture--revised July, 1997.

Renewal Notice and Application--revised July, 1997.

Virginia Physician Profile--revised July, 1999.

VIRGINIA PHYSICIAN PROFILE

Licensure Name:

Licensure Status: Active (See disciplinary action)

License # : Medical Doctor 0101-
Osteopathic Doctor 0102-

* Primary Practice Address: Street, City, State, Zip
% Time at Location ☐
Variable ☐

* Secondary Practice Address: Street, City, State, Zip
% Time at each location
1. ☐
2. ☐
3. ☐
4. ☐
5. ☐
6. ☐

Original License Date: Month Day Year

License Expiration Date: Month Day Year

Education
Medical (osteopathic) school
Degree
Year Obtained

* Graduate Medical Education
Years of graduate medical education
Specialty
Residency
Fellowship

*Board Certification (ABMS or ABOMS approved)
Name of Board
Date originally certified
None ☐

* Number of Years in Active Clinical Practice
(Post-training in the United States or Canada) ———
(Post-training outside the United States or Canada) ———

* Specialty area in which the physician practices

Allergy and immunology	☐	Orthopaedic surgery	☐
Anesthesiology	☐	Otolaryngology	☐
Colon and rectal surgery	☐	Pathology	☐
Dermatology	☐	Pediatrics	☐
Emergency medicine	☐	Physical medicine and rehabilitation	☐
Family practice	☐	Plastic surgery	☐
General medicine	☐	Preventive medicine	☐
Internal medicine	☐	Psychiatry	☐
Medical genetics	☐	Radiology	☐
Neurological surgery	☐	Surgery	☐
Neurology	☐	Thoracic surgery	☐
Nuclear medicine	☐	Urology	☐
Obstetrics and gynecology	☐	Unspecified	☐
Gynecology only	☐		

* Insurance or Managed Care Plans Accepted
Name(s)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Most insurance plans accepted ☐
None ☐

* Hospital Affiliations
1.
2.
3.

* Medical School Faculty Appointment(s)
Years
Academic Rank
Institution

* Publications in last five years (up to 10)
Author(s) Title Publication Volume Page Year
(HTML Links)

* Access to Translating Services YES ☐ NO ☐
Call office for details ☐
Foreign language (s) spoken in the practice

* Virginia Medicaid Accepted YES ☐ NO ☐ Call office for details ☐

Malpractice Information (last 10 years)

Paid	Judgment NO ☐	Settlement NO ☐
Date	1.	1.
	2.	2.

Amount: Above Average
Average
Below Average

Number of practitioners with this same specialty instate:
% with paid claims:

Final Disciplinary Action:

Entity Taking action	Date	Final Action
1.		
2.		
3.		

* Additional Information on Practitioner Competence
Continuing Education
Subspecialties
Honors
Awards

*** These items have been self-reported by the practitioner and can be changed by the practitioner.**

rev. 7/99

VA.R. Doc. No. R99-11; Filed July 20, 1999, 11:22 a.m.

BOARD OF LICENSED PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND SUBSTANCE ABUSE TREATMENT PROFESSIONALS

Title of Regulation: **18 VAC 115-30-10 et seq. Regulations Governing the Certification of Substance Abuse Counselors (amending 18 VAC 115-30-10, 18 VAC 115-30-30, 18 VAC 115-30-40, 18 VAC 115-30-60, 18 VAC 115-30-70, 18 VAC 115-30-90, 18 VAC 115-30-110, 18 VAC 115-30-120, 18 VAC 115-30-140, 18 VAC 115-30-150, and 18 VAC 115-30-160; adding 18 VAC 115-30-45; repealing 18 VAC 115-30-20, 18 VAC 115-30-80, 18 VAC 115-30-100, and 18 VAC 115-30-130).**

Statutory Authority: § 54.1-103, 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Public Hearing Date: August 26, 1999 - 9 a.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of the health regulatory boards including the power to assess fees, establish qualifications for certification and the responsibility to promulgate regulations.

Chapter 35 establishes the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals and authorizes that board to administer the certification of substance abuse counselors.

Section 54.1-103 authorizes the board to promulgate regulations specifying additional training or conditions for individuals seeking certification by reciprocity or endorsement.

Purpose: In response to Governor Allen's Executive Order 15, the board conducted a comprehensive review of its regulations to ensure that the only regulations that remain in effect are those that are essential to protect the health, safety and welfare of the public. The board is proposing reformatting its regulations, eliminating obsolete and unnecessary language, and including new language where needed to clarify requirements.

The executive order also mandated that no regulation should remain in effect if there are less burdensome or intrusive alternatives available to achieve the purpose of the regulations. To simplify the application process for experienced practitioners, the board is proposing certification without examination for individuals who hold national certifications obtained by substantially equivalent requirements to those in the board's regulations. To reduce the burden of obtaining the required supervised training, the board proposes amending the rule that requires state certification with two years experience *and* national certification for individuals acting as supervisors to allow for acceptance of either. The board also proposes accepting group supervision as equivalent to face-to-face supervision, for up to one-half of the total supervised hours. This will expedite the certification process for many individuals, thus providing greater access to certified professionals for individuals and families who need substance abuse counseling services, which is in the best interest of the public health, safety and welfare.

To reduce the financial burden on individuals who wish to renew a certification which has lapsed for more than four years, the board is proposing a reapplication alternative to the current cumulative renewal and penalty fee requirement.

Substance: The key amendments for each regulation are summarized as follows:

Part I. General Provisions. 18 VAC 115-30-10. To reduce duplication and eliminate the possibility for discrepancies with statute, the board proposes replacing definitions of terms which are set forth in statute with a reference to the *Code* section where they appear. For clarification, the board proposes adding a definition for "*group supervision*."

18 VAC 115-30-20. The board proposes repeal of this section, as there is no reason to have these regulations incorporated by reference in another chapter.

18 VAC 115-30-30. The board proposes repeal of the name change fee, which is unnecessary.

Part II. Requirements for Certification. Amendments are proposed to 18 VAC 115-30-40 to remove unnecessary language and clarify the documentation required in the application package. The board also proposes elimination of the reference letter requirement.

A new section (18 VAC 115-30-45) is proposed to set forth specific requirements for certification by endorsement for experienced counselors certified in other jurisdictions. This section includes a new provision to certify without examination individuals who hold certain national certifications in substance abuse counseling.

The registration requirement set forth in 18 VAC 115-30-60 is not a new requirement, but has been relocated for emphasis. A new subsection has been added to delineate supervisor requirements.

To reduce the burden of the residency requirement, the board proposes the following changes:

1. Changing the face-to-face consultation requirement with the supervisor from *at least* two hours per week to *an average* of two hours per week. To prevent confusion, the total hours of consultation that should be completed during the year of training is specified.

2. Accepting group supervision hours as equivalent to face-to-face supervision hours (for up to one-half of the total hours).

3. Accepting individuals with state certification and either two years work experience in substance abuse *or* national certification in substance abuse counseling to act as supervisors, as opposed to both certifications as required under the current rule.

4. Adding a new licensure title to the list of acceptable supervisors.

18 VAC 115-30-70. Minor changes are proposed to clarify the instruction and remove the reference to an outdated regulation which is no longer in effect.

18 VAC 115-30-80. The board proposes repeal of this section based on advise from the Attorney General's office that it is in conflict with the Americans with Disabilities Act.

Part III. Examinations. 18 VAC 115-30-90. The board proposes removing unnecessary language from this section and adding an instruction that individuals applying for licensure by endorsement must pass an examination.

18 VAC 115-30-100. The board proposes repeal of this section which is unnecessary.

Part IV. Certification Renewal; Reinstatement. A requirement to notify the board of a change of address within 60 days has been added to 18 VAC 115-30-110.

The board proposes a flat reinstatement application fee for certifications that have expired beyond four years to replace the current requirement set forth in 18 VAC 115-30-120 which assesses cumulative renewal and penalty fees for all lapsed renewal periods, which can become excessive over a long period of time.

The board has determined that the name change fee is unnecessary and proposes repeal of 18 VAC 115-30-130.

Part VI. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement. The board is recommending amendments to the standards of practice set forth in 18 VAC 115-30-140 to remove unnecessary language and clarify the standards and improve their enforceability. Language that duplicates statute was struck and related subdivisions were combined where appropriate. The board is recommending a new language for the prohibition on dual relationships that is more consistent with the regulations of other boards, and the codes of ethics of professional associations.

A minor change is proposed for 18 VAC 115-30-150 to consolidate language from subdivisions A 1 and A 6 into one subsection.

The board proposes including a provision in 18 VAC 115-30-160 to require a two-year waiting period for reapplication for individuals whose certificate has been revoked or denied renewal. This rule is currently in effect for individuals licensed by the board as professional counselors.

Issues:

A. Two definitions in the regulations are set forth in statute. This results in discrepancies when there are changes in statute, such as the recent name change of the board. The board proposes referencing the Code of Virginia for definitions that duplicate statute, and adding a definition for "group supervision" which specifies the limitation of six persons in a group that is currently set forth under 18 VAC 115-30-60.

Advantages: Referencing definitions in the Code of Virginia and removing unnecessary definitions streamlines the regulations and eliminates duplication. Additionally, the regulations will remain in conformance with statute in the event statutory definitions are amended.

Disadvantages: The proposed changes present no disadvantages to the general public, applicants, certificate holders, the board or the agency.

B. The board does not assess a name change fee in its other regulations, and determined that it is an unnecessary burden to certificate holders.

Advantages: Removing the fee will reduce the administrative work involved in processing name changes and reduce frustration for certificate holders.

Disadvantages: There are no disadvantages to the proposed change.

C. The language in the beginning of this section duplicates statute. Instructions on registration of supervision in subdivision B 2 are not appropriate to this section and are listed under 18 VAC 115-30-60. Reference letters do not provide useful information to supplement the supervisory evaluations. The board proposes rescinding the reference letter requirement, and making other minor changes to clarify the documentation requirements.

Advantages: The proposed changes simplify the application process by rescinding the reference letter requirement, clarify the documentation required, and remove language that is unnecessary or not appropriate to this section.

Disadvantages: There are no disadvantages to the proposed changes.

D. Currently, applicants with lengthy experience as substance abuse counselors in other jurisdictions must document the same information as new practitioners, which includes official documentation of supervised practice that may have taken place long ago and is therefore difficult or impossible to verify. The board is proposing an alternative method for documenting experience, and acceptance of certain national certifications as criteria for endorsement.

Advantages: Endorsement of experienced practitioners holding national certifications will expedite the certification process for these applicants by as many as 10 months, which may reduce delays in the ability to obtain employment where certification is a requirement for employment.

Disadvantages: The proposed changes present no disadvantages to applicants, the agency, or the general public.

E. An issue the board has addressed with all of its regulations under the Executive Order 15 (94) mandate is the difficulty for applicants to find qualified individuals to provide

the required supervised training. The board values this training as equally important to the didactic education requirement for the development of competent practitioners. To increase the availability of qualified supervisors, the board has added a new licensure title to the list of approved supervisors, and proposes amending the rule that requires both national certification *and* two years experience for state-certified individuals acting as supervisors. The board also proposes accepting group supervision as equivalent to face-to-face supervision, for up to one-half of the total supervised hours.

The board also proposes reformatting this section, deleting unnecessary language and changing language to clarify the requirements when needed.

Advantages: Broadening the criteria for acceptable supervisors will enable individuals interested in this certification to more easily obtain the required supervised training. Individuals who hold a national certification will not have to wait until two years post-state certification to act as supervisors. Individuals who have two years experience under state certification will not be compelled to obtain a state certification to act as supervisors.

Disadvantages: There are no disadvantages to the proposed change.

F. At issue is the potential for conflict with the Americans with Disabilities Act, which prohibits denial of a government service (i.e., certification) based on a disability. The board proposes repeal of this section.

Advantages: Repeal of this language eliminates conflict with federal law.

Disadvantages: There are no disadvantages.

G. Examination requirements under the current regulations are set forth under two sections which can be reduced and consolidated by eliminating language that is unnecessary. Because a new section on certification by endorsement is included in the proposed regulations, the requirement for a passing exam score in the base state of certification or for national certification is reiterated in this section.

Advantages: Elimination of unnecessary language makes the regulations more concise.

Disadvantages: There are no disadvantages to the proposed changes.

H. The late renewal reinstatement procedure set forth in 18 VAC 115-30-120 requires payment of cumulative certification and penalty fees, which is overly burdensome for individuals who are returning to a Virginia practice after a lengthy absence. The board proposes a simple reapplication fee for individuals who have not renewed their certification for four years.

Advantages: Reinstatement will be much less costly for counselors who are returning to Virginia to practice.

Disadvantage: There is no disadvantage to the proposed change.

Because the board resolved to eliminate the name change fee which is not essential, and since § 54.1-111 of the Code of Virginia requires certificate holders to provide accurate information on an application (which can include the renewal application), the board determined that this section is not necessary and can be deleted. As an administrative policy, the agency requires official documentation of name change prior to making a change in the name of record on the agency's database.

Advantages: Elimination of unnecessary language makes the regulation more concise.

Disadvantages: There are no disadvantages to the proposed change.

I. The board determined that the language in the first subsection of the standards of practice was unnecessary, as it duplicates statute. The board also determined that the language addressing the confidentiality of client records could be improved by citing the specific state and federal laws which create exceptions to the confidentiality rule.

The primary issue the board addressed in the standards of practice which the board addressed was the prohibition on dual relationships. During its concurrent review of its regulations for professional counselor regulations, the board had developed new language for the prohibition on dual relationships which sets forth a five-year prohibition on sexual relationships, provided there is no client exploitation. The board made this change because it determined that the stringency of the former rule exceeded the ethical standards of national associations, and may be unreasonable in some situations, such as brief intake activities, which do not create the same potential for client exploitation as long term treatment.

Advantages: The proposed changes make the standards more concise, more reasonable and easier to enforce.

Disadvantages: There are no disadvantages to the proposed changes.

Estimated Fiscal Impact:

A. Projected number of persons affected and their cost of compliance: Approximately 1,100 certificate holders, and 150 new applicants and trainees per year are affected by these regulations.

The endorsement provision should expedite processing of applicants who hold certain national certifications by about ten months (the current regulations only provide for endorsement of individuals with equivalent certifications in other states). Assuming earnings of $1,500 to $2,000 per month, the potential earnings that might otherwise be lost could be $15,000 to $20,000. More significantly, endorsement applicants will be less likely to miss employment opportunities if certification is a requirement of an employer, and substance abuse counseling services will be more readily available to the public.

Acceptance of group supervision hours as equivalent to face-to-face hours will reduce the time and expense of supervision

for individuals who do not have on-site supervision available at their agency.

The proposed reinstatement process will reduce the cost of reinstatement from several hundred dollars, depending on the length of absence, to $40.00.

B. Costs to the agency for implementation: Approximately $2,000 will be incurred for printing and mailing public notices and amended regulations.

All costs to the agency are derived from fees paid by licensees, and no fee increases are necessary.

C. Costs to local governments: The proposed amendments will not fiscally impact local governments.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Board of Licensed Professional Counselors, Marriage and Family Therapists, and Substance Abuse Treatment Professionals proposes to update its Regulations Governing Certification of Substance Abuse Counselors. The substantive changes include broadening the categories of acceptable supervisor credentials, reducing supervisory requirements for the residency prerequisite, expanding the licensure by endorsement provision to include holders of national certifications, clarifying the standards of practice pertaining to dual relationships, instituting a single reapplication fee for reinstating a lapsed certification, and repealing the name change fee.

Estimated economic impact.

Supervised Training. The proposed regulations broaden the categories of acceptable supervisor credentials, change the face-to-face consultation requirement with the supervisor from at least two hours per week to an average of two hours per week (the total number of hours per year are specified), and accept group supervision hours as equivalent to face-to-face supervision hours for up to half of the total hours required (currently two hours of group supervision is equivalent to one hour of face-to-face supervision).

These proposed changes will likely increase the number of individuals available to provide supervised training for applicants, thus allowing applicants for certification to obtain their supervised training more easily. These changes were made on the judgment of the board that the new requirements would increase the supply of certified counselors without reducing the quality of those applicants; however, there is no evidence available to assess these expectations. The changes can be expected to lower the costs of certification and as such will result in a net benefit to certification applicants.

Certification by Endorsement. Currently all applicants for certification by endorsement must document the same information as new practitioners. This information often may be difficult or even impossible to verify, especially for applicants with lengthy experience. The proposed regulation includes an alternative method for documenting experience and will expand the licensure by endorsement provision to include holders of approved national certifications.

These changes will reduce the administrative costs of the licensing program by providing documentation that is more easily verified. Applicants for certification by endorsement will benefit by receiving their Virginia certifications sooner. The board predicts that this change may also expedite the certification process for these applicants by as long as 10 months, and will enhance applicants' ability to obtain employment where certification is required and may increase their net income. Assuming monthly earnings of $1,500 to $2,000, the potential earnings that might otherwise be lost could be as high $15,000 to $20,000, although it would be reasonable to assume that applicants awaiting certification would often have some form of employment during that time. The net income gained from this change will be the difference in what the applicant could have earned practicing as a substance abuse counselor compared to what they earned while waiting for their certification. Given that the certification by endorsement provision is voluntary, it will necessarily result in a net economic gain for applicants who choose to use it, although the exact magnitude of this gain is not known.

Dual Relationships. Language added to the regulation clarifies the standards of practice pertaining to inappropriate business and personal relationships with clients, former clients, and supervisors. The proposed regulation specifies a five-year prohibition on sexual relationships with former clients, provided there is no exploitation. Currently there is a life-long prohibition on such relationships. The board felt that the current rule is unnecessarily, and for some situations unreasonably stringent and noted that it exceeds the ethical standards for counselors established by the national associations. For example, the Code of Ethics of the American Counseling Association includes only a two-year prohibition on sexual intimacies with clients.

The five-year criteria proposed in these regulations is based solely on the judgement of the board that two years is not long enough to deter practitioners from engaging in intimate relationships with former clients. While there is no empirical evidence available to assess the costs and benefits of alternative time lengths, the five-year prohibition is much closer to the national standards than the current rule and will be easier to enforce and, therefore, is likely to result in a net

benefit for practitioners and the board without causing any undue risk.

Reinstatement of Lapsed Certifications. A single reapplication fee is proposed for reinstating a Virginia certification that has lapsed for more than four years. The current cumulative renewal and penalty fee structure was determined to be overly burdensome for individuals returning to Virginia to practice after long absences. This change will reduce the financial burden of reinstating a lapsed certification and may increase the number of individuals who choose to do so.

Legal Name Changes. The proposed regulation will repeal a $10 fee currently charged to process a name change. The board does not assess this fee on any of its other regulants and determined that it was an unnecessary burden to individuals governed by this regulation. Since DHP must, by law, recover all of the costs of this licensing program through fees, the repeal of this fee will simply shift the costs associated with documenting a name change from those seeking a name change to all certificate holders. The elimination of this fee simply transfers costs from one group to another and will have no net economic impact since the small fee reduction is unlikely to have an effect on the number of name changes performed each year.

Businesses and entities affected. The proposed changes to this regulation will affect all certified substance abuse counselors and all new applicants. Currently, there are approximately 1,100 certificate holders and 150 new applicants and trainees per year.

Localities particularly affected. The proposed regulations are not expected to affect any particular locality as they are applicable statewide.

Projected impact on employment. The new supervised training requirements are expected to lower the costs of obtaining a substance abuse counseling certificate and, therefore, may increase the number of such counselors in Virginia.

Effects on the use and value of private property. The proposed regulation is not expected to have any significant effect on the use and value of private property in Virginia.

Summary of analysis. The proposed changes to the supervised training requirements can be expected to increase availability of qualified supervisors and allow applicants to obtain their supervised experience more easily. This may result in an increase in the number of certified substance abuse counselors in Virginia. Expansion of the certificate by endorsement provision should expedite the processing time for these applicants and may increase their ability to obtain employment where certification is required, affecting their net income. Changes are also proposed to reduce the financial burden of reinstating a lapsed certificate.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The board concurs with the analysis of the Department of Planning and Budget.

Summary:

The proposed amendments provide for certification by endorsement for individuals who hold national certifications in substance abuse counseling obtained by substantially equivalent requirements to those in the board's regulations. The board also proposes changing the current requirement for supervisors to have both national certification and two years of experience as a Virginia certified substance abuse counselor to allow individuals meeting either criterion to act as supervisors. To reduce the burden of the supervision requirement on applicants, the board proposes accepting group supervision hours as equivalent to individual supervision hours, for up to half of the total supervised hours, and changing the face-to-face hour requirement from two hours per week to an average of two hours per week. A new licensure title is added to the list of acceptable supervisors. To reduce the financial burden on individuals who wish to renew a certification which has lapsed for more than four years, the board is proposing a reapplication alternative to the current cumulative renewal and penalty fee requirement. The board is recommending an amendment to the dual relationship prohibition in the standards of practice to specify that sexual relationships with a client are strictly prohibited for five years following the cessation of services. The board also proposes general reformatting of the regulations, eliminating obsolete and unnecessary language, and including new language where needed to clarify requirements.

18 VAC 115-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Certified substance abuse counselor"

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

"Applicant" means an individual who has submitted a completed application with documentation and the appropriate fees to be examined for certification as a substance abuse counselor.

"Appropriately credentialed authority" means an entity licensed by an agency of the Commonwealth to render the services of substance abuse counselors.

~~*"Board"* means the Virginia Board for Professional Counselors, Marriage and Family Therapists and Substance Abuse Professionals.~~

"Candidate" means a person who has been approved to take the examinations for certification as a substance abuse counselor.

~~*"Certified substance abuse counselor"* means a person certified to provide substance abuse counseling in a~~

~~state-approved public or private substance abuse program or facility.~~

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Didactic" means teaching-learning methods which impart facts and information, usually in the form of one-way communication (includes directed readings and lectures).

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Substance abuse counseling" means applying a counseling process, treatment strategies and rehabilitative services to help an individual to:

1. Understand his substance use, abuse or dependency; and

2. Change his drug-taking behavior so that it does not interfere with effective physical, psychological, social or vocational functioning.

"Clinical supervision" means the ongoing process performed by a clinical supervisor who monitors the performance of the person supervised and provides regular, documented face-to-face consultation, guidance and education with respect to the clinical skills and competencies of the person supervised.

"Clinical supervisor" means one who provides case-related supervision, consultation, education and guidance for the applicant. The supervisor must be credentialed as defined in 18 VAC 115-30-40 C and 18 VAC 115-30-60 D ~~of this chapter~~.

18 VAC 115-30-20. ~~Cross-referencing.~~ *(Repealed.)*

~~These regulations are incorporated by reference in 18 VAC 115-20-10 et seq.~~

18 VAC 115-30-30. Fees required by the board.

A. The board has established the following fees applicable to the certification of substance abuse counselors:

Biennial certification renewal	$40
Duplicate certificate	$15
Late renewal	$10
Replacement of or additional wall certificate	$15
~~Name change~~	~~$10~~
Returned check	$15

B. Application, registration of supervision and examination fees shall be paid directly to the board's contracting agents according to their requirements.

C. All fees are nonrefundable.

18 VAC 115-30-40. ~~Certification, general~~ *Prerequisites for certification by examination*.

~~A. No person shall use the title of "certified substance abuse counselor" in the Commonwealth of Virginia except as provided in this chapter.~~

~~B. A certified substance abuse counselor is employed to deliver substance abuse counseling in a state-approved public or private facility.~~

~~C. In every instance there shall be an identifiable appropriately credentialed individual or authority to provide supervision.~~

~~D.~~ *A.* A candidate for certification as a substance abuse counselor shall meet all the requirements of this chapter, including passing the examination prescribed in 18 VAC 115-30-90.

~~E.~~ *B.* Every prospective applicant for examination for certification by the board shall:

1. Meet the educational *and experience* requirements prescribed in 18 VAC 115-30-50 ~~of this chapter~~ *and 18 VAC 115-30-60*;

~~2. Register supervision at least one year before applying. The board, in its discretion, may waive this one-year period for an applicant who has met the work experience requirements prescribed in 18 VAC 115-30-60;~~

~~3. Meet the experience requirements prescribed in 18 VAC 115-30-60;~~

~~4. Meet the requirements of character and professional integrity prescribed in 18 VAC 115-30-80; and~~

~~5.~~ *2.* Submit the following to the contracting agent within the time frame established by that agent:

a. A completed application form;

~~b. Documented evidence of having fulfilled the education, supervision, experience, and references required in subdivisions 1, 2, 3, and 4 of this subsection;~~

~~c. Reference letters from three health or mental health care professionals attesting to the applicant's character and professional integrity; and~~

b. Official transcript documenting attainment of a high school diploma or general educational development (GED) certificate;

c. Official transcripts or certificates verifying completion of the didactic training requirement set forth in subsection B of 18 VAC 115-30-50;

d. Verification of supervisor's education and experience as required under 18 VAC 115-30-60;

e. Verification of supervision forms documenting fulfillment of the experience requirements of 18 VAC 115-30-60;

f. Documentation of any other professional license or certificate ever held in another jurisdiction; and

~~d.~~ *g.* Any applicable fees.

~~F. The board may certify by endorsement an individual who is currently certified in another state as a substance abuse counselor and who has been certified in another state through a similar process with equivalent requirements as described in this section.~~

18 VAC 115-30-45. Prerequisites for certification by endorsement.

Every applicant for certification by endorsement shall submit in one package:

1. A completed application;

2. The application processing fee;

3. Verification of all professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Affidavit of having read and understood the regulations and laws governing the practice of substance abuse counseling in Virginia; and

5. Further documentation of one of the following:

a. Licensure or certification as a substance abuse counselor in another jurisdiction in good standing obtained by standards substantially equivalent to the education and experience requirements set forth in this chapter as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency, or a copy of the regulations in effect at the time of initial licensure or certification and verification of a passing score on a licensure examination in the jurisdiction in which licensure or certification was obtained; or

b. Verification of a current board-recognized national certification in substance abuse counseling in good standing obtained by standards substantially equivalent to those set forth in this chapter.

18 VAC 115-30-60. Experience requirements.

A. Registration. Supervision obtained without prior board approval will not be accepted if it does not meet the requirements set forth in subsections B and C of this section. Individuals who wish to register supervision for board approval prior to obtaining the supervised experience shall submit in one package:

1. A supervisory contract;

2. Verification of the supervisor's education and experience as required under subsection C of this section;

3. Official transcripts documenting completion of a high school diploma or general education development certificate; and

4. The registration fee.

B. Experience requirements.

~~A.~~ *1.* An applicant for certification as a substance abuse counselor shall have had 2,000 hours of supervised experience in the delivery of clinical substance abuse counseling services.

~~B. The work experience shall be supervised by a board-approved licensed professional or certified substance abuse counselor. In every instance there shall be an identifiable appropriately credentialed individual or authority to provide supervision.~~

~~C.~~ *2.* The supervised experience shall include ~~at least~~ *an average of* two hours per week of face-to-face consultation between the supervisor and the applicant *to total 100 hours within the required experience. No more than half of these hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of face-to-face supervision*.

~~D. Supervision shall be provided under this section according to the following requirements:~~

~~1. The supervision contract shall be completed and signed by the applicant and the supervisor;~~

~~2. The supervisor shall assume responsibility for the professional activities of the applicant;~~

~~3. The supervisor shall not provide supervision for activities for which the prospective applicant has not had appropriate education;~~

~~4. The supervisor shall provide supervision only for those substance abuse counseling services which he is qualified to render;~~

~~5. Group supervision involving up to six members in a group will be acceptable for one hour of the two hours per week of supervision required in subsection C of this section, substituting on the basis of two hours of group supervision equaling one hour of individual supervision. In no case shall a person receiving supervision receive less than one hour of face-to-face individual supervision per week;~~

~~6. Supervision must be provided by a professional who has had specialized training or experience in substance abuse counseling or a certified substance abuse counselor approved by the board;~~

C. Supervisory requirements.

~~7.~~ *1.* A board-approved supervisor shall:

a. Be a licensed professional counselor, licensed clinical psychologist, ~~licensed psychologist,~~ licensed clinical social worker, medical doctor, or registered nurse with *a board-recognized national certification in*

substance abuse counseling obtained by standards substantially equivalent to those set forth in this chapter, or a minimum of one year experience in substance abuse counseling and at least 100 hours of didactic training covering the areas outlined in 18 VAC 115-30-50 B 1 a through f; ~~or~~

b. Be a licensed substance abuse treatment practitioner; or

~~b.~~ *c.* Be a substance abuse counselor certified by the ~~board~~ *Virginia Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals* who has:

(1) Board-recognized national certification in substance abuse counseling *obtained by standards substantially equivalent to those set forth in this chapter*; ~~and~~ *or*

(2) Two years experience as a *Virginia* board certified substance abuse counselor;

2. Supervisors shall assume responsibility for the professional activities of the prospective applicants under their supervision.

3. Supervisors shall not provide supervision for activities for which prospective applicants have not had appropriate education.

4. Supervisors shall provide supervision only for those substance abuse counseling services which they are qualified to render.

~~8.~~ *5.* At the time of formal application for certification, the board-approved supervisor shall document the applicant's total hours of supervision, length of work experience, competence in substance abuse counseling and any needs for additional supervision or training~~;~~.

~~9.~~ *6.* Supervision by any individual whose relationship to the supervisee compromises the objectivity of the supervisor is prohibited~~; and~~.

~~10.~~ *7.* The applicant shall keep the board's contracting agent informed of his current supervisor's license or certificate number, business address, and phone number. The board's contracting agent shall be informed within 30 days of any changes in the applicant's supervision.

18 VAC 115-30-70. Documentation of supervision.

Applicants must document successful completion of their supervised experience on ~~appropriate forms~~ *the Verification of Supervision Form* at the time of application. Supervised experience obtained prior to ~~May 8, 1991~~ *[insert effective date of this chapter]*, may be accepted toward certification if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

18 VAC 115-30-80. ~~Character and professional integrity.~~ *(Repealed.)*

~~If the applicant has been under treatment for substance abuse within the last four years, the applicant shall provide a written statement from the certified or licensed individual responsible for the treatment. The written statement shall address the capability of the applicant to assume the responsibilities of a certified substance abuse counselor.~~

18 VAC 115-30-90. General examination requirements.

A. Every applicant for certification as a substance abuse counselor *by examination* shall ~~take~~ *pass* a written examination approved by the board ~~and achieve a passing score as defined by the board~~. *The board shall determine the passing score on the examination.*

~~B. A written examination will be given at least once each year. The board may schedule such additional examinations as it deems necessary.~~

B. Every applicant for licensure by endorsement shall have passed an examination deemed by the board to be substantially equivalent to the Virginia examination.

~~1.~~ *C.* The contracting agent shall notify all applicants in writing of the time and place of the examination for which they have been approved to sit.

~~2.~~ *D.* The contracting agent will notify all applicants in writing of their success or failure on any examination.

18 VAC 115-30-100. ~~Written examination.~~ *(Repealed.)*

~~The written examination shall consist of objective, multiple-choice, or essay questions.~~

18 VAC 115-30-110. Biennial renewal of certificate.

A. Every certificate issued by the board shall expire on June 30 of each odd-numbered year.

~~1.~~ *B.* Along with the renewal application, the certified substance abuse counselor shall submit the renewal fee prescribed in 18 VAC 115-30-30.

~~2.~~ *C. Certified individuals shall notify the board of change of address within 60 days.* Failure to receive a renewal notice and application forms shall not excuse the certified substance abuse counselor from the renewal requirement.

18 VAC 115-30-120. Reinstatement.

A. A person whose certificate has expired may renew it within four years after its expiration date by paying the penalty fee prescribed in 18 VAC 115-30-30 and the certification fee prescribed for each biennium the certificate was not renewed.

B. A person who fails to renew a certificate for four years or more shall~~:~~ *reapply according to the requirements set forth in 18 VAC 115-30-40 or 18 VAC 115-30-45.*

~~1. Pay the late renewal fee prescribed in 18 VAC 115-30-30 and the certification fee prescribed for each biennium the certificate was not renewed;~~

~~2. Provide evidence satisfactory to the board of current ability to practice as evidenced by:~~

~~a. Continuous practice of substance abuse counseling during the preceding two years and completion of 20 hours of continuing education in substance abuse counseling per year for the preceding two years; or~~

~~b. Completing at least 40 hours of substance abuse education in the preceding 12 months.~~

18 VAC 115-30-130. ~~Legal name change.~~ *(Repealed.)*

~~A certified substance abuse counselor whose name is changed by marriage or court order may:~~

~~1. Notify the board of such change and provide a copy of the legal paper documenting the change;~~

~~2. Pay the "name change" fee prescribed in 18 VAC 115-30-30; and~~

~~3. Request and obtain from the board a new certificate bearing the individual's new legal name and pay the fee prescribed in 18 VAC 115-30-30.~~

18 VAC 115-30-140. Standards of practice.

~~A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.~~

~~1. A certified substance abuse counselor is employed to deliver substance abuse counseling in a state-approved public or private facility.~~

~~2. In every instance there shall be an identifiable individual or authority that is appropriately credentialed to provide supervision.~~

~~B.~~ Persons certified by the board shall:

1. Practice in a manner that ~~is in the best interest of the public and~~ does not endanger the public health, safety, or welfare~~;~~.

2. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes~~;~~.

3. Practice only within the competency area for which they are qualified by training or experience~~;~~.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of certified substance abuse counselors~~;~~.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services~~;~~.

~~6. Keep confidential their counseling relationships with clients, except: (i) when the client is a danger to self or others; and (ii) when the counselor is under court order to disclose information;~~

~~7.~~ *6.* Disclose counseling records to others only ~~with written consent of the client; and~~ *in accordance with the requirements of state and federal statutes and regulations, including, but not limited to §§ 32.1-127.1:03 (Patient Health Records Privacy Act), 2.1-342 B 3 (Virginia Freedom of Information Act), and 54.1-2400.1 (Mental Health Service Providers; Duty to Protect Third Parties; Immunity) of the Code of Virginia; 42 USC § 290dd-2 (Confidentiality of Drug and Alcohol Treatment Records); and 42 CFR Part 2 (Alcohol and Drug Abuse Patient Records and Regulations).*

~~8.~~ *7.* Not engage in dual relationships with clients, former clients, supervisees and supervisors that are harmful to the client's, former client's, or supervisee's well being, or which would impair the substance abuse counselor's or supervisor's objectivity and professional judgment, or increase the risk of client or supervisee exploitation. This prohibition includes, but is not limited to, such activities as counseling close friends, *former sexual partners,* employees or relatives; or engaging in ~~sexual intimacies~~ *business relationships* with clients~~, supervisees, or supervisors~~.

Engaging in sexual intimacies with current clients or supervisees is strictly prohibited. For at least five years after cessation or termination of professional services, certified substance abuse counselors shall not engage in sexual intimacies with a client or those included in collateral therapeutic services. Since sexual or romantic relationships are potentially exploitative, certified substance abuse counselors shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or involvement with a certified substance abuse counselor does not change the nature of the conduct nor lift the regulatory prohibition.

8. Recognize conflicts of interest and inform all parties of obligations, responsibilities and loyalties to third parties.

18 VAC 115-30-150. Grounds for revocation, suspension, probation, reprimand, censure or denial of renewal of certificate; petition for rehearing.

A. In accordance with § 54.1-2400(7) of the Code of Virginia, the board may revoke, suspend or decline to renew a certificate based upon the following conduct;

1. Conviction of a felony or *of a* misdemeanor involving moral turpitude~~;~~*, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse counseling, or any provision of this chapter;*

2. Procuring a certificate by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice substance abuse counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of

material or as a result of any mental or physical condition;

4. Negligence in professional conduct or nonconformance with the standards of practice outlined in 18 VAC 115-30-140 ~~of this chapter~~; *or*

5. Performance of functions outside the board-certified area of competency~~;~~ *.*

~~6. Violation of or aid to another in violating any provision of Chapter 35 of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of the profession regulated, or any provision of this chapter.~~

B. Petition for rehearing. A petition may be made to the board for a rehearing upon good cause shown or as a result of substantial new evidence having been obtained which would alter the determination reached in subsection A of this section.

18 VAC 115-30-160. Reinstatement following disciplinary action.

A. Any person whose certificate has been revoked or denied renewal by the board under the provisions of 18 VAC 115-30-150 ~~of this chapter must~~ *may, two years subsequent to such board action,* submit a new application for certification.

B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.

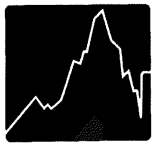
~~C. The applicant for such reinstatement, if approved, shall be certified upon payment of the appropriate fees applicable at the time of reinstatement.~~

NOTICE: The forms used in administering 18 VAC 115-30-10 et seq., Regulations Governing the Certification of Substance Abuse Counselors, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS

Substance Abuse Counselor Verification of Supervision, eff. 8/99.

Renewal Notice and Application, C-45128, rev. 8/97.



COMMONWEALTH OF VIRGINIA
BOARD OF LICENSED PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND SUBSTANCE ABUSE PROFESSIONALS
Mail this form and fee to:
Applied Measurement Professionals, Inc.
8310 Nieman Rd.
Lenexa, KS 66214-1579
1-800-345-6559

SUBSTANCE ABUSE COUNSELOR VERIFICATION OF SUPERVISION

The Virginia Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Professionals has received an application for certification as a substance abuse counselor from the applicant named below. Your name has been submitted by the applicant as his/her clinical supervisor. Please provide the Board with information requested on this form and return this form to the applicant in a sealed, signed envelope. Thank you.

I. To Be Completed by Applicant

Supervisee's Name:_____

Supervisee's Business Address:_____

Supervisor's Name:_____

Supervisor's Business Address:_____

Type of License:_____ License Number:_____ State of License:_____

II. To Be Completed by Supervisor

Date the applicant was employed:

From:_____ (month/day/year) To:_____ (month/day/year)

Dates the applicant was under your supervision:

From:_____ (month/day/year) To:_____ (month/day/year)

a. Hours applicant worked Avg./Week_____ Total_____

b. Hours of individual, face-to-face supervision Avg./Week _____ Total_____

c. Hours of group supervision* Avg./Week _____ Total_____

Was a supervision contract registered with the Board ? Yes _____ No _____

If not, the supervisor must complete the attached Form A or Form B, "Supervisor Experience and Education"

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Duties performed by the applicant under your supervision:_____

Comments:_____

NOTE: IF SUPERVISION WAS NOT REGISTERED WITH THE BOARD PRIOR TO APPLICATION, SUPERVISOR MUST COMPLETE EITHER FORM A OR FORM B OF "SUPERVISOR EXPERIENCE AND EDUCATION" , ATTACHED

I declare under penalty of perjury under the laws of the Commonwealth of Virginia that the foregoing is true and correct.

_____
Supervisor's Signature

_____
Date

Rev. 8/99

VA.R. Doc. No. R98-179; Filed July 27, 1999, 11:58 a.m.

* * * * * * * *

Title of Regulation: **18 VAC 115-50-10 et seq. Regulations Governing the Practice of Marriage and Family Therapy (amending 18 VAC 115-50-10, 18 VAC 115-50-30, 18 VAC 115-50-40, 18 VAC 115-50-50, 18 VAC 115-50-60, 18 VAC 115-50-70, and 18 VAC 115-50-90; adding 18 VAC 115-50-55; repealing 18 VAC 115-50-80).**

Statutory Authority: § 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Public Hearing Date: August 26, 1999 - 9 a.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of the health regulatory boards including the power to assess fees, establish qualifications for licensure and the responsibility to promulgate regulations.

Chapter 35 establishes the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals and authorizes that board to administer the licensure of marriage and family therapists.

Purpose: The board is proposing amendments to (i) the education and internship requirements to make the license attainable for individuals whose graduate programs did not offer all hours of the core coursework required in the current regulations; (ii) strike all references to professional associations, and recognize programs accredited by either of the two nationally recognized accrediting bodies in marriage and family therapy; and (iii) the supervisory requirements to ensure the continued availability of supervisors for individuals who wish to obtain post-graduate training for this license. Also, the board is required in § 54.1-3505 to establish education and experience hour requirements for marriage and family therapist licensure that are consistent with the requirements for professional counselor licensure. In accordance with this requirement, the board proposes accepting group supervision hours as equivalent to individual hours, raising the face-to-face client contact hours during the residency from 1,000 to 2,000 (no change is proposed for total residency hours), and accepting 600 internship hours toward the residency, which is equivalent to proposed amendments for the regulations governing professional counselor licensure.

These amendments provide greater access to licensed professionals for individuals and families that need marriage and family therapy services, which is in the best interest of the public health, safety and welfare.

Substance: The key amendments for each regulation are summarized as follows:

Part I. General Provisions. The board proposes deleting the definition of "AAMFT," which is referred to only in 18 VAC 115-50-80, whose terms have expired.

Definitions of the acronyms "CACREP" and COAMFTE" are proposed to identify these two nationally recognized accrediting bodies in marriage and family therapy which are referenced in 18 VAC 115-50-50 and 18 VAC 115-50-60.

Amendments to the definition of "internship" are proposed to conform the definition with changes to the internship requirement proposed in 18 VAC 115-50-55.

A new definition is proposed for the word "residency," which will replace the term "supervised experience" throughout the regulations.

Amendments to the term "supervision" are proposed to standardize this definition with the board's other regulations.

Part II. Application for Licensure. The board proposes amending the endorsement application requirements in 18 VAC 115-50-40 to clarify that the verification of having met equivalent requirements in another state can be documented with a certified copy of the original application materials from the base state. The requirement for an official transcript, required of all licensure applicants, is also stipulated. Reference to 18 VAC-115-50-80 is stricken due to the proposed repeal of that section.

The board proposes separating the education requirements in 18 VAC 115-50-50 into two separate sections setting forth degree program and course work requirements. The proposed new language in 18 VAC 115-50-50 describes the degree program requirement in terms of the scope of practice set forth in the Code of Virginia, and includes descriptive language of what constitutes a "program" in marriage and family therapy. Language proposed for this section recognizes programs accredited by the Council for Accreditation of Counseling and Related Programs (CACREP), as well as the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE).

To provide an avenue for licensure for individuals whose graduate programs did not offer all required hours in the core content areas, the board proposes striking the phrase "sequential integrated program" from the course work requirements listed in 18 VAC 115-50-55. The board also proposes reducing the semester hours required in the marriage and family studies/therapy core areas from a total of 18 to a total of 12 semester hours. In accordance with its proposed amendments for the professional counselor licensure requirements, the board proposes specifying a three semester hour minimum in each of the core areas of human development, professional studies, research and assessment and treatment. Results of a survey of graduate programs conducted by the board indicate that the three semester hour minimum will not present a burden to the programs or create difficulties for students. To ensure that students who are now enrolled in a graduate program in marriage and family therapy do not have to adjust their curriculum or take additional hours, the board proposes to accept their graduate hours if they meet the requirements

which were in effect at the time their graduate work was begun.

To address public comment that the one year internship is unclear in terms of the school semester structure, the board proposes specifying the requirement in clock hours, in accordance with CACREP requirements and the proposed regulations for professional counselor licensure. The change represents a slight reduction in direct client contact hours, but specifies that half of those hours must be with couples and families.

The residency registration requirement set forth in subsection A of 18 VAC 115-50-60 is not a new requirement, but has been relocated for emphasis. Throughout this section, the term "supervised experience" has been replaced with "residency." To reduce the burden of the residency requirement and conform the supervision hours to the proposed amendments for professional counselor licensure, the board proposes accepting group supervision hours as equivalent to face-to-face supervision hours (for up to ½ of the total hours) and allowing 600 hours of pre-degree internship to count toward the residency. To ensure that the residency hours are equivalent to those for professional counselor licensure as required by law, the board proposes increasing the face-to-face direct client requirement to half of the total residency hours, as proposed for the professional counselor regulations. Correspondingly, the board proposes increasing the residency hours specific to marriage and family therapy clients from 500 to 1,000.

To increase the availability of qualified supervisors, the board proposes rescinding the requirement that all supervisors meet the education and experience requirements for marriage and family therapist licensure. The board also proposes changing the vague requirement for supervisors to document specific training in the supervision of marriage and family therapy to a more concise and easily measured requirement of two years post-licensure experience.

C. Part III. Examination For Licensure. A minor editorial change is proposed for subdivision D of 18 VAC 115-50-70.

The board proposes the repeal of 18 VAC 115-50-80 as the provisions of this section have expired.

D. Part IV. Renewal and Reinstatement of License. A licensure renewal date is being added to 18 VAC 115-50-90.

Issues:

A. Definitions. Public comment received by the board stated concern that only one national association in marriage and family therapy was recognized in the "grandfathering" provision set forth in 18 VAC 115-50-80. The board had amended the definition of "AAMFT" prior to adoption of the final regulation by adding the phrase "or an organization deemed substantially equivalent by the board." With the repeal of the now expired terms set forth in 18 VAC 115-50-80, there is no need to reference any professional association in the regulations. The board proposes striking the acronym "AAMFT" from this section.

The board had also received public comment stating concern that only one accrediting body for graduate programs is recognized in the regulations. The board proposes recognizing both national accrediting bodies in marriage and family therapy, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), and including their acronyms in this section.

While considering the internship and residency requirements in three chapters of its regulations in various stages of review or development, the board resolved to work towards consistency in the use and definitions of terms. Consequently, amendments are proposed for the definitions for "internship" and "supervision" and new definition is proposed for the term "residency," which replaces the term "supervised experience."

Advantages: Consistency in the use of terms among all categories of licensure governed by the board reduces confusion for applicants and licensees who may apply for licensure or act as supervisors in more than one category.

Disadvantages: The proposed changes present no disadvantages to the general public, applicants, licensees, the board or the agency.

B. Application Instructions. When the board developed the current provision for licensure by endorsement under 18 VAC 115-50-40, a licensure verification form was developed to ascertain the applicant's completion of residency hours equivalent to those required in the board's regulations. Because many states have developed automated verification templates that do not include this information, the form was not an effective means to obtain this information. This resulted in application processing delays for individuals who had to be contacted for certified copies of their original experience documentation after their applications were received. As a solution, the board proposes requiring copies of the original experience documentation at the time of application for licensure by endorsement.

Advantages: Requesting this documentation with the application materials should expedite the endorsement process and avoid frustration for applicants.

Disadvantages: Other jurisdictions may assess a copying fee for certified copies of application materials. Individuals who have maintained contact with their original supervisor will have the alternative of having the residency documented on a new form by that supervisor.

C. Degree Program and Course Work Requirements. As mentioned under (A) above, one issue raised through public comment included the lack of recognition of one of the national accrediting bodies for marriage and family therapy programs.

In response to this comment, the board proposes including automatic acceptance of programs approved by the Council for Accreditation for Counseling and Related Education Programs (CACREP) as meeting its degree program requirements. For programs that are not accredited by one

of the two recognized accrediting bodies, the board proposes a new section which sets forth criteria for what constitutes an acceptable program in marriage and family therapy with reference to the scope of practice set forth in the Code of Virginia.

Another issue raised through public comment and petition is that only one counseling program in Virginia offers the full component of required core education areas, which makes licensure unattainable for graduates of other programs. Results of a survey conducted by the board indicated that the majority of programs do not offer more than one course in each marriage and family therapy-specific content area, and had no plans to develop new courses. To rectify this problem, the board proposes rescinding the requirement that all core coursework be obtained from one "sequential integrated program," and reducing the number of hours required in marriage and family therapy-specific studies from a total of 18 to a total of 12.

Another issue pertaining to the course work requirements that the board recently addressed in a review of its regulations for professional counselor licensure is the lack of specificity in the semester hours required in each content area. Under the current regulations, one applicant may cover more than one content area with one course, while another may submit documentation of a specific course to each area, which results in disparate training for individuals obtaining the same license, and makes the determination of competency somewhat subjective. The board has proposed requiring a minimum of three semester hours in each content area for professional counselor licensure, and is proposing the same requirement for the general counseling core areas set forth under 18 VAC 115-50-55 A 3 through 7. Results of a survey of graduate programs conducted by the board indicate that this coursework is readily available and the requirement will not present a burden to the programs or difficulty for students.

Public comment also revealed confusion over how to translate the one-year internship requirement in terms of the school year structure. To clarify the internship requirement, the board proposes mirroring the internship requirement for CACREP program accreditation, which is 600 clock hours with 240 hours of direct client contact. To ensure that the internship includes the application of marriage and family therapy systems theory, the board proposes requiring half of those hours to involve contact with couples and families.

Advantages: Recognition of both accrediting bodies in marriage and family therapy will simplify the review process and expedite the application process for individuals who graduate from these programs. For graduates of programs not accredited by these two organizations, the proposed degree program requirements outline in clear terms what will be accepted as a graduate program in marriage and family therapy.

Reducing the marriage and family therapy-specific semester hour requirement and allowing some course work to be completed outside the degree program will make the license obtainable for many individuals whose programs did not offer the requisite hours. It will also reduce the costs for programs which are trying to develop more courses to prepare students for this license. Requiring three semester hours in each of the general core areas will ensure adequate education in the core areas of counseling, consistent among all applicants.

Disadvantages: Concerns have been raised in public comment that reducing the marriage and family therapy coursework could affect the mobility of licensees who wish to move to other states which require 18 semester hours in marriage and family studies/therapy. Recent information obtained from 26 states which license family therapists (out of a total of 41 states) revealed that approximately half those states require 18 semester hours. A survey of Virginia's graduate programs indicated that only one program in the state is able to offer 18 hours. The 18-hour requirement would have the effect of creating a monopoly for the only program that is able to offer that number of hours. Public comment received by the board during its work on the requirements was evenly split between individuals who felt that 18 hours was below national certification standards of the American Association of Marriage and Family Therapists, and those who felt that 18 hours was excessive and would present an unnecessary burden to programs and students. The board selected 12 hours based on CACREP standards for accreditation of marriage and family therapy graduate programs. As with any license, individuals who wish to become licensed in other states may need to obtain additional coursework or training to meet the other states' requirements.

Proposed changes in the general counseling semester-hour requirements may limit the number of elective courses students can take within the 60 graduate-hour requirement, but do not change the total number of hours required. Individuals who did not complete three semester hours in each core area will be required to obtain additional coursework. This will primarily impact individuals who complete their education requirement prior to or soon after the effective date of the regulations. Individuals enrolling in marriage and family therapy programs will be able to plan their curricula to meet the new requirements. Survey results indicate that the courses are readily available in Virginia's counseling programs.

D. Residency Requirements. By statute, the board is restricted to establish supervision hours for marriage and family therapist licensure that are equivalent to those established for professional counselor licensure. The board is proposing amendments to its regulations for professional counselor licensure which include accepting group supervision as equivalent to face-to-face supervision, requiring 2,000 hours of face-to-face client contact within the 4,000 hour residency and accepting degree-level internship hours that meet certain requirements toward the residency hours. To comply with statute, the board is proposing the same amendments for this chapter. The board also proposes replacing the word "supervised experience" with "residency," and reformatting the section so that instructions for registration of the residency appear at the front of the section in conformance with proposed changes to its regulations governing professional counselor licensure.

An issue raised by applicants and supervisors is the lack of specificity regarding the type and amount of training in the supervision of marriage and family therapy that would be acceptable to the board. Because the board does not have statutory authority to establish training requirements for supervisors, it is proposing instead that supervisors provide documentation of two years experience in providing marriage and family therapy services.

The board also considered the potential impact of the existing rule requiring that all supervisors meet the education and experience requirements in the regulations after July 9, 2000, on the availability of supervisors, the acceptability of residency hours completed prior to the effective date of the rule, and on the amount of documentation required for application. The board proposes rescinding this requirement and plans to continue studying the need for supervisor training.

Advantages: Honoring all group supervision hours and accepting internship hours towards the residency will expedite completion of the residency requirement for all applicants. Maintaining uniformity in the regulations ensures compliance with statute and simplifies the process for individuals who are working toward more than one license in the same residency. Establishing an experience requirement for supervisors to replace the current training requirement will result in a less subjective and more consistent way of ensuring some level of marriage and family therapy experience and will be easier for supervisors to document. Rescinding the requirement that all supervisors meet the education and experience requirements for licensure as a marriage and family therapist will ensure the continued availability of supervisors, which is a common concern for applicants, particularly those in the less populated regions of the Commonwealth.

Disadvantages: New licensees will be required to wait two years until they are able to act as supervisors. However, it is the board's experience that it is extremely rare for new licensees to act as supervisors. Under the existing rule, most new licenses would not qualify to act as supervisors anyway, as training in supervision is not characteristically offered as part of master's level training.

Residents will be required to document an additional 1,000 hours of face-to-face client contact during the residency. This is being proposed to parallel the proposal the board has submitted for its professional counselor regulations. The time was based on the standard of state community services boards, which require that 50% of a therapist's work to be direct contact with clients.

E. Examination Waiver. The time period for the examination waiver for licensed marriage and family therapists has expired. The board proposes repeal of this language which is no longer necessary.

Advantages: Elimination of obsolete language will prevent confusion for applicants.

Disadvantages: There are no disadvantages to the proposed changes.

F. Licensure Renewal. The current regulations do not specify a licensure expiration date. The board proposed specifying the June 30 deadline which is consistent with the deadline for professional counselor licensure and has been administered since the board began issuing licenses.

Advantages: The licensure expiration date will make applicants aware that the first license, which is issued without a fee, may expire less than two years after the initial licensure date.

Disadvantage: There are no disadvantages to the proposed change.

Estimated Fiscal Impact:

A. Projected number of persons affected and their cost of compliance: As of December, 1998, approximately 850 individuals were licensed as marriage and family therapists. An estimated 100 individuals will apply for this license each year. With the proposal to allow students to acquire hours outside their graduate program and the reduction of 6 semester hours in the requirement for marriage and family therapy-specific content areas, more individuals will be eligible for licensure and employment in this profession.

For some individuals who complete their graduate programs prior to the effective date of the new regulations, the stipulation that the general counseling content areas listed under subdivisions A 3 through A 7 of 18 VAC 115-50-50 include three semester hours in each area may result in additional cost. This is not expected to affect many individuals, since the responses to the survey of graduate programs indicate that all of these content areas are offered as distinct three semester courses.

Acceptance of group supervision hours as equivalent to face-to-face, and acceptance of the internship hours toward the residency should expedite licensure by approximately three to six months for the majority of applicants for licensure by examination. This could represent up to $10,000 in earning potential, and a savings of up to $1,200 in supervision fees.

Proposed changes to the supervisory requirements will circumvent limitations on the availability of qualified supervisors that would take place after July 9, 2000, under the current regulations. Since the majority of potential supervisors do not meet the specific education and training requirements for marriage and family therapist licensure, many applicants would have difficulty finding supervisors and obtaining the required hours for the residency, protracting the licensure process and delaying employment.

B. Costs to the agency for implementation: Approximately $2,000 will be incurred for printing and mailing public notices and amended regulations. All costs to the agency are derived from fees paid by licensees, and no fee increases are necessary.

C. Costs to local governments. The proposed amendments will not fiscally impact local governments.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed

regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Board of Licensed Professional Counselors, Marriage and Family Therapists, and Substance Abuse Professionals proposes to update its Regulations Governing the Practice of Marriage and Family Therapists by revising the degree program, coursework, and experience requirements; and updating the documentation of credentials for licensure by endorsement.

Estimated economic impact.

Background

The 1996 General Assembly passed legislation amending Title 54.1 of Chapter 35 of the Code of Virginia requiring the establishment of a licensing program for marriage and family therapists (MFT). The basis for this action was the belief that the treatments used for this type of practice are distinct from those used in other mental health services. The law does not restrict licensed mental health service providers (e.g., professional counselors, social workers, psychologists) from continuing to provide services to couples and families in their areas of competency as long as they do not hold themselves out as or use the title marriage and family therapist.

The board promulgated regulations, effective July 1, 1997, that set forth the qualifications for licensure. A one-year "grandfather" clause was included in the regulations to allow practitioners to obtain the MFT license, provided they could document certain requirements. After this date, any individual wishing to obtain a marriage and family therapist license in Virginia must meet all of the new requirements.[1]

Shortly after the effective date of the current regulations, the board became aware of the fact that only one program in Virginia (Virginia Tech) offers the full component of required core education areas. Since language in the regulation prohibits students in a particular program from obtaining coursework in the core content areas outside of their graduate program, students graduating from Virginia graduate programs, with the exception of Virginia Tech, are not eligible for a marriage and family therapist license.[2] The board proposes the following changes to address this and other concerns.

Coursework Requirements

The most significant changes may be the revision of the core coursework requirements, which fall into two categories: marriage and family studies/therapy and general counseling.

Marriage and Family Studies/Therapy Coursework

In order to make the marriage and family therapist license more accessible to Virginia students, the board proposes the following changes:

1. Reducing the number of hours required in the core marriage and family studies and therapy areas from 18 to 12 semester hours, and

2. Removing the requirement that all the core areas plus the internship be obtained within the degree program.

The proposed coursework hours are in accordance with the requirements established by the Council for Accreditation of Counseling and Related Education Programs (CACREP) for its approved marriage and family therapy programs and, according to a survey conducted by the Board, will allow more of Virginia's graduate programs to offer a marriage and family therapy degree. The second proposal will allow students in programs that do not develop courses in all the required core areas to be able to take the necessary classes outside of their program (either in another program or at another institution) and thereby be eligible for licensure.

The proposed marriage and family coursework hours are, however, below the national certification standards of the American Association of Marriage and Family Therapists. This reduction may also affect the mobility of licensees who wish to move to other states, many of which require 18 semester hours in marriage and family studies/therapy.[3]

An independent license was established to ensure that individuals holding themselves out as marriage and family therapists possess sufficient education and training in areas identified as unique to this profession. Reducing the marriage and family therapy specific coursework from 18 hours to 12 hours may undermine this intention. However, the board feels that the proposed reduction in coursework hours will not result in any reduction in the quality of marriage and family therapy services provided in Virginia, while still maintaining the value of the MFT license. Marriage and family therapists and academic professors contacted by DPB agreed with the board's assessment and felt that 12 hours of specialized coursework, in addition to the basic counseling coursework and experience requirements (internship and residency), was sufficient to ensure effective marriage and family therapists.[4]

[1] One exception is that licensed professional counselors who meet the education and experience requirements for the MFT license do not have to sit for the MFT examination.

[2] The board received a petition for rulemaking from Radford University students expressing concern over this situation.

[3] Of the 31 states the board was able to gather information on, 15 required 18 semester hours.

[4] DPB phone interviews with Dr. Garrett McAulisse, Graduate Counseling Program Director, Old Dominion University; Dr. Victoria Foster, Assistant

Since there is no evidence available on the correlation between coursework and effective counseling, it is not possible to assess the impact of this change on the quality of marriage and family therapy services provided in Virginia. The proposed coursework changes will increase access to marriage and family licensure and can be expected to increase the number of such practitioners.

General Counseling Coursework

The board proposes to add a requirement that all applicants document three semester hours in each of four general counseling areas: human development, professional studies, research, and assessment and treatment. The current regulations require these areas to be documented but do not specify any minimum semester hours, which allows some applicants to cover more than one area with one course while other applicants document individual courses for each area. This change is intended to ensure adequate education in each of the general counseling areas that is consistent among applicants, although it is not known whether this will increase the quality of therapy services provided. The total number of graduate hours required will remain the same, although the number of elective courses students can take may be reduced.

A survey of Virginia counseling programs by the board indicated that this coursework is readily available and that all of these content areas are offered as distinct three semester courses. Therefore, individuals enrolling in MFT programs (either the existing program at Virginia Tech or future programs developed at other institutions) will be able to plan their curricula to meet the new requirements without much difficulty.

Some students already enrolled or just finishing their program, however, may find themselves ineligible for licensure without taking additional classes to meet the new requirements. To accommodate these students, a "grandfather" provision is included in the regulation to allow for licensure based on the current education requirements. For all practical purposes, this provision is only applicable to students in the sole existing MFT degree program at Virginia Tech. Other Virginia students interested in obtaining a MFT license will, in almost all cases, be enrolled in a graduate professional counseling program where coursework in each of these four content areas are already required. Therefore the new general counseling coursework requirements are not expected to have any significant effect on any current or future students.

Graduate Program and Internship Requirements

The proposed regulations include a provision for the automatic acceptance of programs approved by either of the two nationally recognized accrediting bodies for marriage and family therapy programs: the Council for Accreditation of Counseling and Related Programs (CACREP) and the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE). The current regulations only allow for automatic acceptance of COAMFTE approved programs. This provision will decrease the amount of time spent by credentials reviewers in determining the acceptability of applicants' graduate programs and will expedite the application process for individuals who graduate from programs accredited by either national body without any reduction in quality.

The current language requires a "one-year" internship, which presented some difficulty when translated in terms of the school year structure. The proposed regulation sets forth the internship requirement in clock hours, which should eliminate confusion.

Residency Requirements

In order to reduce the burden of the residency requirement, and make it consistent with the requirements proposed for professional counseling licensure[5], the proposed regulation includes the following changes to the residency requirements:

1. Accepting group supervision hours as equivalent to face-to-face supervision hours for up to half of the total hours required (currently two hours of group supervision is equivalent to one hour of face-to-face supervision),

2. Increasing the direct client contact hours required during residency from 1,000 to 2,000 of the total 4,000 required hours and increasing the residency hours specific to couples or families from 500 to 1,000, and

3. Allowing up to 600 hours of pre-degree internship experience to count toward the residency.

Acceptance of group supervision hours as equivalent to face-to-face supervision and allowing pre-degree internship hours to count toward the residency requirement may reduce the time spent in residency by up to 6 months, allowing applicants to obtain their licensure sooner. These changes were made on the judgment of the board that the new requirements would increase the supply of licensed therapists without reducing the quality of those applicants, however there is no evidence available to assess these expectations. The changes can be expected to lower the costs of licensure and as such will result in a net benefit to applicants.

The proposed regulation also addresses supervisor competency. The current rules require that supervisors have "professional training in supervision" and specify that after July 9, 2000, all supervisors must meet the current education and experience requirements. Since the board does not have the statutory authority to establish specific requirements for supervisory training, and many supervisors

Professor of Counseling, College of William and Mary; Dr. Cary Lantz, Chair, Counseling Department, Liberty University.

[5] The board is required by statute to establish supervision hours for marriage and family therapist licensure that are equivalent to those established for professional counselor licensure. This is intended to ensure that the marriage and family therapy license is viewed as an independent, equivalent license and not a sub-specialty of professional counseling.

may have been licensed under different requirements, a requirement that supervisors have two years post-licensure clinical experience is proposed. The proposed change will likely increase the number of individuals available to provide supervised training for applicants, especially after July 9, 2000, thus allowing applicants for licensure to obtain their supervised training more easily. New licensees, however, will have to wait two years before they are able to act as supervisors, but this should have little actual impact since the board reports less than one percent of supervisor applications received are from new licensees.

Certification by Endorsement

The proposed regulation allows documentation of licensure in another state to be verified by an official transcript and certified copy of original application materials. Currently, applicants must use a form provided by the board, which often does not correspond to the information provided by many states who have developed automated verification templates. While some states may charge minimal fees for certified copies of application materials, this change should expedite the endorsement process for applicants and hence, result in a net economic benefit.

Summary of analysis. The board proposes several changes to the regulations governing the practice of marriage and family therapy. Reducing the required number of MFT specific coursework hours will make the license accessible to more students and most likely increase the number of practitioners in this field. While there is no evidence available to assess the impact on the quality of services offered, members of the board and individuals contacted by DPB felt that this change would not have any negative affect on the quality of applicants.

Automatic acceptance of programs approved by either of the two nationally recognized accrediting bodies for marriage and family therapy programs would expedite the application process for graduates of such programs without any reduction in quality. Changes proposed to the residency requirement were made on the judgment of the board that they would increase the supply of licensees without reducing the quality of those applicants. In summary, the proposed regulation can be expected to lower the costs of marriage and family therapy licensure and increase the number of practitioners in this field.

Businesses and entities affected. The proposed changes to this regulation will affect all marriage and family therapists and all new applicants. Currently, there are approximately 850 licensees and 100 new applicants per year.

Localities particularly affected. The proposed regulations are not expected to affect any particular localities as they are applicable statewide.

Projected impact on employment. The new residency requirements may lower the costs of obtaining a marriage and family therapy license and therefore may increase the number of such therapists in Virginia.

Effects on the use and value of private property. The proposed regulation is not expected to have any significant effect on the use and value of private property in Virginia.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency concurs with the analysis prepared by the Department of Planning and Budget.

Summary:

The proposed amendments make it possible for individuals to obtain some of the required coursework outside of their degree program in order to be eligible for a marriage and family therapy license. This was done in response to a petition for rulemaking from students who maintained that the current regulations disenfranchised graduates of all but one graduate program in Virginia. The board also proposes amendments to the supervisory requirements to ensure the continued availability of supervisors for individuals who wish to obtain post-graduate training for this license. In compliance with the statutory requirement that the board establish hour experience requirements consistent with the requirements for professional counselor licensure, the board proposes accepting group supervision hours as equivalent to individual hours, raising the face-to-face client contact hours during the residency from 1,000 to 2,000, and accepting 600 internship hours toward the residency, which is equivalent to proposed amendments for the regulations governing professional counselor licensure.

18 VAC 115-50-10. Definitions.

A. The following words and terms~~,~~ when used in this chapter~~,~~ shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

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

~~*"AAMFT"* means the American Association for Marriage and Family Therapy, or an organization deemed substantially equivalent by the board.~~

"CACREP" means the Council for Accreditation of Counseling and Related Education Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Internship" means a supervised, planned*, practical, advanced* experience ~~of at least one year, involving direct client contact with individuals, couples and families in a~~ *obtained in the* clinical setting ~~in which the advanced student will observe, diagnose and treat, through the application of~~ *observing and applying* the principles, methods and techniques learned in training or educational settings.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the United States Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a post-internship, supervised clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract to the board and has received board approval to provide clinical services in marriage and family therapy under supervision.

"Supervision" means an ongoing process ~~in which a practitioner qualified to supervise in the discipline of marriage and family therapy~~ *performed by a supervisor who monitors the performance of the person supervised and* provides regular, documented, face-to-face guidance, *and* instruction ~~and evaluation of~~ *with respect to* the clinical skills and competencies of the person or persons being supervised.

18 VAC 115-50-30. Application for licensure by examination.

Every applicant for examination for licensure by the board shall:

1. Meet the education and experience requirements prescribed in 18 VAC 115-50-50*, 18 VAC 115-50-55* and 18 VAC 115-50-60.

2. Submit to the board office in one package, the following items, not less than 90 days prior to the date of the examination:

a. A completed application;

b. The application fee prescribed in 18 VAC 115-50-20;

c. Documentation, on the appropriate forms, of the successful completion of the ~~supervised experience~~ *residency* requirements of 18 VAC 115-50-60 along with documentation of the supervisor's out-of-state license where applicable;

d. Official transcript or transcripts in the original sealed envelope with the registrar's signature across the sealed envelope flap submitted from the appropriate institutions of higher education directly to the applicant, verifying satisfactory completion of the education requirements set forth in 18 VAC 115-50-50 *and 18 VAC 115-50-55*. Previously submitted transcripts for registration of supervision do not have to be resubmitted; and

e. Verification on a board-approved form that any out-of-state license, certification or registration is in good standing.

18 VAC 115-50-40. Application for licensure by endorsement.

Every applicant for licensure by endorsement shall submit in one package:

1. A completed application;

2. The application fee prescribed in 18 VAC 115-50-20; and

3. Documentation of licensure as follows:

a. Documentation of a current marriage and family therapy license in good standing obtained by standards substantially equivalent to those outlined in 18 VAC 115-50-50, *18 VAC 115-50-55,* 18 VAC 115-50-60 and 18 VAC 115-50-70 as verified by ~~the out-of-state licensing agency on a board-approved form~~ *a current official transcript and certified copy of the original application materials*; *or*

b. If currently holding an unrestricted license as a professional counselor in Virginia, documentation of successful completion of the requirements set forth in 18 VAC 115-50-50*, 18 VAC 115-50-55* and 18 VAC 115-50-60~~; or~~.

~~c. Prior to July 9, 1998, documentation of having met the requirements set forth in 18 VAC 115-50-80.~~

18 VAC 115-50-50. ~~Education requirements for licensure examination.~~ *Degree program requirements.*

A. The applicant shall have completed ~~60 semester hours or 90 quarter hours of graduate study in marriage and family therapy~~ *a graduate degree from a program that prepares individuals to practice marriage and family therapy or a discipline related to the practice of marriage and family therapy as defined in § 54.1-3500 of the Code of Virginia* from a ~~regionally accredited~~ college or university~~, or a post-degree training institute accredited by the Commission on Accreditation for Marriage and Family Therapy Education, to include a graduate degree in marriage and family therapy or a related discipline~~ which *is accredited by a regional accrediting agency and which meets the following criteria*:

~~1. Was accredited by the Commission on Accreditation for Marriage and Family Therapy Education prior to the applicant's graduation from the program; or~~

1. There must be a sequence of academic study with the expressed intent to prepare students to practice marriage and family therapy as documented by the institution;

2. There must be an identifiable marriage and family therapy training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP or COAMFTE are recognized as meeting the definition of a graduate degree program that prepares individuals to practice marriage and family therapy or a related discipline as defined in § 54.1-3500 of the Code of Virginia.

18 VAC 115-50-55. Course work requirements.

~~2. Consisted of a sequential integrated program~~ *A. The applicant shall have completed 60 semester hours or 90 quarter hours of graduate study* in the following core areas with a minimum of ~~nine~~ *six* semester hours or ~~12~~ *nine* quarter hours completed in each of core areas identified in subdivisions ~~2a~~ *1* and ~~2b~~ *2* of this ~~section~~ *subsection, and three semester hours or 4.5 quarter hours in each of the core areas identified in subdivisions 3 through 6 of this subsection* (suggested courses are listed in parentheses after each core area):

~~a.~~ *1.* Marriage and family studies (marital and family development; family systems theory);

~~b.~~ *2.* Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);

~~c.~~ *3.* Human development (theories of counseling; psychotherapy techniques with individuals; human growth and lifespan development; personality theory; psychopathology; human sexuality; multicultural issues);

~~d.~~ *4.* Professional studies (professional identity and function; ethical and legal issues);

~~e.~~ *5.* Research (research methods; quantitative methods; statistics);

~~f.~~ *6.* Assessment and treatment (appraisal, assessment and diagnostic procedures); and

~~g.~~ *7.* ~~Internship (minimum of one year, to include 300 hours of supervised direct client contact with individuals, couples and families).~~ *Supervised internship of 600 hours to include 240 hours of direct client contact. Three hundred of the internship hours and 120 of the direct client contact hours shall be with couples and families.*

B. If the graduate hours in marriage and family therapy were begun prior to [the effective date of this chapter], the board may accept those hours if they meet the requirements which were in effect on July 9, 1997.

18 VAC 115-50-60. ~~Supervised clinical experience~~ *Residency*.

A. Registration.

1. Applicants who render counseling services in a nonexempt setting shall:

a. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

b. Have submitted an official transcript documenting a graduate degree as specified in 18 VAC 115-50-50 to include completion of the internship requirement specified in 18 VAC 115-50-55; and

c. Pay the registration fee.

2. Applicants in exempt settings may register supervision with the board to assure acceptability at the time of application.

~~A.~~ *B.* Residency requirements.

1. The applicant shall have completed at least two years of supervised post-graduate degree experience, representing no fewer than 4,000 hours of supervised work experience, to include 200 hours of face-to-face supervision with the supervisor in the practice of marriage and family therapy. Residents shall receive a minimum of one hour of face-to-face supervision for every 20 hours of supervised work experience. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. ~~Two hours~~ *One hour* of group supervision ~~shall~~ *will* be *deemed* equivalent to one hour of ~~individual~~ *face-to-face* supervision.

2. Of the 4,000 hours stipulated, at least ~~1,000~~ *2,000* hours must be acquired in direct client contact of which ~~500~~ *1,000* hours shall be with couples or families or both.

3. The ~~supervised experience~~ *residency* shall consist of practice in the core areas set forth in ~~18 VAC 115-50-50~~ *18 VAC 115-50-55*.

4. ~~Supervised experience~~ *The residency* shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18 VAC 115-50-50. ~~However, internship hours completed by a graduate of a Commission on Accreditation for Marriage and Family Therapy Education accredited program as part of the graduate degree may count toward the 4,000 hours of supervised experience.~~

5. A ~~post-master's degree~~ *graduate-level* internship *completed in a program* that meets the requirements ~~of this subsection~~ *set forth in 18 VAC 115-50-50* may count ~~toward~~ *for no more than 600 of* the required 4,000 hours of experience. ~~However, all 4,000 hours shall be continuous and integrated and shall, without exception, be conducted under qualified registered supervision.~~ *The internship shall include 20 hours of face-to-face on-site supervision, and 20 hours of face-to-face off-site supervision. Internship hours shall not begin until completion of 30 semester hours toward the graduate degree.*

6. In order for a graduate level internship to be counted toward a residency, either the clinical or faculty supervisor shall be licensed as set forth in subsection C of this section.

~~6.~~ *7.* Residents shall not call themselves marriage and family therapists, solicit clients, bill for services rendered or in any way represent themselves as marriage and family therapists. During the residency, they may use their names, the initials of their degree and the title "Resident in Marriage and Family Therapy." Clients

shall be informed in writing of the resident's status, along with the name, address and telephone number of the resident's supervisor.

~~7.~~ *8.* Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

~~8.~~ *9.* Residents who do not become candidates for licensure after five years of supervised training shall submit an explanation to the board stating reasons the residency should be allowed to continue.

~~B.~~ *C.* Supervisory requirements.

1. ~~Prior to July 9, 2000, any~~ *A* person who provides supervision for a resident in marriage and family therapy shall be licensed as a marriage and family therapist, professional counselor, clinical psychologist, clinical social worker or psychiatrist ~~and shall be able to document on a board-approved form specific training in the supervision of marriage and family therapy~~ *in the jurisdiction where the supervision is being provided. Supervisors shall document two years post-licensure marriage and family therapy experience*.

~~2. After July 9, 2000, all supervision shall be provided by a licensed marriage and family therapist or a licensed professional counselor, clinical psychologist, clinical social worker or psychiatrist who meets the requirements of 18 VAC 115-50-50 and 18 VAC 115-50-60, and who is able to document on a board-approved form specific training in the supervision of marriage and family therapy.~~

~~3.~~ *2.* Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

~~4.~~ *3.* The supervisor shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the ~~supervised experience~~ *residency*.

~~C. Registration of supervision. Individuals registering supervision with the board shall submit in one package:~~

~~1. A completed Registration of Supervision form;~~

~~2. The registration fee set forth in 18 VAC 115-50-20; and~~

~~3. Official graduate transcript or transcripts in the original sealed envelope with the registrar's signature across the sealed envelope flap submitted from the appropriate institution of higher education directly to the applicant, verifying satisfactory completion of the education requirements set forth in 18 VAC 115-50-50.~~

18 VAC 115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, with a passing score as determined by the board.

B. The examination shall concentrate on the core areas of marriage and family therapy set forth in ~~subdivision A 2~~ *subsection A* of ~~18 VAC 115-50-50~~ *18 VAC 115-50-55*.

C. Approved applicants shall sit for the examination within two years from the initial notification date of approval. Failure to do so will result in the revocation of approval and obligate the applicant to file a new application for examination.

D. Applicants who fail the examination twice in succession shall document completion of 45 clock hours of additional education or training ~~for each area~~ *acceptable to the board addressing the areas* of deficiency as reported in the examination results prior to obtaining board approval for reexamination.

18 VAC 115-50-80. ~~Waiver of examination requirement.~~ *(Repealed.)*

~~Prior to July 9, 1998, individuals who can document meeting the criteria in one of the following categories shall be licensed without examination:~~

~~1. Current and unrestricted professional counselor license in Virginia along with completion of four of the seven core coursework requirements outlined in 18 VAC 115-50-50; or~~

~~2. Clinical membership in the AAMFT and:~~

~~a. A passing grade on the AAMFT examination as determined by the board; or~~

~~b. Ten years continuous practice in marriage and family therapy along with three letters attesting to competency to practice from professionals who are either licensed mental health professionals or AAMFT supervisors.~~

18 VAC 115-50-90. Biennial renewal of license.

A. All licensees shall renew licenses on or before June 30 of each odd-numbered year.

~~A.~~ *B.* All licensees who intend to continue to practice shall on or before the expiration date of the license submit to the board:

1. A license renewal application supplied by the board; and

2. The renewal fee prescribed in 18 VAC 115-50-20.

~~B.~~ *C.* Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

~~C.~~ *D.* Licensees shall provide the board with official documentation of a legal name change and written notification of address changes within 90 days of such change.

NOTICE: The forms used in administering 18 VAC 115-50-10 et seq., Regulations Governing the Practice of Marriage and Family Therapy are not being published due to the large number; however, the name of each form is listed below.

The forms are available for public inspection at the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 West Broad Street, 4th Floor, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

FORMS

Marriage and Family Therapist Licensure Application*, MFTAPP1, rev. 7/99*.

~~Board of Professional Counselors and Marriage and Family Therapists Courses Outline Form.~~

Licensure Verification of Applicant, MFTAPP2, rev. 7/99.

Verification of Supervision for Marriage and Family Therapist Licensure*, MFTAPP3, rev. 7/99*.

Quarterly Evaluation Form, MFTAPP 3B, eff. 8/99.

Licensure Verification of Out-of-State Supervisor*, MFTAPP4, rev. 7/99*.

~~Licensure Verification of Applicant.~~

Courses Outline Form for Marriage and Family Therapist Licensure, MFTAPP5, eff. 7/97.

Verification of Internship, MFTAPP6, eff. 8/99.

Verification of Internship Hours Toward the Residency, MFTAPP7, eff. 8/99.

Registration of Supervision for Marriage and Family Therapist Licensure*, MFTREG1, rev. 8/99*.

~~Supervisor's Experience and Education.~~

~~Renewal Notice and Application.~~

~~Courses Outline Form.~~

Renewal Notice and Application*, C-45128, rev. 8/97.*

VA.R. Doc. No. R98-178; Filed July 27, 1999, noon.

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Title of Regulation: **18 VAC 115-60-10 et seq. Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.**

Statutory Authority: § 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Public Hearing Date: August 26, 1999 - 9 a.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of the health regulatory boards including the power to assess fees, establish qualifications for licensure and the responsibility to promulgate regulations.

Chapter 35 establishes the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals and authorizes that board to administer the licensure of substance abuse treatment practitioners.

Section 54.1-103 authorizes the board to promulgate regulations specifying additional training or conditions for individuals seeking licensure by reciprocity or endorsement.

Purpose: Chapter 901 of the 1997 Acts of the Assembly established licensure for the independent practice of substance abuse treatment and mandated that the board promulgate regulations for the qualifications, education and experience for licensure of substance abuse treatment practitioners. The mandate stipulates that the educational credit hour, clinical experience hour, and clinical supervision hour requirements not be less than those required for professional counselor licensure. The law authorizes the board to license individuals who have met substantially equivalent requirements to those promulgated in its regulations, and to license without examination licensed professional counselors who meet the clinical and academic requirements for substance abuse treatment practitioner licensure.

The board is proposing requirements for licensure that it has determined are the minimum requirements for the independent practice of substance abuse treatment that are necessary to protect the public health and safety. The proposed requirements will protect the public health and safety by ensuring the competency of practitioners who will be licensed to provide substance abuse services independently. The board is also proposing requirements for endorsement of individuals who have met substantially equivalent requirements to the education, experience, and examination requirements set forth in the proposed regulations. This will provide greater access to services by the public by expediting the licensure process for experienced individuals which is in the best interest of the public health, safety and welfare.

The board is also proposing standards of conduct to ensure the integrity of licensed individuals and enable the board to take action for misconduct in violation of those standards in order to protect the public served by licensed substance abuse treatment practitioners.

Virginia law mandates that boards collect sufficient fees to cover the expenses incurred in operating the licensure program. The board is proposing a fee structure based on the budget projections for the next biennium calculated by the agency's Finance Office. The proposed fees will be in line with fee increases projected for the board's other master's level licensure categories which will be promulgated in the coming biennium to offset a an existing deficit.

Substance: The key provisions of each regulation are summarized as follows:

Part I. General Provisions. 18 VAC 114-60-10 incorporates definitions of words with meanings specific to the regulation that are not already defined in statute.

18 VAC 115-60-20 establishes fees for registration of supervision, application, license renewal and reinstatement, verification services, duplicate or replacement licenses and wall certificates, and penalty fees for late renewal and returned checks.

18 VAC 115-60-30 directs licensees who seek voluntary certification as sex offender treatment providers to apply for this certification under the regulations of the Board of Psychology.

Part II. Requirements for Licensure. 18 VAC 115-60-40 sets forth the requirements for licensure by examination and outlines the documentation required for application.

18 VAC 115-60-50 outlines the documentation required for application for licensure by endorsement.

18 VAC 115-60-60 establishes degree program requirements for licensure.

18 VAC 115-60-70 sets forth specific course work and internship requirements for licensure, including the semester hour and clock hour requirements for these requirements.

18 VAC 115-60-80 sets forth the residency requirement, including residency hours and content areas, establishes qualifications for individuals who can provide supervision to residents and outlines documentation required to register a supervisor with the board.

Part III. Examinations. 18 VAC 115-60-90 establishes an examination requirement and limits the time frame for taking the examination following board approval.

18 VAC 115-60-100 sets forth instructions for reexamination for candidates who fail the first attempt at the examination, and establishes an additional training requirement in areas of deficiency for individuals who fail the examination twice.

Part IV. Licensure Renewal; Reinstatement. 18 VAC 115-60-110 provides for annual licensure renewal, and establishes a change of address notification requirement.

18 VAC 115-60-120 establishes a reinstatement process for licenses that have lapsed up to four years, and a reapplication requirement for licenses which have lapsed more than four years.

Part V. Standards of Practice, Unprofessional Conduct, Disciplinary Actions, Reinstatement. 18 VAC 115-60-130 sets forth standards of professional conduct for licensed substance abuse treatment practitioners.

18 VAC 115-60-140 outlines violations that constitute grounds for disciplinary action or denial to issue or renew a license.

18 VAC 115-60-150 establishes a two-year delay for reapplication for any person whose license has been revoked or denied renewal by the board.

Issues:

A. Definitions. Certain terms that are not already defined in statute have specific meanings in the context of the regulation. Definitions of these terms will reduce the potential for confusion and ambiguous interpretation of the regulation.

Advantages: The definitions included in the proposed regulation provide clarity to applicants, supervisors, regulatory officials and the general public. Definitions are also valuable enforcement tools when scope of practice issues arise.

Disadvantages: Definitions in the proposed regulation present no disadvantages to the general public, applicants, licensees, the board or the agency.

B. Proposed Fees. The board is mandated under § 54.1-113 to collect sufficient fees to cover expenses incurred in operating the licensure program. Section 54.1-2400 of the Code of Virginia provides statutory authority for establishment of fees for the administration and operation of the regulatory program. The board considered two alternative fee structures developed by the agency's Finance Office which were based on projected fee increases for the board's other licensing programs which will be necessary to meet the mandate under § 54.1-113 to revise fees as necessary to correct for budget deficits.

Advantages: Assessing fees for licensure will enable the board to comply with statutory mandates to collect fees sufficient to meet expenses. The board has already expended funds to cover costs of staff time and committee meetings in developing the proposed regulation.

Disadvantages: As with any credential, obtaining a license to practice as an independent mental health professional will involve a personal financial expense to those individuals seeking licensure.

C. Sex Offender Treatment Provider Certification. Section 54.1-3505 of the Code of Virginia mandates that the board promulgate regulations for the voluntary certification of its licensees as sex offender treatment providers, and to consider the standards recommended by the Advisory Committee on Certified Practices pursuant to § 54.1-3610. The board has considered those standards, which are now the Board of Psychology's Regulations Governing the Certification of Sex Offender Treatment Providers, and has determined that those standards are acceptable for the voluntary certification of its licensees. Following the advice of the Attorney General's Office, the board is proposing inclusion of this section to direct its licensees seeking certification to the Board of Psychology. This section has recently been added to proposed regulations for the board's other licensure categories.

Advantages: Promulgation of a separate set of regulations that are either incongruous with or a duplication of the Board

of Psychology's regulations would be a poor use of the board's time and budget, and confusing to the public. Endorsement of the existing regulations allows for one set of requirements and practice standards for all certificate holders.

Disadvantages: There is no disadvantage to the proposed regulation.

D. Application for licensure by examination. Because the board is charged with ensuring the competence of the individuals it licenses to practice substance abuse treatment independently, the regulations must establish a standardized, defensible application process and ensure that the documentation received is authentic.

Advantages: Setting forth the documentation requirements in regulation safeguards the integrity of the licensure process, and ensures that all applicants meet the same documentation standards.

Disadvantages: There are no disadvantages to the proposed requirements.

E. Prerequisites for licensure by endorsement. Over the past two years, the board has included provisions in its existing regulations for licensure without examination for applicants with lengthy experience as licensed practitioners in other jurisdictions. The purpose is to reduce the time, expense and amount of documentation required for the application process for experienced applicants. The board proposes a provision for examination waiver for substance abuse treatment practitioners licensed in other jurisdictions by standards substantially equivalent to those established by the board.

Advantages: Endorsement of experienced practitioners will expedite the licensure process for these applicants by as many as 10 months, reducing delays in the ability to obtain employment, open private practices and bill for services.

Disadvantages: The proposed changes present no disadvantages to applicants, the agency, or the general public.

F. Degree program requirements. A common denominator among all boards which license individuals for the independent practice of any mental health profession is that the graduate degree be obtained from an integrated, organized sequence of study which has a clear intent to prepare individuals to practice in that specific profession. In Virginia, there are no graduate programs which offer specific degrees in the substance abuse counseling specialty. Rather, students emphasize substance abuse counseling by the electives they choose in the graduate counseling programs. The board proposes a requirement which specifies that the graduate degree must prepare individuals to practice substance abuse treatment or a related counseling discipline as defined in the Code of Virginia. The proposed language mirrors proposed amendments to the board's regulations for professional counselor and marriage and family therapist licensure.

Advantages: The proposed program requirements outline in clear terms what the board expects applicants to document in terms of a graduate degree. The public will be protected by ensuring that individuals providing services have a strong foundation in mental health counseling.

Disadvantages: Individuals who do not have a graduate degree in substance abuse treatment or a related counseling discipline will not be able to apply for the license.

G. Coursework requirements. The board is mandated under § 54.1-3605 (6) to promulgate regulations with equivalent educational credit hour requirements to those established in regulation for professional counselors. In compliance with this mandate, the board is proposing a total of 60 semester hours of graduate study.

The treatment of substance abuse is recognized as a "complex multidisciplinary practice… whose primary care givers have traditionally been counselors who…have been trained in specialty training programs often developed by treatment agencies rather than in academic institutions."[1] The multidisciplinary nature of the profession, combined with the dearth of established graduate coursework specific to substance abuse was the primary issue the board faced when developing the coursework requirements

Public comment regarding underlying emotional problems that coexist with chemical dependency pointed to the necessity for a strong foundation in general counseling. The board agreed that a foundation in general counseling is essential to prepare a practitioner to recognize coexisting disorders and appropriately refer clients. The board selected nine core areas in counseling which it determined are essential to enable practitioners to recognize a wide spectrum of emotional disorders, to understand the dynamics of cultural and family issues which impact mental disorders and treatment outcomes, and to understand the current research in substance abuse. These core areas were selected from recently updated core areas proposed for the board's regulations for professional counselor licensure. A recent survey conducted by the board established that these courses are readily available in Virginia's counseling programs.

Public comment received from representatives of the substance abuse professional organizations demanded rigorous education requirements in the substance abuse-specific content areas. The board reviewed the curricula of the two graduate programs which are known for substance abuse training in Virginia, and found that neither currently offers more than nine substance abuse-specific semester hours. The Virginia Addictions Technology Transfer Center has reported that federal grant money has been allocated for the Center to develop distance learning opportunities in substance abuse counselors in collaboration with Virginia's graduate counseling programs, which are anticipated to be in place within one year. In addition, several programs

[1] Addiction Counseling Competencies: The Knowledge, Skills And Attitudes of Professional Practice. U.S. Dept. of Health and Human Services Technical Assistance Publication Series 21.

responding to the board's survey indicated that there are plans underway to develop a course in substance abuse.

Board members felt strongly that no less than 15 semester hours would provide sufficient training to prepare individuals to practice in this specialty, but could not ignore the difficulty applicants would encounter trying to obtain this number of hours. Comment from the substance abuse associations indicated that professionals in the field are accustomed to having to get training in a variety of settings. As it stands, all applicants licensed by the board must go outside the graduate program in order to obtain the entire 60 graduate hours obtained for licensure.

The board determined that some compensation for a lack of coursework could be achieved by increasing the substance abuse-specific internship hours from 300, as originally drafted, to 450. For the substance abuse-specific coursework, the board is proposing a requirement of 12 graduate semester hours in the addiction counseling competency areas which have been developed by the Addiction Technology Transfer Center Program. Along with the 600 hour internship, which is equivalent to 6 semester hours, 15 semester hours of elective course work remain to meet the total 60 hours.

Advantages: The board determined that this combination of general counseling and substance abuse-specific course work is the minimum education requirement to ensure competency to provide substance abuse treatment to recognize other emotional problems and appropriately refer clients to specialists in other areas. Applicants will be better prepared to pass the licensure examination with a strong educational foundation in all core and competency areas.

Disadvantages: None of the graduate programs responding to the board's survey indicated that a specific course in each of the five competency areas is offered. However, the board determined that it would not be in compliance with the statutory mandate to ensure the competency of licensees without requiring education in all competency areas which have been established as a national standard. The proposed regulations provide that one course may satisfy more than one content area, but applicants will undoubtedly be required to obtain some of the substance abuse education outside the degree program. Applicants for any license under the board are required to obtain from 12 to 30 hours of coursework outside their degree programs, because no gradate program in Virginia requires 60 hours for a degree. The board constructed the language in the degree program requirements to permit applicants to obtain the substance abuse competencies outside the degree program. As a rule, graduates must obtain an additional 12 to 15 hours beyond the degree to attain the 60 hour requirement.

H. Residency. Statute mandates that experience hour requirements be equivalent to those for professional counselor licensure. In compliance with this mandate, the board is proposing a 4,000 hour supervised residency with 200 hours of face-to-face supervision. The board considered that most treatment centers would not have substance abuse clients exclusively, and has therefore proposed that half of the residency hours be specific to substance abuse problems. As with its other proposed regulations, the board has included a provision to accept graduate internship hours meeting certain criteria toward the residency.

The board identified a need to ensure that residents are evaluated in all competency areas in substance abuse. The board proposes a requirement that the competency areas published as Professional Practice Dimensions in the federal publication be included in the residency.

The board recognized the difficulty all licensure applicants experience in obtaining supervisors for the residency, and endeavored to develop a requirement that would provide flexibility for applicants without compromising the effectiveness of the training. The board proposes accepting supervision from any licensure category in clinical mental health, provided the supervisor can document specific training and experience in substance abuse treatment.

Advantages: Licensure for substance abuse treatment practitioners was established by the 1997 General Assembly on the basis that treatment modalities for this type of practice are distinct from those used by other mental health service providers. The training and experience requirements set forth in the regulation will ensure that individuals licensed to practice substance abuse treatment independently possess training and experience in areas identified as unique to this profession.

The public will benefit from having the assurance that an individual holding himself out as a licensed substance abuse treatment practitioner has received specialized education and training to provide these services.

Government agencies will benefit from the ability to more accurately identify practitioners who can provide these services independently.

Disadvantages: Individuals who wish to hold themselves out as substance abuse treatment practitioners will be required to obtain the education and experience set forth in the regulations and pay the registration, application and renewal fees to obtain and maintain the license. This process will be simplified and less costly for individuals who can meet the endorsement criteria in the regulation. The law does not restrict other licensed mental health service providers from continuing to provide services in their areas of competency to substance abusers.

These regulations will present no disadvantages to the consuming public or to government agencies, whose employees are exempt from the licensure requirement under § 54.1-3501.

I. Examination Requirements. Attainment of a professional license is generally contingent upon passing an examination which test the applicant's applied knowledge and skills in a profession. The examination is an essential tool for evaluating the competency of an individual to practice in a profession, and to test understanding of the laws and standards of ethics that govern the profession.

The board determined that individuals licensed to practice substance abuse treatment independently should be tested

for practice knowledge and skills, and the laws and standards of conduct governing the profession. The board is proposing a waiver of the examination requirement for individuals who are licensed as substance abuse treatment practitioners, in other states, or as mental health therapists with national certification in substance abuse treatment. Statute provides for licensure without examination for current licensed professional counselors who can meet the board's requirements for licensure under these regulations.

Advantages: The examination will assist the board in determining that the individuals granted licensure to practice independently are competent to practice and understand the ethical and legal issues involved in that practice.

The public will benefit from having greater assurance that practitioners who obtained the license were tested for competency.

Licensed practitioners will benefit from the knowledge of laws and regulations governing their profession, and may avoid disciplinary action through this awareness.

Disadvantages: Applicants who do not qualify for endorsement will be required to pay a fee directly to the examination service to sit for the examination. It is expected that the examination fee assessed by the chosen vendor will range from $75 - $125.

Employers in the public and private sector may incur costs if they choose to reimburse employees for expenses involved in the licensure process.

J. Reexamination. Failure of the examination more than once provides an indication that the applicant may be deficient in one or more competency area. After many repeated attempts at an examination, an applicant may succeed more due to familiarly with the questions than due to improved competency. The board proposes that applicants who fail the examination twice obtain 45 clock hours of additional training or education addressing the areas of deficiency identified by the examination. Determination of acceptable training will be made on a case-by-case basis by having the applicant submit a plan for obtaining the hours to the board.

Without a time limit for passing the licensure examination, the board would be obligated to keep an application file open indefinitely. The Archiving and Retention Schedule of the Library of Virginia allows for destruction of inactive licensure applications after three years.

Advantages: The requirement for additional training will protect the public by ensuring competency in areas of deficiency. The time limit for taking the examination will ensure that the board is not forced to license applicants who have not been active in the profession, and who may no longer meet current requirements.

Disadvantages: Applicants may incur some costs to obtain additional training in areas of deficiency. Applicants who do not take the exam, and allow their files to become inactive will be required to pay a reapplication fee.

K. Renewal and reinstatement of a license. The board is mandated to collect fees to cover all expenses incurred in the administration of the regulatory program. The bulk of the board's expenses are covered by renewal fees.

Advantages: The proposed renewal fees are in line with the necessary increases for all the board's licensure fees as projected by the agency's Finance Office to offset an existing budget deficit. The board will begin the regulatory process in 1999 to increase renewal fees for its professional counselor and marriage and family therapist licensure.

The board is proposing a reapplication requirement for individuals whose licenses have lapsed more than four years. This requirement will allow the board to ensure that individuals who have not been providing services for a significant length of time are knowledgeable of new theories and techniques, and of current laws and regulations governing their practice. It will also enable the board to ensure that these applicants have not been disciplined for misconduct under another license or certificate. The public will benefit from this insurance of the continued competency and integrity of their providers.

Disadvantages: Individuals who allow their licenses to lapse more than four years will have to reapply under the board's current regulation and take the current examination. An individual who has become licensed in another state may apply for licensure by endorsement and will not have to take an examination.

L. Standards of Practice. State law requires that the board establish regulations that include provisions for disciplinary action. Standards of practice provide the basis for disciplinary action for misconduct, and provide guidelines for professional behavior in the provision of services.

Advantages: Standards of Practice provide practitioners with a framework for professional conduct, and provide the basis for board action against unscrupulous or unqualified providers, thereby protecting the public. The proposed standards mirror those proposed in the boards proposed regulations for professional counselor licensure.

Disadvantages: The proposed Standards of Practice present no disadvantage to practitioners, clients, state or private facilitates, or the general public.

Estimated Fiscal Impact:

Projected number of persons affected and their cost of compliance: It is estimated that 500 individuals will apply for this license soon after the effective date of the regulations. After the initial licensure period, it is estimated that the number of applicants will average 50 per year. Those applying will pay a $100 application fee to the board. Individuals who do not qualify for endorsement will pay an examination fee of approximately $75 - $125 to an outside vendor. Each year, all licensees will pay a $80 licensure renewal fee.

Costs to the agency for implementation: Establishment of the licensure program will result in increased expenditures for data processing, contractual services (production and

mailing of application packages, notices and amended regulations), personal services (board credentials reviews and hearings, discipline hearings, regulatory review), and enforcement with associated administrative proceedings.

All costs to the agency are derived from fees paid by licensed substance abuse treatment practitioners.

C. Cost to local governments: Community service boards that have a policy to cover the costs of professional licensure for their employees may incur additional expenses for employees that wish to become licensed as substance abuse treatment practitioners. Since individuals in government settings are exempted by law from the licensure requirement, there would be little impetus for an agency to adopt this kind of policy.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The proposed regulation establishes a program for licensing independent practitioners of substance abuse treatment. This is a voluntary program. This regulation specifies the requirements for licensure, including educational degree program requirements, examination requirements, course work and internship requirements, and residency requirements. It also specifies a fee-structure for the program, in order to ensure that the program covers its own operating expenses. Finally, it specifies standards of practice for licensed substance abuse treatment practitioners, and describes disciplinary actions for violations of these standards of practice.

Estimated economic impact. There are a number of effects that are expected to arise from this regulation. This regulation will maintain the significance of the master's degree for substance abuse practitioners, while not significantly disrupting the practices of professionals currently treating substance abuse who do not possess a master's degree. This regulation will also encourage educational programs to increase the number of courses specific to substance abuse counseling offered by their degree programs. Because the costs of this program is supposed to be covered by applicant fees, this regulation should not have any significant fiscal impact.

The Acts of the Assembly that established licensure for substance abuse treatment practitioners offered the opportunity for licensing individuals with "substantially equivalent" qualifications to the regular criteria determined by the board. There were two instances where the board considered criteria that were substantially equivalent with its regular criteria. One was for practitioners who did not possess a master's degree. The other was for determining when the examination requirement could be waived.

There are many counselors currently practicing in the area of substance abuse treatment. These counselors have licenses as clinical social workers, professional counselors, or as psychologists. Not all of these currently practicing counselors have a master's degree. In order to license these currently practicing counselors without a master's degree, the board considered different proposals specifying a combination of education and experience that would enable licensure without a master's degree. The board wanted this equivalency to be available for a limited period of time because, if this equivalency proposal were made permanent, it would significantly reduce the incentive for completing a master's degree. Without the requirement that applicants have completed a master's degree, it would be difficult to determine whether an applicant had the necessary academic background for practicing substance abuse counseling. However, counsel advised the board that the statute did not authorize a time-limited provision for equivalency. Consequently, the board decided to drop its proposal for equivalency with the requirement for a master's degree. The result of this decision is that this regulation maintains the incentive for completing the master's degree. It is the board's judgment that completion of the master's degree is needed to ensure that applicants have the skills needed for effective counseling.

While this requirement implies that, for the time being, some counselors currently offering substance abuse treatment under another license may not be able to obtain a substance abuse treatment license, there is nothing in this regulation that would prevent these counselors from continuing to offer substance abuse treatment under their other license. Because of this, the requirement of a master's degree should not impose a substantial burden on those currently offering substance abuse treatment under some other license.

Another impact of this regulation concerns the course offerings by degree programs located within the Commonwealth. In this regulation, the board proposes a requirement of twelve graduate semester hours in the substance abuse competency areas. In writing the regulation, the board reviewed the curricula of two graduate substance abuse programs in the Commonwealth, and found that neither offered more than nine substance abuse specific hours.

Given that this is true, a reasonable impact of this regulation would be the addition of another course in a substance abuse competency area. All students of these programs wishing to receive a substance abuse treatment license in the Commonwealth will need to take another course. It is likely that these students will request the addition of such a course. Those students wishing to apply for a substance license in the Commonwealth would represent a large

proportion of the students of these programs. Consequently, it is likely that their request will be granted, and that these programs will then offer twelve hours of substance abuse specific hours.

Finally, the statute mandates that boards collect sufficient fees to cover the expenses incurred in operating the licensure program. The board estimates that biennial expenses of the program will be $68,900 for FY 1999 and FY 2000, and $87,400 for FY 2001 and FY 2002, for a total of $156,300 (Item 9: Fiscal Impact Analysis, of the regulatory submission package). It also estimates total revenues during the same period of $154,240, for a net deficit of $2,060. If these projections are achieved, this program will present little fiscal effects on the Commonwealth.

Businesses and entities affected. This regulation affects private practitioners of substance abuse treatment. DSS expects 500 applicants in the first year and approximately 50 per year thereafter.

Localities particularly affected. Substance abuse treatment practitioners are located throughout the Commonwealth. They are concentrated in larger cities and towns, again throughout the Commonwealth.

Projected impact on employment. Because counselors currently practicing substance abuse treatment under some other license can continue to practice under that license even if they do not qualify for the substance abuse treatment license, there should be no effect on employment from this regulation.

Effects on the use and value of private property. The licensing program set up by this regulation should act as a clear signal of professional substance abuse treatment for those counselors possessing the license. Accordingly, the value of these counselors' practices should increase.

Summary of analysis. This regulation establishes a voluntary program for licensing practitioners of substance abuse treatment. The costs of this program should be covered by fees paid by applicants. These counselors will seek a license because this license should increase the value of their practices.

This program includes a number of requirements to obtain a license. One of these requirements is a master's degree in mental health. The program does not offer a permanent alternative to this requirement, because such an alternative would reduce the incentive for completing the master's degree. Completion of the master's degree is believed to be important in enabling a counselor to have the foundation to manage the many issues that may arise in substance abuse treatment. Meanwhile, those counselors currently practicing substance abuse treatment under another license will not be harmed by this requirement, because they can continue their practice under this other license.

Another requirement concerns the number of credit hours in substance abuse treatment course work. While this licensing program requires more credit hours in substance abuse specific course work than is currently offered by any single degree program located in the Commonwealth, it is likely that additional courses will be added to enable students in these programs to meet the requirements for licensure.

Finally, this program collects fees from applicants to cover its costs of operation. Projected revenues to a large degree should cover projected costs.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The agency concurs with the analysis prepared by the Department of Planning and Budget.

Summary:

Proposed regulations set forth the education, experience and examination requirements for licensure of substance abuse treatment practitioners, and establish standards of practice, renewal schedules and fees for licensed individuals. In accordance with a statutory requirement, the proposed requirements for the educational credit hour, clinical experience hour, and clinical supervision hours are equivalent to those required for professional counselor licensure.

CHAPTER 60.
REGULATIONS GOVERNING THE PRACTICE OF LICENSED SUBSTANCE ABUSE TREATMENT PRACTITIONERS.

PART I.
GENERAL PROVISIONS.

18 VAC 115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means supervised, planned, practical, advanced experience obtained in the clinical setting, observing and applying the principles, methods and techniques learned in training or educational settings.

"Jurisdiction" means a state, territory, district, province or country which has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting which does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the United States Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a post-internship, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in substance abuse treatment under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented face-to-face consultation, guidance and instruction with respect to the clinical skills and competencies of the person supervised.

18 VAC 115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner:

Registration of supervision (initial)	*$50*
Add/change supervisor	*$35*
Licensure application	*$100*
Annual license renewal	*$90*
Duplicate license	*$15*
Verification of license to another jurisdiction	*$10*
Late renewal	*$25*
Replacement of or additional wall certificate	*$15*
Returned check	*$15*

B. Fees shall be paid by check or money order made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Examination fees shall be paid directly to the examination service according to its requirements.

18 VAC 115-60-30. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18 VAC 125-30-10 et seq.

PART II.
REQUIREMENTS FOR LICENSURE.

18 VAC 115-60-40. Application for licensure by examination.

Every applicant for examination for licensure by the board shall:

1. Meet the degree program, course work and experience requirements prescribed in 18 VAC 115-60-60, 18 VAC 115-60-70 and 18 VAC 115-60-80; and

2. Submit the following items to the board office in one package not less than 90 days prior to the date of the examination:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and course work requirements prescribed in 18 VAC 115-60-60 and 18 VAC 115-60-70;

c. Verification of supervision forms documenting fulfillment of the experience requirements of 18 VAC 115-60-80 and copies of all required evaluation forms;

d. Documentation of any other professional license or certificate ever held in another jurisdiction; and

e. The licensure application fee.

18 VAC 115-60-50. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit in one package:

1. A completed application;

2. The licensure application fee;

3. Verification of all professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Further documentation of one of the following:

a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter; or

b. A mental health license in good standing in a category acceptable to the board which required completion of a master's degree in mental health to include 60 graduate semester hours in mental health; and

(1) Board-recognized national certification in substance abuse treatment;

(2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;

(3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18 VAC 115-60-70 C; or

(4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience;

5. Verification of a passing score on a licensure examination as established by the jurisdiction in which licensure was obtained;

6. Official transcripts documenting the applicant's completion of the education requirements prescribed in 18 VAC 115-60-60 and 18 VAC 115-60-70; and

7. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia.

18 VAC 115-60-60. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline as defined in § 54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Education that does not come from a degree program meeting the requirements set forth in this section shall not be acceptable for licensure.

18 VAC 115-60-70. Course work requirements.

A. The applicant shall have completed 60 semester hours or 90 quarter hours of graduate study.

B. The applicant shall have completed a general core curriculum containing a minimum of three semester hours or 4.5 quarter hours in each of the areas identified in this section:

1. Professional identity, function and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Group counseling and psychotherapy, theories and techniques;

5. Appraisal, evaluation and diagnostic procedures;

6. Abnormal behavior and psychopathology;

7. Multicultural counseling, theories and techniques;

8. Research; and

9. Marriage and family systems theory.

C. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the substance abuse treatment competencies identified in this subsection.

1. Assessment, appraisal, evaluation and diagnosis specific to substance abuse;

2. Treatment planning models, client case management, interventions and treatments to include relapse prevention, referral process, step models and documentation process;

3. Understanding addictions: The biochemical, sociocultural and psychological factors of substance use and abuse;

4. Addictions and special populations including, but not limited to, adolescents, women, ethnic groups and the elderly; and

5. Client and community education.

D. The applicant shall have completed a supervised internship of 600 hours to include 240 hours of direct client contact. At least 450 of the internship hours and 200 of the direct client contact hours shall be in treating substance abuse-specific treatment problems.

E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.

18 VAC 115-60-80. Residency.

A. Registration. Applicants who render substance abuse treatment services in a nonexempt setting shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18 VAC 115-60-60 to include completion of the internship requirement specified in 18 VAC 115-60-70; and

3. Pay the registration fee.

B. Applicants in exempt settings may register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure shall have completed a 4,000 hour supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

a. Clinical evaluation;

b. Treatment planning, documentation and implementation;

c. Referral and service coordination;

d. Individual and group counseling and case management;

e. Client family and community education; and

f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of face-to-face sessions between supervisor and resident occurring at minimum of one hour per 20 hours of work experience during the period of the residency. No more than half of these hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of face-to-face supervision. Face-to-face supervision that is not coincident with a residency will not be accepted, nor will residency hours accrued in the absence of approved face-to-face supervision.

3. The residency shall include at least 2,000 hours of face-to-face client contact with individuals, families or groups of individuals suffering from the effects of substance abuse or dependence.

4. A graduate level degree internship completed in a program that meets the requirements set forth in 18 VAC 115-60-70 may count for no more than 600 hours of the required 4,000 hours of experience. The internship shall include 20 hours of face-to-face on-site supervision, and 20 hours of face-to-face off-site supervision. Internship hours shall not begin until completion of 30 semester hours toward the graduate degree.

5. In order for a graduate level internship to be counted toward a residency, either the clinical or faculty supervisor shall be licensed as set forth in subsection D of this section.

6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing of the resident's status, the supervisor's name, professional address, and telephone number.

8. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

D. Supervisory requirements. A person who provides supervision for a resident in substance abuse treatment shall be licensed as a professional counselor, marriage and family therapist, substance abuse treatment practitioner, school psychologist, clinical psychologist, clinical social worker, clinical nurse specialist or psychiatrist in the jurisdiction where the supervision is being provided. All supervisors shall document two years post-licensure substance abuse treatment experience, 100 hours of didactic instruction in substance abuse treatment, and training or experience in supervision. Within three years of [the effective date of this chapter (insert date)], supervisors must document a three-credit-hour course in supervision.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

E. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to [(insert effective date of this chapter)] may be accepted towards licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

PART III.
EXAMINATIONS.

18 VAC 115-60-90. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed an examination deemed by the board to be substantially equivalent to the Virginia examination.

C. The board shall notify all approved candidates in writing of the time and place of the examination.

D. A candidate approved by the board to sit for the examination shall take the examination within two years from the date of such initial board approval. If the candidate has not taken the examination by the end of the two-year period prescribed in this subsection:

1. The initial board approval to sit for the examination shall then become invalid; and

2. In order to be considered for the examination later, the applicant shall file a complete new application with the board.

E. The board shall establish a passing score on the written examination.

18 VAC 115-60-100. Reexamination.

A. After paying the examination fee, a candidate may be reexamined within an 18-month period without filing a new application.

B. Applicants who fail the examination twice in succession shall document completion of 45 clock hours of additional education or training acceptable to the board, addressing the areas of deficiency as reported in the examination results prior to obtaining board approval for reexamination.

PART IV.
LICENSURE RENEWAL; REINSTATEMENT.

18 VAC 115-60-110. Renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

B. Every license holder who intends to continue to practice shall submit to the board on or before June 30 of each year:

1. A completed application for renewal of the license; and

2. The renewal fee prescribed in 18 VAC 115-60-20.

C. Licensees shall notify the board of a change of address within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

18 VAC 115-60-120. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the penalty fee prescribed in 18 VAC 115-60-20, as well as the license fee prescribed for each year the license was not renewed.

B. A person who fails to renew a license for four years or more and wishes to resume practice shall reapply according to the requirements set forth in 18 VAC 115-60-40 or 18 VAC 115-60-50.

PART V.
STANDARDS OF PRACTICE; UNPROFESSIONAL CONDUCT; DISCIPLINARY ACTIONS; REINSTATEMENT.

18 VAC 115-60-130. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons licensed by the board shall:

1. Practice in a manner that does not endanger the public health, safety, or welfare.

2. Practice only within the competency areas for which they are qualified by training or experience.

3. Be aware of competencies of practitioners in other fields of practice and make referrals for services when appropriate.

4. Stay abreast of new developments, concepts and practices which are important to providing appropriate professional services.

5. Terminate a service or consulting relationship when it is apparent that the client is not benefiting from the relationship.

6. Provide to clients only those services which are related to diagnostic or therapeutic goals.

7. Not offer services to a client who is receiving services from other mental health professionals without attempting to inform such other professionals of the planned provision of services.

8. Inform clients fully of the risks and benefits of services and treatment and obtain informed consent to all such services and treatment.

9. Ensure that the welfare of clients is not compromised by experimentation or research involving those clients and conform practice involving research or experimental treatment to the requirements of Chapter 5.1 (§ 32.1-162.16 et seq.) of Title 32.1 of the Code of Virginia.

10. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.

11. Inform clients of (i) the purposes of an interview, testing or evaluation session and (ii) the ways in which information obtained in such sessions will be used before asking the client to reveal personal information.

12. Consider the validity, reliability and appropriateness of assessments selected for use with clients and carefully interpret the performance of individuals from groups not represented in standardized norms.

13. Represent accurately their competence, education, training and experience.

14. In connection with practice as a substance abuse treatment practitioner, represent to the public only those educational and professional credentials as are related to such practice.

15. Not use the title "Doctor" or the abbreviation "Dr." in writing or in advertising in connection with practice without including simultaneously a clarifying title, initials, abbreviation or designation or language that identifies the basis for use of the title, such as M.D., Ph.D., D.Min.

16. Announce professional services fairly and accurately in a manner which will aid the public in forming their own informed judgments, opinions and choices and which avoids fraud and misrepresentation.

17. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the disposal of records in a manner consistent with professional requirements.

18. Disclose client records to others in accordance with state and federal statutes and regulations including, but not limited to, §§ 32.1-127.1:03 (Patient Health Records Privacy Act), 2.1-342 B 3, (Virginia Freedom of Information Act) and 54.1-2400.1 (Mental Health Service Providers; Duty to Protect Third Parties; Immunity) of the Code of Virginia; 42 USC § 290dd-2 (Confidentiality of Drug and Alcohol Treatment Records); and 42 CFR Part 2 (Alcohol and Drug Abuse Patient Records and Regulations).

19. Maintain client records for a minimum of five years from the date of termination of the substance abuse treatment relationship, or as otherwise required by employer, hospital or insurance carrier.

20. Obtain informed consent from clients before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using client records and clinical materials in teaching, writing or public presentations.

21. Not engage in dual relationships with clients, former clients, residents, supervisees, and supervisors that compromise the client's or resident's well being, impair the practitioner's or supervisor's objectivity and professional judgment or increase the risk of client or resident exploitation. This includes, but is not limited to, such activities as treating close friends, former sexual partners, employees or relatives, and engaging in business relationships with clients.

Engaging in sexual intimacies with current clients or residents is strictly prohibited. For at least five years after cessation or termination of professional services, licensees shall not engage in sexual intimacies with a therapy client or those included in collateral therapeutic services. Since sexual or romantic relationships are potentially exploitative, licensees shall bear the burden of demonstrating that there has been no exploitation. A patient's consent to, initiation of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

22. Recognize conflicts of interest and inform all parties of obligations, responsibilities and loyalties to third parties.

23. Report to the board known or suspected violations of the laws and regulations governing the practice of licensed or certified health care practitioners.

18 VAC 115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.

A. Action by the board to revoke, suspend or decline to renew a license may be taken in accord with the following:

1. Conviction of a felony, of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse treatment , or any provision of this chapter.

2. Procuring of license by fraud or misrepresentation.

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice substance abuse treatment with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition.

4. Negligence in professional conduct or nonconformance with the Standards of Practice (18 VAC 115-60-130).

5. Performance of functions outside the demonstrable areas of competency.

B. Petition for rehearing. Following the revocation or suspension of a license the licensee may petition the board for rehearing upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18 VAC 115-60-150. Reinstatement following disciplinary action.

A. Any person whose license has been revoked or denied renewal by the board under the provisions of 18 VAC 115-60-140 may, two years subsequent to such board action, submit a new application to the board for licensure.

B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.

NOTICE*:* The forms used in administering 18 VAC 115-60-10 et seq., Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Board of Licensed Professional Counselors,

Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 West Broad Street, 4th Floor, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

FORMS

Substance Abuse Treatment Practitioner Licensure Application, SATPAPP 1, eff. 8/99

Licensure Verification of Applicant, SATPAPP 2, eff. 8/99

Verification of Supervision for Substance Abuse Treatment Practitioner License, SATPAPP 3, eff. 8/99

Supervisor's Experience and Education, SATPAPP 3A, eff. 8/99

Licensure Verification of Out-of-State Supervisor, SATPAPP 4, eff. 8/99

Courses Outline Form for Substance Abuse Treatment Practitioner Licensure, SATPAPP 5, eff. 8/99

Verification of Internship, SATPAPP 6, eff. 8/99

Verification of Internship Hours Toward the Residency, SATPAPP 7, eff. 8/99

Registration of Supervision for Substance Abuse Treatment Practitioner Licensure, SATPREG A, eff. 8/99

Licensure Verification of Out-of-State Supervisor, SATPREG B, eff. 8/99

Quarterly Evaluation Form, SATPREG C, eff. 8/99

VA.R. Doc. No. R98-97; Filed July 27, 1999, 11:56 a.m.

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TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

Title of Regulation: **22 VAC 40-705-10 et seq. Child Protective Services (amending 22 VAC 40-705-10 and 22 VAC 40-705-40).**

Statutory Authority: §§ 63.1-25, 63.1-248.3 and 63.1-248.6 of the Code of Virginia.

Public Hearing Date: September 27, 1999 - 1 p.m.
Public comments may be submitted until October 15, 1999.
(See Calendar of Events section for additional information)

Basis: The statutory authority for promulgating this regulation is found in Chapter 12.1 (§ 63.1-248 et seq.) of Title 63.1 of the Code of Virginia. Chapter 12.1 places the responsibility for providing protective services to children with the Department of Social Services. Section 63.1-25 of the Code of Virginia places authority with the Board of Social Services to make rules and regulations consistent with § 63.1-248.1 et seq. of the Code of Virginia. These regulations are necessitated by legislation enacted during the 1998 General Assembly session.

Purpose: The legislation passed during the 1998 General Assembly session amends § 63.1-248.3 of the Code of Virginia by enacting subsection A1 and amends § 63.1-248.6 E 1 and 2. The new statutory provisions amend the mandated reporting laws to include allegations of newborn infant neglect. Amending 22 VAC 40-705-10 et seq. is necessary to define and clarify the parameters of the new reporting laws. This regulatory action will enhance protection of newborn infants. Regulatory action will also provide better understanding of the new reporting laws by local departments of social services and the other parties affected by the legislation.

Substance: Amendments to the existing regulation focus upon clarifying ambiguities and defining the parameters of the legislation enacted during the 1998 General Assembly session. Amendments occur only in 22 VAC 40-705-10 and 22 VAC 40-705-40. 22 VAC 40-705-10 is the definitions section of the regulation. In 22 VAC 40-705-10, the department defines: "certified substance abuse counselor," "controlled substance," "licensed substance abuse treatment practitioner," and "substance abuse counseling or treatment services." 22 VAC 40-705-40 is the reporting section of the regulation. Substantive changes to the reporting requirements include:

1. A report or complaint made pursuant to § 63.1-248.3 A1 is considered a valid report of abuse or neglect requiring a Child Protective Services (CPS) investigation, unless the mother sought treatment or counseling as defined in the purposed regulation and pursuant to § 63.1-248.6 E 2.

2. Facts establishing that the infant was exposed to controlled substances prior to birth is not sufficient to render a founded disposition of abuse or neglect. The local department must establish by a preponderance of the evidence that the infant was abused or neglected according to the statutory and regulatory definitions of abuse and neglect.

3. If the mother did seek or received substance abuse counseling or treatment, but there is evidence, other than the exposure to a controlled substance, that the child may be abused or neglected, then the local department may continue the investigation.

4. The substance abuse counseling or treatment services must be provided by a professional. Professional substance abuse treatment or counseling may be provided by a certified substance abuse counselor or a licensed substance abuse practitioner.

Issues: Section 63.1-248.3 A1 expands the mandated reporter requirements to include reporting substance exposed newborn infants. Such an expansion will increase the number of complaints made to Child Protective Services

(CPS). Section 63.1-248.3 A1 clearly defines the circumstances in which the physician must make a report to CPS. Essentially, evidence that the child was exposed to controlled substances prior to birth is sufficient, in and of itself, to suspect that the child is abused or neglected. However, an investigation initiated pursuant to § 63.1-248.3 A1 does not necessarily mean that a founded disposition of abuse or neglect will be rendered by a local department. The new statutory provisions and the proposed regulatory provisions do not amend the definition of an abused or neglected child. Therefore, the local department would need to establish by a preponderance of the evidence that the child was abused or neglect as currently defined pursuant to 22 VAC 40-705-10 et seq.

The proposed regulation strengthens the department's ability to protect infants at risk of being abused or neglected. By providing authority for CPS intervention on behalf of a newborn infant demonstrating evidence of substance abuse exposure, local departments can take a proactive approach to protecting infants who are at significant risk of being abused or neglected.

Estimated Impact: The provisions of this regulation dealing with reporting will affect each of the 123 local departments of social services and every child protective services social worker in the administration and implementation of this program. As a result of the new statutory requirements, local departments of social services will experience an increase in the number of reports received alleging the abuse or neglect of a child. Local departments of social services will experience an increase in the number of founded dispositions of abuse or neglect rendered. Not all investigations initiated by a report made pursuant to § 63.1-248.3 A1 will result in a founded disposition of abuse or neglect. Only when there is evidence to suggest that the substance abuse is also resulting in child abuse or neglect will a founded disposition of abuse or neglect be made. As a result of the report or complaint made pursuant to § 63.1-248.3 A1, a local department may be required to develop a treatment plan for the child and family, manage the plan, arrange for services and treatment, and monitor for compliance. As a result of the intervention by the local department, foster care caseloads may also increase.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. In 1998 the General Assembly passed legislation, Virginia Code § 63.1-248.3 A1, which amends the mandated reporting requirement for suspected child abuse or neglect. The amendment includes a specific requirement that attending physicians report to their local DSS office evidence that newborn infants have been exposed to a controlled substance or display symptoms of fetal alcohol syndrome. The proposed changes to this regulation implement the new legislation by adding relevant definitions and delineating the circumstances under which physicians are required to report suspected child abuse or neglect due to evidence of infants' prenatal exposure to controlled substances or alcohol.

Estimated economic impact. It is anticipated that the new reporting requirement for physicians will result in an increase in the number of child abuse or neglect cases reported. Numerous studies have shown empirical links between the abuse of controlled substances and child abuse. DSS projects approximately 612 new cases per annum. Given a standard of 154 investigations per social worker per year, an additional 3.9 workers will need to be hired.

Not all reported cases of child abuse or neglect result in a founded disposition of abuse or neglect. In fiscal year 1996 only 22% of all investigations resulted in a founded disposition. DSS applies this 22% rate to its projection of 612 new cases resulting from the new reporting requirement. Thus the agency projects 135 new founded complaints per year. DSS estimates that 6.4 new workers will need to be hired in local departments to handle founded complaints. Duties for these workers include development of treatment plans for the child and family, management of the plan, arrangement for services and treatment, and monitoring for compliance.

DSS estimates the cost of 10.3 new workers for investigation and treatment at $461,954. This figure includes expenditures for salary, travel, supplies and other associated costs of investigation and treatment. Additional costs associated with the potential increase of demand for the foster care system have not been calculated.

The wording of the amended regulation does not imply the likelihood of any additional tests or procedures to be performed by medical staff than would normally be required for medical reasons. Nevertheless, the additional usage of medical staffs' time for reporting suspected child abuse or neglect will impose a small cost.

As for benefits, DSS estimates that it will find 135 new cases of child abuse or neglect. In these cases social services will intervene and hope to improve the living conditions for the child by providing protective and rehabilitative services for the child and the family. Placing a dollar value on the benefits of bringing an abused or neglected child into the Child Protective Services system is a very subjective matter. It can be reasonably assumed, though, that in most cases the child will be significantly better off, and in some cases the mother will also benefit by receiving drug or alcohol counseling, protection from an abusive spouse and possibly improved parenting skills.

The amended regulation was implemented on July 1, 1998. Thus we have eight and a half months of experience showing the number of new suspected cases reported and the percentage of those cases where child abuse or neglect was found. Over the eight and a half months 150 new cases were reported. Extrapolating out to a full year, only 212 suspected cases per year are being reported under the new reporting requirement, versus the 612 initially projected by DSS. Assuming that the costs of reporting and investigating suspected abuse or neglect cases scale down proportionately, then a smaller than projected quantity of suspected cases resulting from the amended regulation will not substantially affect the costs per case.

In our first 8.5 months of experience with the new regulation only 12% of those cases with completed investigations (a minority of cases are pending) were found to have child abuse or neglect. Extrapolating out to a full year, only 25 of the 212 reported cases are founded. The finding of only 12% of suspected cases to be actual abuse or neglect implies that the costs per founded disposition has been greater than projected. The costs of reporting and investigating suspected child abuse or neglect cases presumably does not vary significantly with the finding of the investigation. Fewer founded cases of child abuse or neglect does indicate that fewer children than expected are benefiting from inclusion in the Child Protective Services program.

Businesses and entities affected.

1. Approximately 212 newborn infants per year with fetal alcohol syndrome or who show evidence of prenatal exposure to controlled substances.

2. The families of the infants with fetal alcohol syndrome or prenatal exposure to controlled substances.

3. Physicians and associated staff

4. Substance abuse treatment centers

Localities particularly affected. The proposed regulatory changes affect all localities, but particularly affect areas with higher than average use of controlled substances and alcohol abuse.

Projected impact on employment. The expected increase in the reporting of child abuse or neglect due to the amended regulation will require the hiring of additional staff at the 123 local DSS offices. Based upon DSS' initial projections, a total of 10.3 new workers are required statewide for the local DSS offices. Given our first 8.5 months of experience, the increased workload prompted by the amended regulation will likely be less than projected and consequently fewer than 10.3 new workers will be needed.

The increased threat of child abuse charges and the potential loss of custody of children may encourage increased use of substance abuse treatment centers by pregnant women. The regulation requires that the complaint is dropped if the mother of the infant sought substance abuse counseling prior to the infant's birth and no abuse or neglect is initially observed. Also, once child abuse or neglect is determined to be founded, DSS staff may help the mother enroll in a substance abuse program. A small increase in staff at such facilities may be required.

Effects on the use and value of private property. This regulation is not anticipated to have any effects on the use and value of private property in Virginia.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The Virginia Department of Social Services concurs with the Economic Impact Analysis of 22 VAC 30-705 Sections 10 and 40, prepared by the Virginia Department of Planning and Budget on March 19, 1999.

Summary:

In 1998 the General Assembly passed § 63.1-248.3 A1 of the Code of Virginia, which amends the mandated reporting requirement for suspected child abuse or neglect. The amendment includes a specific requirement that attending physicians report to their local department of social services office evidence that newborn infants have been exposed to a controlled substance or display symptoms of fetal alcohol syndrome. The proposed changes to this regulation implement the new legislation by adding relevant definitions and delineating the circumstances under which physicians are required to report suspected child abuse or neglect due to evidence of infants' prenatal exposure to controlled substances or alcohol.

22 VAC 40-705-10. Definitions.

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

"Abuser or neglector" means any person who is found to have committed the abuse and/or neglect of a child pursuant to Chapter 12.1 (§ 63.1-248.1 et seq.) of Title 63.1 of the Code of Virginia.

"Administrative appeal rights" means the child protective services appeals procedures for a local level informal conference and a state level hearing pursuant to § 63.1-248.6:1 of the Code of Virginia, under which an individual who is found to have committed abuse and/or neglect may request that the local department's records be amended.

"Appellant" means anyone who has been found to be an abuser and/or neglector and appeals the founded disposition to the director of the local department of social services, an administrative hearing officer, or to circuit court.

"Assessment" means the process by which child protective services workers determine a child's and family's needs.

"Caretaker" means any individual having the responsibility of providing care for a child and includes the following: (i) parent or other person legally responsible for the child's care; (ii) any other person who has assumed caretaking responsibility by virtue of an agreement with the legally responsible person; (iii) persons responsible by virtue of their

positions of conferred authority; and (iv) adult persons residing in the home with the child.

"Case record" means a collection of information maintained by a local department, including written material, letters, documents, tapes, photographs, film or other materials regardless of physical form about a specific child protective services investigation, family or individual.

"Central Registry" means a subset of the information system of CANIS and is the name index with identifying information of individuals named as an abuser and/or neglector in founded child abuse and/or neglect complaints or reports not currently under administrative appeal, maintained by the department.

"Certified substance abuse counselor" means a person certified to provide substance abuse counseling in a state-approved public or private substance abuse program or facility.

"Child Abuse and Neglect Information System (CANIS)" means the computer system which collects and maintains information regarding incidents of child abuse and neglect involving parents or other caretakers. CANIS is composed of three parts: the statistical information system with nonidentifying information, the Central Registry, and a database that can be accessed only by the department and local departments consisting of all nonpurged investigation information.

"Child protective services" means the identification, receipt and immediate investigation of complaints and reports of alleged child abuse and/or neglect for children under 18 years of age. It also includes assessment, and arranging for and providing necessary protective and rehabilitative services for a child and his family when the child has been found to have been abused or neglected or is at risk of being abused or neglected.

"Child protective services worker" means one who is qualified by virtue of education, training and supervision and is employed by the local department to respond to child protective services complaints and reports of alleged child abuse and/or neglect.

"Chronically and irreversibly comatose" means a condition caused by injury, disease or illness in which a patient has suffered a loss of consciousness with no behavioral evidence of self-awareness or awareness of surroundings in a learned manner other than reflexive activity of muscles and nerves for low-level conditioned response and from which to a reasonable degree of medical probability there can be no recovery.

"Collateral" means a person whose personal or professional knowledge may help confirm or rebut the allegations of child abuse and/or neglect or whose involvement may help ensure the safety of the child.

"Complaint" means any information or allegation of child abuse and/or neglect made orally or in writing pursuant to § 63.1-248.2:5 of the Code of Virginia.

"Consultation" means the process by which the alleged abuser and/or neglector may request an informal meeting to discuss the investigative findings with the local department prior to the local department rendering a founded disposition of abuse and/or neglect against that person pursuant to § 63.1-248.6:1 A of the Code of Virginia.

"Controlled substance" means a drug, substance or marijuana as defined in § 18.2-247 of the Code of Virginia including those terms as they are used or defined in the Drug Control Act, Chapter 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia. The term does not include alcoholic beverages or tobacco as those terms are defined or used in Title 3.1 or Title 4.1 of the Code of Virginia.

"Department" means the Virginia Department of Social Services.

"Disposition" means the determination of whether or not child abuse and/or neglect has occurred.

"Documentation" means information and materials, written or otherwise, concerning allegations, facts and evidence.

"Family Advocacy Program representative" means the professional employed by the United States Armed Forces who has responsibility for the program designed to address prevention, identification, evaluation, treatment, rehabilitation, follow-up and reporting of family violence, pursuant to 22 VAC 40-720-20.

"First source" means any direct evidence establishing or helping to establish the existence or nonexistence of a fact. Indirect evidence and anonymous complaints do no constitute first source evidence.

"Founded" means that a review of the facts shows by a preponderance of the evidence that child abuse and/or neglect has occurred. A determination that a case is founded shall be based primarily on first source evidence; in no instance shall a determination that a case is founded be based solely on indirect evidence or an anonymous complaint.

"He" means he or she.

"His" means his or her.

"Identifying information" means name, social security number, address, race, sex, and date of birth.

"Indirect evidence" means any statement made outside the presence of the child protective services worker and relayed to the child protective services worker as proof of the contents of the statement.

"Investigation" means the formal information gathering process utilized by the local department in determining whether or not child abuse or neglect has occurred.

"Investigative narrative" means the written account of the investigation contained in the child protective services case record.

"Legitimate interest" means a lawful, demonstrated privilege to access the information as defined in § 63.1-209 of the Code of Virginia.

"Licensed substance abuse treatment practitioner" means a person who (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence and (ii) is licensed to provide advanced substance abuse treatment and independent, direct and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Local department" means the city or county local agency of social services or department of public welfare in the Commonwealth of Virginia responsible for conducting investigations of child abuse and/or neglect complaints or reports pursuant to § 63.1-248.6 of the Code of Virginia.

"Local department of jurisdiction" means the local department in the city or county in Virginia where the alleged victim child resides or in which the alleged abuse and/or neglect is believed to have occurred. If neither of these is known, then the local department of jurisdiction shall be the local department in the county or city where the abuse and/or neglect was discovered.

"Mandated reporters" means those persons who are required to report suspicions of child abuse and/or neglect pursuant to § 63.1-248.3 of the Code of Virginia.

"Monitoring" means contacts with the child, family and collaterals which provide information about the child's safety and the family's compliance with the service plan.

"Multidisciplinary teams" means any organized group of individuals representing, but not limited to, medical, mental health, social work, education, legal and law enforcement, which will assist local departments in the protection and prevention of child abuse and neglect pursuant to § 63.1-248.6 F of the Code of Virginia. Citizen representatives may also be included.

"Notification" means informing designated and appropriate individuals of the local department's actions and the individual's rights.

"Preponderance of evidence" means the evidence as a whole shows that the facts are more probable and credible than not. It is evidence which is of greater weight or more convincing than the evidence offered in opposition.

"Purge" means to delete or destroy any reference data and materials specific to subject identification contained in records maintained by the department and the local department pursuant to §§ 63.1-248.5:1 and 63.1-248.5:1.01 of the Code of Virginia.

"Reasonable diligence" means the exercise of justifiable and appropriate persistent effort.

"Report" means either a complaint as defined in this section or an official document on which information is given concerning abuse and neglect and which is required to be made by persons designated herein and by local departments in those situations in which investigation of a complaint from the general public reveals suspected child abuse and/or neglect pursuant to subdivision 5 of the definition of abused or neglected child in § 63.1-248.2 of the Code of Virginia.

"Safety plan" means an immediate course of action designed to protect a child from abuse or neglect.

"Service plan" means a plan of action to address the service needs of a child and/or his family in order to protect a child and his siblings, to prevent future abuse and neglect, and to preserve the family life of the parents and children whenever possible.

"Substance abuse counseling or treatment services" are services provided to individuals for the prevention, diagnosis, treatment, or palliation of chemical dependency, which may include attendant medical and psychiatric complications of chemical dependency.

"Terminal condition" means a condition caused by injury, disease or illness from which to a reasonable degree of medical probability a patient cannot recover and (i) the patient's death is imminent or (ii) the patient is chronically and irreversibly comatose.

"Unfounded" means that a review of the facts does not show by a preponderance of the evidence that child abuse or neglect occurred.

"Withholding of medically indicated treatment" means the failure to respond to the infant's life-threatening condition by providing treatment (including appropriate nutrition, hydration, and medication) which in the treating physician's or physicians' reasonable medical judgment will most likely be effective in ameliorating or correcting all such conditions.

22 VAC 40-705-40. Complaints and reports of suspected child abuse and/or neglect.

A. Persons who are mandated to report are those individuals defined in § 63.1-248.3 of the Code of Virginia.

1. Mandated reporters shall report immediately any suspected abuse or neglect that they learn of in their professional capacity.

2. Pursuant to § 63.1-248.3 A1 of the Code of Virginia, facts indicating that a newborn infant was exposed to controlled substances prior to birth is sufficient to suspect that a child is abused or neglected. Any report made pursuant to § 63.1-248.3 A1 of the Code of Virginia constitutes a valid report of abuse or neglect and requires a child protective services investigation, unless the mother sought treatment or counseling as required in this section and pursuant to § 63.1-248.6 E 2 of the Code of Virginia.

a. The attending physician may designate a hospital staff person to make the report to the local department on behalf of the attending physician. That

hospital staff person may include a nurse or hospital social worker.

b. Pursuant to § 63.1-248.3 B of the Code of Virginia, whenever a physician makes a finding pursuant to § 63.1-248.3 A1 of the Code of Virginia, then the physician or his designee must make a report to child protective services immediately. Pursuant to § 63.1-248.3 B of the Code of Virginia, a physician who fails to make a report pursuant to § 63.1-248.3 A1 of the Code of Virginia is subject to a fine.

c. When a report or complaint alleging abuse or neglect is made pursuant to § 63.1-248.3 A1 of the Code of Virginia, then the local department must immediately assess the infant's circumstances and any threat to the infant's health and safety. Pursuant to 22 VAC 40-705-110 A, the local department must conduct an initial assessment.

d. When a report or complaint alleging abuse or neglect is made pursuant to § 63.1-248.3 A1 of the Code of Virginia, then the local department must immediately determine whether to petition a juvenile and domestic relations district court for any necessary services or court orders needed to ensure the safety and health of the infant.

e. Within the first 14 days of receipt of a report made pursuant to § 63.1-248.3 A1 of the Code of Virginia, the local department shall invalidate the complaint if the following two conditions are met: (i) the mother of the infant sought substance abuse counseling or treatment during her pregnancy prior to the infant's birth and (ii) there is no evidence of child abuse and/or neglect by the mother after the infant's birth. If, during the investigation but after the first 14 days of the investigation, the local department gathers sufficient evidence to determine that the mother gained or sought substance abuse counseling or treatment prior to the infant's birth, then the local department shall complete the investigation, and, if there is no evidence of abuse or neglect, shall render an unfounded disposition. If, during the investigation, the local department determines the mother did not gain or seek substance abuse counseling or treatment prior to the infant's birth, and, after completing the investigation finds no evidence of abuse or neglect, then the local department shall render an unfounded disposition.

(1) The local department must notify the mother immediately upon receipt of a complaint made pursuant to § 63.1-248.3 A1 of the Code of Virginia. This notification must include a statement informing the mother that, if the mother fails to demonstrate within 14 days of receipt of the complaint that she sought substance abuse counseling, a report will be transmitted to the automated data system and an investigation initiated.

(2) The burden is upon the mother of the infant to present evidence that she sought or gained substance abuse counseling or treatment prior to the child's birth.

(3) The substance abuse counseling or treatment must have occurred during the mother's pregnancy.

(4) If the mother sought counseling or treatment but did not receive such services, then the local department must determine whether the mother made a good faith effort to receive substance abuse treatment before the child's birth. If the mother made a substantive effort to receive treatment or counseling prior to the child's birth, but did not receive such services due to no fault of her own, then the local department should invalidate the complaint or report.

(5) If the mother sought or received substance abuse counseling or treatment, but there is evidence, other than exposure to a controlled substance, that the child may be abused or neglected, then the local department may continue the investigation.

f. Substance abuse counseling or treatment includes, but is not limited to, education about the impact of alcohol, controlled substances and other drugs on the fetus and on the maternal relationship; education about relapse prevention to recognize personal and environmental cues which may trigger a return to the use of alcohol or other drugs.

The substance abuse counseling or treatment should attempt to serve the purposes of improving the pregnancy outcome, treating the substance abuse disorder, strengthening the maternal relationship with existing children and the infant, and achieving and maintaining a sober and drug-free lifestyle.

g. The substance abuse counseling or treatment services must be provided by a professional. Professional substance abuse treatment or counseling may be provided by a certified substance abuse counselor or a licensed substance abuse treatment practitioner.

h. Facts establishing that the infant was exposed to controlled substances prior to birth is not sufficient, in and of itself, to render a founded disposition of abuse or neglect. The local department must establish, by a preponderance of the evidence, that the infant was abused or neglected according to the statutory and regulatory definitions of abuse and neglect.

~~2.~~ *3.* Mandated reporters shall disclose all information which is the basis for the suspicion of child abuse or neglect and shall make available, upon request, to the local department any records and reports which document the basis for the complaint and/or report.

~~3.~~ *4.* A mandated reporter's failure to report within 72 hours of the first suspicion of child abuse or neglect shall result in a fine.

B. Persons who may report child abuse and/or neglect include any individual who suspects that a child is being abused and/or neglected pursuant to § 63.1-248.4 of the Code of Virginia.

C. Complaints and reports of child abuse and/or neglect may be made anonymously. An anonymous complaint, standing alone, shall not meet the preponderance of evidence standard necessary to support a founded determination.

D. Any person making a complaint and/or report of child abuse and/or neglect shall be immune from any civil or criminal liability in connection therewith, unless the court decides that such person acted in bad faith or with malicious intent pursuant to § 63.1-248.5 of the Code of Virginia.

E. When the identity of the reporter is known to the department or local department, these agencies shall make every effort to protect the reporter's identity.

F. If a person suspects that he is the subject of a report or complaint of child abuse and/or neglect made in bad faith or with malicious intent, that person may petition the court for access to the record including the identity of the reporter or complainant pursuant to § 63.1-248.5:1 of the Code of Virginia.

G. Any person age 14 years or older who makes or causes to be made a knowingly false complaint or report of child abuse and/or neglect and is convicted shall be guilty of a Class 4 misdemeanor for a first offense pursuant to § 63.1-248.5:1.01 of the Code of Virginia.

1. A subsequent conviction results in a Class 2 misdemeanor.

2. Upon receipt of notification of such conviction, the department will retain a list of convicted reporters.

3. The subject of the records may have the records purged upon presentation of proof of such conviction.

H. To make a complaint or report of child abuse and/or neglect, a person may telephone the department's toll-free child abuse and neglect hotline or contact a local department of jurisdiction pursuant to § 63.1-248.4 of the Code of Virginia.

1. The local department of jurisdiction that first receives a complaint or report of child abuse and/or neglect shall assume responsibility to ensure that the complaint or report is investigated.

2. A local department may ask another local department which is a local department of jurisdiction to assist in conducting the investigation. If assistance is requested, the local department shall comply.

3. A local department may ask another local department through a cooperative agreement to assist in conducting the investigation.

4. If a local department employee is suspected of abusing and/or neglecting a child, the complaint or report of child abuse and/or neglect shall be made to the juvenile and domestic relations district court of the county or city where the alleged abuse and/or neglect was discovered. The judge may assign the report for investigation to the court services unit or to a local department that is not the employer of the subject of the report pursuant to §§ 63.1-248.3 and 63.1-248.4 of the Code of Virginia.

VA.R. Doc. No. R98-318; Filed July 28, 1999, 10:14 a.m.

FINAL REGULATIONS

For information concerning Final Regulations, see Information Page.

Symbol Key

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

TITLE 12. HEALTH

DEPARTMENT OF HEALTH (STATE BOARD OF)

Title of Regulation: 12 VAC 5-610-10 et seq. Sewage Handling and Disposal Regulations (amending [*12 VAC 5-610-20, 12 VAC 5-610-30, 12 VAC 5-610-40, 12 VAC 5-610-50, 12 VAC 5-610-70, 12 VAC 5-610-80, 12 VAC 5-610-100,*] 12 VAC 5-610-120, [*12 VAC 5-610-130,] 12 VAC 5-610-170, [12 VAC 5-610-190, 12 VAC 5-610-200, 12 VAC 5-610-230,*] 12 VAC 5-610-250, 12 VAC 5-610-260, [*12 VAC 5-610-270, 12 VAC 5-610-280, 12 VAC 5-610-290, 12 VAC 5-610-300, 12 VAC 5-610-330, 12 VAC 5-610-340, 12 VAC 5-610-360, 12 VAC 5-610-380, 12 VAC 5-610-430, 12 VAC 5-610-440, 12 VAC 5-610-450,*] 12 VAC 5-610-470, [*12 VAC 5-610-480, 12 VAC 5-610-490, 12 VAC 5-610-500, 12 VAC 5-610-560, 12 VAC 5-610-580, 12 VAC 5-610-620, 12 VAC 5-610-650, 12 VAC 5-610-670, 12 VAC 5-610-690,*] 12 VAC 5-610-700, [*12 VAC 5-610-800,*] 12 VAC 5-610-810, 12 VAC 5-610-820, [*12 VAC 5-610-880, 12 VAC 5-610-950, 12 VAC 5-610-960, 12 VAC 5-610-980,*] 12 VAC 5-610-1080, and 12 VAC 5-610-1140; adding [*12 VAC 5-610-75, 12 VAC 5-610-255,*] 12 VAC 5-610-441 through 12 VAC 5-610-449, [*12 VAC 5-610-449.1, 12 VAC 5-610-591 through 12 VAC 5-610-594, 12 VAC 5-610-596 through 12 VAC 5-610-599, 12 VAC 5-610-599.1 through 12 VAC 5-610-599.4,*] 12 VAC 5-610-815, and [*12 VAC 5-610-965*]; repealing [*12 VAC 5-610-10, 12 VAC 5-610-90,*] 12 VAC 5-610-110, [*12 VAC 5-610-140,*] 12 VAC 5-610-150, [*12 VAC 5-610-180, 12 VAC 5-610-370, 12 VAC 5-610-520 through and 12 VAC 5-610-550, 12 VAC 5-610-570,*] 12 VAC 5-610-830, 12 VAC 5-610-840 and 12 VAC 5-610-1150).

Statutory Authority: §§ 32.1-12 and 32.1-164 of the Code of Virginia.

Effective Date: October 1, 1999.

Summary:

The amendments to the Sewage Handling and Disposal Regulations reflect updated standards in order to optimize protection of public health and the environment. The adopted amendments remove technical and administrative restrictions found in the current regulations that delay or prevent the issuance of permits. At the same time these restrictions are removed, the regulations provide equal or better environmental protection by better utilizing new technology and provide for better flexibility in adapting to changing technology. These revisions will generally provide the citizens of Virginia with both more development options and more environmentally sound onsite system options.

Amendments to the proposed regulation are a result of comments received during the public comment period on the regulation, which included 12 public hearings concluded in May 1996. Three controversial areas were identified and are addressed in the final regulation. They were grandfathering of existing permits, the permit requirements for systems with flows greater than 1,200 gallons per day, and localized but strenuous opposition to the stand-off to water table.

A solution was found for grandfathering existing permits that meets the needs of the homebuilders, appears to be fair to all permit holders, and does not compromise the goal of assuring safe wastewater treatment and disposal. The regulation was revised such that all permits, which are valid on the effective date of the regulations will have their expiration date extended by 18 months. After the additional 18 months, a permit can be renewed but would need to be modified to fully comply with the regulation.

The regulation is amended for sitting and designing mass drainfields by scaling the engineering and ongoing monitoring and maintenance requirements to the size of the project. Systems with flows between 1,200 gallons per day and 10,000 gpd require only basic modeling calculations to be done before a permit will be issued. Systems with flows greater than 10,000 gpd but not exceeding 40,000 gpd have added requirements to assure system maintenance occurs. Systems with flows exceeding 40,000 gpd, in addition to the requirements for smaller systems, are also required to conduct ongoing ground water monitoring. This solution appeared to solve the concerns raised during the public hearings.

Changes made to address the stand-off to water table concerns are:

1. The stand-off distance to water table in all soil texture groups was changed to 18 inches. The proposed regulation included a 24-inch stand-off distance to water table in Texture Group I (sandy) Soils.

2. Standards were included that allow "sand-on-sand" systems. This will allow a practice of filling sites that was developed on the Eastern Shore and appears to meet their unique needs.

3. Provisions were added to relax the standards for repair systems for economically disadvantaged persons.

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

Agency Contact: Copies of the regulation may be obtained from Donald J. Alexander, Director, Division of Onsite Sewage and Water Services, Department of Health, P.O. Box 2448, Room 117, Richmond, VA 23218, telephone (804) 786-1620. There will be a $5 charge for copies.

[**12 VAC 5-610-10. ~~Authority for regulations.~~ (*Repealed.)***

~~Title 32.1 of the Code of Virginia (See Appendix A) provides that the State Board of Health has the duty to protect the public health and to insure that all sewage is disposed of in a safe and sanitary manner. In order to discharge that duty, the board is empowered to supervise and regulate the disposal of sewage within the state.~~]

[**12 VAC 5-610-20. Purpose of regulations.**

~~These regulations have~~ This chapter has been promulgated by the State Board of Health to:

~~A. Insure~~ *1. Assure* that all sewage is handled and disposed of in a safe and sanitary manner;

~~B.~~ *2.* Guide the State Health Commissioner in his determination of whether a permit for handling or disposing of sewage should be issued or denied; and

~~C.~~ *3.* Guide the owner in the requirements necessary to secure a permit for handling and disposing of sewage.]

[**12 VAC 5-610-30. Relationship to Virginia Joint Sewerage Regulations.**

This chapter is supplemental to the current Virginia Sewerage Regulations *, or their successor,* which were adopted jointly by the State Board of Health and the ~~State Water Control Board~~ *Department of Environmental Quality* pursuant to § 62.1-44.19 of the Code of Virginia. This chapter addresses the handling and disposal of sewage not regulated by a Virginia ~~National~~ Pollutant Discharge Elimination System ~~(NPDES)~~ *(VPDES)* Permit.]

[**12 VAC 5-610-40. Administration of regulations.**

This chapter is administered by the following:

~~A.~~ *1.* State Board of Health. The State Board of Health, hereinafter referred to as *the* board, has the responsibility to promulgate, amend, and repeal regulations necessary to ensure the safe and sanitary handling and disposal of sewage.

~~B.~~ *2.* State Health Commissioner. The State Health Commissioner, hereinafter referred to as *the* commissioner, is the chief executive officer of the State Department of Health. The commissioner has the authority to act, within the scope of regulations promulgated by the board, ~~and~~ for the board when it is not in session. The commissioner may delegate his powers under this chapter with the exception of his power to ~~issue variances under § 32.1-12 of the Code of Virginia and 12 VAC 5-610-190, and his power to~~ issue orders under § 32.1-26 of the Code of Virginia and 12 VAC 5-610-170 B. The commissioner has final authority to adjudicate contested decisions of subordinate delegated powers under this section prior to appeal of such decisions to the circuit court.

~~C.~~ *3.* State Department of Health. The State Department of Health, hereinafter referred to as *the* department, is designated as *the* primary agent of the commissioner for the purpose of administering this chapter.

~~D.~~ *4.* District or local health departments. The district or local health departments are responsible for implementing and enforcing the operational activities as required by this chapter.]

[**12 VAC 5-610-50. Sewage Handling and Disposal Advisory Committee.**

The commissioner shall appoint a Sewage Handling and Disposal Advisory Committee consisting of ~~15~~ *16* appointed members and ~~four~~ *five* ex officio members. The commissioner shall appoint to the Sewage Handling and Disposal Advisory Committee one individual each from the following: a member of the Virginia Society of Professional Engineers; a member of the Consulting Engineers Council of Virginia; a member of the Virginia Association of Professional Soil Scientists; a member of the Home Builders Association of Virginia; a member of the Virginia Association of Counties; a member of the Virginia Municipal League; a member of the Virginia Association of Realtors; a member of the Virginia Section, America Institute of Professional Geologists; a member of the Virginia Well Drillers Association; a member of the Virginia Water ~~Pollution Control~~ *Environment* Association; a faculty member of a Virginia state university or college whose principal field of teaching is soil science; a member of the Virginia Environmental Health Association; a member of the Virginia ~~Association of Surveyors~~ *Wastewater Association; a member of the Virginia Coalition of Environmental Associations* and two citizens at large. Ex officio members shall consist of the Director, ~~Bureau~~ *Division* of Wastewater Engineering; ~~Director, Division of Water Programs,~~ *an environmental engineer from Chesapeake Bay Local Assistance Department; a person with nonpoint source experience from the Department of Conservation and Recreation;* Director, Bureau of Applied Technology, ~~State Water Control Board~~ *Department of Environmental Quality;* and the Director, *Division* of Onsite Sewage ~~Program,~~ *; and Water Services;* or their designees. The chairman shall be designated by the commissioner.

~~Initial terms of members shall be as follows: a member of the Virginia Society of Professional Engineers - 1 year; a member of the Consulting Engineers Council of Virginia - 1 year; a member of the Virginia Association of Professional Soil Scientists - 1 year; a member of the Home Builders Association of Virginia - 1 year; a member of Virginia Association of Counties - 1 year; a member of the Virginia Municipal League - 1 year; a member of the Virginia Section American Institute of Professional Geologists - 1 year; a member of the Virginia Association of Realtors - 2 years; a member of the Virginia Well Drillers Association - 2 years; a member of the Virginia Water Pollution Control Association -~~

~~2 years; a member of the faculty of a Virginia state university or college - 2 years; a member of the Virginia Environmental Health Association - 2 years; a member of the Virginia Association of Surveyors - 2 years; each citizen at large - 2 years.~~ Appointed members shall serve at the discretion of the commissioner with ~~subsequent~~ terms being two years in duration. The Sewage Handling and Disposal Advisory Committee shall make recommendations to the commissioner regarding sewage handling and disposal policies, procedures and programs of the department. The committee shall meet at least annually. The committee shall establish its rules of order.]

[**12 VAC 5-610-70. Grandfather clause.**

~~Subdivision plat approvals made in accordance with local subdivision ordinances by the local health department prior to the effective date of these regulations shall be valid and conclusive regarding the general suitability of soils for installation of septic tanks. When application is made for a permit to install a sewage disposal system on any lot within the subdivision, and the commissioner determines, based upon soils studies performed by him that the lot cannot satisfy the requirements of the regulations of the Board of Health, Commonwealth of Virginia Governing the Disposal of Sewage, effective July 1, 1971, he may serve notice of that determination in the same manner as civil process is served upon the person in whose name the subdivision is recorded and upon the owner of record of the lot. Any such person may demand a hearing on the commissioner's determination under the Administrative Process Act by filing a request within 30 days after service of notice on him, or he may exercise any other right or remedy he may have within the time prescribed by law, and in any such administrative hearing or proceeding, the commissioner shall have the burden of proof that the soils are not suitable. A sewage disposal system permit shall be required prior to installation of any sewage disposal system.~~

~~Sewage disposal system permits granted prior to the effective date of this chapter shall be valid if site and soil conditions would not preclude the successful operation of the system.~~

~~A. Subdivision approvals. Subdivision plat approvals granted in accordance with local subdivision ordinances will not be re-evaluated as a result of the 1982 regulations.~~

~~1. To carry out the intent of this section pertaining to previously approved subdivision plats the local health departments will evaluate lots for which applications are received but for which septic tank permits have not been issued by:~~

~~a. Utilizing the criteria included in the 1971 regulations to assess soils, siting and sizing of the system; however,~~

~~b. Since the 1971 regulations do not address soils with percolation rates over 60 min/inch, this chapter will apply when soils are encountered that have rates greater than 60 min/inch and less than or equal to 120 min/inch, for soil evaluation and system design.~~

~~c. Reserve areas will not be required unless there was a pre-existing local requirement.~~

~~2. Where an application for a permit is denied for a lot in a subdivision as mentioned above, the local health department shall send a letter of denial to both the owner of the lot and the subdivision by certified mail, return receipt requested.~~

~~B. Individual lot(s) approvals.~~

~~1. Previously issued permits shall be reissued if the site, soil conditions and the design requirements are in accordance with the 1971 regulations.~~

~~2. If the design requirements on the permit are not in compliance with the 1971 regulations but a system meeting the design requirements can be placed on the site, the permit can be reissued to contain the corrected design.~~

~~3. If the site and soil conditions do not meet the criteria contained in item 1 above, this chapter shall be used to determine if a permit can be issued.~~

~~4. Reserve areas will not be required unless there was a pre-existing local requirement.~~

A. This section applies to permits issued prior to October 1, 1999, and lots in subdivisions approved by local health departments in accordance with local subdivision ordinances prior to October 1, 1999, and shall be referred to as the grandfather clause.

B. Any owner of a grandfathered lot may submit an application for a construction permit according to the procedure in 12 VAC 5-610-250. The local health department may perform a site and soil evaluation in accordance with Part III (12 VAC 5-610-450 et seq.) of this chapter and a permit shall be issued for a system which complies to the greatest extent possible with this chapter. Whenever the site and soil conditions on a grandfathered lot do not substantially comply with the requirements in Part V (12 VAC 5-610-660 et seq.) of this chapter for a septic tank effluent system, secondary treatment will be required in the system design. In no case may the separation distance between the subsurface absorption system and a drinking water supply be less than the separation distance established in the regulations in effect at the time the grandfathered lot was approved (subdivision approval) or when the first permit was issued for the grandfathered lot.

C. Certification letters may not be issued in lieu of permits under the grandfather clause.

D. All permits issued under the grandfather clause which do not substantially comply with the provisions of this chapter shall be considered conditional permits in accordance with 12 VAC 5-610-250 J. A statement approved by the division shall be recorded and indexed in the grantor index of the land records of the circuit court having jurisdiction over the site of the sewage treatment and disposal system. The statement shall indicate that the permit is issued under the grandfather clause and that the site and soil conditions do not

substantially comply with the current regulations and may contain such other information as the division deems appropriate to serve notice to future owners of the unique nature of grandfathered lots.]

[**12 VAC 5-610-75. Permits valid on the effective date of this chapter.**

Sewage disposal system construction permits which are valid on October 1, 1999, shall be automatically renewed on a one-time basis. Each permit thus renewed shall have an expiration date 18 months from the expiration date shown on the face of the permit. Such permits may be converted to certification letters only if they substantially comply with the current provisions of this chapter.]

[**12 VAC 5-610-80. Sewerage systems and/or treatment works required.**

A. The discharge of untreated sewage onto the land or into the waters of the Commonwealth is prohibited~~;~~.

B. No owner, person, or occupant shall discharge treated or untreated sewage onto the land, into the soil or into the waters of the Commonwealth without a valid permit from the commissioner~~,~~ or, as appropriate, a certificate issued by the ~~State Water Control Board~~ *Department of Environmental Quality* in accordance with Title 62.1~~,~~ of the Code of Virginia.

C. All buildings, residences, and structures designed for human occupancy, employment or habitation and other places where humans congregate shall be served by an approved sewerage system and/or treatment works. An approved sewerage system or treatment works is a system for which a certificate to operate has been issued jointly by the department and ~~State Water Control Board~~ *the Department of Environmental Quality* or a system which has been issued a separate permit by the commissioner.]

[**12 VAC 5-610-90. ~~Severability.~~ *(Repealed.)***

~~If any provision of this chapter or the application thereof to any person, owner or circumstance is held to be invalid, such invalidity shall not affect other provisions or application of any other part of these regulations which can be given effect without the invalid provisions of application, and to this end the provisions or these regulations and the various applications thereof are declared to be severable.~~]

[**12 VAC 5-610-100. Right of entry.**

The commissioner or his designee shall have the right to enter any property to ~~insure~~ *assure* compliance with ~~these regulations~~ *this chapter* in accordance with the provisions of § 32.1-25 of the Code of Virginia.]

12 VAC 5-610-110. ~~General.~~ *(Repealed.)*

~~The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise.~~

12 VAC 5-610-120. Definitions.

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

"Agent" means a legally authorized representative of the owner.

"Alluvial soil" means a soil developing from recently deposited alluvium and exhibiting essentially no horizon development or modification of the recently deposited materials.

"Alluvium" means mineral materials, either weathered or unweathered, that are transported by flowing water and deposited or redeposited in a flood-plain or marine terrace.

"Aquifer" means water-bearing portion of a geologic formation that transmits water.

~~*"Bureau"* means the Bureau of Wastewater Engineering, Division of Water Programs, State Health Department.~~

[*"Certification letter" means a letter issued by the commissioner, in lieu of a construction permit, which identifies a specific site and recognizes the appropriateness of the site for an onsite wastewater disposal system.*]

"Colluvial soil" means a soil developing from recently deposited colluvium and exhibiting essentially no horizon development or modification of the recently deposited materials.

"Colluvium" means an accumulation of soil material, or a mixture of stone fragments and soil material, deposited at the base of slopes or in depressional areas, primarily by gravity.

"Commissioner" means the State Health Commissioner or his subordinate who has been delegated powers in accordance with [*subdivision 2 of*] 12 VAC 5-610-40 [~~B~~].

[*"Cr horizon" means weathered or soft bedrock and is used to indicate root restrictive layers or bedrock or saprolite.*]

[*"Dilution area" means the land immediately adjacent to and down gradient, in the direction of ground water flow, from a mass sewage disposal system, which is provided for the purpose of diluting nitrogen, or other nutrients occurring in wastewater, with ambient ground water, in order to assure compliance with nutrient standards contained in this chapter.*]

"District health department" means a consolidation of local health departments as authorized in ~~Title 32.1 § 21.1-31~~ *§ 32.1-31* C of the Code of Virginia ~~as amended. (See APPENDIX A)~~.

"Division" means the Division of Onsite Sewage and Water Services, Office of Environmental Health Services, State Health Department [*or its administrative successor*].

[~~*"Drainfield acre" means any imaginary square or rectangularly shaped area of land, consisting of 43,560*~~

~~square feet, covering the area where a drainfield, or part of a drainfield, exists or is proposed. In the case of rectangularly shaped areas, the shortest side must be 75% (or more) of the length of the longest side.~~]

"Existing construction" (with failing sewage disposal systems) means an existing structure where the sewage disposal system serving the structure has failed or is currently in violation of state law or regulations and requires correction.

"General approval" means approval granted to systems which are [~~*thoroughly*~~] *proven and tested in* [~~ terms of theory and application, such as a conventional drainfield, a low-pressure system or elevated sand mound, and which are described in Part IV (12 VAC 5-610-660 et seq.)~~ *accordance with Article 2 (12 VAC 5-610-441 et seq.) of Part II of this chapter*].

[*"Grandfathered lot" means:*

1. Any lot upon which no permit has been issued and which is in a subdivision approved by the department prior to November 1, 1982, in accordance with a local subdivision ordinance. Individual lots may or may not have been evaluated; or

2. Any lot, parcel, or portion thereof with a previously issued permit or a specific written approval from the department.]

"Gray color" means a chroma-2 or less on the Munsell Color Chart.

"Impervious strata" means soil or soil materials with an estimated or measured percolation rate in excess of 120 minutes per inch.

"Local health department" means a branch of the State Health Department established in each city and county in accordance with ~~Title 32.1~~ § 32.1-30 of the Code of Virginia ~~as amended (See APPENDIX A)~~.

"Mass sewage disposal system" means a sewage disposal system or systems which will discharge effluent to a single absorption area or multiple absorption areas with or without combined flows, such that the loading rate [*applied to any acre, as determined by the department,*] *exceeds 1,200 gallons per day* [~~*for any drainfield acre*~~].

"Mineral soil" means a soil consisting predominantly of, and having its properties determined predominantly by, mineral matter. A mineral soil usually contains less than 20% organic matter, but it may contain an organic surface layer up to 12 inches thick.

"New construction" means construction of a building for which a building permit is required.

"Office" means the Office of ~~Management for Community Health Services, State Health Department~~ *Environmental Health Services* [*, State Health Department*].

"Owner" means the Commonwealth or any of its political subdivisions, including sanitary districts, sanitation district commissions and authorities, any individual, any group of individuals acting individually or as a group, or any public or private institution, corporation, company, partnership, firm or association which owns or proposes to own a sewerage system or treatment works.

[~~*"Paralithic" or "Cr" means partially weathered igneous, metamorphic, or sedimentary rock, with characteristics similar to rock, but which is not soft, loose, or friable like saprolite. When evaluated in place, it is compact and grinds when encountered by an auger but may be penetrated with an auger or backhoe.*~~]

"Person" means an individual, corporation, partnership, association or any other legal entity.

[*"Previously issued permit" means any permit issued prior to October 1, 1999, and in accordance with the regulations in effect at the time the permit was issued. There is no distinction between an expired permit and one that has been continually renewed.*]

"Pump and haul" means any unusual circumstance wherein sewage is permitted to be transported by vehicle to a point of disposal. The term "pump and haul" includes all facilities and appurtenances necessary to collect and store the sewage for handling by a contractor having a valid sewage handling permit.

"Rock" or "bedrock" means [~~*an aggregate of minerals which is usually consolidated, hard, dense or indurated and which may have one or more of the following characteristics: jointing, bedding planes, schistosity or strike and dip. Rock does not have soil structure and may in some instances be penetrable with a hand auger or rippable with a backhoe*~~ *continuous, coherent, lithologic material that has relative hardness depending on the degree of weathering. Bedrock has characteristics such as strike, dip, jointing, and lithological compositions. Structure and water movement are rock controlled. Bedrock grinds with an auger, and mechanical penetration is more difficult or prevented as the material gets harder.*]

"Saprolite" means material weathered from igneous or metamorphic rock, without soil structure, [*and with remnant structure and fabric of the parent rock*] *which is soft* [~~*, loose, and friable*~~] *in place and can be penetrated easily with an auger.* [~~*Saprolite is defined as a C horizon and may have potential to treat and dispose of effluent.*~~]

[*"Secondary effluent" means effluent treated to reduce five-day biochemical oxygen demand to 30 mg/l or less, total suspended solids to 30 mg/l or less, and fats, oils, and grease to less than 5 mg/l.*

"Septic tank effluent" means effluent characterized by a five-day biochemical oxygen demand between 120 and 200 mg/l; total suspended solids between 70 and 150 mg/l; fats, oils, and grease of 30 mg/l or less; and having no other toxic, hazardous, or constituents not routinely found in residential wastewater flows.]

"Septage" means [~~material accumulated in a pretreatment system (see 12 VAC 5-610-780 and 12 VAC 5-610-570) or privy~~ *the mat of grease and scum on the surface of septic tanks, the accumulated sludge at the bottom of tanks and the sewage present at the time of pumping*].

"Sewage" means water-carried and nonwater-carried human excrement, kitchen, laundry, shower, bath or lavatory wastes separately or together with such underground, surface, storm or other water and liquid industrial wastes as may be present from residences, buildings, vehicles, industrial establishments or other places.

"Sewage disposal system" means a sewerage system or treatment works designed not to result in a point source discharge.

[*"Sewage handler" means any person who removes or contracts to remove and transports by vehicle the contents of any septic tank, sewage treatment plant, privy, holding tank, portable toilet or any sewage, septage or sewage sludges which have been processed to meet acceptable treatment standards as defined in this chapter or the Sewage Regulations (12 VAC 5-580-10 et seq.).*]

"Sewage handling" means the vehicular conveyance of sewage (See *"*Transportation*" in* § 32.1-163 of the Code of Virginia ~~in APPENDIX A~~).

"Sewerage system" means pipe lines or conduits, pumping stations and force mains and all other construction, devices and appliances appurtenant thereto, used for the collection and conveyance of sewage to a treatment works or point of ultimate disposal.

"Shrink-swell soils" means soils *with* horizons that contain montmorillonite and other clays that excessively shrink upon drying and swell upon wetting.

"Sink hole" means a depression in the topography without a surface outlet for drainage from the low point. Sink holes are common in areas containing limestone and generally result from the collapse of solution cavities.

"Soil" means the weathered mineral [*and organic*] *fraction of the earth's* [~~*mantle*~~ *regolith*]*, which is less than or equal to 2.0 mm in size as* [~~*measured*~~ *observed*] *in place. Soil* [~~*is comprised of*~~ *comprises*] *sands, silts or clays or combinations of these* [~~*textures*~~ *textured components*] *and may contain larger aggregate materials such as* [~~*rock or paralithic material*~~ *gravel, cobbles, stones or channers or precipitates from aqueous solution*]. *Soil includes the A,* [*O,*] *B, C, and E horizons.*

"Soil horizon" means a layer of soil or soil material approximately parallel to the land surface and different from adjacent genetically related layers in physical, chemical, and biological properties or characteristics such as color, structure, texture, consistency, kinds and numbers of organisms present, degree of acidity or alkalinity, etc.

"Subdivision" means multiple building lots derived from a parcel or parcels of land.

"Subsurface soil absorption" means a process which utilizes the soil to treat and dispose of effluent from a treatment works. (Also see *"*Subsurface ~~Drainfields APPENDIX A~~ *drainfield" in* § 32.1-163 *of the Code of Virginia*).

"Treatment works" means any device or system used in the storage, treatment, disposal or reclamation of sewage [*or combinations of sewage*] and industrial wastes, including but not limited to pumping, power and other equipment and appurtenances, septic tanks and any works, including land, that are or will be (i) an integral part of the treatment process or (ii) used for ultimate disposal of residues or effluent resulting from such treatment.

[**12 VAC 5-610-130. Compliance with *Virginia* Administrative Process Act.**

The provisions of the Virginia Administrative Process Act of the Code of Virginia~~,~~ shall govern the promulgation and administration of this chapter and shall be applicable to the appeal of any case decision based upon this chapter.]

[**12 VAC 5-610-140. ~~Powers and procedures of regulations not exclusive.~~ *(Repealed.)***

~~The commissioner may enforce this chapter through any means lawfully available.~~]

12 VAC 5-610-150. ~~Effective date of regulations.~~ *(Repealed.)*

~~The effective date of these regulations is November 1, 1982, except as noted in paragraphs A and B below.~~

~~A. The effective date for those parts of sections or the sections of the regulations pertaining to the requirements for a sewage handling permit is January 1, 1983.~~

~~B. The effective date for those parts of sections, or the sections of the regulations pertaining to the requirements for an approved disposal site for the handling and treatment of septage is January 1, 1985.~~

~~C. Where the applicant can demonstrate that approved public or private sewage treatment facilities are not reasonably available to handle the disposal and treatment of septage, and the applicant has submitted a plan by October 1, 1984, that sets forth specific action steps (including dates) for compliance with 12 VAC 5-610-380 D, then the effective date listed under paragraph B of this section may be extended until July 1, 1985.~~

12 VAC 5-610-170. Enforcement [*of*] regulations.

All sewage handling and disposal facilities shall be constructed and operated in compliance with the requirements as set forth in this chapter. [*The commissioner may enforce this chapter through any means lawfully available.*]

A. Notice. Subject to the exceptions indicated below whenever the commissioner or the district or local health department has reason to believe a violation of any of these regulations has occurred or is occurring, the alleged violator

shall be notified. Such notice shall be made in writing, shall be delivered personally or sent by certified mail, shall cite the regulation or regulations that are allegedly being violated, shall state the facts which form the basis for believing the violation has occurred or is occurring, shall include a request for a specific action by the recipient by a specified time and shall state the penalties associated with such violations (See ~~APPENDIX A~~ *§ 32.1-27 of the Code of Virginia*). When the commissioner deems it necessary he may initiate criminal prosecution or seek civil relief through mandamus or injunctive relief prior to giving notice.

B. [*Orders.*] Pursuant to the authority granted in § 32.1-26 of the Code of Virginia the commissioner may issue orders to require any owner to comply with the provisions of this chapter. The order shall be signed by the commissioner and may require:

1. The immediate cessation ~~and/or~~ *or* correction*, or both,* of the violation;

2. The acquisition or use of additional land, equipment, supplies or personnel to [~~insure~~ *assure*] that the violation does not recur;

3. The submission of a plan to prevent future violations to the commissioner for review and approval;

4. The submission of an application for a variance; and

5. Any other corrective action deemed necessary for proper compliance with the regulations.

C. Hearing before the issuance of an order. Before the issuance of an order described in ~~paragraph~~ *subsection* B *of this section,* a hearing must be held~~,~~ with at least 30 days notice to the affected owner of the time, place and purpose thereof, for the purpose of adjudicating the alleged violation or violations of [~~these regulations~~ *this chapter*]. The procedure at the hearing shall be in accordance with 12 VAC 5-610-200 B ~~of the regulations~~ and with §§ [~~9-6.14:10 through~~ *9-6.14:11 and*] 9-6.14:12 of the Code of Virginia.

D. ~~Order when~~ *Order; when* effective. All orders shall become effective not less than 15 days after mailing a copy thereof by certified mail to the last known address of the owner violating this chapter. Violation of an order is a misdemeanor. *(*See § 32.1-27 *of the* Code of Virginia ~~(APPENDIX A)~~*.)*

E. Compliance with effective orders. The commissioner may enforce all orders. Should any owner fail to comply with any order, the commissioner may:

1. Apply to an appropriate court for an injunction or other legal process to prevent or stop any practice in violation of the order;

2. Seek mandamus against any owner that is a municipal corporation;

3. Request the Attorney General to bring an action for civil penalty;

4. Request the Commonwealth's Attorney to bring a criminal action.

F. Not exclusive means of enforcement. Nothing contained in this section shall be interpreted to require the commissioner to issue an order prior to seeking enforcement of any regulations or statute through an injunction, mandamus or criminal prosecution.

[**~~12 VAC 5-610-180.~~**

G.] Suspension of regulations during disasters. If in the case of a man-made or natural disaster, the commissioner finds that certain regulations cannot be complied with and that the public health is better served by not fully complying with this chapter, he may authorize the suspension of the application of the regulations for specifically affected localities and institute a provisional regulatory plan until the disaster is abated.

[**12 VAC 5-610-190. Variances.**

~~Only~~ The commissioner may grant a variance ~~(see § 32.1-12 of the Code of Virginia and 12 VAC 5-610-40 B)~~ to this chapter; however, minor deviations to the criteria contained in Part IV *(12 VAC 5-610-591 et seq.) or Part V (12 VAC 5-610-660 et seq.)* of this chapter may be granted in accordance with 12 VAC 5-610-280 C. The commissioner shall follow the appropriate procedures set forth in this ~~subsection~~ *section* in granting a variance.

A. Definition of a variance. A variance is a conditional waiver of a specific regulation which is granted to a specific owner relating to a specific situation or facility and may be for a specified time period.

B. Requirements for a variance. The commissioner may grant a variance if a thorough investigation reveals that the hardship imposed (may be economic) by this chapter outweighs the benefits that may be received by the public and that the granting of such variance does not subject the public to unreasonable health risks.

C. Application for a variance. Any owner who seeks a variance shall apply in writing for a variance. The application shall be sent to the appropriate district and local health department for review and forwarding to the commissioner. The application shall include:

1. A citation to the regulation from which a variance is requested;

2. The nature and duration of the variance requested;

3. Any relevant analytical results including results of relevant tests conducted pursuant to the requirements of this chapter;

4. The hardship imposed by the specific requirement of this chapter;

~~4.~~ *5.* A statement of reasons why the public health and welfare would be better served if the variance were granted;

~~5.~~ *6.* Suggested conditions that might be imposed on the granting of a variance that would limit the detrimental impact on the public health and welfare;

~~6.~~ *7.* Other information, if any, believed pertinent by the applicant; and

~~7.~~ *8.* Such other information as the local health department and the commissioner may require.

D. Evaluation of a variance application.

1. The commissioner shall act on any variance request submitted pursuant to ~~paragraph~~ *subsection* C of this section within ~~sixty~~ *60* calendar ~~(60)~~ days of receipt of *the* request.

2. In the commissioner's evaluation of a variance application*,* the commissioner shall consider the following factors:

a. The effect that such a variance would have on the operation of the sewage handling or disposal facility;

b. The cost and other economic considerations imposed by this requirement;

c. The effect that such a variance would have on protection of the public health; ~~and~~

d. Any relevant analytical results including results of relevant tests conducted pursuant to the requirements of this chapter;

e. The hardship imposed by enforcing the specific requirement of this chapter;

f. The applicant's statement of reasons why the public health and welfare would be better served if the variance were granted;

g. The suggested conditions that might be imposed on the granting of a variance that would limit the detrimental impact on the public health and welfare;

h. Other information, if any, believed pertinent by the applicant;

i. Such other information as the local health department and the commissioner may require; and

~~d.~~ *j.* Such other factors as the commissioner may deem appropriate.

E. Disposition of a variance request.

1. The commissioner may reject any applicant for a variance by sending a rejection notice to the applicant. The rejection notice shall be in writing and shall state reasons for the rejection. The application may petition for a hearing~~,~~ within 30 calendar days~~,~~ to challenge the rejection pursuant to 12 VAC 5-610-200.

2. If the commissioner proposes to grant a variance request submitted pursuant to ~~paragraph~~ *subsection* C *of this section,* the applicant shall be notified in writing of this decision. Such notice shall identify the variance, sewage handling or disposal facility covered, and shall specify the period of time for which the variance will be effective *and any conditions imposed pursuant to issuing the variance*. ~~(~~The effective date of a variance shall be 15 calendar days following its issuance.~~)~~

3. No owner may challenge the terms set forth in the variance after 30 calendar days have elapsed from the date of issuance.

F. Posting of variances. All variances granted to any sewage handling or disposal facility are nontransferable. Each variance shall be attached to the permit to which it is granted. Each variance is revoked when the permit to which it is attached is revoked.]

[**12 VAC 5-610-200. Hearing types.**

Hearings before the board, commissioner or the commissioner's designees shall include any of the following forms depending on the nature of the controversy and the interests of the parties involved.

A. Informal hearings. An informal hearing is a meeting with the district or local health department *with the district or local health director presiding and held in conformance with § 9-6.14:11 of the Code of Virginia*. The district or local health department ~~may~~ *shall* consider all evidence presented at the meeting which is relevant to the issue ~~and~~ *in* controversy. Presentation of evidence, however, is entirely voluntary. The district or local health department shall have no subpoena power. No verbatim record need be taken at the informal hearing ~~but the local or district health department shall make preliminary findings of fact and it shall submit a copy of those preliminary findings with its recommendation to the commissioner for review upon request~~. *The local or district health director shall review the facts presented and based on those facts render a decision. A written copy of the decision and the basis for the decision shall be sent to the appellant within 15 work days of the hearing unless the parties mutually agree to a later date in order to allow the department to evaluate additional evidence. If the decision is adverse to the interests of the appellant, an aggrieved appellant may request an adjudicatory hearing pursuant to 12 VAC 5-610-200 B*.

B. Adjudicatory hearing for appeals of denials of sewage system construction permits. The adjudicatory hearing is a formal, public adjudicatory proceeding before the commissioner ~~or his designee~~, ~~or~~ the *Sewage Handling and Disposal* Appeal Review Board *or a designated hearing officer*, and held in conformance with § 9-6.14:12 of the Code of Virginia. ~~The purpose of the Appeal Review Board is to hear appeals of denials of onsite sewage disposal system permits and to render a decision on any such appeal. Other appeals will be heard on a case-by-case basis by the commissioner, or his designee, or the board.~~ An adjudicatory hearing includes the following features:

1. Notice. Notice which states the time and place and the issues involved in the prospective hearing shall be sent to the owner *or the person* who is the subject of the

hearing. Notice shall be sent *by certified mail* at least 15 calendar days before the hearing is to take place.

2. Record. A verbatim record of the hearing ~~may~~ *shall* be made by a court reporter. A copy of the transcript of the hearing, if transcribed, will be provided within a reasonable time to any person upon written request and payment of the cost.

3. Evidence. All interested parties ~~may~~ *shall* attend the hearing and submit oral and documentary evidence and rebuttal proofs, expert or otherwise, that is material and relevant to the issues in controversy. The admissibility of evidence shall be determined in accordance with § 9-6.14:12 of the Code of Virginia.

4. Counsel. All parties may be accompanied by and represented by counsel and are entitled to conduct such cross-examination as may elicit a full and fair disclosure of the facts.

5. Subpoena. Pursuant to § 9-6.14:13 of the Code of Virginia, the commissioner*, Sewage Handling and Disposal Appeal Board, or hearing officer* may issue subpoenas on behalf of ~~himself or any person or owner~~ *themselves* for the attendance of witnesses and the production of books, papers ~~or~~*,* maps *or other materials*. ~~Pursuant to § 32.1-166.7, the Appeal Review Board, or its designated subordinates, may issue subpoenas for the attendance of witnesses.~~ Failure to appear or to testify or to produce ~~documents~~ *materials* without adequate excuse ~~shall~~ *may* be reported by the commissioner to the ~~*appropriate* circuit court of the City of Richmond for an~~ appropriate *circuit court for* enforcement ~~action~~.

6. Judgement and final order. ~~At the closure of the presentation of evidence~~ The commissioner ~~or the Appeal Review Board will enter judgement on the issue in controversy~~ *may designate a hearing officer or subordinate to conduct the hearing as provided in § 9-6.14:12 of the Code of Virginia, and to make written recommended findings of fact and conclusions of law to be submitted for review and final decision by the commissioner*. The ~~judgement~~ *final decision of the commissioner* shall be reduced to writing and will contain the explicit findings of fact upon which his decision is based. *A* certified ~~copies~~ *copy* of the ~~order of judgment~~ *decision* shall be delivered to the ~~owner~~ affected ~~by it~~ *owner*. Notice of a ~~final judgment~~ *decision* will be served upon the parties and become a part of the record. Service may be by personal service or certified mail*,* return receipt requested.]

[**12 VAC 5-610-230. Appeal.**

A. Any appeal from a denial of a construction permit for a sewage disposal system must be made in writing and received by the department within 30 days of the date of receipt of notice of the denial.

B. Any request for hearing on the denial of an application for a variance pursuant to 12 VAC 5-610-170 E 1 must be made in writing and received within 30 days of receipt of the denial notice.

C. Any request for a variance must be made in writing and received by the department prior to the denial of the sewage disposal system permit, or within 30 days after such denial.

D. In the event a person applies for a variance within the 30-day period provided by subsection C of this section, the date for appealing the denial of the permit, pursuant to subsection B of this section, shall commence from the date on which the department acts on the request for a variance.

E. Pursuant to the Administrative Process Act *(*~~§§~~ 9-6.14:1 et seq. *of the Code of Virginia)*, an aggrieved owner may appeal a final decision of the commissioner or Appeal Review Board to an appropriate circuit court.]

12 VAC 5-610-250. Procedures for obtaining a construction permit for a sewage disposal system.

Construction permits are issued by the commissioner but all requests for a sewage disposal construction permit shall be directed initially to the district or local health department.

A. Type I. A Type I sewage disposal system is an individual sewage disposal system incorporating a septic tank and subsurface soil absorption (septic tank-subsurface drainfield) serving a single residence. The submission of an application is all that is normally necessary to initiate procedure for obtaining a permit under this subsection. If after a site investigation, it is determined that pumping, enhanced flow distribution (see 12 VAC 5-610-930 A) or low pressure distribution (see 12 VAC 5-610-940) is necessary, the system shall be considered a Type II system.

B. Type II. A Type II sewage disposal system is a sewage disposal system incorporating a septic tank and resurface soil absorption system which serves a commercial or other establishment, more than a single family dwelling unit, or where pumping, enhanced flow distribution (see 12 VAC 5-610-930 A) or low pressure distribution (see 12 VAC 5-610-940) is necessary. The procedure for obtaining a permit includes the following steps:

1. The submission of an application;

2. A preliminary conference as necessary; and

3. The submission of informal plans, specifications, design criteria, and other data, as may be required by the district or local health department. Depending on the size and complexity of the system, the submission of formal plans and specifications may be required.

C. Type III. A Type III sewage disposal system [~~is a~~ *includes*] sewage disposal [~~system~~ *systems*] other than a septic tank subsurface soil absorption system [~~or a privy~~ *, and subsurface soil absorption systems, regardless of design, with design flows greater than 1,000 gpd*]. The procedure for obtaining a permit under this subsection includes the following steps:

1. The submission of an application;

2. A preliminary conference; and

3. The submission of formal plans, specifications and design criteria. Other supporting data may be required on a case-by-case basis. [~~In the case of septage disposal facilities the plans and specifications shall include sufficient land area for disposal of the design production volume accumulated during a year long operating period. For the purpose of compliance with § 32.1-164.2 of the Code of Virginia, as amended, relating to land disposal of stabilized septage, local government will be notified by the department following satisfactory completion of steps 1 and 2 listed above.~~

When high strength wastes are proposed for subsurface disposal, the treatment methodology shall comply with the requirements found in 12 VAC 5-580-10 et seq. of the Sewage Regulations.]

D. Type IV-Privies. The submission of an application is all that is normally necessary to initiate the procedure for obtaining a permit under this section.

E. Application.

[~~1.~~] All applications for any type sewage disposal system [~~except a special facility for handling and disposal of septage~~] shall be made on an application form provided by the district or local health department and approved by the department. ~~A copy of a model form can be found in APPENDIX B.~~

[~~2. Applications for special facilities for handling and disposal of septage shall be in letter form to the department requesting permission to establish a septage disposal facility.~~]

F. Preliminary conference. A preliminary conference with the district or local health department [~~will be~~ *is*] held for Type II and Type III systems. When a Type III system for septage disposal is planned, the conference shall be with the department. At such conference the owner and/or his agent shall be prepared to set forth the sewage disposal problems and the proposed solution in such a manner to support his conclusions and recommendations.

G. Formal plans.

1. All formal plans for sewage disposal systems shall bear a suitable title showing the name of the owner and shall show the scale in feet, a graphical scale, the north point, date, and the name of the licensed professional engineer by or under whom prepared. The cover sheet and each plan sheet shall bear the same general title identifying the overall sewage disposal project and each shall be numbered. Appropriate subtitles should be included on the individual sheets.

The plans shall be clear and legible. They shall be drawn to a scale which will permit all necessary information to be plainly shown. The size of the plans should be no larger than 30 inches by 48 inches. Data used should be indicated. Location, when made, shall be shown on the plans. Logs of test borings shall be given either on plans or in the specifications.

Detailed plans shall consist of plan views, elevations, sections, and supplementary views which together with the specifications and general layouts provide the working information for the contract and construction of the work, including dimensions and relative elevations of structures, the location and outline form of equipment, the location and size of piping, water levels, ground elevations, and erosion control abatement facilities.

2. Geographical and other features. Topography, elevations (contour lines), existing or proposed streets and all bodies of water, ditches, buildings, springs, cisterns and wells within 100 feet horizontally of the proposed sewage disposal system site and/or well, [*a water mounding analysis showing the impact of the proposed sewage system on ground water*] and all property lines shall be clearly shown.

3. General layout. The general layout shall show the following:

a. Test borings, ground water elevation (if observed), and soil profiles;

b. Size and location of sewage disposal systems;

c. Schematic flow diagram showing the flow through the various disposal system units;

d. Piping; and

e. Hydraulic profile showing the flow of sewage.

4. Detailed plans. Detailed plans shall show the following:

a. Location, dimensions and elevations of existing or proposed system facilities;

b. Pertinent data concerning the rated capacity of pumps, blowers, motors and other mechanical devices. All or part of such data may be included in the specifications by suitable reference on the plans;

c. Average and maximum hydraulic flow in profile; and

d. Adequate description of any features not otherwise covered by the specifications.

H. Formal specifications. Complete technical specifications for the construction of the sewage disposal system and all appurtenances shall accompany the plans. The specifications accompanying construction drawings shall include, but not be limited to, all construction information not shown on the drawings, which is necessary to inform the builder in detail of the design requirements as to the quality of material workmanship and fabrication of the project, type, size, strength, operating characteristics, and rating of equipment; allowable infiltration, machinery, valves, piping, and jointing of pipe, electrical apparatus, wiring and meters; operating tools and construction materials; special filter materials such as stone, sand, gravel or slag;

miscellaneous appurtenances; chemicals when used; instructions for testing materials and equipment as necessary to meet design standards and operating test for the complete works and component units.

I. Special requirements for certain sewage disposal systems. A construction permit for a single sewage disposal system proposed to serve a dwelling unit with multiple living units, multiple dwelling units or multiple lots with dwelling units shall be issued only to a single owner. The owner shall provide legal documentation to [~~insure~~ *assure*] operation and the maintenance of the system for the expected life of the living units or dwellings.

J. Construction permit with conditions.

1. Definition: ["] Conditional construction permit ["] means a permit authorizing the installation of a septic tank subsurface soil absorption system which does not fully conform to the criteria in Part [~~IV~~ *V*] *(12 VAC 5-610-660 et seq.)* of this chapter pertaining to septic tank size, subsurface soil absorption system size and certain ground water table conditions as indicated by soil evaluation, but which, under the conditions to which the permit is subject, can be reasonably expected to function without danger to public health.

2. The purpose of this section is to allow for the issuance of conditional construction permits. Procedures for obtaining a conditional construction permit are the same as those contained in ~~paragraphs~~ *subsections* A, B, C and D *of this section*.

3. Conditional construction permits may be issued for any one or more of the following use conditions when satisfactory substantiation is provided by the applicant:

a. Reduced water flow based on permanent water saving plumbing devices;

b. Limitations on the number of persons occupying the dwelling or using the facility served by the proposed septic tank system;

c. Intermittent or seasonal use of the dwelling or facility served by the septic tank system; and

d. Temporary use of the septic tank system for a specified time period not to exceed one year. Such permits may be renewable when the commissioner determines there is a good cause for renewal.

4. Criteria.

a. The septic tank and/or drainfield size may be reduced based on the use conditions contained in *subdivision* 3 a, b, c, or d ~~above~~ *of this subsection*.

b. In areas with seasonal fluctuating water table(s), where the seasonally high water table would cause failure if the system were to be used continuously, septic tank systems may be installed when the period of use of the septic tank system coincides with the period when the ground water table, as indicated by free water, is at its lowest level. Acceptable separation distances to free standing ground water [~~shall be as follows:~~ *are the same as those found in Tables 4.3 and 4.4 of this chapter.*]

~~Minimum Separation Distances to Seasonal Water Table~~

~~Percolation Rate Minutes/Inch~~	~~Distance from Trench Bottom Inches~~
~~5~~	~~2~~
~~17~~	~~3~~
~~46~~	~~12~~
~~90~~	~~18~~
~~120~~	~~20~~

[~~*Table 2.1*~~
~~*Minimum Separation Distances to Water Table*~~

~~*Texture Group*~~	~~*Percolation Rate (minutes per inch)*~~	~~*Separation Distance (inches)*~~	
		~~*without pretreatment*~~	~~*with pre-treatment*[1]~~
~~*Group I*~~	~~*1 to 16*~~	~~*24*~~	~~*18*~~
~~*Group II*~~	~~*17 to 45*~~	~~*18*~~	~~*12*~~
~~*Group III*~~	~~*46 to 90*~~	~~*18*~~	~~*12*~~
~~*Group IV*~~	~~*90 to 120*~~	~~*18*~~	~~*12*~~

~~[1]*Pretreatment in this context refers to sewage that has been treated to reduce both BOD and suspended solids to 30 mg/l or less.*~~]

c. Because of the increased risk of failure, a conditional permit shall not be issued, in an area with a seasonally fluctuating water table if the proposed absorption area is within 200 feet of a shellfish growing area, recreational waters or a public water supply impoundment.

5. The district or local health department shall affix to the conditional construction permit a clear and concise statement relating the conditions and circumstances which formed the basis for issuing the conditional permit as well as the owner's obligations under the permit.

6. The holder of any conditional construction permit shall have the permit recorded and indexed in the [~~grantee~~ *grantor*] index under the holder's name in the land records of the clerk of the circuit court having jurisdiction over the site of the septic tank system. District or local health departments shall be provided with certification that the conditional septic tank system permit has been recorded in the land records of the circuit court. The conditional permit shall become effective one day after the district or local health department receives notification of recordation. The district or local health department shall advise the local building official that conditional septic tank system permits are not valid without certification that the permits have been properly recorded as required and shall forthwith notify the local building official when the conditional permit becomes effective. Final approval of the construction of the septic tank subsurface soil absorption system shall not be given until or unless the system is constructed in accordance with the conditions

of the permit. The operation permit will be issued in accordance with 12 VAC 5-610-340.

7. As per § 32.1-164.1 of the Code of Virginia, the holder of the permit and any subsequent holders of the permit shall be bound by the conditions stated in the permit unless the holder or subsequent holder obtains an additional permit for modification or alteration of the septic tank system to meet any new use conditions.

[***12 VAC 5-610-255. Certification letters.***

A. An applicant for a sewage disposal system who does not intend to build within 18 months of application shall apply for a certification letter. The process shall be the same as for a system application made in accordance with 12 VAC 5-610-250. The fees charged for a certification letter shall be the same as prescribed in § 32.1-164 C of the Code of Virginia.

B. Certification letters indicate that a site is suitable for an onsite sewage treatment and disposal system and do not need to indicate the type of system for which the site is suitable.

C. Certification letters do not expire and shall convey with the land in the event the property is sold between the time the certification letter is issued and a construction permit is requested.

D. Certification letters may be converted to a construction permit by making application to the local health department in accordance with 12 VAC 5-610-250 and paying any required fees. Note, however, no additional fee shall be charged when a certification letter is converted to a construction permit within 18 months of the date the letter was issued.

E. Formal plans and specifications are not required in order to obtain a certification letter unless said plans and specifications are necessary to determine the appropriateness of a site for a sewage disposal system. Depending upon the type and complexity of the system to be permitted, formal plans and specifications may be required.

F. Certification letters shall be issued only for conventionally approved systems. Certification letters shall not be issued for experimental or provisionally approved systems because there is no assurance that said system will successfully complete the required testing and demonstration and, hence, may not be available when the property owner wishes to convert the letter to a construction permit. Further, no certification letter shall be issued which contains conditions.]

12 VAC 5-610-260. Requirements for the submission of formal plans, specifications and other data.

A. In accordance with the provisions of *Title 54.1 of* the Code of Virginia, ~~§§ 54-17.1 through 54-41~~ all formal drawings, specifications, reports, and other documents submitted for approval shall be prepared by or under the supervision of a licensed professional engineer. The front cover of each set of drawings, of each copy of data and each copy of the specifications submitted shall bear the original imprint of the seal and signature of the licensed professional engineer by or under whom prepared. In addition each drawing submitted shall bear an imprint or a legible facsimile of such seal.

B. If revisions to the formal plans, specifications or documents are necessitated, a letter will be sent to the engineer outlining the revisions and requesting submission of the revised documents within 30 calendar days.

[**12 VAC 5-610-270. Approval of formal plans.**

Final, complete and detailed plans and specifications submitted in accordance with the provisions of 12 VAC 5-610-250 and 12 VAC 5-610-260 will be reviewed by the district or local health department as appropriate as soon as practicable upon receipt. Such plans will be approved if they demonstrate compliance with the criteria set forth in Part ~~IV~~ *V (12 VAC 5-610-660 et seq.)* of this chapter, and if the sewage disposal system will be able to function properly. A set of approved plans will be returned to the owner.]

[**12 VAC 5-610-280. Issuance of the construction permit.**

A. A construction permit shall be issued by the commissioner after approval of the application submitted under 12 VAC 5-610-250 A and D and fulfilling the requirement contained in 12 VAC 5-610-700 E 2*,* if applicable ~~(See APPENDIX B for form)~~.

B. A construction permit shall be issued by the commissioner after approval of the application and plans and specifications submitted under 12 VAC 5-610-250 B and C. Such approvals shall include the requirement contained in 12 VAC 5-610-700 E 2*,* if applicable*,* and applicable requirements of the ~~State Water Control Board~~ *Department of Environmental Quality* in accordance with § 32.1-164.3 of the Code of Virginia ~~as amended~~. ~~(See APPENDIX B for form except for Type III septage facilities.)~~

C. Exception.

1. If compliance with the ~~design~~ criteria ~~for~~ *contained in* Part IV *(12 VAC 5-610-591 et seq.) or Part V (12 VAC 5-610-660 et seq.)* of this chapter imposes economic or other conditions that are not justified by the health considerations upon which the criteria are based, a construction permit may be issued for the disposal system design which substantially complies with the criteria set forth in Part IV *or V* of this chapter.

2. When issuing a construction permit for repair of an existing failing sewage disposal system for an occupied structure with indoor plumbing*,* the criteria contained in ~~Part~~ *Parts* IV *and V* of this chapter shall be complied with to the greatest extent possible. However, it is not necessary to substantially comply with all of the requirements in ~~Part IV~~ *those parts* of this chapter with the exception of the set back distances for shellfish waters or drinking water wells, unless the system is already closer in which case the corrected system shall not be closer than the existing system. *Furthermore, when it can be documented that compliance with those*

parts creates an economic hardship, the district health director or the district environmental health manager may waive the requirements for pretreating the effluent. All corrections must be of such a nature that they can reasonably be expected to reduce the risk to public health caused by the malfunctioning systems.]

[**12 VAC 5-610-290. Denial of a construction permit.**

A. If it is determined that the proposed design is inadequate or that soil, geological or other conditions are such to preclude safe and proper operation of a proposed sewage disposal system or that the installation of the system would create an actual or potential health hazard or nuisance, the permit shall be denied and the owner shall be notified in writing of the basis for the denial. The notification shall also state that the owner has the right to appeal the denial.

B. Construction permits may be denied for new construction to be served by a public water supply system which has reached its permitted capacity.

~~C. When a proposal for a proposal for a Type III septage disposal facility is denied, the commissioner shall notify the owner of the conditions for approval.~~]

[**12 VAC 5-610-300. Voidance ~~and~~ , revalidation*, and revocation* of construction permits with and without conditions.**

A. Null and void. All *sewage disposal* construction permits are null and void when (i) conditions ~~are changed from those shown on the application, (ii) conditions are changed from those shown on the construction permit~~ *such as house location, sewage system location, sewerage system location, well location, topography, drainage ways, or other site conditions are changed from those shown on the application; (ii) conditions are changed from those shown on the construction permit; or (iii) more than 18 months elapse from the date the permit was issued. Reapplication for the purposes of having an expired permit reissued shall be the responsibility of the owner, and such reapplication shall be handled as an initial application and comply fully with 12 VAC 5-610-250*.

B. Revalidation. *Except as provided in 12 VAC 5-610-70,* construction permits shall be revalidated if more than ~~54~~ *18* months have elapsed since issuance of the construction permit and construction has not commenced. The district or local health department shall revalidate the permit if the permit had been previously issued in accordance with ~~these regulations~~ *this chapter* and the site conditions are the same as shown on the application and construction permit. Exception. This ~~section~~ *subsection* is inapplicable to a Type III septage disposal facility.

C. Revocation. The commissioner may revoke a construction permit or inspection statement for any of the following reasons:

1. Failure to comply with the conditions of the permit;

2. Violation of any of this chapter for which no variance has been issued;

3. Facts become known which reveal that a potential health hazard would be created or that the ground water resources may be adversely affected by allowing the proposed sewage disposal system to be installed or completed.]

[**12 VAC 5-610-330. Statements required upon completion of construction.**

A. Statement from a licensed professional engineer on a project where the submission of formal plans and specifications are required. Upon completion of the construction or modifications of such sewage disposal system, the owner shall submit to the district or local health department a statement signed by a licensed professional engineer stating that the construction work was completed substantially in accordance with approved plans and specifications revised only in accordance with the provisions of 12 VAC 5-610-310. This statement shall be based upon inspections of the sewage disposal system during and after construction or modifications that are adequate to ~~insure~~ *assure* the accuracy of the statement ~~(See APPENDIX M)~~.

B. Statement from the sewage disposal system contractor. Upon completion of the construction or modification of a sewage disposal system, the owner shall submit to the district or local health department a statement signed by the contractor that the construction work was completed in accordance with the construction permit, and when appropriate the plans and specifications approved for the project and substantially in accordance with Part ~~IV~~ *V (12 VAC 5-610-660 et seq.)* of this chapter ~~(See APPENDIX M)~~.]

[**12 VAC 5-610-340. Issuance of the operation permit.**

Upon satisfactory completion of the requirements of 12 VAC 5-610-320 and 12 VAC 5-610-330 the commissioner shall issue an operation permit. ~~A copy of the operation permit form except for Type III septage systems can be found in APPENDIX B.~~ The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair or replace any sewage disposal system that ceases to operate as defined in the operation permit and in 12 VAC 5-610-350.

~~Exception. When a nonpublic drinking water system described in Part IV, Article 11 of this chapter is utilized in conjunction with an onsite sewage disposal system, the operation permit for the sewage disposal system shall not be issued until the drinking water system has been completed in accordance with Part IV, Article 11 of this chapter.~~

~~The operation permit for a Type III special facility for septage disposal shall be issued for a fixed period of time upon approval of an operations and maintenance manual as described in 12 VAC 5-610-590 F 3. The expiration date shall be based on the design of the septage disposal facility and~~

~~the availability of associated land disposal sites. As additional land application sites are approved, the operation permit will be reissued with a new expiration date.~~]

[**12 VAC 5-610-360. Review of subdivision plats for individual sewage disposal systems when required by local ordinance.**

A. The intent of this ~~subsection~~ *section* is to ~~insure~~ *assure* that adequate information is supplied to the district or local health department to determine if any or all proposed lots contain a suitable area and reserve area for onsite sewage disposal systems prior to recordation of the subdivision plat. This section shall not be construed to restrict the department in rendering preliminary opinions in accordance with local ordinances prior to recordation. The information requested herein is supplemental to the information which may be required by local subdivision ordinances.

B. A subdivision plat or a subsection of a subdivision plat submitted to the district or local health department for review of onsite sewage disposal systems shall show ~~as~~ *at* a minimum the location of the proposed onsite sewage disposal systems and the reserve absorption areas if required by Part ~~IV~~ *V (12 VAC 5-610-660 et seq.) of this chapter*, 12 VAC 5-610-710 for the onsite sewage disposal systems and the location of the water supply system on each lot, if applicable. Each plat or subsection of a subdivision plat shall be accompanied by specific soil information for each lot (absorption area and reserve area) in accordance with ~~Part III,~~ Article 1 *(12 VAC 5-610-450 et seq.) of Part III* of this chapter. If not provided by the local subdivision ordinance, the district or local health department may require the plat to show streets, utilities, storm drainage, water supplies, easements, lot lines and original topographic contour lines by detail survey or other information as required. For suggested contour interval and scale see APPENDIX L.

C. No department employee shall sign or indicate approval for onsite sewage disposal systems on a subdivision plat or subsection of a subdivision plat for recordation until a sewage disposal site(s), including reserve area when required in accordance with 12 VAC 5-610-710, has been identified, approved or disapproved and recorded on each lot of the subdivision plat on file with the district or local health department. The plat on file with the district or local health department shall be reconciled with the plat to be recorded. The recorded plat shall reference the plat on file with the department. The signature of a department employee on a recorded subdivision plat or subsection of a subdivision plat does not imply or connote that any lot(s) identified as approved shall be issued a sewage disposal construction permit unless all conditions and circumstances, such as but not limited to landscaping, contained in the original approval exist at the time of application for a sewage disposal construction permit.

D. Before building construction begins on a lot within the subdivision*,* a valid individual sewage disposal construction permit shall be issued for that lot in accordance with 12 VAC 5-610-280.]

12 VAC 5-610-370. ~~Special permits for experimental methods, processes and equipment.~~ *(Repealed.)*

[~~A. New construction. Sewage treatment and disposal methods, processes, and equipment which (i) are not covered by criteria in Part IV *(12 VAC 5-610-660 et seq.)* and which (ii) in principle and/or application are new or unconventional are subject to a special permitting procedure in lieu of that set forth in 12 VAC 5-610-250. All applications for such processes, methods, and equipment shall be made to the bureau *division* through the district or local health department.~~

~~1. Submission of data on experimental methods, processes, and equipment. The policy of the bureau *division* is to encourage the development of any new methods, processes, and equipment which appear to have application for the treatment and disposal of sewage; however, new developments shall have been thoroughly tested in a full scale or representative pilot system utilizing this process and equipment. Results of this testing must be submitted to the bureau *division*. The testing required on new developments will generally follow these guidelines:~~

~~a. All procedures used in validating the process shall be conducted under the supervision of *an accredited university,* a licensed professional engineer experienced in the field of sanitary engineering, or by a testing firm acceptable to the bureau *division*;~~

~~b. The tests shall be performed under maximum design conditions and over extended periods of time in the geographical area of the proposed installation;~~

~~c. The data shall be from a continuous operation of a full scale or pilot installation treating or conveying the type of sewage to be handled;~~

~~d. Flow measuring equipment shall be provided and total flow shall be recorded daily;~~

~~e. The minimum sampling and analysis program will be established by the bureau *division* in accordance with the process under investigation; and~~

~~f. All analyses will be made in accordance with the current edition of Standard Methods for Examination of Water and Wastewater, *1992 (American Public Health Association),* or analytical methods approved by the bureau *division*.~~

~~*g. The sampling shall establish the impact of the experimental sewage treatment and disposal methods, processes, or equipment on ground water and public health.*~~

~~2. Detailed plans must be submitted showing how in case of noncompliance, the method, equipment or process will be converted to or replaced with a proven system. In order to assure that funds are available to convert or replace the experimental method, equipment or process with a proven system, bonding or other assurances shall be provided. A proven system shall be~~

~~a Type I, II, or III system, a point source discharge system or connection to an existing approved sewerage system or treatment works. The application for the experimental system shall be accompanied by one of the following: *(i)* an application for a National *Virginia* Pollution Discharge Elimination System (NPDES *VPDES*) permit, *or (ii) a General Permit Registration Statement issued by the State Water Control Board and a construction permit for an alternative discharging sewage treatment system issued by the commissioner,* certification from the owner of the existing sewage system or treatment works that connection is available or a valid construction permit for a Type I, II, or III system.~~

~~3. Issuance of a construction permit. After review of the plans and testing data by the bureau *division* and approval of a proven system (see subsection A *subdivision* 2 of this chapter *subsection*) the commissioner shall issue a construction permit in accordance with the procedures of such in 12 VAC 5-610-250, if reasonably satisfied that the method, process, or equipment will provide satisfactory sewage disposal.~~

~~4. Issuance of an experimental operation permit. Upon completion of construction or modification, a permit to operate for a definite period of time will be issued for the operation of the provisionally approved methods, processes and equipment. The number of experimental systems of similar design characteristics to be installed for an evaluation period shall be determined by the bureau *division* and where soil dependent systems are utilized the number shall be limited to not more than four (4) for each physiographic province (See Appendix K). *There shall be no limit on the number of experimental systems allowed to be installed when an approved back-up system is constructed in accordance with subdivision 2 of this subsection, and plumbing is provided to the back-up system. In this instance, a flow diversion valve shall be installed to divert wastewater flow between the two systems as necessary.* The provisional permit to operate *the experimental system* shall require that (1) the evaluation period shall be a minimum of 18 months and no longer than 36 months*, under design conditions,* and (2) the holder of the experimental operation permit shall submit reports on operation during the evaluation period as required by the bureau *division.*~~

~~5. Issuance of an operation permit. The commissioner shall issue an operation permit upon expiration of the experimental permit if, on the basis of testing during that period, the bureau *division* finds that the experimental method, processes or equipment provides satisfactory sewage disposal. If these conditions are not met, then the commissioner shall issue an order which will require the owner to alter the sewage disposal system in a manner that will enable the conditions to be met.~~

~~B. Existing construction. Sewage treatment and disposal methods, processes and equipment which (i) are not covered by the criteria in Part IV *(12 VAC 5-610-660 et seq.)* of this chapter and which (ii) in principle and/or application are new or unconventional may be utilized where a conventional sewage disposal system serving an occupied dwelling has failed and it is not possible to provide an alternate sewage disposal system having a discharge to state waters. The procedures for obtaining a permit for such systems shall generally follow those set forth in subsection A *of this section* with the following exceptions:~~

~~1. The detailed plans required need not show how in case of nonacceptance, the sewage disposal system will be converted to or replaced with a proven process nor are bonds or assurances required;~~

~~2. More than four permits for soil dependent experimental systems of similar design characteristics may be issued per physiographic province; and~~

~~3. If the disposal system fails to work satisfactorily on a year-round basis, further correction to the system may be required.~~

~~*C.* Waiver of issuance of an experimental operating permit. Sewage treatment and disposal methods, processes and equipment which have been tested and have demonstrated operational competence, to the satisfaction of the commissioner, but are not covered by criteria in Part IV of this chapter *(12 VAC 5-610-660 et seq.)*, shall be waivered from the requirements of subsections A and B *of this section* and shall be subject to the requirements of 12 VAC 5-610-250. If the wastewater to be treated is substantially different in flow and/or characteristics from one which was used during testing, the commissioner shall require that an experimental operating permit be issued and further testing conducted until operational competence is demonstrated.~~

~~D. Issuance of design and construction criteria. When sewage treatment and disposal methods, processes and/or equipment have demonstrated operational competence to the satisfaction of the commissioner, *provisional system approval shall be granted and* design and construction criteria shall be developed in Part IV of this chapter when deemed appropriate *in accordance with Article 2 (12 VAC 5-610-441 et seq.) of this part*. The criteria shall include as a minimum the *siting criteria, design and installation standards,* performance, monitoring and service requirements of the methods, processes and equipment.~~]

[**12 VAC 5-610-380. Procedures for obtaining a sewage handling permit.**

A. Sewage handling permits are issued by the commissioner. (See 12 VAC 5-610-240 B.) Applications for such permits shall be directed to the district or local health department. The procedure for obtaining sewage handling permits includes the following:

1. Application;

2. Conference;

3. Scheduling of equipment for initial inspection; and

4. Approval of disposal site or sites.

~~A.~~ *B.* Application. An application for a sewage handling permit shall be made to the local or district health department on a form provided by the department. ~~(See APPENDIX C.)~~

~~B.~~ *C.* Conference. A conference will be held with the district or local department for the purpose of discussing the methods and equipment utilized in the handling of sewage.

~~C.~~ *D.* Initial equipment inspection. The owner shall make arrangements with the district or local health department at a suitable time for inspecting the sewage handling equipment.

~~D.~~ *E.* Approval of disposal site or sites. ~~(i)~~

1. An approved sewerage system or treatment works~~.~~ *is a* system for which a certificate to operate has been issued jointly by the department and ~~State Water Control Board~~ *the Department of Environmental Quality* or a system which has been issued a separate permit by the commissioner. When the applicant is not the ~~own~~ *owner* of the approved sewerage system or treatment works, the applicant shall append a statement from the owner of the approved sewerage system or treatment works to the application stating that the applicant may discharge septage and/or sewage. The statement shall include the quantity per day and point of discharge as indicated on the application to the approved sewerage system or treatment works. ~~(ii)~~

2. If the disposal site is not an approved sewerage system or treatment works, each disposal site shall be considered a special facility (see 12 VAC 5-610-590 B) and shall be inspected and approved or disapproved on a case-by-case basis by the district or local health department and the bureau in accordance with 12 VAC 5-610-250 C.]

[**12 VAC 5-610-430. Issuance of a construction permit for storage facilities associated with the pump and haul of sewage.**

A construction permit shall be issued by the commissioner after completion of the requirements contained in 12 VAC 5-610-420 and ~~Part IV~~, Article 7 *(12 VAC 5-610-990 et seq.) of Part V* of this chapter. ~~(See APPENDIX D.)~~]

[**12 VAC 5-610-440. Issuance of the special pump and haul permit.**

After concurrence of the local political subdivision and upon satisfactory completion of the requirements set forth in 12 VAC 5-610-420, 12 VAC 5-610-430, ~~Part III,~~ Article 2 *(12 VAC 5-610-510 et seq.) of Part III,* and ~~Part IV~~, Article 8 *(12 VAC 5-610-1020 et seq.) of Part V* of this chapter, and if the commissioner determines that issuance of the pump and haul permit is in the best interest of public health, a permit shall be issued.]

Article 2.
Systems with [*Experimental or*] *Provisional Approval.*

[~~***12 VAC 5-610-441. Provisionally approved systems; overview.***~~

~~*A. Sewage treatment and disposal systems, methods, processes, technology and equipment that are not covered by criteria in Part IV (12 VAC 5-610-660 et seq.) and have not received general approval for use under the provisions of these regulations may be eligible for provisional approval. Depending upon the complexity of system, method, process, technology or equipment, provisional approval may be granted requiring individual applications for either a Type II or Type III system, as described in 12 VAC 5-610-250. After the evaluation period described in 12 VAC 5-610-445, a provisionally approved system may be given general approval and be incorporated into the regulations.*~~

~~*B. The purpose of the provisional approval process is to use, evaluate, and develop criteria for the use of new and innovative technology. The evaluation process allows the department a realistic amount of time, under true field conditions, to develop and refine siting, construction, operation and maintenance criteria applicable to conditions and uses occurring in Virginia. During this evaluation period, residents of the Commonwealth have the benefit of the systems and the department can review, evaluate, revise and refine all aspects of criteria related to the system.*~~]

[***12 VAC 5-610-441. Special permits for experimental methods, process and equipment.***

A. New construction. Sewage treatment and disposal methods, processes, and equipment which (i) are not covered by criteria in Part V (12 VAC 5-610-660 et seq.) of this chapter and (ii) in principle and/or application are new or unconventional are subject to a special permitting procedure in lieu of that set forth in 12 VAC 5-610-250. All applications for such processes, methods, and equipment shall be made to the division through the district or local health department.

1. Submission of data on experimental methods, processes, and equipment. The policy of the division is to encourage the development of any new methods, processes, and equipment which appear to have application for the treatment and disposal of sewage; however, new developments shall have been thoroughly tested in a full scale or representative pilot system utilizing this process and equipment. Results of this testing must be submitted to the division. The testing required on new developments will generally follow the following guidelines:

a. All procedures used in validating the process shall be conducted under the supervision of a faculty member in an appropriate program of an accredited college or university, a licensed professional engineer experienced in the field of sanitary engineering, or by a testing firm acceptable to the division.

b. The tests shall be performed under maximum design conditions and over extended periods of time in the geographical area of the proposed installation.

c. The data shall be from a continuous operation of a full scale or pilot installation treating or conveying the type of sewage to be handled.

d. Flow measuring equipment shall be provided and total flow shall be recorded daily.

e. The minimum sampling and analysis program will be established by the division in accordance with the process under investigation.

f. All analyses will be made in accordance with Standard Methods for the Examination of Water and Wastewater, 1992 (American Public Health Association), or analytical methods approved by the division.

g. The sampling shall establish the impact of the experimental sewage treatment and disposal methods, processes, or equipment on ground water and public health.

h. The application shall identify and suggest operation and maintenance guidelines for the process or components of the process.

2. Detailed plans must be submitted showing how, in case of noncompliance, the method, equipment or process will be converted to or replaced with a proven system. In order to assure that funds are available to convert or replace the experimental method, equipment or process with a proven system, bonding or other assurances shall be provided. A proven system shall be a Type I, II, or III system, a point source discharge system or connection to an existing approved sewerage system or treatment works. The application for the experimental system shall be accompanied by one of the following: (i) a Virginia Pollution Discharge Elimination System (VPDES) permit, or (ii) a General Permit Registration Statement issued by the Department of Environmental Quality and a construction permit for an alternative discharging sewage treatment system issued by the commissioner, or (iii) certification from the owner of the existing sewage system or treatment works that connection is available, or (iv) a valid construction permit for a Type I, II, or III system.

3. Issuance of a construction permit. After review of the plans and testing data by the division and approval of a proven system (see subdivision 2 of this subsection), the commissioner shall issue a construction permit in accordance with the procedures in 12 VAC 5-610-250 if reasonably satisfied that the method, process, or equipment will provide satisfactory sewage disposal.

4. Issuance of an experimental operation permit. Upon completion of construction or modification, a permit to operate for a definite period of time will be issued for the operation of the experimentally approved methods, processes and equipment. The number of experimental systems of similar design characteristics to be installed for an evaluation period shall be determined by the division and where soil dependent systems are utilized, the number shall be limited to not more than four for each physiographic province (see Appendix K). There shall be no limit on the number of experimental systems allowed to be installed when an approved back-up system is constructed in accordance with subdivision 2 of this subsection and plumbing is provided to the back-up system. In this instance, a flow diversion valve shall be installed to divert wastewater flow between the two systems as necessary. The experimental permit to operate the experimental system shall require that the evaluation period be a minimum of 18 months and no longer than 36 months, under design conditions, and the holder of the experimental operation permit shall submit reports on operation during the evaluation period as required by the division.

5. Issuance of an operation permit. The commissioner shall issue an operation permit upon expiration of the experimental permit if, on the basis of testing during that period, the division finds that the experimental method, processes or equipment provides satisfactory sewage disposal. If these conditions are not met, then the commissioner shall issue an order which will require the owner to alter the sewage disposal system in a manner that will enable the conditions to be met.

B. Existing construction. Sewage treatment and disposal methods, processes and equipment (i) are not covered by the criteria in Part V (12 VAC 5-610-660 et seq.) of this chapter and (ii) in principle and/or application are new or unconventional may be utilized where a conventional sewage disposal system serving an occupied dwelling has failed and it is not possible to provide an alternate sewage disposal system having a discharge to state waters. The procedures for obtaining a permit for such systems shall generally follow those set forth in subsection A of this section with the following exceptions:

1. The detailed plans required need not show how in case of nonacceptance the sewage disposal system will be converted to or replaced with a proven process nor are bonds or assurances required;

2. More than four permits for soil dependent experimental systems of similar design characteristics may be issued per physiographic province; and

3. If the disposal system fails to work satisfactorily on a year-round basis, further correction to the system may be required.

C. Issuance of design and construction criteria. When sewage treatment and disposal methods, processes or equipment have demonstrated satisfactory performance and operational competence to the satisfaction of the commissioner, by completing the experimental process or by similar rigorous testing in other states or countries,

provisional system approval shall be granted and design and construction criteria shall be developed in accordance with this article. If the wastewater to be treated is substantially different in flow or characteristics from one which was used during testing, the commissioner shall require the issuance of an experimental operating permit and further testing conducted until operational competence is demonstrated. The criteria shall include, at a minimum, the siting criteria, design and construction standards, performance, monitoring and service requirements of the methods, processes and equipment.]

[***~~12 VAC 5-610-442. Applying for provisional approval.~~***

~~A. Applications for provisional approval shall be made in writing to the division and shall request provisional approval for a specific system, technology, method or process. The application shall comply with 12 VAC 5-610-240 regarding the submission of detailed plans and specifications.~~

~~B. The application shall include the following:~~

~~1. A description of the system's operation including the accepted scientific and engineering principles upon which the system technology, method or process is based.~~

~~2. A description of the site criteria required for successful operation of the system.~~

~~3. Design criteria for sizing the system to meet all relevant site conditions and waste flow characteristics.~~

~~4. Construction procedures for successfully installing a system.~~

~~5. Operation criteria and maintenance requirements for the successful use of the system over the life expectancy of the system.~~

~~6. Proposed performance standards that the system is expected to meet to determine the success or failure of the system.~~

~~7. Documentation giving factual evidence that the system has at least a reasonable potential for treating and disposing of effluent, and that the system granted has competency beyond experimental status but it does not need to demonstrate full competency.~~

~~8. Documentation of at least 50 comparable systems of identical design and capacity having been installed in Virginia or other states. Only systems installed under similar soil and site conditions (if applicable) to the site and soil conditions for which approval is sought in Virginia shall be considered. Additionally, the wastewater flows, strength and other characteristics shall be similar in both the demonstration systems and the proposed use in the provisional application.~~

~~9. Data indicating that the 50 systems identified in subsivision 8 of this subsection have provided both treatment and disposal equivalent to a conventional septic tank-drainfield system over a period of time not less than three years.~~

~~10. Test results and certifications conducted by an accredited college or university, the National Sanitation Foundation, entities accredited by the American National Standards Institute, or other testing groups that may be acceptable to the division and the Sewage Handling and Disposal Advisory Committee as being impartial and competent in testing or evaluating wastewater treatment and disposal methods.~~

~~C. An application submitted according to this section and containing all of the above information shall be considered a completed application.~~]

[***12 VAC 5-610-442. Provisionally approved systems; overview.***

A. Sewage treatment and disposal systems, methods, processes, technology and equipment that are not covered by criteria in Part V (12 VAC 5-610-660 et seq.) of this chapter and have not received general approval for use under the provisions of this chapter may be eligible for provisional approval. Depending upon the complexity of the system, method, process, technology or equipment, provisional approval may be granted requiring individual applications for either a Type II or Type III system, as described in 12 VAC 5-610-250. After the evaluation period described in 12 VAC 5-610-500, a provisionally approved system may be given general approval and be incorporated into this chapter.

B. The purpose of the provisional approval process is to use, evaluate, and develop criteria for the use of new and innovative technology. The evaluation process allows the department a realistic amount of time, under varied field conditions, to develop and refine siting, construction, operation and maintenance criteria applicable to conditions and uses occurring in Virginia. During this evaluation period, residents of the Commonwealth have the benefit of the systems and the department can review, evaluate, revise and refine all aspects of criteria related to the system.]

[***~~12 VAC 5-610-443. Evaluation process for provisional system applications.~~***

~~A. Preliminary evaluation. Upon receiving an application, the division shall review it for completeness. The division shall request additional information from the applicant if the application does not contain all of the requested information. Once the application is complete, the division shall prepare a summary and a preliminary evaluation of the proposal.~~

~~B. Review by advisory committee. The division shall present its summary and preliminary evaluation to the Sewage Handling and Disposal Advisory Committee. The applicant shall be invited to attend the meeting and make a presentation to the committee. The committee shall review the application, the division's summary and preliminary evaluation, and any additional information presented at the meeting. The purpose of the committee's review is to ensure~~

~~that the perspectives and expertise of the committee are provided to the department and are included in the department's decision making process. After review and consideration of the application, the advisory committee shall make a report to the division making a recommendation that the commissioner approve, deny or request additional information on the application. Further the committee report shall include the basis for the recommendation.~~

~~C. Division evaluation and recommendation. The division shall evaluate all completed applications and make a recommendation to the commissioner concerning the application. The recommendation, if favorable, shall include proposed criteria for installing, operating and maintaining the system. The division shall consider the following:~~

~~1. Whether the demonstrations and test results required by 12 VAC 5-610-442 to be included in the application have been met and are satisfactory.~~

~~2. The impact of the system on ground water and public health.~~

~~3. The comments and recommendations of the Sewage Handling and Disposal Advisory Committee.~~

~~4. The operation of the system in other states. The division shall solicit evaluations and comments from health officials in other states where the system, method, process, equipment or technology has been used. Whenever possible, comments shall be solicited from field environmental health specialists with first hand experience, and from the appropriate individual or individuals in the state regulatory agency with responsibility for evaluating new methods and technologies.~~

~~5. A review of the manufacturer's or the distributor's records relating to system maintenance and customer complaints. Failure to maintain accurate and up-to-date records of maintenance actions and customer complaints may delay or prevent completing a product review.~~

~~6. A review of any sample results which may be collected from or around any of the systems.~~

~~7. The practicability of preventative maintenance and the frequency of the required maintenance.~~

~~8. Other information as deemed appropriate by the division which relates to evaluating the effect of the system, method or process on ground water or public health.~~

~~D. Decision by commissioner. In making a decision, the commissioner shall review the recommendations of the division, and the comments and recommendations made by the advisory committee. The commissioner may elect to approve or deny the application, or approve the application with conditions or with requirements for additional testing. The commissioner's provisional approval shall set forth the criteria for filing an application (i.e., Type II or Type III system), installing, operating, maintaining and testing the provisionally approved system. The commissioner may limit the number of any specific type of provisionally approved system that may be permitted. The commissioner's approval shall indicate that the provisional approval may be modified as set forth in 12 VAC 5-610-446 D.~~]

[***12 VAC 5-610-443. Applying for provisional approval.***

A. Applications for provisional approval shall be made in writing to the division and shall request provisional approval for a specific system, technology, method or process. The application shall comply with 12 VAC 5-610-250 regarding the submission of detailed plans and specifications.

B. The application shall include the following:

1. A description of the system's operation including the accepted scientific and engineering principles upon which the system technology, method or process is based.

2. A description of the site criteria required for successful operation of the system.

3. Design criteria for sizing the system to meet all relevant site conditions and waste flow characteristics.

4. Construction procedures for successfully installing a system.

5. Operation criteria and maintenance requirements for the successful use of the system over the life expectancy of the system.

6. Proposed performance standards that the system is expected to meet to determine the success or failure of the system.

7. Documentation giving factual evidence of the principles upon which the system is based demonstrating the capacity for satisfactory performance and operational competency for treating and disposing of effluent. Such evidence must include sufficient basic and applied research to demonstrate that experimental status should be waived. Provisional approval of a product is principally intended to provide a method of full-scale system demonstration; however, limited applied research may be required when in the exclusive opinion of the department, the information obtained from applied research is necessary to the evaluation and decision-making process. Systems, technologies, methods, or processes which have not demonstrated sufficient basic and applied research to support the principles or theory of operation shall be considered experimental.

8. Documentation of at least 50 comparable systems of identical design and capacity having been installed in Virginia or elsewhere. Only systems installed under similar soil and site conditions (if applicable) to the site and soil conditions for which approval is sought in Virginia shall be considered. Additionally, the wastewater flows, strength and other characteristics shall be documented and be similar in both the

demonstration systems and the proposed use in the provisional application.

9. Data indicating that the 50 systems identified in subdivision 8 of this subsection have provided both treatment and disposal no worse than a conventional septic tank-drainfield system over a period of time not less than three years.

10. Test results and certifications must be conducted by an accredited college or university, the National Sanitation Foundation, entities accredited by the American National Standards Institute, or other testing groups that may be acceptable to the division as being impartial and competent in testing or evaluating wastewater treatment and disposal methods.

C. An application submitted according to this section and containing the information required by subsections A and B of this section shall be considered a completed application.]

[***~~12 VAC 5-610-444. Appeals.~~***

~~A. Denial of provisional status. Pursuant to the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia), any aggrieved applicant seeking provisional approval for a specific type of system may appeal the final case decision of the commissioner to an appropriate circuit court.~~

~~B. Denial of an applicant for use of a provisionally approved system. Aggrieved applicants who have been denied use of a system having provisional approval may request a hearing in accordance with 12 VAC 5-610-210.~~]

[***12 VAC 5-610-444. Evaluation process for provisional system applications.***

A. Preliminary evaluation. Upon receiving an application, the division shall review it for completeness. The division shall request additional information from the applicant if the application does not contain all of the requested information. Once the application is complete, the division shall prepare a summary and a preliminary evaluation of the proposal.

B. Division evaluation and recommendation. The division shall evaluate all completed applications and make a recommendation to the commissioner concerning the application. The recommendation, if favorable, shall include proposed criteria for installing, operating and maintaining the system. The division shall consider the following information which shall be provided by the manufacturer or other interested party:

1. Whether the demonstrations and test results required by 12 VAC 5-610-443 B will provide sufficient scientific evidence to support the proposed theory of operation and that the application of the theory is appropriate for proposed uses without posing an undue risk to public health and ground water.

2. The impact of the system on ground water and public health.

3. The operation of the system in other states. The division may solicit evaluations and comments from health officials in other states or countries where the system, method, process, equipment or technology has been used.

4. A review of the appropriate manufacturer's or the distributor's records relating to system maintenance and user complaints. Failure to maintain accurate and up-to-date records of maintenance actions and customer complaints may delay or prevent completing a review.

5. A review of any sample results which may be collected from or around any of the systems.

6. The practicability of preventative maintenance and the frequency of the required maintenance.

7. Other information as deemed appropriate by the division which relates to evaluating the effect of the system, method or process on ground water or public health.

C. Decision by commissioner. In making a decision, the commissioner shall review the recommendations of the division and the comments and recommendations made by the advisory committee. The commissioner may elect to approve or deny the application, or approve the application with conditions or with requirements for additional testing. The commissioner's provisional approval shall set forth the criteria for filing an application (i.e., Type II or Type III system), installing, operating, maintaining and testing the provisionally approved system. The commissioner's approval shall indicate that the provisional approval may be modified as set forth in 12 VAC 5-610-447 C.

D. During the first year of provisional system approval, a maximum of 100 permits may be issued for a provisionally approved system. When 50 or more systems have been installed, operated, reviewed by the division and found to be demonstrating satisfactory performance and operational competency, the division may allow additional permits to be issued, up to 1,000 systems during the first five years. No single increment of additional permits may exceed 500 additional systems and a satisfactory review must be made by the division prior to any additional release of permits. Further, at least 12 months must elapse between permit releases to assure adequate time passes for potential problems to develop and be discovered by the division.]

[***~~12 VAC 5-610-445. Permits for constructing and operating provisionally approved systems.~~***

~~A. Construction permit application. Homeowners can apply for a construction permit to install a provisionally approved system in the same manner provided for in 12 VAC 5-610-250 for Type II or Type III systems depending upon the nature of the provisional approval granted by the commissioner. Appeals from the denial of a permit application for a provisionally approved system shall conform to the requirements of 12 VAC 5-610-210.~~

~~B. Operation permit status. Homeowners installing a provisionally approved system in accordance with the construction permit issued by the commissioner and provisional siting, design and construction criteria for that system shall be issued an operation permit. Such operation permit shall be valid until the system ceases to operate in a safe and sanitary manner, as determined by the department. The validity of any individual operation permit, issued for a system having provisional approval, shall not be dependent upon ultimate approval or denial of that specific type of provisionally approved system for general approval under these regulations.~~

~~C. Recordation. All permits for provisionally approved systems shall be recorded with the clerk of the circuit court in the county where the system is permitted in accordance with 12 VAC 5-610-250 J 6.~~

~~D. Repair area. A 100% repair area, meeting or exceeding the requirements of these regulations, or an approved discharge permit, shall be identified prior to permitting a site for a provisional system. The repair area shall be reserved for the exclusive use of the repair system. A 100% repair area meeting the requirements of the provisional approval shall be considered adequate toward meeting this repair area provision.~~

~~E. Maintenance. Whenever deemed appropriate by the commissioner, the department shall require operation and maintenance procedures and schedules appropriate for the method proposed.~~]

[***12 VAC 5-610-445. Appeals.***

A. Denial of provisional status. Pursuant to the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia), any aggrieved applicant seeking provisional approval for a specific type of system may appeal the final case decision of the commissioner by requesting an ajudicatory hearing.

B. Denial of an applicant for use of a provisionally approved system. Aggrieved applicants who have been denied use of a system having provisional approval may request a hearing in accordance with 12 VAC 5-610-210.]

[~~***12 VAC 5-610-446. Evaluation period for provisionally approved system.***~~

~~A. Evaluation criteria. Prior to receiving general approval and being incorporated into these regulations, systems with provisional approval shall be evaluated for not less than five years. An annual review shall normally be completed for systems with provisional approval. The review, at a minimum, shall include the following:~~

~~1. A field review of a sample of the systems installed. The sample shall include a representation of systems of newer and older installations and systems installed under different site and system limitations. System limitations will frequently be unique to each system and therefore the criteria used to select systems of different manufacturers will vary according to the nature and design of the system. The division shall determine the sample size to be evaluated and the criteria for sample selection.~~

~~2. An interview with a sample of system owners to determine customer satisfaction and customer opinions. This sample may or may not be the same as the sample of systems reviewed under 12 VAC 5-610-441 B 1.~~

~~3. A review of the manufacturer's or the distributor's records relating to system maintenance and customer complaints. Failure to maintain accurate and up-to-date records of maintenance actions and customer complaints may delay or prevent completing a product review.~~

~~4. A review of any sample results which may be collected from or around any of the systems.~~

~~5. Other information as deemed appropriate by the division which relates to evaluating the effect of the system, method or process on ground water or public health.~~

~~B. Reporting. The division shall distribute copies of the annual review to the manufacturer and the Sewage Handling and Disposal Advisory Committee.~~

~~C. Tracking of site locations. The manufacturer and the department shall keep records on the numbers, locations and operation of all provisionally approved systems.~~

~~D. Revisions to provisional approval. During the period of provisional approval, the department may revise any aspect of the site, soil and design requirements for that system based on experience gained during the use of the systems. The department shall work with the applicant to revise the approval by agreement, but shall not be prohibited from doing so without the consent of the applicant if warranted by health or environmental concerns. The revised provisional approval shall apply to any systems for which an application is filed after the revision is made.~~]

[***12 VAC 5-610-446. Permits for constructing and operating provisionally approved systems.***

A. Construction permit application. Homeowners can apply for a construction permit to install a provisionally approved system in the same manner provided for in 12 VAC 5-610-250 for Type II or Type III systems depending upon the nature of the provisional approval granted by the commissioner. Appeals from the denial of a permit application for a provisionally approved system shall conform to the requirements of 12 VAC 5-610-210.

B. Operation permit status. Homeowners installing a provisionally approved system in accordance with the construction permit issued by the commissioner and provisional siting, design and construction criteria for that system shall be issued an operation permit. Such operation permit shall be valid until the system ceases to operate in a safe and sanitary manner, as determined by the department. The validity of any individual operation permit issued for a

system having provisional approval shall not be dependent upon ultimate approval or denial of that specific type of provisionally approved system for general approval under this chapter.

C. Recordation. All permits for provisionally approved systems shall be recorded with the clerk of the circuit court in the ~~having~~ jurisdiction where the system is permitted, in accordance with 12 VAC 5-610-250 J 6.

D. Repair area. A 100% repair area, meeting or exceeding the requirements of this chapter, or an approved discharge permit shall be identified prior to permitting a site for a provisional system. The repair area shall be reserved for the exclusive use of the repair system. A 100% repair area meeting the requirements of the provisional approval shall be considered adequate toward meeting this repair area provision.

E. Maintenance. Whenever deemed appropriate by the commissioner, the department shall require operation and maintenance procedures and schedules appropriate for the method proposed.]

[***~~12 VAC 5-610-447. General approval of provisionally approved systems.~~***

~~A. After the evaluation period specified in 12 VAC 5-610-446 is completed, design and construction criteria shall be developed in Part IV (12 VAC 5-610-660 et seq.) if the commissioner is satisfied that the sewage treatment and disposal system, method, process or equipment has demonstrated operational competency equal to or better than that of a gravity flow septic tank drainfield absorption system. These criteria shall be incorporated into the regulations in accordance with the Virginia Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia). The criteria shall include as a minimum the site conditions necessary for permitting a system, design considerations, installation criteria, performance, monitoring and service requirements of the methods, processes and equipment.~~

~~B. After the evaluation period specified in 12 VAC 5-610-446 is completed, design and construction criteria shall not be developed in Part IV (12 VAC 5-610-660 et seq.) if the commissioner concludes that the sewage treatment and disposal system, method, process or equipment has not demonstrated operational competency equal to or better than that of a gravity flow septic tank drainfield absorption system. The conditional system approval may be extended or rescinded for any system failing to show equivalency with a gravity flow septic tank drainfield absorption system. After a provisional approval for a system has been rescinded, any future installations of systems utilizing the same design shall comply with all provisions of these regulations for experimental systems.~~]

[***12 VAC 5-610-447. Evaluation period for provisionally approved systems.***

A. Evaluation criteria. Prior to receiving general approval and being incorporated into this chapter, systems with provisional approval shall be evaluated for not less than five years. The division should conduct an annual review of systems with provisional approval. The review, at a minimum, should be based on the following information submitted by the manufacturer; however, nothing shall prevent the department from verifying, augmenting or otherwise collecting additional information on the performance and operation of the system.

1. A field review of a sample of the systems installed. The sample shall include a representation of systems of newer and older installations and systems installed under different site and system limitations. System limitations will frequently be unique to each system and therefore the criteria used to select systems of different manufacturers will vary according to the nature and design of the system. The division shall determine the sample size to be evaluated and the criteria for sample selection.

2. Interviews with a sample of system owners to determine customer satisfaction and customer opinions. This sample may or may not be the same as the sample of systems reviewed under subdivision 1 of this subsection.

3. A review of the manufacturer's or the distributor's records relating to system maintenance and customer complaints. Failure to maintain accurate and up-to-date records of maintenance actions and customer complaints may delay or prevent completing a product review.

4. A review of any sample results which may be collected from or around any of the systems.

5. Other information as deemed appropriate by the division which relates to evaluating the effect of the system, method or process on ground water or public health.

B. Tracking of site locations. The manufacturer shall submit to the department records on the numbers, locations and operation of all provisionally approved systems on a quarterly basis not later than the 15th day of the month following the quarter.

C. Revisions to provisional approval. During the period of provisional approval, the department may revise any aspect of the site, soil and design requirements for that system based on experience gained during the use of the systems. The department shall work with the applicant to revise the approval by agreement, but shall not be prohibited from doing so without the consent of the applicant if warranted by health or environmental concerns. The revised provisional approval shall apply to any systems for which an application is filed after the revision is made.]

[~~*Article 3.*~~
~~*Mass Sewage Disposal Systems.*~~

~~***12 VAC 5-610-448. Special requirements for mass sewage disposal systems.***~~

~~*The criteria contained in this article apply to mass sewage disposal systems and shall supersede any other conflicting criteria contained elsewhere in this chapter.*~~

~~*1. Ownership. Mass sewage disposal systems shall have a single owner as described in 12 VAC 5-610-250.*~~

~~*2. Low pressure distribution. All mass sewage disposal systems shall be designed using low pressure distribution.*~~

~~*3. Plans and specifications. All mass sewage disposal systems shall be considered Type II systems requiring formal plans and specifications.*~~

~~*4. Reserve areas. A separate reserve area or reserve areas meeting the requirements of the original absorption area or areas, and equaling 100% of the required area, shall be provided adjacent to the proposed system.*~~

~~*5. Recordation. In addition to the subsurface absorption system protection provided for in 12 VAC 5-610-700 a dedication document duly recorded with the clerk of the circuit court shall be furnished to the department stating that the sewage disposal areas and reserve areas will be used only for sewage renovation and may not be excavated or used for permanent structures while the mass sewage disposal system is utilized.*~~]

[***12 VAC 5-610-448. General approval of provisionally approved systems.***

A. After the evaluation period specified in 12 VAC 5-610-447 is completed, site selection design and construction criteria shall be developed when the commissioner is satisfied that the sewage treatment and disposal system, method, process or equipment has demonstrated operational competency and satisfactory performance equal to or better than that of a gravity flow septic tank drainfield absorption system. Initially these criteria shall be implemented by policy and shall grant the status of general approval to the system or process and shall not limit the number of systems allowed. Subsequently, at the discretion of the department, criteria for the approved system shall be incorporated into this chapter in accordance with the Virginia Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia). The criteria shall include, at a minimum, the site conditions necessary for permitting a system, design considerations, installation criteria, performance, monitoring and service requirements of the methods, processes and equipment.

B. After the evaluation period specified in 12 VAC 5-610-447 is completed, site selection and design and construction criteria required in Part V (12 VAC 5-610-660 et seq.) of this chapter shall not be developed if the commissioner concludes that the sewage treatment and disposal system, method, process or equipment has not demonstrated satisfactory performance and operational competency equal to or better than that of a gravity flow septic tank-drainfield absorption system. The provisional system approval may be extended or rescinded for any system failing to show equivalency with a gravity flow septic tank-drainfield absorption system. After the provisional approval for a system has been rescinded, any future applications for systems utilizing the same design shall be denied. However, this provision shall not be used to prevent systems of similar design which have been modified in a manner which can reasonably be expected to overcome the previously identified deficiencies to be considered under the experimental requirements of this chapter.]

[~~***12 VAC 5-610-449. Ground water modeling and verification.***~~

~~*A. Nitrate evaluation. The prevention of ground water contamination shall be addressed by the applicant. Documentation shall include, but not be limited to, demonstrating that nitrogen concentrations in the ground water will be limited to 10 mg/l or less at the perimeter of the property.*~~

~~*1. Dilution areas. Dilution areas, if utilized, shall be adjacent to the mass sewage disposal system and shall be in line with the direction of local ground water flow when known. If the direction of local ground water flow is not known and cannot be readily determined, the regional ground water direction may be used.*~~

~~*2. Mass balance. Nitrogen calculations shall be based on a mass balance principle.*~~

~~*a. Unless demonstrated otherwise, the wastewater shall be assumed to have 70 mg/l of nitrogen concentration of which not more than 30% will be denitrified as a result of gaseous losses prior to entering a saturated zone.*~~

~~*b. No reduction in nitrate-nitrogen loading rate shall be given for reduced water flow. For the purposes of determining nitrate-nitrogen loads from residential wastewater, a flow of 75 gallons per person per day shall be utilized. Nothing contained in this subsection prevents the use of water saving fixtures. Furthermore, reduced absorption areas may be permitted pursuant to 12 VAC 5-610-680.*~~

~~*3. All drinking water wells shall be prohibited from being located anywhere within the plume of the mass sewage disposal system, where the nitrate concentration of the plume will exceed 10 mg/l.*~~

~~*4. When the nitrate level leaving the property exceeds 10 mg/l, the department shall require the system owner to cease discharging within six months unless a plan to take remedial action has been proposed, reviewed and approved by the department and installed, inspected and approved for use by the department.*~~

~~*B. Water mounding evaluation. The potential for effluent mounding below the absorption area shall be addressed by*~~

~~the applicant. The evaluation shall consider the impact of mass sewage disposal system facilities, proposed or existing, within 1,500 feet of the proposed mass sewage disposal system. Data shall be submitted which will demonstrate how a minimum of 24 inches of unsaturated soil will be maintained below the trench bottom. All water mounding calculations shall use measured hydraulic conductivity readings; estimating hydraulic conductivity without measured data shall be prohibited.~~

~~C. Location. In general, not less than four monitoring wells will be required. The monitoring wells shall be located to intercept any potential plume from the mass sewage disposal system and establish that adequate dilution is occurring. The department may require specific well locations to be designated by a certified professional geologist. Whenever a water supply is located within 500 feet down gradient from any part of a mass sewage disposal system or systems, at least one additional monitoring well shall be required between the water supply and the mass sewage disposal system.~~

~~D. Sampling. Ground water, soil and effluent sampling shall be required based on local hydrogeologic conditions. Sampling parameters shall be established by the department on a case-by-case basis but shall at a minimum include fecal coliform, chlorides and nitrates. Sampling frequency shall be every six months.~~

~~1. Responsibility for sampling. The owner of the mass sewage disposal system shall be responsible for ensuring that all samples are collected, analyzed, and reported to the department in accordance with these regulations. All laboratory tests shall be conducted in accordance with either Standard Methods for the Examination of Water and Wastewater, 1992 (American Public Health Association), or Methods for Determination of Inorganic Substances in Environmental Samples, August 1993 (USEPA).~~

~~2. Reporting requirements. All sample results shall be submitted on or before the last work day of the month in which the sample is due. Sample results shall be submitted to the district health department office by the owner or the owner's representative. Results may be submitted on any form agreed to by the department prior to sampling.~~

~~E. Background sampling. At least one background sample from each well shall be required prior to permitting the mass sewage disposal system. Sampling may occur at any time satisfactory to the applicant. Where the background nitrate level is less than 10 mg/l, the system shall be designed to ensure that the nitrate level does not increase above 10 mg/l. Where the background nitrate level of any sample exceeds 10 mg/l, at the property boundary, the application for a mass sewage disposal system shall be denied.~~]

[*Article 3.*
Mass Sewage Disposal Systems.

12 VAC 5-610-449. Special requirements for mass sewage disposal systems.

A. The criteria contained in this article apply to mass sewage disposal systems and shall supersede any other conflicting criteria contained elsewhere in this chapter. The purpose of this article is to identify systems with flows over 1,200 gallons per day and which because of the combination of factors associated with their flows, wastewater characteristics, and hydrologic considerations have an increased risk of hydraulic failure (i.e., sewage surfacing) or present additional risks of ground water contamination. Examples of facilities that are considered to be served by mass sewage disposal systems regardless of the system configuration are condominiums, shopping centers, commercial development, and massed individual or combined systems when proposed by a single developer. Note: this would include new subdivisions. Examples of systems are existing single family dwelling lots and new single family dwelling lots which are not developed as part of a subdivision.

B. Ownership. Mass sewage disposal systems shall have a single owner as described in 12 VAC 5-610-250 I.

C. Uniform distribution. All mass sewage disposal systems shall be designed to provide uniform distribution. Mass sewage disposal systems shall not use a distribution box when enhanced flow is utilized.

D. Plans and specifications. Mass sewage disposal systems shall not use a distribution box when enhanced flow is utilized.

E. Reserve areas. A separate reserve area or reserve areas meeting the requirements of the original absorption area or areas, and equaling 100% of the required area, shall be provided. When appropriate secondary pretreatment and a certified wastewater treatment operator are provided, the reserve area requirement may be reduced to 50%.

F. Recordation. In addition to the subsurface absorption system protection provided for in 12 VAC 5-610-700, a dedication document duly recorded with the clerk of the circuit court shall be furnished to the department stating that the sewage disposal areas and reserve areas and nutrient dilution areas will be used only for sewage renovation and may not be excavated or used for permanent structures while the mass sewage disposal system is utilized.

G. Review Process. In addition to the requirements found in this article, the treatment processes for all systems over 5,000 G.P.D. shall be permitted in accordance with 12 VAC 5-610-270 of the Sewage Collection and Treatment Regulations. The dispersal methodology may be reviewed under either this chapter or the Sewage Regulations, as deemed appropriate by the division.]

[***12 VAC 5-610-449.1. Site assessment, verification, and monitoring.***

A. Sites shall be evaluated by the criteria in this section depending upon their flow.

B. Nitrate evaluation. The prevention of ground water contamination shall be addressed by the applicant. Documentation shall include, but not be limited to, demonstrating that nitrate-nitrogen concentrations in the ground water will comply with 9 VAC 25-260-220, ground water standards promulgated by the Department of Environmental Quality.

Table 2.1

Flow G.P.D.	*Requirement*
1,200 -10,000	*Nitrate mass balance estimations and water mounding calculations based on site and soil evaluation and existing geotechnical information. In addition, a wastewater characterization may be required pursuant to subsection D of this section.*
10,001 - 40,000	*Nitrate mass balance estimations and water mounding determination based on detailed wastewater characterization and geotechnical site evaluation, quarterly onsite treatment system performance evaluation.*
>40,000	*Nitrate mass balance estimations and water mounding determination based on detailed wastewater characterization, geotechnical site evaluation, quarterly onsite treatment system performance evaluation and ground water monitoring.*

1. Dilution areas. Dilution areas, if utilized, shall be adjacent to and down gradient from the mass sewage disposal system and shall be in line with the direction of local ground water flow when known. If the direction of local ground water flow is not known and cannot be readily determined, the regional ground water direction may be used.

2. Mass balance. Nitrogen calculations shall be based on a mass balance principle.

a. Without pretreatment, wastewater shall be defined to have 60 mg/l of total nitrogen concentration, of which not more than 30% will be denitrified as a result of gaseous losses prior to entering a saturated zone.

b. No reduction in nitrate-nitrogen loading rate shall be given for reduced water flow. For the purposes of determining nitrate-nitrogen loads from residential wastewater, a design flow of 75 gallons per person per day shall be utilized. Nothing contained in this subsection prevents the use of water saving fixtures.

c. Average annual rainfall shall be included in the mass balance equation and shall include an estimate for infiltration based on type of cover.

3. A nitrate level at the property line exceeding 10 mg/l is a violation of this chapter. This violation shall void the operation for the mass sewage disposal system. After giving notice that the operation permit is void, the owner can request an informal hearing. The operation permit may be reinstated when a plan to take remedial action has been proposed, reviewed and approved by the department.

C. Water mounding evaluation. The potential for effluent mounding below the absorption area shall be addressed by the applicant. The evaluation shall consider the impact of mass sewage disposal system facilities, proposed or existing, within 1,500 feet of the proposed mass sewage disposal system. Data shall be submitted which will demonstrate how a minimum of 24 inches of unsaturated soil or 18 inches with pretreatment will be maintained below the trench bottom. All water mounding calculations shall use measured hydraulic conductivity readings; estimating hydraulic conductivity without measured data or basing hydraulic conductivity on a percolation test shall be prohibited.

D. Wastewater strength. No effluent stronger than septic tank effluent may be discharged to a mass sewage disposal system. When the wastewater is not from residential units, a wastewater characterization shall be done by a professional engineer. When the strength is expected to exceed one or more of the values used to define septic tank effluent (see definitions in 12 VAC 5-610-120), pretreatment shall be provided to reduce the wastewater strength below the values used in the septic tank effluent definition.

E. Discharge of effluent to a mass sewage disposal system in excess of the values listed in subsection D of this section is a violation of this chapter. This violation shall void the operation for the mass sewage disposal system. After giving notice that the operation permit is void, the owner can request an informal hearing. The operation permit may be reinstated when a plan to take remedial action has been proposed, reviewed and approved by the department.

F. Geotechnical evaluation. When flows exceed 10,000 G.P.D., all proposals for mass drainfield systems shall include boring logs and other geophysical data, collected from the drainfield site, dilution area, reserve area, or other appropriate locations, sufficient to characterize the aquifer and vadose zone in terms of depth, thickness, transmissivity, and relationship to other nearby beneficial uses of ground and surface water. Such information shall include but not be limited to geologic, soils and hydrologic maps and reports produced by the United States Geologic Survey, the Virginia Department of Mines, Minerals and Energy, and the Natural Resources Conservation Service (previously the Soil Conservation Service).

G. System performance. All systems with design flows in excess of 10,000 G.P.D. shall be monitored for the following

constituents: BOD_5, TSS, FOG, TKN, Total N and measured daily flow rate. Monitoring is the responsibility of the system owner. Effluent samples shall be collected at a point after the last engineered treatment process and before the absorption field.

1. Frequency. Unless determined otherwise, sampling shall be conducted on an annual basis for systems with flows equal to or less than 40,000 G.P.D. Systems with flows in excess of 40,000 G.P.D. shall be sampled not less than quarterly.

2. Responsibility for sampling. The owner of the mass sewage disposal system shall be responsible for assuring that all samples are collected, analyzed, and reported to the department in accordance with this chapter. All laboratory tests shall be conducted in accordance with the Standard Methods for the Examination of Water and Wastewater (American Public Health Association), 1992 Edition.

3. Reporting. All effluent samples shall be reported to the department by the 15th, or the first subsequent business day if the 15th falls on a weekend or holiday, of the month following the month the samples were collected.

4. Failure to collect or submit performance monitoring data required in this subsection is a violation of this chapter. This violation shall void the operation for the mass sewage disposal system. After giving notice that the operation permit is void, the owner can request an informal hearing. The operation permit may be reinstated when a plan to take remedial action has been proposed reviewed and approved by the department.

H. Ground water sampling. For flows up to 10,000 G.P.D., no monitoring wells are required. At least two monitoring wells are required for flows up to 40,000 G.P.D.; and over 40,000 G.P.D., the number of monitoring wells shall be determined on a case by case basis by the department. At a minimum, one monitoring well will be located up gradient and the remaining well(s) down gradient. The department shall review the proposed well construction criteria to assure that it will not cause ground water contamination and is designed to intercept potential contaminates from the mass drainfield. The monitoring wells shall be located to intercept any potential plume from the mass sewage disposal system and establish that adequate dilution is occurring. The department may require specific well locations to be designated by a certified professional geologist. Whenever a mass sewage disposal system is located within 500 feet up gradient from any part of a drinking water supply subject to ground water contamination, at least one additional monitoring well shall be required between the water supply and the mass sewage disposal system.

I. Sampling. Ground water, soil and additional effluent sampling shall be required based on local hydrogeologic conditions. Sampling parameters shall be established by the department on a case-by-case basis but shall at a minimum include fecal coliform, chlorides, TKN, and nitrates. Sampling frequency shall be every six months.

1. Responsibility for sampling. The owner of the mass sewage disposal system shall be responsible for assuring that all samples are collected, analyzed, and reported to the department in accordance with this chapter. All laboratory tests shall be conducted in accordance with the Standard Methods for the Examination of Water and Wastewater (American Public Health Association), 1992 Edition.

2. Reporting requirements. All ground water samples shall be reported to the department by the 15th, or the first subsequent business day if the 15th falls on a weekend or holiday, of the month following the month the samples were collected.

J. Background sampling. At least one background sample from each well shall be required prior to permitting the mass sewage disposal system. Sampling may occur at any time satisfactory to the applicant. Where the background nitrate level is less than 10 mg/l, the system shall be designed to assure that the nitrate level does not increase above 10 mg/l. Where the background nitrate level of any sample exceeds 10 mg/l, at the property boundary, the application for a mass sewage disposal system shall be designed to discharge effluent which does not exceed 10 mg/l.]

PART III.
GENERAL CRITERIA AND METHODS FOR [~~SEWAGE HANDLING AND DISPOSAL~~ *CONDUCTING SITE EVALUATIONS*] .

[**12 VAC 5-610-450. General.**

Soil evaluation for a subsurface soil absorption system shall follow a systematic approach including consideration of physiographic province, topography, available area, degree of slope, and soil profile (thickness of each horizon, color, permeability, and texture). ~~Evaluations shall indicate whether or not the soil is suitable for the installation of a subsurface soil absorption system.~~ *The evaluation is intended to document sufficient information to conclude whether or not the site can accommodate an onsite sewage treatment and dispersal system listed in Part IV (12 VAC 5-610-591 et seq.) of this chapter.* The topography, available area, seasonal water table, drinking water supplies, bodies of water, shellfish growing areas, soil horizon, depth, rate of absorption, or combination of any of the above shall be considered in such evaluation. A percolation test may be required as a prerequisite to the issuance of a permit. When the district or local health department questions the estimated percolation rate, the district or local health department may require a percolation test. Percolation tests shall be analyzed as only one of many criteria in determining soil suitability for absorption of treated sewage.]

12 VAC 5-610-470. Physical features.

[~~A. Marshes and swamps. Placement of subsurface soil absorption systems on or in swamps and marshes is prohibited.~~

~~B. Slope. Subsurface soil absorption systems shall not be placed on slopes greater than 50% unless terraced.~~

A. Physical features including soil features, slope, depth of rock, the location of rock outcrops, drainage ways, marshes, swamps, sink holes, flood plains, artificial drainage systems, and various structures and topographic features found in Tables 4.1 through 4.4 shall be fully and accurately documented in writing as part of the site and soil evaluation.]

[~~C.~~ *B.*] Drainage [~~ways. 1. Definition~~ *way*] . A drainage way is a concave portion of the landscape in which surface water or rain water run-off gathers intermittently to flow to a lower elevation.

[~~2. Placement. Subsurface soil absorption systems shall not be placed at a position in a drainage way subject to intermittent flooding.~~]

[~~D.~~ *C.*] Fill material. Fill material means soil transported and deposited by man as well as soil recently transported and deposited by natural erosion forces. Recent natural soil transportation and deposit is evidenced by one or more of the following.

1. No or indistinct soil horizons;

2. Depositional stratification;

3. Presence of a buried organic layer; and

4. Position in the landscape.

[~~Placement of subsurface soil absorption systems in fill material is normally prohibited. However, fill material consisting of colluvial soil derived from sandstone (noncarbonaceous) in the mountainous area, may be considered on a case-by-case basis for placement of subsurface soil absorption systems.~~]

~~E. Rock and impervious strata.~~

~~1. Separation distances to rock and impervious strata are contained in Table 4.4. The rock requirements pertain to continuous solid rock formations and outcroppings associated with the parent material and should not be confused with "stoniness".~~

~~2. Rock is defined as any material that is continuous and cannot be penetrated with a hand auger or hand posthole digger.~~

~~3. Impervious strata is defined as soil or soil materials with an estimated or measured percolation rate in excess of 120 minutes/inch.~~

[~~*E. Soil material required beneath a drainfield for treatment.*~~

~~*1. Eighteen or 24 inches of soil (see Table 2.1 in 12 VAC 5-610-250) meeting all the requirements contained in these regulations for the installation of a subsurface absorption trench, must exist below and beside all soil absorption trenches for the purpose of renovating sewage effluent before entering rock or other material not capable of treating effluent.*~~

~~*2. Where 18 inches or 24 inches of soil (see Table 2.1 in 12 VAC 5-610-250) meeting all the requirements contained in these regulations cannot be provided below a drainfield trench prior to encountering rock or water table, the separation distance may be reduced by six inches provided adequate pretreatment is provided. The minimum adequate pretreatment shall be considered to be sand filtration or other pretreatment capable of producing effluent containing not more than 30 mg/l BOD and 30 mg/l suspended solids at least 95% of the time on a continuous basis as measured by grab samples. Additional pretreatment may be required to address site specific concerns such as nitrate or bacterial contamination.*~~

~~*3. When pretreatment is utilized with a subsurface sewage disposal system, the permit shall be issued with conditions, as described in 12 VAC 5-610-250 J, and shall require monitoring and maintenance as described in Article 4 (12 VAC 5-640-490 et seq.) of Part III of the Alternative Discharging Sewage Treatment Regulations for Individual Single Family Dwellings including monitoring and maintenance contracts.*~~

~~F. Sink holes. Placement of a subsurface soil absorption system at the low point of a sink hole is prohibited. For set back distance see *12 VAC 5-610-930*, Table 4.4.~~

~~G. Flood plains. Subsurface soil absorption systems shall not be placed in flood plains subject to annual or more frequent sustained (24 hours) flooding.~~

D. Minimum depth to seasonal water table. As used herein, "seasonal water table" means that portion of the soil profile where a color change has occurred in the soil as a result of saturated soil conditions or where soil concretions have formed. Typical colors are gray mottlings, solid gray or black. The depth in the soil at which these conditions first occur is termed "seasonal water table."]

[~~H.~~ *E.*] Artificial drainage. Where soils are artificially drained, soil coloration may no longer be an accurate indicator of the position of the seasonal water table. Three types of artificial drainage systems which are generally considered are as follows:

1. A water table depressor system of buried conduits, i.e., agricultural drainage tile;

2. A lateral ground water movement interceptor is a buried conduit for the purpose of intercepting lateral ground water movement, i.e., a French drain; and

3. Open ditches with the bottom elevation of the ditch below the seasonal water table.

[~~I. Setback distances. Minimum setback distance between subsurface soil absorption systems and various structures and topographical features may be found in~~] ~~Part IV of this chapter~~ [~~*12 VAC 5-610-930*~~ , Table 4.4.]

[**12 VAC 5-610-480. Soil profiles and patterns.**

A. General. The purpose of determining the soil profiles and patterns is to identify the soil characteristics that affect installation of a subsurface soil absorption system.

B. Soil profile. A soil profile is a vertical section of the soil throughout all its horizons.

C. Profile holes.

1. Acceptable equipment.

a. Auger. An auger is defined as a mechanical device which is used to remove a soil sample for evaluation. Devices utilizing the Archimedes screw principle are prohibited because they blend and mast the true soil characteristics.

b. Other equipment. Other equipment may be used in addition to an auger to expose the soil profile as long as it does not mask or blend the true soil characteristics.

2. General location of profile holes. Profile holes to determine design requirements shall be located in the area that is unrestricted by the criteria contained in ~~12 VAC 5-610-470~~ *Part IV (12 VAC 5-610-591 et seq.) of this chapter* and Table ~~4.4~~ *4.2*. Additional profile holes outside the unrestricted area may be required to make a complete evaluation of the site.

3. Depth of profile hole. The minimum depth of the profile hole shall be five feet unless prevented or made unnecessary by some physical feature of the soil such as gray coloration, rock or when a potential horizon is found at a lesser depth. Where a potential soil horizon is considered for use, the soil evaluation shall be extended below the potential horizon to ~~insure~~ *assure* that there is no interference with seasonal water table, rock or impervious strata (See ~~Table 4.4 and Part IV, Article 5~~ *Tables 4.3 and 4.4* of this chapter).

4. Number and location of profile holes. A minimum of five holes is necessary to determine the design requirements of an area for the placement of absorption trenches. Where there is uniform topography and the profile holes exhibit a uniform profile, a minimum of three holes is necessary. The size of the area investigated shall be based on the soil texture group encountered. As a minimum, holes shall be placed to be representative of the area under consideration for placement of the absorption trenches.

If more than one area is required in which to install the absorption trenches, each area shall be evaluated as described above. If any proposed absorption trench site is found unacceptable due to soil conditions, the site shall have been evaluated with a minimum of three holes which characterize the soil problem or problems and support the reasons for rejection. The actual area and number of holes to be investigated may be more than described above and shall be determined on a case-by-case basis.

5. In situations where a large area is to be evaluated, where the soil is highly variable, where the profile must be exposed below five feet or where the soil is "tight" (dense or compact) and/or rocky, the district or local health department may require that the owner have the soil profile in selected areas exposed by the digging of trenches, auger holes or pits. The actual area and number of holes to be investigated shall be determined on a case-by-case basis.

D. Soil profile documentation. Soil profiles shall be determined and a record made in writing of each boring. Additional documentation may be required by the district or local health department ~~(See APPENDIX E)~~.]

[**12 VAC 5-610-490. Characteristics of soils that determine suitability.**

A. Color. Color is a key indication of the suitability of a soil.

1. Red and yellow mottlings may indicate slow internal drainage and may indicate a seasonal water table.

2. Gray and/or gray mottlings indicate seasonal water tables for at least three weeks duration.

3. Black appearance may be due to organic matter which has accumulated due to poor soil drainage.

B. Texture. The term texture refers to the relative proportion of various size groups of individual soil grains in a mass of soil. Specifically it refers to the proportion of sand, silt, and clay.

1. Soil Classification. For the purpose of this chapter soils have been categorized into four groups based on texture as follows:

a. Texture Group I - sand and loamy sand;

b. Texture Group II - sandy loam, loam, and sandy clay loam. *Texture Group II soils are subdivided into Texture Group IIa and IIb soils. Texture Group IIa soils consist of sandy loam soils with percolation rates less than 30 minutes per inch and no structure development. The remainder of soils within this texture group are Texture Group IIb soils;*

c. Texture Group III - silt loam, clay loam, silty clay loam; and

d. Texture Group IV - sand clay, silty clay and clay.

2. The soil texture shall be estimated by field testing. The field test that shall be applied is contained in APPENDIX F and is entitled "Field Guide to Soil Texture Classes." Laboratory estimation of texture by sieve and sedimentation analysis may be substituted for the field test at the owner's request and expense. Samples shall be collected by the laboratory under supervision of the district or local health department.

C. Permeability. The term permeability pertains to the characteristics of the soil that enable water or air to move through its pores. The permeability of a soil profile may be

limited by the presence of one nearly impermeable horizon, even though the others are permeable.

1. Estimated rates. The soil classifications contained in ~~paragraph~~ *subdivision* B 1 *of this section* have been assigned the following estimated rates in minutes per inch for the purpose of design. These rates may be modified when experience has shown that because of soil structure the texture group has a demonstrated rate different from that assigned.

a. Texture Group I - up to 16;

b. Texture Group II *a* - 17 to ~~45~~ *30*;

c. Texture Group IIb - 31 to 45;

~~c.~~ *d.* Texture Group III - 46 to 90; and

~~c.~~ *e.* Texture Group IV - equal to or greater than 91.

2. Percolation tests. When the estimated percolation rates are in question, percolation tests may be performed, however, the district or local health department may require percolation tests to determine "measured" percolation rates.

a. Requirements. Percolation tests are to be performed under the supervision of the district or local health department. Test holes shall be located at points and depths selected and/or approved by the district or local health department. A minimum of three holes representative of the absorption area are required. When the results of the individual test holes have a spread of more than 30 minutes/inch, five holes with at least one hole in the center of the proposed absorption area are required. Records of all percolation tests performed shall be attached to the application (See APPENDIX G).

b. Procedure. All percolation tests shall be performed in accordance with the procedure contained in APPENDIX G.

c. Records. Data on swelling, saturation and measurement of the percolation rate shall be recorded on forms by the district or local health department; examples of these forms are contained in APPENDIX G.

d. Interpretation of percolation test results. The absorption ~~trench~~ area shall be based on the average percolation rate measured in the test holes. The average percolation rate shall be computed by determining the percolation rate (minutes/inch) for each hole and averaging those values. When the percolation rate for an individual hole is in excess of 240 minutes/inch, the area represented ~~by the unsatisfactory percolation hole shall~~ *may* be retested ~~and if the percolation rate is still in excess of 240 minutes/inch, the absorption area shall be readjusted to eliminate the unsatisfactory area~~ *one time and the most favorable rate used to calculate the percolation rate*.

~~3. Unsatisfactory percolation rate. Soils having an estimated or measured percolation rate greater than 120 minutes/inch are unsatisfactory for installation of subsurface soil absorption systems.~~

~~D. Alluvial and colluvial deposits. Placement of subsurface soil absorption systems in alluvial and colluvial deposits with shallow depths, extended periods of saturation, or possible flooding is prohibited.~~

~~E.~~ *D.* Soil restrictions. A soil restriction is a feature in the soil that impedes the percolation of water. Restrictions generally consist of a layer of soil horizon within a soil that is firmly compacted or is very rich in clay. Soils containing restrictions may require verification of the percolation rate by percolation tests. ~~In addition, soil restrictions in themselves may form the basis for outright rejection of the site.~~ Examples of restrictions are listed below.

1. Pans. The term pans include hard pans, fragipans, clay pans, plowpans, traffic pans, iron pans, and plinthic horizons.

2. Stoniness. The term stoniness pertains to the relative proportions of stones present in a soil. Stoniness reduces the soil volume for absorption, and therefore, may require a larger subsurface soil absorption field than would be indicated by soil texture.

~~F.~~ *E.* Soil concretions. Soil concretions as hard grains, pellets, or nodules from concentrations of compounds in the soil that cement the soil grains together. Concretions are indicative of slow percolation rates, restrictions, and/or seasonal water tables.

~~G. Free standing water. The presence of free standing water in a profile hole may be grounds for rejection of the site.~~

~~H.~~ *F.* Shrink-swell soils. ~~When soils containing horizons with shrink-swell characteristics (See definitions, Part I, Article 2 of this chapter) have been identified, they shall be rejected for use for subsurface soil absorption systems.~~ Shrink-swell soils may exhibit satisfactory percolation rates when dry and therefore must be thoroughly wetted before a percolation test is performed.]

[**12 VAC 5-610-500. Availability of suitable soils.**

Sufficient suitable soils shall be available to install the subsurface soil absorption system and reserve area. Design criteria for subsurface soil absorption systems are contained in *Article 5 (12 VAC 5-610-900 et seq.) of* Part ~~IV Article 5~~ *V* of this chapter and reserve area requirements are contained in 12 VAC 5-610-710.]

[~~Article 2.~~
~~Pump and Haul of Sewage.~~]

[**12 VAC 5-610-510. ~~General.~~ *(Repealed.)***

~~Pump and haul pertains to an unusual circumstance wherein sewage is permitted to be transported by vehicle to a point of disposal. Pump and haul includes all facilities and appurtenances necessary to collect and store the sewage for~~

~~handling by a contractor having a valid sewage handling permit.~~]

[**12 VAC 5-610-520. ~~Permanent pumping and hauling prohibited.~~ *(Repealed.)***

~~Pumping and hauling on a permanent basis is prohibited unless done under the auspices and supervision of a government entity as provided for in 12 VAC 5-610-550 below (See 12 VAC 5-610-410 A 2 for exception). Pumping and hauling for over one year shall be considered as a permanent pumping and hauling operation.~~]

[**12 VAC 5-610-530. ~~Emergency pumping and hauling.~~ *(Repealed.)***

~~When serious malfunctioning of an existing sewage disposal system, sewerage system or treatment works occurs pumping and hauling may be authorized for a definite time period until the malfunctioning system can be reconstructed or repaired.~~]

[**12 VAC 5-610-540. ~~Temporary pumping and hauling.~~ *(Repealed.)***

~~Temporary pumping and hauling may be permitted under the following conditions:~~

~~1. It must be demonstrated that the temporary pumping and hauling of sewage is not the usual practice in order to permit premature and unplanned real estate or commercial development in an area where sewerage facilities do not exist;~~

~~2. Construction of an approved sewerage system and/or treatment works is actively in progress with personnel and machinery at work in the particular area. Bonding, cash escrow or other assurances shall be required to guarantee completion of the sewerage system and/or treatment works;~~

~~3. The completion of the sewerage system and/or, treatment works is assured and a completion date within the definition of temporary pumping and hauling has been set; and~~

~~4. Any and all delays from the anticipated completion date shall be reported immediately by the holder of the pump and haul permit to the district or local health department, delays not resulting from circumstances beyond the control of the holder of the pump and haul permit shall be grounds for revocation of the pump and haul permit.~~]

[**12 VAC 5-610-550. ~~Permanent pump and haul.~~ *(Repealed.)***

~~Permanent pumping and hauling of sewage may be permitted under the following conditions:~~

~~1. That the government entity enter into a contract with the department setting forth that the government entity will provide pump and haul services, either directly or through a private contractor holding a sewage handling permit, to the home or homes, commercial establishment or establishments, or occupied structure or structures for the period the occupied structure is utilized or until connection can be made to an approved sewerage facility;~~

~~2. Upon completion of the contract between the department and the government entity the commissioner shall issue a single pump and haul permit to the government entity, a separate construction permit shall be issued to the government entity for each sewerage storage facility, the sewage torage facility(s) shall be designed and constructed in accordance with Part IV, Article 7; and~~]

~~3. When the government entity provides the sewage pump and haul services it shall conform to the conditions contained in 12 VAC 5-610-380 and Part IV, Article 8 of this chapter.~~]

Article [~~3.~~ *2.*]
Sewage Handling and Septage Management.

[**12 VAC 5-610-560. Sewage handling; general.**

A. In accordance with 12 VAC 5-610-240 B, a sewage handler shall have a written sewage handling permit issued by the commissioner.

~~A.~~ *B.* It is the obligation of every sewage handler to ~~insure~~ *assure* that the sewage, sludge or septage handled are transported and disposed of in a safe and sanitary manner in conformance with this chapter. *Treatment and management of sewage and sewage sludge are regulated by the Sewage Regulations (12 VAC 5-580-10 et seq.).*

~~B.~~ *C.* All sewage handling equipment in contact with sewage shall be washed in such a manner and location that the wastewater from washing it is conveyed to an approved sewerage system or treatment works.

~~C.~~ *D.* Disposal of sewage sludges or septage into bodies of water or streams is prohibited.

~~D. The land disposal of lime stabilized septage and unstabilized septage shall be prohibited. However, until July 1, 1991, land spreading of lime-stabilized septage and shallow injection of unstabilized septage can be considered where there is not an approved sewage treatment plant or anaerobic lagoon within 40 miles of the sewage handler's base of operation that will accept septage.~~]

[**12 VAC 5-610-570. ~~Definitions.~~ *(Repealed).***

~~The following words and terms, when used in this article, shall have the following meanings, unless the context clearly indicates otherwise.~~

~~"Sewage handler" means any person who removes or contracts to remove and transports by vehicle the contents of any septic tank, sewage treatment plant, privy, holding tank, portable toilet or any sewage, septage or sewage sludges from any other device.~~

~~"Septage" means the mat of grease and scum on the surface of septic tanks, the accumulated sludge at the~~

~~bottom of tanks and the sewage present at the time of pumping.~~]

[**12 VAC 5-610-580. Septage management; general.**

Ultimate ~~disposal~~ *management* of septage generally falls into one of two categories, landfilling or land spreading. Landfilling requires that the septage be stabilized and dewatered to increase solids content nearly fivefold to avoid leaching problems. Land spreading of both stabilized and unstabilized septage is permissible under controlled conditions for agricultural purposes. The preferred methods for septage disposal are disposal in an approved sewage treatment plant or stabilization and subsequent disposal by land application or landfilling *in accordance with the Biosolids Use Regulations (12 VAC 5-585-10 et seq.)*. ~~If unstabilized septage is applied directly to land, this must be done in such a way that:~~

~~1. The microbiological, chemical, and physical quality of surface water is not degraded;~~

~~2. The microbiological, chemical, and physical quality of ground water is not degraded;~~

~~3. The waste disposal is isolated so that there is no human exposure to the waste material;~~

~~4. The waste is not accessible to vectors such as insects or rodents that are capable of transmitting pathogenic organisms;~~

~~5. Livestock do not have access to the site;~~

~~6. The operation does not create a public nuisance because of traffic, noise, or odors; and~~

~~7. Concurrent and future agricultural uses of the site are appropriate and food products are not produced which could endanger health because of their chemical or microbiological content. Specific criteria for unstabilized septage application may be found in 12 VAC 5-610-590 E.~~]

[*PART IV.*
GENERAL CRITERIA FOR THE SELECTION OF A WASTEWATER TREATMENT AND DISPOSAL SYSTEM BASED ON SITE CONDITIONS.

Article 1.
Site Limitations.

12 VAC 5-610-591. Overview.

The intent of this part is to provide guidance on how to match various treatment and dispersal systems to site-specific conditions in order to construct a safe, proper, and adequate sewage system for the site under consideration. Article 1 (12 VAC 5-610-591 et seq.) identifies site conditions which limit or prohibit the use of onsite systems. Article 2 (12 VAC 5-610-594 et seq.) establishes criteria for the use of systems that rely on naturally occurring undisturbed soils to treat and disperse effluent, with or without pretreatment. Article 3 (12 VAC 5-610-597 et seq.) establishes criteria for the use of systems which rely on fill soils to accomplish treatment prior to dispersal.

12 VAC 5-610-592. Setback distances.

A. Septic tanks, other tanks, and header line setback distances. The minimum separation distances between septic tanks, pump chambers, aerobic pretreatment devices (including sand filters, biofilters, and aerobic treatment units), header lines, and similar devices as determined by the department, and various stuctures and topographic features are contained in Table 4.1 entitled Minimum Separation Distances for Pretreatment Units, Conveyance Lines, and Header Lines.

B. Manifolds. Manifolds shall not pass closer than 50 feet to any drinking water source unless pressure tested in place at pump shut-off head. Under no circumstances shall a manifold come within 10 feet of a drinking water source.

C. Absorption area. The absorption area is the soil medium beginning at the interface between the soil and the gravel, sand, or other point of effluent application, which is utilized for dispersal of the effluent. The absorption area includes the infiltrative surface in the absorption trench, or the point of effluent application, and the soil between and around the effluent distribution system. Setback distance to various structures and topographic features and an absorption area are contained in Table 4.2.

12 VAC 5-610-593. Physical features.

Physical features, landscape position and soil characteristics affect the ability of soil-based systems to treat and disperse effluent. In order to correctly select and place a sewage system in the environment such that public health and the environment are protected, it is necessary to understand and consider the local hydrologic conditions, the regional geology, and the nature of the soils occurring on the site being evaluated. At a minimum, the following features shall be considered:

1. Marshes and swamps. Placement of subsurface soil absorption systems on or in swamps and marshes is prohibited.

2. Seasonal water table. A vertical separation distance between the point of effluent application and a seasonal water table shall be maintained which reflects the quality of the effluent and the receiving environment. Minimum vertical separation distances may be found in Articles 2 (12 VAC 5-610-594 et seq.) and 3 (12 VAC 5-610-597 et seq.) of this part and Tables 4.3 and 4.4.

3. Slope. Subsurface soil absorption trench systems shall not be placed on slopes greater than 50% unless terraced. Criteria for other types of onsite systems are contained in Tables 4.3 and 4.4.

4. Drainage ways. Subsurface soil absorption systems shall not be placed at a position in a drainage way subject to intermittent flooding.

5. Fill material. Placement of subsurface soil absorption systems in fill materials is generally prohibited except in three specific situations. The Wisconsin Mound system is considered a fill system as is the sand-on-sand system. These systems are governed by criteria found in 12 VAC 5-610-650 and Table 4.4. Fill material consisting of colluvial soil derived from sandstone (noncarbonaceous) in the mountainous area may be considered on a case-by-case basis for placement of subsurface soil absorption systems.

6. Sink holes. Placement of a subsurface soil absorption system at the low point of a sink hole is prohibited. For set back distance see Table 4.2.

7. Flood plains. Subsurface soil absorption systems shall not be placed in flood plains subject to annual or more frequent sustained (24 hours) flooding.

8. Alluvial and colluvial deposits. Placement of subsurface soil absorption areas in alluvial and colluvial deposits with shallow depths, extended periods of saturation, or possible flooding is prohibited.

9. Shrink-swell soils. When soils containing horizons with shrink-swell characteristics (see definitions in 12 VAC 5-610-120) have been identified, they shall be rejected for use for subsurface soil absorption systems.

10. Soil restrictions. Soil restrictions in themselves may form the basis for outright rejection of the site.

11. Free standing water. The presence of free standing water in a profile hole may be grounds for rejection of the site.

Article 2.
Systems Using Naturally Occurring Undisturbed Soil.

12 VAC 5-610-594. In-ground systems.

A. An in-ground system is a system which utilizes a natural, undisturbed soil horizon to treat and disperse effluent where the infiltrative surface is placed 18 inches or more beneath the original surface of the ground. In-ground systems include, but are not limited to, conventional septic tank drainfield systems, chamber systems, alternative aggregate systems, enhanced flow systems, and pressure dosed systems.

B. Septic tank effluent. Septic tank effluent may be utilized in an in-ground system when all of the site and soil criteria of this subsection are met. Also see Table 4.3.

1. Horizon. The soil horizon(s) for the 18 inches immediately below the installation depth shall not show the presence of any limiting factor. Limiting factors include greater than 50% rock by volume, bedrock, seasonal or permanent water table, pans, or other impervious strata.

2. Separation distances. Table 4.2 contains the minimum setback distances between an absorption field and various structures or topographic features.

3. Estimated or measured infiltration rates. The estimated or measured infiltration rate shall not exceed 120 minutes per inch within any part of the sidewall area of the trench or within 18 inches of the infiltrative interface where effluent encounters undisturbed soil.

C. Soil criteria when utilizing secondary effluent. Secondary effluent may be utilized in an in-ground system when all of the criteria of this subsection are met. Also see Table 4.3.

1. Horizon. The soil horizon(s) for the 12 inches immediately below the installation depth shall not show the presence of any limiting factor. Limiting factors include greater than 50% rock by volume, bedrock, seasonal or permanent water table, pans or other impervious strata.

2. Separation distances. Table 4.2 contains the minimum setback distances between an absorption field and various structures or topographic features.

3. Estimated or measured infiltration rates. The estimated or measured infiltration rate shall not exceed 120 minutes per inch within the sidewall area of the trench, if any, or within 12 inches of the infiltrative interface where effluent encounters undisturbed soil.

12 VAC 5-610-596. Shallow-placed systems.

A. Shallow-placed systems are systems which utilize a natural, undisturbed soil horizon to treat and disperse effluent where the infiltrative surface is placed at a depth of less than 18 inches from the original soil surface. Also see Table 4.3. Shallow-placed systems may use the system designs similar to in-ground systems; however, when shallow-placed systems are installed at less than 12 inches from the ground surface, timed dosing shall be used to disperse the effluent.

B. Septic effluent prohibited. Septic tank effluent is prohibited for use in shallow-placed systems because of the increased likelihood for human and vector contact with effluent.

C. Soil criteria when utilizing secondary effluent. Secondary or better effluent may be utilized in an shallow-placed system when all of the criteria in this subsection are met. Also see Table 4.3.

1. Soil texture. In order to assure effluent dispersal under adverse conditions while maintaining adequate treatment capacity, shallow-placed systems installed shallower than 12 inches which utilize absorption trenches are limited to Texture Group I and II soils. Texture Group III and IV soils may be utilized for absorption trench systems installed between 12 and 18 inches or when the measured percolation rate is less than 45 minutes per inch.

2. Limiting features. A minimum of 12 inches of soil is required beneath the trench bottom or infiltrative surface before encountering soils with greater than 50% rock by volume, or seasonal or permanent water table.

Additionally, to assure adequate hydraulic dispersal capacity, bedrock and impervious strata may not occur within 18 inches of the trench bottom.

3. Separation distances. Table 4.2 contains the minimum setback distances between an absorption field and various structures or topographic features.

4. Estimated or measured percolation rates. The estimated or measured percolation rate shall not exceed 45 minutes per inch within the sidewall area of the trench, if any, or within 18 inches of the infiltrative surface where effluent encounters undisturbed soil.

Article 3.
Systems Using Fill Material.

12 VAC 5-610-597. Fill systems.

A. Fill systems are systems where the infiltrative surface and some portion of the treatment medium is comprised of fill material and not a naturally occuring undisturbed soil. Fill systems may be located in-ground, shallow-placed, or above ground. Fill systems addressed in these regulations are the Wisconsin Mound system, the noncarbonaceous mountain colluvium system, and the Sand-on-Sand system.

B. Elevated Sand Mounds. Septic tank effluent may be utilized with elevated sand mounds. Pretreatment shall be required when effluent strength exceeds residental strength wastewater and may be required where hydrologic conditions meet the minimum criteria contained in this chapter. For the purpose of siting an elevated sand mound, the criteria in Table 4.4 shall apply. For the purposes of establishing minimum setback distances between an elevated sand mouund and various structures or topographic features, the mound shall be considered an absorption field and distances shown in Table 4.2 utilized.

C. Sand-on-sand systems. Sand-on-sand is a process of modifying a soil absorption system site using fill material which is similar in texture to the original, naturally occurring material. Filling is accomplished in accordance with 12 VAC 5-610-965.

1. Criteria for utilizing septic effluent. Septic tank effluent may be utilized with sand-on-sand systems. For the purpose of siting a sand-on-sand system, the criteria in Table 4.4 shall apply. Sand-on-sand systems may be utilized with septic tank effluent when the following criteria are met:

a. Soil texture. In order to assure effluent dispersal under adverse conditions, while maintaining adequate treatment capacity, shallow-placed systems are limited to Texture Group I and IIa soils. The use of Texture Group IIb, III and IV soils for sand-on-sand systems is prohibited.

b. Soil structure. Sand-on-sand is restricted to soils classified as entisols (i.e., a young soil with no horizon development) and which have a texture of sand, loamy sand, coarse sandy loam, or sandy loam texture.

c. Depth of soil. A minimum of 18 inches of naturally occurring undisturbed soil, measured from the ground surface, is required before encountering soils with greater than 50% rock by volume, bedrock, or a seasonal or permanent water table. Additionally, to assure adequate hydraulic dispersal capacity, no restictive horizons may occur within 30 inches of the ground surface.

d. Separation distances. Table 4.2 contains the minimum setback distances between an absorption field and various structures or topographic features.

e. Estimated or measured infiltration rates. When siting a sand-on-sand system, the estimated or measured infiltration rate shall not exceed 30 minutes per inch within the sidewall area of the trench or within 18 inches of the infiltrative interface where effluent encounters undisturbed soil.

f. Slope. Sand-on-sand is prohibited where the slope of the original site exceeds 5%.

2. Criteria for utilizing secondary effluent.

a. Depth of soil. A minimum of 12 inches of soil, measured from the ground surface, is required before encountering soils with greater than 50% rock by volume, bedrock, or a seasonal or permanent water table. Additionally, to assure adequate hydraulic dispersal capacity, no restrictive horizons may occur within 24 inches of the ground surface.

b. Separation distances. Table 4.2 contains the minimum setback distances between an absorption field and various structures or topographic features.

c. Estimated or measured infiltration rates. The estimated or measured infiltration rate shall not exceed 30 minutes per inch within the sidewall area of the trench, if any, or within 18 inches of the infiltrative interface where effluent encounters undisturbed soil.

D. Fill systems in mountain colluvium. The criteria for conventional, in-ground trench systems contained in Table 4.3 shall be complied with to the greatest extent possible. However, fill material consisting of colluvial soil derived from sandstone (noncarbonaceous) in the mountainous area may be considered on a case-by-case basis for placement of subsurface soil absorption systems.

Table 4.1.
Minimum Separation Distances for Pretreatment Units, Conveyance Lines, and Header Lines.

Structure or Topographic Features	*Minimum Horizontal Distance*
Property Lines	*5*
Building Foundations	*10*
Basements	*20*
Drinking Water Wells (all classes)	*50*
Cisterns (Bottom Elevation Lower than Ground Surface in Area of Pretreatment Unit)	*100*
Shellfish Waters	*70*
Natural Lakes & Impounded Waters and Streams	*50*
Developed Springs (UpSlope)	*100*
Drainage Ditches:	
Ditch Bottoms above Seasonal Water Table	*10*
Ditch Bottom below Seasonal Water Table and Ditch Normally Contains Water	*50*
Lateral Ground Water Movement Interceptor	*50*
Low Point of Sink Holes When Placed within the Bowl of the Sink Hole	*100*
Utility Lines	*10*

Table 4.2.
Minimum Separation Distances.

Structure or Topographic Features	*Soil Texture Group*	*Minimum Distance (Ft) from Bottom or Sidewall of Subsurface Soil Absorption System Trench*	
		Vertical	*Horizontal*
Property Lines	*I, II, III, IV*	----	*5*
Building Foundations	*I, II, III, IV*	----	*10*
Basements	*I, II, III, IV*	----	*20*
Drinking Water Wells			
Class I & II	*I, II, III, IV*	----	*50*
Class III	*I, II, III, IV*	----	*100*
Cisterns (Bottom Elevation Lower than Ground Surface in Area of Subsurface Soil Absorption System)	*I, II, III, IV*	----	*100*
Shellfish Waters	*I, II, III, IV*	----	*70*
Natural Lakes & Impounded Waters	*I, II, III, IV*	----	*50*
Streams	*I, II, III, IV*	----	*50*[a]
Developed Springs (UpSlope)	*I, II, III, IV*	----	*200*[e]
Rock and Rock Outcropping	*I*	*2*	*2*
Rock and Rock Outcropping	*II, III, IV*	*1.5*	*1.5*
Pans and Impervious Strata	*I, II, III, IV*	*1.5*	*1.5*
Drainage Ditches			
Ditch Bottoms above Seasonal Water Table	*I, II, III, IV*	----	*10*

Ditch Bottom below Seasonal	*I*	*----*	*70[a]*
Water Table and Ditch Normally	*II*	*----*	*70[a]*
Contains Water	*III*	*----*	*50[a]*
	IV	*----*	*50[a]*
Water Table Depressor System	*I*	*6[b]*	*70*
	II	*3[b]*	*70*
	III	*2[b]*	*50*
	IV	*2*	*50*
Lateral Ground Water	*I*	*----*	*70[c] 10[d]*
Movement Interceptor	*II*	*----*	*70[c] 10[d]*
	III	*----*	*50[c] 10[d]*
	IV	*----*	*50[c] 10[d]*
Low Point of Sink Holes When Placed within the Bowl of the Sink Hole	*I, II, III, IV*	*----*	*100*
Utility Lines	*I, II, III, IV*	*----*	*10*

[a] The set back distance may be reduced to 10 feet in Group III and IV soils and 20 feet in Group I and II soils if the subsurface soil absorption system is designed to produce unsaturated flow condition in the soil.
[b] Vertical Distance to the invert of the drain tile in the water table depressor system.
[c] Absorption trench up slope from interceptor.
[d] Absorption trench down slope from interceptor.
[e] Arc of 180 degree up slope of spring and 100 ft. down slope.

Table 4.3.
Summary of Separation Distances between Systems Using Naturally Occurring Undisturbed Soils and Limiting Site Factors.

	In-Ground System[1]		*Shallow-placed System[1]*	
Site Factor	*Septic Tank Effluent*	*Secondary Effluent*	*Septic Tank Effluent*	*Secondary Effluent*
Bed Rock	*18"*	*12"*	*n/a*	*12"*
50% Rock Fragments	*18"*	*12"*	*n/a*	*12"*
Restriction	*18"*	*12"*	*n/a*	*18"*
Shrink-Swell Soil	*18"*	*12"*	*n/a*	*18"*
Slope	*50%*	*50%*	*n/a*	*50%*
Perc Rate	*5-120 mpi*	*5-120 mpi*	*n/a*	*5-45 mpi*
Water Table	*18"*	*12"*	*n/a*	*12"*

[1] The separation distances for in-ground and shallow-placed systems are measured from the trench bottom or other infiltrative interface vertically down to listed site factor.

Table 4.4.
Summary of Separation Distances between Fill Systems and Limiting Site Factors.

Site Factor	Elevated Sand Mound		Sand-on-Sand System[2]		Noncarbonaceous Mountain Colluvium	
	Septic Tank Effluent	Secondary Effluent	Septic Tank Effluent	Secondary Effluent	Septic Tank Effluent	Secondary Effluent
Bed Rock	24"[1]	24"[1]	60"	60"	18"	12"
50% Rock Fragments	24"	n/a	18"	12"	18"	12"
Restriction	24"	12"	30"	24"	18"	12"
Shrink-Swell Soil	24"	12"	40"	30"	18"	12"
Slope	25%	25%	5%	5%	50%	50%
Perc Rate	5-120 mpi	5-120 mpi	5-30 mpi	5-30 mpi	5-120 mpi	5-120 mpi
Water Table	24"	10"	18"	12"	18"	12"

[1] *24 inches refers to creviced bedrock. This distance may be reduced to 12 inches when noncreviced bedrock is encountered. See the Wisconsin Mound Soil Absorption System Siting, Design, and Construction Manual, January 1990.*
[2] *The separation distance for sand-on-sand systems is measured from the ground surface vertically down to the listed site factor.*

Article 4.
Pump and Haul of Sewage.

12 VAC 5-610-598. General.

Pump and haul pertains to an unusual circumstance wherein sewage is permitted to be transported by vehicle to a point of disposal. Pump and haul includes all facilities and appurtenances necessary to collect and store the sewage for handling by a contractor having a valid sewage handling permit.

12 VAC 5-610-599. Permanent pumping and hauling.

Pumping and hauling on a permanent basis is prohibited unless done under the auspices and supervision of a government entity as provided for in 12 VAC 5-610-599.3 (see subdivision 2 of 12 VAC 5-610-410 for exception). Pumping and hauling for over one year shall be considered as a permanent pumping and hauling operation.

12 VAC 5-610-599.1. Emergency pumping and hauling.

When serious malfunctioning of an existing sewage disposal system, sewerage system or treatment works occurs, pumping and hauling may be authorized for a definite time period until the malfunctioning system can be reconstructed or repaired.

12 VAC 5-610-599.2. Temporary pumping and hauling.

Temporary pumping and hauling may be permitted under the following conditions:

1. It must be demonstrated that the temporary pumping and hauling of sewage is not the usual practice in order to permit premature and unplanned real estate or commercial development in an area where sewerage facilities do not exist;

2. Construction of an approved sewerage system or treatment works is actively in progress with personnel and machinery at work in the particular area. Bonding, cash escrow or other assurances shall be required to guarantee completion of the sewerage system and/or treatment works;

3. The completion of the sewerage system or treatment works is assured and a completion date within the definition of temporary pumping and hauling has been set; and

4. Any and all delays from the anticipated completion date shall be reported immediately by the holder of the pump and haul permit to the district or local health department. Delays not resulting from circumstances beyond the control of the holder of the pump and haul permit shall be grounds for revocation of the pump and haul permit.

12 VAC 5-610-599.3. Permanent pump and haul.

Permanent pumping and hauling of sewage may be permitted under the following conditions:

1. That the government entity enter into a contract with the department setting forth that the government entity will provide pump and haul services, either directly or through a private contractor holding a sewage handling permit, to the home(s), commercial establishment(s) or occupied structure(s) for the period the occupied structure is utilized or until connection can be made to an approved sewerage facility;

2. Upon completion of the contract between the department and the government entity, the commissioner shall issue a single pump and haul permit to the government entity. A separate construction permit shall be issued to the government entity for each

sewage storage facility. The sewage storage facility(s) shall be designed and constructed in accordance with Article 7 (12 VAC 5-610-990 et seq.) of Part V of this chapter; and

3. When the government entity provides the sewage pump and haul services, it shall conform to the conditions contained in 12 VAC 5-610-380 and Article 8 (12 VAC 5-610-1020 et seq.) of Part V of this chapter.

Article 5.
Sewage Handling and Septage Management.

12 VAC 5-610-599.4. Sewage handling general.

A. In accordance with 12 VAC 5-610-240 B, a sewage handler shall have a written sewage handling permit issued by the commissioner.

B. It is the obligation of every sewage handler to assure that the sewage, sewage sludge or septage handled are transported and managed in a safe and sanitary manner in conformance with this chapter. Treatment and management of sewage and sewage sludge are regulated by the Sewage Regulations (12 VAC 5-580-10 et seq.).

C. All sewage handling equipment in contact with sewage shall be washed in such a manner and location that the wastewater from washing is conveyed to an approved sewerage system or treatment works.

D. Disposal of sewage sludges or septage into bodies of water or streams is prohibited.]

Article [~~4.~~ *6.*]
Installation of Residential Sewage Disposal Systems in Political Subdivisions Having Soil Drainage Management Contracts with the State Health Department.

[**12 VAC 5-610-620. Applicability.**

~~Part II~~, *This* article ~~4 of this chapter~~ shall be applicable only in those political subdivisions which enter into Soil Drainage Management Contracts with the department.]

[**12 VAC 5-610-650. Department procedures relating to subsurface soil absorption system applications in SDMC counties and cities.**

A. All applications for subsurface soil absorption systems will be evaluated based on the criteria contained in ~~Part III, Article I and~~ *this* part ~~IV of this chapter~~. When the site is limited only by a high seasonal water table and/or surface runoff, the department shall require that a satisfactory SDMP be in place and functioning satisfactorily before issuance of a construction permit. Typed on the construction permit will be the following statement which shall be signed by the applicant:

I understand that this soil has severe limitations for the disposal of septic effluent. With the aforementioned drainage measures the health department expects reasonable serviceability, however, it may malfunction during extreme conditions.

I understand and acknowledge the above and agree to install and maintain the drainage measures.

Signed

Date

B. Soils to be considered shall demonstrate their ability to be artificially drained and shall fall generally into Texture Group I, II, *or* III~~;~~*.*

C. The SDMP and site specific drainage system or systems shall be certified, supervised, maintained, and prepared by or under the direct supervision of a professional engineer licensed in Virginia who is a full-time employee of the political subdivision. In addition, the political subdivision shall have the manpower or other capability to maintain the applicable conditions of the SDMP~~,~~*.* This certification shall become a part of the subsurface soil absorption system permit~~;~~*.*

D. Proper easements shall be provided for drainage to assure access for proper maintenance~~;~~*.*

E. Political subdivisions shall assure proper installation and maintenance of the stormwater and ground water drainage system or systems~~; and~~*.*

F. The department retains the right to reject any SDMP if in the opinion of the department the SDMP proposed will result in a nuisance or health hazard condition.]

PART [~~IV~~ *V*].
DESIGN AND CONSTRUCTION CRITERIA.

[**12 VAC 5-610-670. Sewage flows.**

Subsurface soil absorption systems shall be designed on the basis of the sewage flows tabulated in Table ~~4.1~~ *5.1*.]

[**12 VAC 5-610-690. Recycle and reuse systems.**

Recycle and reuse systems are methods, processes and equipment in which sewage is restored to a condition suitable for reuse. When recycle and reuse systems are utilized in conjunction with toilet wastes only, an approved method of sewage disposal shall be provided to properly dispose of sewage generated via handwashing and other related sanitation activities. All recycle and reuse systems shall provide for an approved method of sewage disposal to handle excess sewage generated within the system. These systems are considered experimental unless they have been previously deemed to be satisfactory in accordance with the provisions of ~~12 VAC 5-610-370~~ *12 VAC 5-610-441* and/or as a minimum have been certified by the National Sanitation Foundation as meeting the current Standard 41 as determined by the bureau. Water recycle and reuse systems intended to produce water for other than toilet flush water are considered experimental and shall comply with the provisions of ~~12 VAC 5-610-370~~ *12 VAC 5-610-441*. All proposals for recycle and reuse systems shall be submitted to the bureau through the district or local health department.]

12 VAC 5-610-700. Site preparation and alteration.

A. Preservation of soil structure. The preservation of the original structure of the soil in the area selected for placement of the absorption trenches is essential to maintaining the percolative capacity of the soil.

1. Prohibition on construction. Subsurface soil absorption systems shall not be constructed in Texture Group III and IV soils during periods of wet weather when the soil is sufficiently wet at the depth of installation to exceed its plastic limit. For the purpose of this chapter, the plastic limit of a soil shall be considered to have been exceeded when the soil can be rolled between the palms of the hands to produce threads 1/8 inch in diameter without breaking apart and crumbling.

Table [~~4.1~~ *5.1.*]
Sewage Flows.

Discharge Facility	Design Unit	Flow (gpd)	BOD (#/day)	S.S (~~$~~#/day)	Flow Duration (Hour)
Dwelling[1]	per person total	75	0.2	0.2	24
Food preparation		15			
Toilet facilities		20			
Bathing facilities		20			
Handwashing facilities		5			
Laundering		15			
Schools with shower and cafeteria	per person	16	0.04	0.04	8
Schools without showers and with or without cafeteria	per person	10	0.025	0.025	8
Boarding schools	per person	75	0.2	0.2	16
Motels at 65 gals/person (rooms only)	per person	130	0.26	0.26	24
Trailer courts	per person	75	0.2	0.2	24
Restaurants	per seat	50	0.2	0.2	16
Interstate or Through Highway Restaurants	per seat	100-180	0.7	0.7	16
Interstate rest areas	per person	5	0.01	0.01	24
Service stations	per vehicle serviced	10	0.01	0.01	16
Factories & office buildings	per person per 8-hr shift	15-35	0.03-0.07	0.03-0.07	operating period
Shopping centers	per 1000 ft. of ultimate floor space	200-300	0.1	0.1	12
Hospitals	per bed	300	0.6	0.6	24
Nursing homes	per bed	200	0.3	0.3	24
Homes for the aged	per bed	100	0.2	0.2	24
Doctor's office in medical center	per 100 ft.	500	0.1	0.1	12
Laundromats, 9 to 12# machines	per machine	500	0.3	0.03	16
Community colleges	per student and faculty	15	0.03	0.03	12
Swimming pools	per swimmer	10	0.001	0.001	12
~~Theathers~~ *Theaters*, drive-in type	per car	5	0.01	0.01	4

Theaters, auditorium type	per seat	5	0.01	0.01	12
Picnic areas	per person	5	0.01	0.01	12
Camps, resort day and night with limited plumbing	per campsite	50	0.05	0.05	24
Luxury camps with flush toilets	per camp site	100	0.1	0.1	24
Dump station	per camp site	*50*	0.05	0.05	24

[1]For all dwelling units the design shall be based on two ~~person~~ *persons* per bedroom.

2. Soil compaction. Special caution shall be taken in allowing wheeled and tracked vehicles to traverse the area selected for placement of the absorption systems before, during and after construction of the trenches, especially during wet weather. Precaution is especially important where Texture Group III and IV soils are involved. Alteration of soil structure by movement of vehicles may be grounds for rejection of the site and/or system [*or revocation of the permit*].

3. Soil smearing. Excavating equipment utilized to construct the absorption system shall be so designed as not to compress or smear the sidewalks or bottom of the system. Excessive smearing of the usable absorption trench sidewalls or bottom during construction may result in irreversible damage to the soil infiltrative surface and may be grounds for rejection of the site and/or system.

B. Removal of vegetation. Vegetation such as maple, cottonwood, willows and other plant species with extremely hydrophillic (water loving) root systems shall be removed for a minimum of 10 feet from the actual absorption areas. Other trees should be removed from the absorption area.

C. Grading.

1. Pregrading. The proposed site for the subsurface soil absorption system shall not be graded until the district or local health department has completed the site evaluation contained in [~~Part III,~~] Article 1 [*(12 VAC 5-610-450 et seq.) of Part III*] of this chapter.

2. Interim grading. Interim grading means site grading during or immediately preceding the construction of the absorption system. Any such grading shall be done in accordance with the conditions contained in the construction permit. The district or local health department may require notification upon completion of the interim grading but before actual installation of the absorption system.

3. Final grading. Final grading of the absorption area site for diversion of surface water (e.g., crowning) for the purpose of eliminating surface water from flowing or ponding on the site, preparation for seeding, etc. shall be accomplished to avoid damaging the absorption area. Prior to grading, the distribution box, pretreatment unit and absorption area shall be clearly staked.

D. Drainage.

1. Surface water. The area surrounding the absorption area shall be graded to divert surface water from the absorption area site. The absorption area site shall also be graded to eliminate the ponding of water.

2. Roof drains, basement sump discharges (nonsewage), floor drains, footing drains, etc., are prohibited from being connected to the sewage disposal system and shall be directed away from the absorption area site in a manner to preclude water flow into, through or over the site. Discharge of sewage into a basement sump collecting water from floor drains, storm water, etc., is prohibited.

3. Lateral ground water movement interceptors (LGMI, e.g., French drains) may be required to divert ground water movement away from the absorption area site. The LGMI shall be placed perpendicular to the general slope of the land and generally parallel to the absorption trenches. A tight drain from the LGMI shall be constructed to discharge into a natural or manmade drainage way.

E. Protection of subsurface soil absorption system.

1. No structures shall be placed over the subsurface soil absorption system. Driveways or parking lots shall not be constructed on the subsurface soil absorption system unless the invert of the lead or header lines or top of the gravel in the absorption trenches is deeper than 30 inches below the ground surface and the driveway or parking lot is paved with portland cement or bituminous concrete *to prevent compaction of the trench bottom*. Driveways and parking lots shall not be constructed over the distribution box *unless adequate structural and access provisions are provided*.

2. Where all or part of a subsurface soil absorption system is proposed to be installed on property other than the owners, an easement in perpetuity shall be recorded with the clerk of the court prior to issuance of a construction permit (see 12 VAC 5-610-280). The easement shall be of sufficient area to permit access,

construction, required reserve area (see 12 VAC 5-610-710), and maintenance of the system.

3. Where the sewer line from the building to the pretreatment unit or the conveyance line is to be placed underneath a state road or in a Virginia Department of Transportation right-of-way, the requirement for a recorded easement in perpetuity can be waived for that portion of the system located underneath the road or in the right-of-way. In its place, the applicant shall obtain the appropriate permit or permits from the Department of Transportation to construct the sewer or conveyance line in its right-of-way. The construction permit for the sewage disposal system shall not be issued until the applicant provides the local health department with a copy of the permit issued by the Department of Transportation. Under no circumstances shall the pretreatment unit, the distribution box, or the soil absorption portion of the system be installed in the Department of Transportation right-of-way.

F. Preplacement and post-placement of utilities. Subsurface soil absorption systems shall not be placed in an underground utility easement. No buried [*public or private*] utility service (e.g., water lines, electrical lines, gas lines, etc.) shall traverse the subsurface soil absorption system area nor shall the buried service be closer than 10 feet to the system.

[**12 VAC 5-610-800. Aerobic biological systems.**

Aerobic biological treatment systems will be considered on a case-by-case basis at the request of the owner. These systems shall meet the applicable criteria contained in *12 VAC 5-640-360 of the Alternative Discharging Sewage Treatment Regulations for Individual Single Family Dwellings or* 12 VAC 5-580-770 of the Sewerage Regulations (12 VAC 5-580-10 et seq.) or criteria developed by a testing laboratory or agency approved by the ~~bureau~~ *division*. *Where an activated sludge process is used to produce a secondary effluent, provisions shall be made to protect the drainfield from bulking solids.* Use of an aerobic pretreatment system shall not result in the reduction of the absorption area requirements contained in ~~Part IV,~~ Article 5 *(12 VAC 5-610 900 et seq.)* of this chapter.]

12 VAC 5-610-810. Anaerobic biological systems.

Septic tanks are the most commonly used pretreatment systems and under normal circumstances are the most inexpensive units which give acceptable results with a minimum of maintenance.

~~A.~~ [~~*1.* Location. Minimum separation distances for septic tanks to various structures and features are the same as those contained in *12 VAC 5-610-930,* Table 4.4, entitled Minimum Separation Distances;, except that for Class III wells the distance shall be 50 feet.~~

~~B. *2.* Materials.~~] The preferred material for use in constructing septic tanks is concrete. Other materials may be considered on a case-by-case basis. All materials must be resistant to corrosion, both chemical and electrolytic, and must have sufficient structural strength to contain sewage and resist laterial compressive and bearing loads.

~~C. Design.~~

12 VAC 5-610-815. Septic tank design.

~~1.~~ *A.* Tank capacity. The minimum hydraulic detention time shall be 48 hours based on daily design flow. In no case shall the septic tank capacity be less than 750 gallons. Table [~~4.2~~ *5.2*] contains the minimum required septic tank capacities for dwelling units.

Table [~~4.2~~ *5.2.*]
Septic Tank Capacities for Dwelling Units.

No. of Bedrooms	Approximate Tank Volume in Gallons
1	750
2	750
3	900
4	1200
5	1500

~~2.~~ *B.* Tank dimensions. Septic tanks shall be rectangular in plan, cross-section and longitudinal view. The length to liquid depth to width ratio should be approximately equal or greater than 2 to 1 to 1 (2:1:1) and less than or equal to 3 to 1 to 1 (3:1:1). In no case shall the liquid depth be less than four feet or greater than eight feet. A minimum of one foot free board shall be provided. Inlet and outlet structures shall be placed on the longitudinal axis of the tank. Typical tank dimensions are found in Table [~~4.3~~ *5.3*].

Table [~~4.3~~ *5.3.*]
Typical Septic Tank Dimensions in Feet.

Approximate Gallons	Length	Width	Liquid Depth	Freeboard
750	7	3.5	4	1
900	8	4	4	1
1200	9	4.5	4	1
1500	9.5	5	4.7	1

~~3.~~ *C.* Inlet-outlet structure.

~~a.~~ *1.* General. The inlet and outlet structures shall function as a baffle. The invert of the inlet structure shall be greater than one inch but less than two inches higher than the invert of the outlet structure with the tank installed. The inlet structure shall extend six to eight inches below and eight to 10 inches above the normal liquid level. The outlet structure shall extend below the normal liquid surface to a distance of 35 to 40% of the liquid depth and eight to 10 inches above the normal liquid level. The inlet and outlet structures shall have an open space not less than four inches by four inches in cross-section or four inches in diameter.

~~b.~~ *2.* Materials. All materials used for inlet and outlet structures shall have long term resistance to chemical and electrolytic corrosion. When pipe tees are used as

inlet and outlet structures, the material shall be compatible with the material used in the sewer.

~~4.~~ *D.* Top access and watertightness. All septic tanks shall be watertight and shall be provided with a watertight top. As a minimum, access manholes shall be provided over the inlet and outlet structures and shall have a minimum open space of 18 inches by 18 inches. When the septic tank has in excess of 30 inches of soil cover, an access manhole shall be brought to within 18 inches of the ground surface and shall be provided with a tight fitting cover. In wet areas the manhole covers shall be watertight.

[~~*E. Inspection port. All septic systems installed or repaired after July 1, 1994, and utilizing a septic tank for pretreatment, shall be equipped with a 4-inch to 6-inch (or larger) inspection port. The inspection port shall terminate at or above grade and be designed to allow an inspection of sludge build-up in the septic tank. The inspection port shall be constructed of schedule 40 PVC pipe, or equivalent, and shall be fitted with a water-tight threaded cap. The recommended location of the inspection port shall be in or near the manhole cover on the inlet side of the septic tank away from the inlet tee. Other locations may be approved by the district health department on a case-by-case basis.*~~]

~~D.~~ [~~*F.*~~ *E.*] Construction of septic tanks. The contractor and/or manufacturer shall design and construct the septic tank to withstand the lateral and bearing loads to which the septic tank is expected to be subjected. [~~Suggested design and construction criteria are contained in Appendix N.~~]

~~E.~~ [~~*G.*~~ *F.*] Placement of septic tanks. The precast septic tank shall be bedded with at least six inches of sand or fine gravel where rock or other undesirable conditions are encountered. The tank shall be placed level. Where excavation is required, the hold shall be sufficiently large to permit placement of the tank. Backfilling the excavation for all septic tanks shall be done in layers with sufficient tamping to avoid settling. Backfill material shall be free of large stones and debris.

[***12 VAC 5-610-817. Maintenance.***

A. In order to encourage proper maintenance and reduce the likelihood of solids being discharged to an absorption field, all septic tanks constructed after October 1, 1999, shall be designed to allow for routine inspection without being uncovered (i.e., have an inspection port as provided for in subsection B of this section) or have an effluent filter as provided for in subsection C of this section, or be designed for reduced maintenance as provided for in subsection D of this section.

B. Inspection port. An inspection port is a three-inch or larger port pipe or structure which allows access to the septic tank for the purpose of measuring sludge and scum accumulation. The inspection port shall terminate at or above grade and be designed to allow an inspection of sludge buildup in the septic tank. The inspection port shall be constructed of schedule 40 PVC pipe, or its equivalent, and shall be fitted with a watertight threaded cap. The recommended location of the inspection port shall be in or near the manhole cover on the inlet side of the septic tank away from the inlet tee. Other locations may be approved by the district health department on a case-by-case basis.

C. Effluent filters. An effluent filter is a device which has one or more of the following purposes: (i) to manage solids to provide greater service life to a pump or other components of an onsite system; (ii) to manage the total suspended solids (TSS) passed to the absorption field, potentially enhancing absorption field life; or (iii) some other purpose recognized as beneficial by the department.

1. All effluent filters shall be designed to improve the quality of effluent leaving the tank in a manner which is consistent with their purpose.

2. Septic tank outlet filters shall be constructed from a material which resists the corrosive nature of the environment within a septic tank.

3. A tamper proof child resistant at-grade access port shall be provided to assure the filter can be readily maintained as necessary.

D. Reduced maintenance septic tanks. Septic tanks which are sized 30% larger than shown in Table 5.3 and which are baffled such that the first compartment is nominally the volume required in Table 5.3 shall be considered to be a reduced maintenance septic tank.]

12 VAC 5-610-820. *Miscellaneous.*

A. Multiple septic tanks in series. The required volume for a septic tank may be satisfied by the utilization of two septic tanks in series; however, the first septic tank in series shall equal to 1/2 to 2/3 the required total volume.

~~12 VAC 5-610-830.~~ *B.* Physical and/or chemical systems. Physical ~~and/or~~ *or* chemical systems*, or both,* utilized as pretreatment for subsurface disposal of sewage shall meet the applicable criteria contained in 12 VAC 5-580-930 through 12 VAC 5-580-960 of the Sewerage Regulations.

~~12 VAC 5-610-840.~~ *C.* Water stop. A water stop is a method for sealing the annular space around a conduit ~~and/or~~ *or* pipe*, or both,* for the purpose of preventing infiltration ~~and/or~~ *or* exfiltration*, or both*. Conduits ~~and/~~or pipes passing through the walls of a pretreatment unit shall be provided with a water stop.

[**12 VAC 5-610-880. Pumping.**

A. Force mains.

1. Velocity. At pumping capacity, a minimum self-scouring velocity of two feet per second shall be maintained. A velocity of eight feet per second should not be exceeded.

2. Air relief valve. Air relief valves shall be placed at high points in the force main, as necessary, to relieve air locking.

3. Bedding. All force mains shall be bedded to supply uniform support along their length.

4. Protection against freezing. Force mains shall be placed deep enough to prevent freezing.

5. Location. Force mains shall not pass closer than 50 feet to any drinking water source unless pressure tested in place at pump shut-off head. Under no circumstances shall a force main come within 10 feet of a nonpublic drinking water source.

6. Materials of construction. All pipe used for force mains shall be of the pressure type with pressure type joints.

7. Anchors. Force mains shall be sufficiently anchored within the pump station and throughout the line length. The number of bends shall be as few as possible. Thrust blocks, restrained joints and/or tie rods shall be provided where restraint is needed.

8. Backfilling and tamping. Force main trenches shall be backfilled and tamped as soon as possible after the installation of the force main has been approved. Material for backfilling shall be free of large stones and debris.

B. Pumping station and pumps.

~~1. Location. Minimum separation distances for pumping stations to various structures and features are the same as those found in Table 4.4 entitled Minimum Separation Distances except in the case of Class III wells which is 50 feet.~~

~~2.~~ *1.* Sizing. Pumping station wet wells shall provide at least one quarter (1/4) day storage above the high level alarm set point. Actual volume between high and low level limits is determined on a case-by-case basis depending on the objective of pumping: (i) when low pressure dosing is utilized see 12 VAC 5-610-940 A for sizing requirements; (ii) when pumping to a gravity distribution box the wet well shall be sized to provide a working volume between 1/4 the daily flow and the daily flow; (iii) when pumping for the purpose of enhancing flow distribution (see 12 VAC 5-610-930 A) the working volume of the wet wall shall be 0.6 of the volume of the percolation piping.

~~3.~~ *2.* Materials. Materials for construction of pumping stations are the same as for septic tanks (see 12 VAC 5-610-810 ~~B~~). All materials and equipment utilized in pumping stations shall be unaffected by the corrosive action of sewage.

~~4.~~ *3.* Access. An access manhole terminating above the ground surface shall be provided. The manhole shall have a minimum width dimension of 24 inches and shall be provided with a shoe box type cover adequately secured.

~~5.~~ *4.* Construction. Pumping stations constructed of precast or poured in place concrete shall conform with the construction requirements contained in ~~12 VAC 5-610-810 D~~ *12 VAC 5-610-815 E*. When precast concrete pipe is utilized for a pumping station, the pipe shall be placed on and bonded to a concrete pad at least six inches thick and having a width at least one foot greater than the diameter of the pipe. All pumping stations shall be watertight. All conduits entering or leaving the pumping stations shall be provided with a water stop. The influent pipe shall enter the pumping station at an elevation at least one inch higher than the maximum water level in the wet well (total usable volume).

~~6.~~ *5.* Installation. Placement of pumping stations shall conform to the requirements for placement of septic tanks contained in ~~12 VAC 5-610-810 E~~ *12 VAC 5-610-815 F*.

~~7.~~ *6.* Pumps. All pumps utilized shall be of the open face centrifugal type designed to pump sewage. Pumps utilized for the sole purpose of pumping effluent to a higher elevation shall have a capacity approximately 2.5 times the average daily flow in gallons per minute but not less than five gallons per minute at the system head. Pumps utilized for the purpose of enhancing flow distribution (See 12 VAC 5-610-930 A) shall have a minimum capacity of 36 gallons per minute at system head per 1200 linear feet of percolation piping. Pumps discharging to a low pressure distribution system shall be sized in accordance with 12 VAC 5-610-940 A. Dual alternating pumps are required on systems 1800 linear feet or greater in accordance with 12 VAC 5-610-930 B. Pumps shall be so placed that under normal start conditions it shall be subjected to a positive suction head. When multiple pumps are used, each pump shall have its own separate suction line. Suitable shutoff valves shall be provided on the discharge line and suction line (if provided) for normal pump isolation. A check valve shall be placed in the discharge line between the pump and shutoff valve. When the pump discharge is at a lower elevation than the high liquid level in the pump station, an antisiphon device shall be provided on the pump discharge. Pumps shall be piped so that they can be removed for servicing without having to dewater the wet well.

~~8.~~ *7.* Controls. Each pumping station shall be provided with controls for automatically starting and stopping the pumps based on water level. When float type controls are utilized, they shall be placed so as to be unaffected by the flow entering the wet well. Provisions shall be made for automatically alternating the pumps. The electrical motor control center and master disconnect switch shall be placed in a secure location above grade and remote from the pump station. Each motor control center shall be provided with a manual override switch.

~~9.~~ *8.* Alarms. A high water alarm with remote sensing and electrical circuitry separate from the motor control center circuitry shall be provided. The alarm shall be audiovisual and shall alarm in an area where it may be easily monitored. When multiple pumps are utilized, an additional audiovisual alarm shall be provided to alarm when a pump motor fails to start on demand.

~~10.~~ *9.* Ventilation. Positive ventilation shall be provided at pumping stations when personnel are required to enter the station for routine maintenance.

a. Wet wells. Ventilation may be either continuous or intermittent. Ventilation, if continuous, shall provide at least 12 complete air changes per hour; if intermittent, at least 30 complete air changes per hour. Such ventilation shall be accomplished by mechanical means.

b. Dry wells. Ventilation may be either continuous or intermittent. Ventilation, if continuous, shall provide at least six complete air changes per hour; if intermittent, at least 30 complete air changes per hour. Such ventilation shall be accomplished by mechanical means.]

[**12 VAC 5-610-890. Siphons.**

A. Use. Intermittent dosing siphons have two major uses:

1. Low pressure dosing of subsurface soil absorption systems (see 12 VAC 5-610-940); or

2. To provide more uniform distribution of effluent to large or multiple sectioned subsurface soil absorption systems which split the flow 12 or more times or contain 1200 linear feet or more of percolation piping (see 12 VAC 5-610-930 A and B).

~~B. Location. Minimum separation distances for dosing siphons to various structures and features are the same as those in Table 4.4 entitled Minimum Separation Distances except in the case of Class III wells where the separation distance shall be 50 feet.~~

~~C.~~ *B.* Materials. Materials for construction of dosing siphon chambers are the same as for septic tanks (see 12 VAC 5-610-810 ~~B~~).

~~D.~~ *C.* Number and sizing. Dosing siphons discharging to subsurface soil absorption systems shall have an average discharge rate greater than 2.5 times the average daily influent flow in gallons per minute but not less than 70 gallons per minute per 1200 linear feet of percolation lines. Twin alternating siphons are required where the system to be dosed exceeds 1800 linear feet in accordance with 12 VAC 5-610-930 B. The volume of the dosing chamber shall equal 0.6 the volume of the percolation piping for enhanced flow distribution. Actual dosing chamber volume is determined on a case-by-case basis where low pressure distribution is utilized (see 12 VAC 5-610-940 A).

~~E.~~ *D.* Access. The siphon chamber shall terminate at or above the ground surface. The top of the chamber shall be removable to an extent to allow access for maintenance, repairs and removal of the siphon components.

~~F.~~ *E.* Construction. Dosing chambers constructed of precast or poured in place concrete shall conform with the construction requirements contained in ~~12 VAC 5-610-810 D~~ *12 VAC 5-610-815 E*.

~~G.~~ *F.* Force mains. Force mains used in conjunction with siphons shall meet the applicable criteria contained in 12 VAC 5-610-880 A.]

[**12 VAC 5-610-930. Gravity distribution.**

Gravity distribution is the conveyance of effluent from a distribution box through the percolation lines at less than full flow conditions. Flow to the initial distribution box may be initiated by pump, siphon or gravity.

A. Enhanced flow distribution. Enhanced flow distribution is the initiation of the effluent flow to the distribution box by pump or siphon for the purpose of ~~insuring~~ *assuring* more uniform flow splitting to the percolation lines. Enhanced flow distribution shall be provided on systems where the flow is split more than 12 times or the system contains more than 1200 linear feet of percolation lines. For the purpose of this chapter, enhanced flow distribution is considered to produce unsaturated soil conditions.

B. System size. Distribution systems containing 1800 or more linear feet of percolation piping shall be split into multiple systems containing a maximum of 1200 linear feet of percolation piping per system.

C. Distribution boxes. The distribution box is a device for splitting flow equally by gravity to points in the system. Improperly installed distribution boxes are a cause for absorption field malfunction.

1. Materials. The preferred material for use in constructing distribution boxes is concrete (3000 psi). Other materials may be considered on a case-by-case basis. All materials must be resistant to both chemical and electrolytic corrosion and must have sufficient structural strength to contain sewage and resist lateral compressive and bearing loads.

2. Design. Each distribution box shall be designed to split the influent flow equally among the multiple effluent ports. All effluent ports shall be at the same elevation and be of the same diameter. The elevation of the effluent ports shall be at a lower elevation than the influent port. The placement of the influent ports shall be such as to prevent short circuiting unless baffling is provided to prevent short circuiting. The minimum inside width of a gravity flow distribution box shall be equal to or greater than 12 inches. The inside bottom shall be at least four inches below the invert of the effluent ports and at least five inches below the invert of the influent port. A minimum of eight inches freeboard above the invert of the effluent piping shall be provided. The distribution box shall be fitted with a watertight, removable lid for access.

3. Installation. The hole for placement of the distribution box shall be excavated to undisturbed soil. The distribution box shall be placed in the excavation and stabilized. The preferred method of stabilizing the distribution box is to bond the distribution box to a four inch poured in place Portland cement concrete pad with dimensions six inches greater than the length and width

dimensions of the distribution box. The box shall be permanently leveled and checked by water testing. Conduits passing through the walls of a distribution box shall be provided with a water stop.

D. Lead or header lines. Header or lead lines are watertight, semirigid or rigid lines that convey effluent from a distribution box to another box or to the percolation piping.

1. Size. The lead or header lines shall have an internal diameter of four inches.

2. Slope. Minimum slope shall be two inches per 100 feet.

3. Materials. The lead or header lines shall have a minimum crush strength of 1500 pounds per foot and may be constructed of cast iron, plastic, vitrified clay or other material resistant to the corrosive action of sewage.

4. Appurtenances.

a. Joints. Lead or header lines shall have joints of the compressions type with the exception of plastic lead or header lines which may be welded sleeve, chemically fused or clamped (noncorrosive) flexible sleeve.

b. Adapters. Joining of lead or header lines of different size and/or material shall be accomplished by use of a manufactured adapter specifically designed for the purpose.

c. Valves. Valves shall be constructed of materials resistant to the corrosive action of sewage. Valves placed below ground level shall be provided with a valve box and a suitable valve stem so that it may be operated from the ground surface.

5. Construction.

~~a. Location of header or lead lines shall be in accordance with Table 4.4 "Minimum Separation Distances."~~

~~b.~~ *a.* Bedding. All lead or header lines shall be bedded to supply uniform support and maintain grade and alignment along the length of the lead or header lines. Special care shall be taken when using semirigid pipe.

~~c.~~ *b.* Backfilling and tamping. Lead and header lines shall be backfilled and tamped as soon as possible after the installation of the lead or header lines has been approved. Material for backfilling shall be free of large stones and debris.

6. Termination. Header or lead lines shall extend for a minimum distance of two feet into the absorption trenches.

E. Gravity percolation lines. Gravity percolation lines are perforated or open joint pipes that are utilized to distribute the effluent along the length of the absorption trenches.

1. Size. All gravity percolation lines shall have an internal diameter of four inches.

2. Slope. The slope of the lines shall be uniform and shall not be less than two inches or more than four inches per 100 feet.

3. Design. Effluent shall be split by the distribution system so that all gravity percolation lines installed shall receive an equal volume of the total design effluent load per square foot of trench i.e. the fraction of the flow received by each percolation line divided by the length of the gravity percolation lines shall be equal for all gravity percolation lines in a system.

4. Length. No individual gravity percolation line shall exceed 100 feet in length.

5. Materials.

a. Clay. Clay tile shall be extra-strength and meet current ASTM standards for clay tile.

b. Perforated plastic drainage tubing. Perforated plastic drainage tubing shall meet ASTM standards. At not greater than 10 feet intervals the pipe shall be plainly marked, embossed or engraved thereby showing the manufacturer's name or hallmark and showing that the product meets a bearing load of 1000 lb. per foot. In addition, a painted or other clearly marked line or spot shall be marked at not greater than 10 feet intervals to denote the top of the pipe.

The tubing shall have three holes, 1/2 to 3/4 inch in diameter evenly spaced and placed within an arc of 130 degrees, the center hole being directly opposite the top marking.

Spacing of each set of three holes shall be at four inch intervals along the tube. If there is any break in the continuity of the tubing, an appropriate connection shall be used to join the tubing.

6. Installation

a. Crushed stone or gravel. Clean gravel or crushed stone having a size range from 1/2 inch to 1-1/2 inches shall be utilized to bed the gravity percolation lines.

Minimum depth of gravel or crushed stone beneath the percolation lines shall be six inches. Clean course silica sand (does not effervesce in presence of dilute hydrochloric acid) may be substituted for the first two inches (soil interface) of the require six inches of gravel beneath the percolation lines. The absorption trench shall be backfilled to a depth of two inches over the gravity percolation lines with the same gravel or crushed stone. Clean sand, gravel or crushed stone shall be free of fines, clay and organic materials.

~~Table 4.4.~~
~~Minimum Separation Distances.~~

~~Structure or Topographic Features~~	~~Soil Texture Group~~	~~Minimum Distance (Ft) From Bottom or Sidewall of Subsurface Soil Absorption System Trench~~	
		~~Vertical~~	~~Horizontal~~
~~Property Lines~~	~~I, II, III, IV~~	~~----~~	~~5~~
~~Building Foundations~~	~~I, II, III, IV~~	~~----~~	~~10~~
~~Basements~~	~~I, II, III, IV~~	~~----~~	~~20~~
~~Drinking Water Wells~~			
~~Class I & II~~	~~I, II, III, IV~~	~~----~~	~~50~~
~~Class III~~	~~I, II, III, IV~~	~~----~~	~~100~~
~~Cisterns (Bottom Elevater Lower Than Ground Surface in Area of Subsurface Soil Absorption System~~	~~I, II, III, IV~~	~~----~~	~~100~~
~~Shellfish waters~~	~~I, II, III, IV~~	~~----~~	~~70~~
~~Natural Lakes & Impounded Waters~~	~~I, II, III, IV~~	~~----~~	~~50~~
~~Streams~~	~~I, II, III, IV~~	~~----~~	~~50[a]~~
~~Developed Springs (UpSlope)~~	~~I, II, III, IV~~	~~----~~	~~200[e]~~
~~Rock and Rock Outcropping~~	~~I~~	~~2~~	~~1 *2*~~
~~Rock and Rock Outcropping~~	~~II, III, IV~~	~~1 *1.5*~~	~~1 *1.5*~~
~~Pans and Impervious Strata~~	~~I, II, III, IV~~	~~1 *1.5*~~	~~1 *1.5*~~
~~Drainage~~			
~~Ditch Bottoms Above Seasonal Water Table~~	~~I, II, III, IV~~	~~----~~	~~10~~
~~Ditch Bottom Below Seasonal~~	~~I~~	~~----~~	~~70[a]~~
~~Water Table and Ditch Normally~~	~~II~~	~~----~~	~~70[a]~~
~~Contains Water~~	~~III~~	~~----~~	~~50[a]~~
	~~IV~~	~~----~~	~~50[a]~~
~~Water Table Depressor System~~	~~I~~	~~6[b]~~	~~70~~
	~~II~~	~~3[b]~~	~~70~~
	~~III~~	~~2[b]~~	~~50~~
	~~IV~~	~~2~~	~~50~~
~~Lateral Ground water~~	~~I~~	~~----~~	~~70[c]—10[d]~~
~~Movement Interceptor~~	~~II~~	~~----~~	~~70[c]—10[d]~~
	~~III~~	~~----~~	~~50[c]—10[d]~~
	~~IV~~	~~----~~	~~50[c]—10[d]~~
~~Low Point of Sink Holes When Placed within The Bowl Of the Sink Hole~~	~~I, II, III, IV~~	~~----~~	~~100~~
~~Utility Lines~~	~~I, II, III, IV~~	~~----~~	~~10~~

~~[a] The set back distance may be reduced to 10 feet in Group III and IV soils and 20 feet in Group I and II soils if the subsurface soil absorption system is designed to produce unsaturated flow condition in the soil.~~
~~[b] Vertical Distance to the invert of the drain tile in the water table depressor system.~~
~~[c] Absorption trench up slope from interceptor.~~
~~[d] Absorption trench down slope from interceptor.~~
~~[e] Arc of 180 degree up slope of spring and 100 ft. down slope.~~

b. Grade boards and/or stakes. Grade boards and/or stakes placed in the bottom or sidewalls of the absorption trench shall be utilized to maintain the grade on the gravel for placement of the gravity percolation lines. Grade stakes shall not be placed on centers greater than 10 feet.

c. Placement and alignment. Perforated gravity percolation piping shall be placed so that the center hole is in the horizontal plane and interfaces with the minimum six inches of graded gravel. When open joint piping is utilized the upper half of the top of the 1/4 inch open space shall be covered with tar paper or building paper to block the entrance of fines into the pipe during the backfilling operation. All gravity percolating piping shall be placed in the horizontal center of the absorption trench and shall maintain a straight alignment and uniform grade.

d. Backfilling. After the placement of the gravity percolation piping the absorption trench shall be backfilled evenly with crushed stone or gravel to a depth of two inches over the piping. Untreated building paper, or other suitable material shall be placed at the interface of the gravel and soil to prevent migration of fines to the trench bottom. The remainder of the trench shall be backfilled with soil to the ground surface.]

[**12 VAC 5-610-940. Low pressure distribution.**

Low pressure distribution is the conveyance of effluent through the pressure percolation lines at full flow conditions into the absorption area with the prime motive force being a pump or siphon. Low pressure systems are limited to a working pressure of from one to four feet of head at the distal end of the pressure percolation lines. For the purpose of this chapter low pressure distribution is considered to provide unsaturated soil conditions.

A. Dosing cycle. Systems shall be designed so that the effluent volume applied to the absorption area per dosing cycle is from seven to 10 times the volume of the distribution piping, however, the volume per dosing cycle should not result in a liquid depth in the absorption trench greater than two inches.

B. Manifold lines. Manifold lines are watertight lines that convey effluent from the initial point of flow splitting to the pressure percolation lines.

1. Size. The manifold line shall be sized to provide a minimum velocity of two feet per second and a maximum velocity of eight feet per second.

2. Materials. All pipe used for manifolds shall be of the pressure type with pressure type joints.

3. Bedding. All manifolds shall be bedded to supply uniform support along its length.

~~4. Location. Manifolds shall not pass closer than 50 feet to any drinking water source unless pressure tested in place at pump shut off head. Under no circumstances shall a manifold come within 10 feet of a drinking water source.~~

~~5.~~ *4.* Backfilling and tamping. Manifold trenches shall be backfilled and tamped as soon as possible after the installation of the manifold has been approved. Material for backfilling shall be free of large stones and debris.

~~6.~~ *5.* Valves. Valves for throttling and check valves to prevent backflow are required wherever necessary. Each valve shall be supplied with a valve box terminating at the surface.

C. Pressure percolation lines. Pressure percolation lines are perforated pipes utilized to distribute the flow evenly along the length of the absorption trench.

1. Size. Pressure percolation lines should normally have a 1-1/4 inch inside diameter.

2. Hole size. Normal hole size shall be 3/16 inch to 1/4 inch.

3. Hole placement. Center to center hole separation shall be between three and five feet.

4. Line length. Maximum line length from manifold should not exceed 50 feet.

5. Percent flow variation. Actual line size, hole size and hole separation shall be determined on a case-by-case basis based on a maximum flow variation of 10% along the length of the pressure percolation lines.

6. Materials and construction. The preferred material is plastic, either PVC or ABS, designed for pressure service. The lines shall have burr free and counter sunk holes (where possible) placed in a straight line along the longitudinal axis of the pipe. Joining of pipes shall be accomplished with manufactured pressure type joints.

7. Installation.

a. Crushed stone or gravel. Clean gravel or crushed stone having a size range from 1/2 inch to 3/4 inch shall be utilized to bed the pressure percolation lines. Minimum depth of gravel or crushed stone beneath the percolation lines shall be 8-1/2 inches. Clean course silica sand (does not effervesce in the presence of dilute hydrochloric acid) may be substituted for the first two inches (soil interface) of the required 8-1/2 inches of gravel beneath the pressure percolation lines. The absorption trench shall be backfilled to a depth of two inches over the pressure percolation lines with the same gravel or crushed stone. Clean sand, gravel or crushed stone shall be free of fines, clay and organic materials.

b. Grade boards and/or stakes. Grade boards and/or stakes placed in the bottom or sidewalls of the absorption trench shall be utilized to maintain the gravel level for placement of the pressure percolation lines. Grade stakes shall not be placed on centers greater than 10 feet.

c. Placement and alignment. Pressure percolation lines shall be placed so that the holes face vertically downward. All pressure percolation piping shall be placed at the same elevation, unless throttling valves are utilized, and shall be level. The piping shall be placed in the horizontal center of the trench and shall maintain a straight alignment. Normally the invert of the pressure percolation lines shall be placed 8-1/2 inches above the trench bottom. However, under no circumstance shall the invert of the pressure percolation lines be placed closer than 16-1/2 inches to the seasonal water table as defined in 12 VAC 5-610-950 A 3. When the invert of the pressure percolation lines must be placed at an elevation greater than 8-1/2 inches above the trench bottom, landscaping over the absorption area may be required to provide the two inches of gravel and six inches of fill over the pressure percolation lines required in ~~paragraph C~~ *subdivision* 7 a of this ~~section~~ *subsection*.

d. Backfilling. After the placement of the pressure percolation piping the absorption trench shall be backfilled evenly with crushed stone or gravel to a depth of two inches over the opening. Untreated building paper or other suitable material shall be placed at the interface of the gravel and soil to prevent migration of fines to the trench bottom. The remainder of the trench shall be backfilled with soil to the ground surface.

8. Appurtenances. The distal (terminal) end of each pressure percolation lines shall be fitted with a vertical riser and threaded cap extending to the ground surface. Systems requiring throttling valves will be supplied with couplings and threaded riser extensions at least four feet long so that the flow may be adjusted in each line.]

12 VAC 5-610-950. Absorption [~~areas~~ ***area design***]**.**

[*A.*] The absorption area is the undisturbed soil medium beginning at the soil gravel or sand interface which is utilized for absorption of the effluent. The absorption area includes the infiltrative surface in the absorption trench and the soil between and around the trenches.

[~~A. Minimum soil conditions necessary for placement of absorption trenches.~~

~~1.~~ *B.*] Suitability of soil horizon. The absorption trench bottom shall be placed in the soil horizon or horizons with [~~the "fastest"~~ *an*] average estimated or measured percolation rate [*less than 120 minutes per inch*]. Soil horizons are to be identified in accordance with 12 VAC 5-610-480. The soil horizon must meet the following minimum conditions:

[~~a.~~ *1.*] It shall have an estimated or measured percolation rate equal to or less than 120 minutes per inch.

[~~b.~~ *2.*] The soil horizon or horizons shall be of sufficient thickness so that at least 12 inches of absorption trench sidewall is exposed to act as an infiltrative surface; and

[~~c.~~ *3.*] If no single horizon meets the conditions in ~~paragraph A~~ *subdivision* [~~1 b~~ *2*] ~~above~~ *of this subsection*, a combination of adjacent horizons may be utilized to provide the required 12-inch sidewall infiltrative surface. However, no horizon utilized shall have an estimated or measured percolation rate greater than 120 minutes/inch.

[~~2. Distance to rock, rock outcroppings, impervious strata and pans. The minimum acceptable separation distance, both vertical and horizontal, from the absorption trench bottom and sidewalls to rock, rock outcroppings, impervious strata and pans is one foot. (See Table 4.4 "Minimum Separation Distances")~~

~~3. Minimum depth to seasonal water table. As used herein the term seasonal water table means that portion of the soil profile where a color change has occurred in the soil as a result of saturated soil conditions or where soil concretions have formed. Typical colors are gray mottlings, solid gray or black. The depth in the soil at which these conditions first occur is termed "seasonal water table". The minimum separation distance from the absorption trench bottom to the seasonal water table for various soil percolation rates is tabulated in Table 4.5.~~]

~~Table 4.5~~
~~Minimum Separation Distances to Seasonal Water Table~~

~~Percolation Rate Minutes/Inch~~	~~Distance from Trench Bottom Inches~~
~~5~~	~~2~~
~~17~~	~~3~~
~~46~~	~~12~~
~~90~~	~~18~~
~~120~~	~~20~~

[~~*Table 4.5*~~
~~*Minimum Separation Distances to Water Table.*~~

~~*Texture Group*~~	~~*Percolation Rate (minutes per inch)*~~	~~*Separation Distance (inches)*~~	
		~~*without pretreatment*~~	~~*with pre-treatment*~~[1]
~~*Group I*~~	~~*1 to 16*~~	~~*24*~~	~~*18*~~
~~*Group II*~~	~~*17 to 45*~~	~~*18*~~	~~*12*~~
~~*Group III*~~	~~*46 to 90*~~	~~*18*~~	~~*12*~~
~~*Group IV*~~	~~*90 to 120*~~	~~*18*~~	~~*12*~~

~~[1]*Pretreatment in this context refers to sewage that has been treated to reduce both BOD and suspended solids to 30 mg/l or less.*~~]

~~4.~~ *C.*] Placement of absorption trenches below soil restrictions. Placement of the soil absorption trench bottom below soil restrictions as defined in 12 VAC 5-610-490 [~~E~~ *D*], whether or not there is evidence of a perched water table as indicated by free standing water or gray mottlings or coloration, requires a special design based on the following criteria:

[~~a.~~ *1.*] The soil horizon into which the absorption trench bottom is placed shall be a Texture Group I, II or III soil~~,~~ or have an estimated or measured percolation rate of less than 91 minutes per inch.

[~~b.~~ *2.*] The soil horizon shall be a minimum of three feet thick and shall exhibit no characteristics that indicate wetness on restriction of water movement. The absorption trench bottom shall be placed so that at least two feet of the soil horizon separates the trench bottom from the water table and/or rock. At least one foot of the absorption trench side wall shall penetrate the soil horizon~~;~~.

[~~c.~~ *3.*] A lateral ground water movement interceptor (LGMI) shall be placed upslope of the absorption area. The LGMI shall be placed perpendicular to the general slope of the land. The invert of the LGMI shall extend into, but not through, the restriction and shall extend for a distance of 10 feet on either side of the absorption area (See 12 VAC 5-610-700 D 3)~~; and~~.

[~~d.~~ *4.*] Pits shall be constructed to facilitate soil evaluations as necessary.

[~~B.~~ *D.*] Sizing of absorption trench area.

1. Required area. The total absorption trench bottom area required shall be based on the average estimated or measured percolation rate for the soil horizon or horizons into which the absorption trench is to be placed. If more than one soil horizon is utilized to meet the sidewall infiltrative surface required in ~~paragraph A 1 of this chapter~~ [~~*subdivision A 1*~~ *subsection B*] *of this section*, the absorption trench bottom area shall be based on the average estimated or measured percolation rate of the "slowest" horizon. The trench bottom area required in square feet per 100 gallons (Ft^2/100 Gals) of sewage applied for various soil percolation rates is tabulated in Table [~~4.6~~ *5.4*]. The area requirements are based on the equation:

$$\log y = 2.00 + 0.008\,(x)$$

where y = Ft^2/100 Gals

x = Percolation rate in minutes/inch

Notwithstanding the above, the minimum absorption area for single family residential dwellings shall be 400 square feet.

2. Area reduction. See Table [~~4.6~~ *5.4*] for percent area reduction when low pressure distribution is utilized. A reduction in area shall not be permitted when flow diversion is utilized with low pressure distribution.

[~~Table 4.6~~

~~Area Requirements for Absorption Trenches~~

~~Percolation Rate Minutes/Inch~~	~~Area Required Ft^2/100 Gals~~		~~Area Required Ft^2/Bedroom~~	
	~~Gravity~~	~~Low Pressure Distribution~~	~~Gravity~~	~~Low Pressure Distribution~~
~~5~~	~~110~~	~~110~~	~~165~~	~~165~~
~~10~~	~~120~~	~~120~~	~~180~~	~~180~~
~~15~~	~~132~~	~~132~~	~~198~~	~~198~~
~~20~~	~~146~~	~~146~~	~~218~~	~~218~~
~~25~~	~~158~~	~~158~~	~~237~~	~~237~~
~~30~~	~~174~~	~~164~~	~~260~~	~~255~~
~~35~~	~~191~~	~~170~~	~~286~~	~~260~~
~~40~~	~~209~~	~~176~~	~~314~~	~~264~~
~~45~~	~~229~~	~~185~~	~~344~~	~~279~~
~~50~~	~~251~~	~~193~~	~~376~~	~~293~~
~~55~~	~~275~~	~~206~~	~~412~~	~~309~~
~~60~~	~~302~~	~~217~~	~~452~~	~~325~~
~~65~~	~~331~~	~~228~~	~~496~~	~~342~~
~~70~~	~~363~~	~~240~~	~~544~~	~~359~~
~~75~~	~~398~~	~~251~~	~~596~~	~~375~~
~~80~~	~~437~~	~~262~~	~~656~~	~~394~~
~~85~~	~~479~~	~~273~~	~~718~~	~~409~~
~~90~~	~~525~~	~~284~~	~~786~~	~~424~~
~~95~~	~~575~~	~~288~~	~~862~~	~~431~~
~~100~~	~~631~~	~~316~~	~~946~~	~~473~~
~~105~~	~~692~~	~~346~~	~~1038~~	~~519~~
~~110~~	~~759~~	~~379~~	~~1138~~	~~569~~
~~115~~	~~832~~	~~416~~	~~1248~~	~~624~~
~~120~~	~~912~~	~~456~~	~~1368~~	~~684~~

~~C.~~ *E.*] Minimum cross section dimensions for absorption trenches.

1. Depth. The minimum trench sidewall depth as measured from the surface of the mineral soil shall be ~~18~~ [~~*six*~~ *12*] inches when placed in a landscape with a slope less than 10%. ~~Mineral soil is a soil consisting predominantly of, and having its properties determined predominantly by mineral matter. A mineral soil usually contains less than 20% organic matter, but it may contain an organic surface layer up to 12 inches thick.~~ *The installation depth shall be measured on the downhill side of the absorption trench. When the installation depth is less than 18 inches, the depth shall be measured from the lowest elevation in the microtopography. All systems shall be provided with at least 12 inches of cover to prevent frost penetration and provide physical protection to the absorption trench; however, this requirement for additional cover shall not apply to systems installed on slopes of 30% or greater. Where additional soil cover must be provided to meet this minimum, it must be added prior to construction of the absorption field, and it must be crowned to provide positive drainage away from the absorption field.* The minimum trench depth shall be increased by at least five inches for every 10% increase in slope. Sidewall depth is measured from the ground surface on the downhill side of the trench.

2. Width. All absorption trenches utilized with gravity distribution shall have a width of from 18 inches to 36 inches. All absorption trenches utilized with low pressure distribution shall have a width of eight inches to 24 inches.

[~~D.~~ *F.*] Lateral separation of absorption trenches. The absorption trenches shall be separated by a center to center distance no less than three times the width of the trench for slopes up to 10%. However, where trench bottoms are two feet or more above rock, pans and impervious strata, the absorption trenches shall be separated by a center to center distance no less than three times the width of the trench for slopes up to 20%. The minimum horizontal separation distance shall be increased by one foot for every 10% increase in slope. In no case shall the center to center distance be less than 30 inches.

[~~E.~~ *G.*] Slope of absorption trench bottoms.

1. Gravity distribution. The bottom of each absorption trench shall have a uniform slope not less than two inches or more than four inches per 100 feet.

2. Low pressure distribution. The bottom of each absorption trench shall be uniformly level to prevent ponding of effluent.

[~~F.~~ *H.*] Placement of absorption trenches in the landscape.

1. The absorption trenches shall be placed on contour.

2. When the ground surface in the area over the absorption trenches is at a higher elevation than any plumbing fixture or fixtures, sewage from the plumbing fixture or fixtures shall be pumped.

[*I. Lateral ground water movement interceptors. Where subsurface, laterally moving water is expected to adversely affect an absorption system, a lateral ground water movement interceptor (LGMI) shall be placed upslope of the absorption area. The LGMI shall be placed perpendicular to the general slope of the land. The invert of the LGMI shall extend into, but not through, the restriction and shall extend for a distance of 10 feet on either side of the absorption area.*

Table 5.4.
Area Requirements for Absorption Trenches.

Percolation Rate (Minutes/Inch)	*Area Required (Ft^2/100 Gals)*		*Area Required (Ft^2/Bedroom)*	
	Gravity	*Low Pressure Distribution*	*Gravity*	*Low Pressure Distribution*
5	*110*	*110*	*165*	*165*
10	*120*	*120*	*180*	*180*
15	*132*	*132*	*198*	*198*
20	*146*	*146*	*218*	*218*
25	*158*	*158*	*237*	*237*
30	*174*	*164*	*260*	*255*
35	*191*	*170*	*286*	*260*
40	*209*	*176*	*314*	*264*
45	*229*	*185*	*344*	*279*
50	*251*	*193*	*376*	*293*
55	*275*	*206*	*412*	*309*
60	*302*	*217*	*452*	*325*
65	*331*	*228*	*496*	*342*
70	*363*	*240*	*544*	*359*
75	*398*	*251*	*596*	*375*
80	*437*	*262*	*656*	*394*
85	*479*	*273*	*718*	*409*
90	*525*	*284*	*786*	*424*
95	*575*	*288*	*862*	*431*
100	*631*	*316*	*946*	*473*
105	*692*	*346*	*1038*	*519*
110	*759*	*379*	*1138*	*569*
115	*832*	*416*	*1248*	*624*
120	*912*	*456*	*1368*	*684*]

[~~G.~~ *J.*] Controlled blasting. When rock or rock outcroppings are encountered during construction of absorption trenches the rock may be removed by blasting in a sequential manner from the top to remove the rock. Percolation piping and sewer lines shall be placed so that at least one foot of compacted clay soil lies beneath and on each side of the pipe where the pipe passes through the area blasted. The area blasted shall not be considered as part of the required absorption area.

[**12 VAC 5-610-960. Elevated sand mound.**

A. An elevated sand mound is a soil absorption system that incorporates low pressure distribution and sand filtration to produce treated sewage prior to absorption in the natural underlying soil. The elevated sand mound utilizes less gross soil area than most other soil absorption systems.

~~A.~~ *B.* Mound systems are considered Type III systems (see 12 VAC 5-610-250 C).

~~B.~~ *C.* Mound systems shall be designed and constructed in accordance with the ~~Design and Construction Manual for Wisconsin Mounds~~ *Wisconsin Mound Soil Absorption System Siting, Design and Construction Manual* prepared by the ~~Agricultural Engineering Department,~~ *Small Scale Waste Management Project, School of Natural Resources, College of Agricultural and Life Sciences,* University of Wisconsin-Madison dated ~~September 1978~~ *January 1990*.

~~C. Soil and site factors required for installation of the Wisconsin Sand Mound are contained in Table 4.7. Table 4.7 is a reprint of Table 1 contained in the Design and Construction Manual for Wisconsin Mounds as referenced above.~~

~~Table 4.7~~
~~Soil and Site Factors That Restrict Mound Systems~~

~~Restricting Factor~~	~~Soil Group~~		
	~~Slowly Permeable~~	~~Permeable Soils (w/pervious bed)~~	~~Permeable Soils (w/high water table)~~
~~Percolation Rate[a]~~	~~60-120 min./in.~~	~~3-60 min./in.~~	~~3-60 min./in.~~
~~Depth to pervious rock~~	~~24 in.~~	~~24 in.~~	~~24 in.~~
~~Depth to high water table~~	~~24 in..~~	~~24 in.~~	~~24 in.~~
~~Depth in impermeable soil layer or rock strata~~	~~60 in.[b]~~	~~60 in.[b]~~	~~60 in.~~

~~Depth 50% by volume rock fragments~~	~~24 in.~~	~~24 in.~~	~~24 in.~~
~~Slope~~	~~6%~~	~~12%[c]~~	~~12%[c]~~

~~[a]Percolation test depth at 24 in., 12., and 24 in. for slowly permeable, shallow soils and high water table soils, respectively, unless there is a more restrictive horizon above. If perched water is 24 in., test depth should be held to 16 in.~~
~~[b] See discussion in Design and Construction Manual.~~
~~[c]For percolation rates of 3-29 min./in. max. slope is 12% and for 30-60 min./in., max. slope 5%.~~

D. The manual referred to in subsection C of this section shall be used for the designated construction of elevated sand mounds. The following criteria are required for all elevated sand mound systems in addition to the requirements found in the manual.

1. The construction permit shall require permanent water saving devices; however, there shall be no corresponding reduction in the basal area. The construction permit shall be recorded and indexed in the grantor index under the holder's name in the land records of the clerk of the circuit court having jurisdiction over the site of the sewage disposal system pursuant to 12 VAC 5-610-250 J.

2. The proposed mound site shall be fenced, roped or otherwise secured, and marked, to prevent damage by vehicular traffic. Activities on the mound site shall be severely limited in order to protect it to the greatest extent possible.

3. Formal plans and specifications, prepared by a licensed professional engineer in accordance with 12 VAC 5-610-250 G, shall be required and must be approved by the health department prior to any site-disturbing activities.

4. The local health department shall be notified at least 48 hours before any work begins on the site, including delivery of materials. The mound must be constructed during dry weather and soil conditions. The contractor shall schedule a conference with the local health department to review the plans and specifications prior to beginning any phase of construction, including delivery of materials.

5. Wooded sites shall not be used unless it is shown by the applicant that the wooded site is the only site available, and if the applicant can demonstrate that the site can be properly prepared (plowed). If a wooded site is used, trees shall be removed by cutting them off at ground level, leaving the stumps in place. The cut trees shall be removed using methods that do not require driving equipment over the mound site and that do not result in the removal of any soil from the site. Larger basal areas may be required on wooded sites.

6. When the depth to a restriction, shrink-swell soils or a water table is less than 24 inches, pretreatment sufficient to produce a secondary quality effluent may be used to reduce these distances as shown in Table 4.4.]

[***12 VAC 5-610-965. Sand-on-sand.***

A. Sand-on-sand is a process of modifying a soil absorption system site using fill material which is similar in texture to the original, naturally occurring material. Filling is accomplished in a manner which allows for adequate treatment and disposal of effluent, protection from frost and traffic damage, and does not promote the creation of restrictive horizons. Sand-on-sand systems are considered Type II systems and are used to overcome limitations encountered with certain high water table soils. A detailed description of the siting criteria used for sand-on-sand systems is found in 12 VAC 5-610-597.

B. Site preparation. All surface vegetation and organic matter, including but not limited to grass, shrubs, trees, leaf litter, branches, limbs, and tree stumps shall be removed. Special consideration shall be given to site preparation to avoid soil compaction and other damage which may create discontinuities and restrictive horizons when the fill material is placed on the site.

C. Fill material. Fill material may be added to such a site and used for residential onsite wastewater disposal for flows up to 1,000 G.P.D. on sites meeting the criteria established in 12 VAC 5-610-597 provided that:

1. The fill material used is the same texture as the underlying material;

2. The coarse fragment content of the fill material is neither greater than 10% by volume nor noncarbonaceous and inorganic material greater than two mm in size;

3. The fill material is placed in such a manner as to prevent the formation of any restrictive horizons;

4. The fill material covers an area 10 feet greater in all horizontal dimensions than the soil absorption system;

5. The sides of the filled area are sloped at not greater than 1:10 (rise:run);

6. The fill material provides at least six inches of cover over all portions of the system; and

7. The fill material is stabilized to prevent surface erosion.

D. Application rate. All sand-on-sand systems shall be designed on a 30 mpi loading rate and shall use a method of pressure distribution which achieves unsaturated flow conditions.

E. Fill depth. All sand-on-sand systems utilizing gravel trench designs shall have a minimum of 25 inches of fill over the original site.

F. System placement. The drainfield trenches shall be placed so that there is six inches of fill, or more, beneath the trench bottom and six inches of fill over the trenches.

G. The remaining design and construction criteria for sand-on-sand systems are the same as for the design and construction of a similar system in original undisturbed soils.]

[**12 VAC 5-610-980. Types.**

A. Privies are divided into two categories, those that function as disposal facilities and those that function merely as holding facilities with ultimate disposal of the contents at another facility via pump and haul.

~~A.~~ *B.* Disposal privies.

1. Pit privy.

a. Description. A pit privy consists of a lined earthen pit with a suitable rodent and insect proof structure and pit vent stack. The structure shall be provided with self closing lid or lids on the seat riser. The pit privy is located exterior to a dwelling.

b. Location. Required separation distances from various structures and topographic features are the same as for subsurface soil absorption systems and may be found in Table ~~4.4.~~ *4.2*. The bottom of the pit privy shall be at least two feet above the seasonal water table and any rock. Location of pit privies shall also comply with ~~12 VAC 5-610-470 A, C, F, and G~~ *12 VAC 5-610-593 1 through 6 and 10*.

c. Utilization. The Uniform Statewide Building Code of Virginia normally prohibits the installation of pit privies at new homes. In case of hardship, unsuitable soil conditions or temporary recreational use, a privy can sometimes be constructed after obtaining [~~a variance to the building code granted by~~ *the approval of*] the building official with the approval of the department. A sewage disposal system meeting the requirements of 12 VAC 5-610-250 A and B shall be provided to treat other sewage (wastewater) generated from activities such as laundering, bathing, handwashing, and cooking. Pit privies utilized at existing dwellings should be abandoned within one year of the availability of sanitary sewers. Proper abandonment consists of removing the structure and covering the pit with at least two feet of soil. Pit privies are an acceptable means of sewage disposal at isolated areas such as primitive camping areas, public boat launching areas, recreation areas, state parks and wilderness areas where pressurized water systems are not provided.

2. Incinerator toilets.

a. Description. Incinerator toilets are devices which utilize electrical energy or burning gas to incinerate human excreta deposited directly into them. They function both as toilet and disposal facility and produce an inert ash. Incinerator toilets are located in the interior of a dwelling.

b. Utilization. In addition to the conditions stated in ~~paragraph A~~ *subdivision* 1 c of this ~~section~~ *subsection* for pit privies, incinerator toilets shall not be utilized where they are subjected to frequent use and/or peak loading conditions.

c. Certification. All incinerator toilets must be certified by the National Sanitation Foundation as meeting the current Standard 41.

3. Composting toilets.

a. Description. Composting toilets are devices which incorporate an incline plane, baffles or other suitable devices onto which human excreta is deposited for the purpose of allowing aerobic decomposition of the excreta. The decomposing material is allowed to accumulate to form a humus type material. These units serve as both toilet and disposal devices. Composting toilets are located interior to a dwelling.

b. Utilization. In addition to the conditions stated in ~~paragraph A~~ *subdivision* 1 c of this ~~section~~ *subsection* for pit privies, all materials removed from a composting privy shall be buried. Compost material shall not be placed in vegetable gardens or on the ground surface.

c. Certification. All composting toilets must be certified by the National Sanitation Foundation as meeting the current Standard 41.

~~B.~~ *C.* Holding privies.

1. General. Due to the nature of these devices, i.e., they require routine pump and haul, special care shall be taken in selecting these devices for use. These devices are satisfactory for use at mass gatherings, transient worker populations, construction sites, recreation areas, etc.

2. Vault privy.

a. Description. A vault privy is similar to a pit privy except that, instead of an earthen pit, a water and corrosion proof containment vessel (vault) is provided. The vault shall be provided with access for periodic removal of the vault contents.

b. Location. Vault privies shall be located to prevent contamination of ground water or surface water. The elevation of the top of the vault or access port shall be placed two feet above the annual flood elevation. Separation distances from structures and topographic features will be determined on a case-by-case basis.

c. Utilization. Vault privies are an acceptable method of holding human excreta where ground water, surface water or other conditions prohibit the installation of other approved sewerage facilities. The conditions contained in ~~paragraph A~~ *subdivision B* 1 c of this section shall be met.

3. Portable privies.

a. Description. A portable privy is a type of vault privy that is generally manufactured as a single unit and is easily transported.

b. Location. Location of portable privies should be determined on a case-by-case basis under the supervision of the district or local health department.

c. Utilization. Portable privies are normally used in association with mass gatherings, construction sites, etc., where temporary facilities are required.

d. Numbers required.

(1) When portable privies are used at mass gatherings, one privy per 100 persons shall be provided as a minimum.

(2) When portable privies are used at construction sites or transient worker locations, one privy per 25 persons shall be provided as a minimum.

e. Pumping. The containment vessel of the portable privies shall be pumped as often as necessary to prevent overflow. It is recommended that they be pumped when 2/3 full.]

12 VAC 5-610-1080. Anaerobic lagooning of septage.

A. General. An anaerobic lagoon for the purpose of this chapter is a nondischarging facility consisting of an open impervious structure, constructed of earth or other material specifically designed for receiving and stabilizing septage and other sewage sludges. Industrial waste sludges and sludges containing toxic material shall not be placed in these lagoons.

B. General site requirements.

1. Engineering, geologic, soil and hydrologic evaluation. Geologic information required by the district or local health department and the ~~bureau~~ *division* shall include, but not be limited to, soil characteristics, percolation information, maximum ground water table, direction of ground water movement and permeability.

2. Location.

a. Minimum setback distances for topographic features are the same as those for subsurface soil absorption systems and are contained in Table ~~4.4~~ *4.2*.

b. Buffer zone. Buffer zone criteria are contained in Appendix I.

c. Flood protection. The anaerobic lagoon and operational components shall be located at an elevation which is not subject to the 100-year flood/wave action or shall otherwise be adequately protected against the 100-year flood/wave action damage. The anaerobic lagoon shall remain fully operational during the 25-year flood/wave action.

d. Surface runoff. Adequate provisions shall be made to divert storm water around the anaerobic lagoon and otherwise protect the lagoon's embankments.

3. Access. An all weather access road shall be provided.

4. Fencing. The facility site to include treatment units and appurtenances shall be fenced with a five foot fence (woven wire plus barbed wire); gates and locks to provide controlled entry into the facility. The fence shall be posted with signs identifying the facility, safety and health dangers and trespass penalties. The fence shall not be constructed closer than 10 feet to the outside edge of any treatment unit or appurtenance.

C. Design requirements (see Figure [~~IV-1~~ *V-1*] for typical sections).

1. Receiving facilities.

a. An impervious pad or sufficient strength to support a loaded tank truck and with drainage to the lagoon shall be provided at the point or points where the contents of the tank truck is offloaded into the lagoon or receiving facilities.

b. The receiving and inlet facilities shall be designed to transport the septage into the lagoon, to distribute the septage as evenly as possible throughout the lagoon and to minimize generation of odors and suspension of solids.

2. Treatment units.

a. Anaerobic lagoons.

(1) Number and capacity. A minimum of two lagoons shall be provided. The combined total capacity of the lagoons shall provide eight months storage based on the average daily discharge into the lagoon.

(2) Operating depth. The normal operating depth shall be from three to five feet.

(3) Lagoon bottom. The lagoon bottom shall be level, constructed of impervious material (10^{-6} sm/sec) and be a minimum of two feet above the seasonal water table or at the original ground surface.

(4) Lagoon embankments. Embankments and/or dike walls shall be impervious and structurally stable. They shall be designed to permit access of equipment by appropriate lining or internal barriers necessary for sludge removal in a nuisance free and safe manner, and to minimize risk, supervision, operation and maintenance. Earthen embankments shall be sloped (minimum 1:3) and seeded with proper cover, subject to soil characteristics, to minimize erosion.

(5) Freeboard. A minimum freeboard of two feet above the normal depth shall be provided.

(6) Shape. A uniform shape shall be provided, i.e., round, square, or rectangular with no narrow or elongated portions. The lagoon shall not contain islands, peninsulas or coves unless they are part of the inlet/outlet design.

b. Sludge dewatering. When sludge dewatering units are provided they shall be designed in accordance with 12 VAC 5-580-700, Sludge Dewatering, Virginia Sewerage Regulations ~~contained in Appendix J~~.

3. Supernatant disposal. Normally the lagoon supernatant should be included in the sludge mixed liquor which is disposed of on the land. When a system is designed to provide for separate supplemental supernatant disposal it shall be by subsurface soil absorption system. The minimum subsurface soil absorption system field size shall be based on the anticipated average daily supernatant generation rate and shall meet all applicable criteria contained in ~~Part III,~~ Article 1 *(* [~~*12 VAC 5-610-560*~~ *12 VAC 5-610-450*] *et seq.) of Part III* and ~~Part IV,~~ Article 5 *(12 VAC 5-610-900) of* [*this*] *part* [~~*IV*~~] of this ~~chpater~~ *chapter*. The lagoon outlet shall be designed to minimize the solids content of the supernatant withdrawn for disposal in the subsurface soil absorption system and shall be provided with a means to control the rate and quantity of supernatant withdrawal.

12 VAC 5-610-1140. General.

[*A.*] Authority for this article is found in § 32.1-164 B 6 of the Code of Virginia. This article pertains only to new construction where a nonpublic water supply*, other than a private well,* is to be constructed and utilized in conjunction with an onsite sewage disposal system. Approval of the water supply is an integral part of the issuance of an operation permit for a sewage disposal system (see 12 VAC 5-610-340) and no separate permit is required. An approval of a water supply under this section connotes a water supply meeting the quantity, quality and construction standards of a satisfactory water supply at the time of approval.

[~~A.~~ *B.*] Quantity.

1. The system shall be capable of supplying water in adequate quantity for its intended usage. Failure to provide adequate capacity may cause intermittent flows and negative pressures which may cause contamination of the system through cross connections or other system deficiencies.

2. The source shall have a capacity to produce 150 gallons per bedroom per day for residential use.

3. The minimum system capacity (source plus storage) should be capable of delivering a sustained flow of five gallons per minute per connection for 10 minutes for ordinary residential use.

~~4. When wells are utilized the yield and drawdown of the well shall be determined by one of the following methodologies:~~

~~a. All wells, air lift, bail or pump for a minimum of 30 minutes.~~

~~b. Bored wells only: Bail down water level and measure recovery over a 30 minute period; if flow into well is slow, bail the well and measure recovery after 24 hours.~~

~~A completed GW-2 Form shall be used to certify the yield of the well.~~

[~~B.~~ *C.*] Quality.

1. Water sources described in this section shall be considered satisfactory if the water sample or samples test negative for coliform organisms. Sources with positive coliform counts, but with less than 100 MPN/100ml shall be provided with a means for continuous disinfection (chlorination).

2. A sample tap shall be provided at or near the water entry point into the system so that samples may be taken directly from the source; this requirement may be met by utilizing the first tap on the line near where the plumbing enters the house (may be a hose bib), provided the tap precedes any water treatment devices.

3. The entire water system including the well shall be disinfected prior to use. After operating the well to remove any remaining disinfectant, a sample of the water from the well shall be collected by the district or local health department for bacteriological examination. The sample may be collected by the owner ~~or well driller~~ *, or an agent designated by the owner,* provided the sample is submitted to a private, certified (by Division of Consolidated Laboratory Services) laboratory for analysis.

4. If tests indicate that the water is unsatisfactory and no other approval source is available, adequate approved methods of water treatment shall be applied. The district or local health department shall be consulted when treatment is necessary.

[~~C.~~ *D.*] Approval. All water supplies covered by this chapter shall be approved by the district or local health department before being placed into service as a satisfactory water supply.

12 VAC 5-610-1150. ~~Wells.~~ (*Repealed.)*

~~A. General.~~

~~1. Drinking water wells covered under this chapter. All nonpublic water supply wells used, or intended to be used, for a drinking water supply to residential, commercial or industrial buildings or facilities that are constructed in conjunction with the construction of an onsite sewage disposal system are covered by this chapter.~~

~~2. Nonpublic drinking water wells not covered under this chapter. This chapter does not apply to nonpublic drinking water wells already in existence on the effective date of this chapter.~~

~~3. Classes of water wells. The following classes of drinking water wells are established for purposes of this chapter. These clauses are in addition to those established in the current Commonwealth of Virginia Waterworks Regulations and are intended for use for nonpublic drinking water systems:~~

~~a. Class III A (drilled wells).~~

~~b. Class III B (bored wells).~~

~~c. Class III C (jetted wells).~~

~~d. Class III D (dug wells).~~

~~B. Well location.~~

~~1. Sanitary survey. Any obvious source of toxic or dangerous substances in the vicinity of the proposed water well shall be investigated by the district or local health department. If the source of contamination would affect the well adversely, the well shall be prohibited. The minimum separation distance between the well and sources of pollution shall be the same as that for the subsurface soil absorption system. See Table 4.4 Minimum Separation Distances and 12 VAC 5-610-810 A.~~

~~2. Downslope siting of wells from potential sources of pollution. Special precaution shall be taken when locating a well within a 60 degree arc directly downslope~~

~~from any part of any existing or intended onsite disposal system or other known source of pollution, including, but not limited to, buildings subject to termite or vermin treatment or used to store polluting substances or storage tanks or storage areas for petroleum products or other deleterious substances. The minimum separation distance shall be increased by 25 feet for every five percent of slope and/or an increase be made to the minimum depth of grout and casing in the amount of five feet for every five percent of slope.~~

~~3. Sites in swampy areas, low areas, or areas subject to flooding. No water well covered by this chapter shall be located in areas subject to annual flooding or in other areas subject to the collection of pollutants.~~

~~C. Site protection.~~

~~1. No objects, articles, or materials of any kind which are not essential to the operation of the well should be placed or stored in a well house, on the well head or well pump or water treatment system, or within close proximity to them.~~

~~2. The application of agricultural fertilizers, pesticides, and/or herbicides within close proximity to the well or treatment system should be prohibited.~~

~~3. The minimum distance from any well subject to this chapter to any property line shall be 10 feet.~~

~~4. Fencing of the well lot may be required under certain conditions such as to prohibit livestock access to the well head.~~

~~5. If necessary, the area around the well shall be graded to divert surface water away from the well.~~

~~D. Materials.~~

~~1. General. All materials used in drinking water wells shall have long term resistance to corrosion and sufficient strength to withstand hydraulic, lateral and bearing loads.~~

~~2. Casing. Materials used for casing shall be watertight and shall consist of ductile iron, wrought iron, concrete tile, clay tile, steel, stainless steel or plastic, all designed for water well use or other suitable materials as determined by the district or local health department on a case-by-case basis. Driven casings shall consist of ductile iron, steel or stainless steel and shall be equipped with a suitable drive boot.~~

~~3. Screens. Where utilized, screens shall be construed of stainless steel, bronze, copper or plastic or other suitable materials as determined by the district or local health department on a case-by-case basis.~~

~~4. Joints. Joints shall be watertight, and mechanically sound. Welded joints shall have smooth interior surfaces and shall be welded in accordance with acceptable welding practice.~~

~~5. Gravel. Gravel utilized for gravel packed wells shall be uniformly graded, clean, washed and of a suitable size.~~

~~E. Construction; general.~~

~~1. Casing. All Class III wells shall be cased to a minimum depth of 20 feet or terminated one foot in bedrock when bedrock is encountered at a depth less than 20 feet. Casings shall be extended at least 12 inches above ground. When the casing is extended to the aquifer and the aquifer is overlain by consolidated materials, the casing shall extend at least one foot into the consolidated material, however, when in unconsolidated material, the casing shall terminate in the aquifer.~~

~~2. Screens. When used, for the prevention of entry of foreign materials, screens shall be free of rough edges, irregularities, or other defects. A positive watertight seal between the screen and the casing shall be provided.~~

~~3. Grouting.~~

~~a. Purpose. The annular space between the casing and well bore is one of the principal avenues through which undesirable water and contaminants may gain access to a well. Therefore, the annular space shall be filled with neat cement grout. Neat cement grout shall consist of cement and water with not more than six gallons of water per sack (94 pounds) of cement.~~

~~Exception: When exceptional conditions require the use of a less fluid grout, to bridge voids, a mixture of cement, sand and water in the proportion of not more than two parts by weight of sand to one part of cement with not more than six gallons of clean water per bag of cement may be used if approved by the district or local health department, or for bored wells only, a concrete (1-1-2 mix with all aggregates passing a 1/2 inch sieve) grout with not more than six gallons of clean water per bag of cement may be used provided a minimum three inch annular space is available and its use approved by the district or local health department.~~

~~In cases where an open borehole has been drilled below the depth to which the casing is to be grouted, the lower part of the hole must be backfilled, or a bridge must be set in the hole, to retain the slurry at the desired depth. Backfilling the hole with gravel and capping with sand is a common procedure. Material ordinarily sold as plaster or mortar sand is usually satisfactory; more than half the sand should be of grain sizes between 0.012 inches and 0.024 inches.~~

~~b. Depth. All Class III wells shall be grouted to a minimum depth of 20 feet when the casing depth is equal or greater than 20 feet. When the casing depth is less than 20 feet in accordance with 12 VAC 5-610-1150 E above, the casing shall be grouted from the bedrock to the surface. Alternate grouting depths may be accepted for bored wells when the sole source~~

~~aquifer lies between 10 and 20 feet provided the following conditions are met:~~

~~(1) The grouting shall terminate at least one foot above the aquifer but must not be less than 10 feet in depth from the ground surface.~~

~~(2) The slope between the wells and any source of contamination shall not exceed five percent, and if the soil absorption system meets the conditions of subdivision E 4 of this section. The well must also meet the requirements of the section. If the sole source is less than 10 feet in depth, the owner may apply for a variance.~~

~~The provisions of continuous treatment, i.e., disinfecting, along with information on surrounding soil conditions, and distances to sources of pollution would be necessary as a minimum to support the variance request.~~

~~c. Installation. All Class III wells shall be grouted. A neat cement bentonite grout is preferable over any other grout mixture. The grout shall be installed by means of a grout pump or tremie pipe from the bottom of the annular space upward in one operation until the annular space is filled, whenever the grouting depth exceeds 20 feet. Pouring of grout is acceptable for both drilled and bored wells whenever grouting depth does not exceed 20 feet. Grouting shall be brought to the ground surface and flared to provide a seal with the soil. When an outer casing is utilized during the construction of the well, the outer casing shall be pulled simultaneously with the grouting operation. The outer casing shall not be allowed to remain after the grouting operation.~~

~~d. Annular space. The clear annular space around the outside of the casing and the well bore must be at least 11/2 inches on all sides. (See exception for bored wells subdivision E 3 a of this section.)~~

~~4. Additional casing and grouting. When the subsurface soil absorption system is placed at a depth greater than five feet below the ground surface the casing and grouting of the water well shall be increased to maintain at least a 15 foot vertical separation between the trench bottom and the lower terminus of the casing and grouting.~~

~~5. Well head.~~

~~a. General. No open wells or well heads or unprotected openings into the interior of the well will be permitted.~~

~~b. Mechanical well seals. Mechanical well seals shall be used on all wells with metallic or plastic casing.~~

~~c. Other. Large diameter wells shall be provided with a watertight overlapping (shoebox) type cover, constructed of reinforced concrete or steel.~~

~~6. Appurtenances passing through casing.~~

~~a. General. All openings through well casings shall be provided with a positive water stop.~~

~~b. Pitless well adapters. Pitless well adapters shall be subject to approval by the bureau. All pitless adapters shall be installed according to the manufacturer's recommendations.~~

~~7. Venting. Venting shall be provided in such a manner as to allow for the passage of air but not water, insects, or foreign materials into the well.~~

~~F. Disinfection. All wells shall be disinfected before placing the well or wells in service. Disinfection shall be accomplished with a 50 mg/l solution of chlorine for 24 hours.~~

~~G. Information to be reported. A copy of a Water Well Completion Report (State Water Control Board Form GW2) and the results of the yield and drawdown testing shall be provided to the district or local health department, the owner and the Water Control Board within 30 days of the completion of the well.~~

~~H. Well abandonment. Well abandonment shall be in conformance with the current guidelines of the State Water Control Board.~~

Appendix A. (Repealed.)

Appendix B. (Repealed.)

Appendix C. (Repealed.)

Appendix D. (Repealed.)

Appendix E. (Repealed.)

[*Appendix M (Repealed.)*]

Appendix N. (Repealed.)

Appendix O. (Repealed.)

NOTICE: The forms used in administering the Sewage Handling and Disposal Regulations are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Department of Health, 1500 East Main Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

~~Documents Incorporated by Reference~~ *FORMS*

Application for a Sewage Disposal System Construction Permit, C.H.S. 200 (rev. 4/83).

Sewage Disposal System Construction Permit, C.H.S. 202A (rev. 6/84).

Schematic Drawing of Sewage Disposal System and Topographic, C.H.S. 202B (rev. 6/84).

Application for Sewage Handling Permit, B.W.E. 23-1.

Application for Pump and Haul, B.W.E. 25-1.

Pump and Haul Storage Facility Construction Permit, B.W.E. 26-1.

Soil Evaluation Form, C.H.S. 201 (rev. 4/83).

Soils Evaluation Percolation Test Data.

Record of Inspection-Non-Public Drinking Water Supply System.

Completion Statement, C.H.S. ~~203~~ *204* (rev. 4/83).

DOCUMENTS INCORPORATED BY REFERENCE

Standard Methods for the Examination of Water and Wastewater, American Public Health Association, American Waterworks Association, Water Pollution Control Federation, 1992.

Methods for Determination of Inorganic Substances in Environmental Samples, United States Environmental Protection Agency, August 1993.

[*Wisconsin Mound Soil Absorption System Siting, Design and Construction Manual, College of Agricultural and Life Sciences, University of Wisconsin-Madison, January 1990.*]

VA.R. Doc. No. R96-337; Filed July 28, 1999, 10:29 a.m.

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DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

REGISTRAR'S NOTICE: The Department of Medical Assistance Services is claiming an exemption from the Administrative Process Act in accordance with § 9-6.14:4.1 C 3, which excludes regulations that consist only of changes in style or form or corrections of technical errors. The Department of Medical Assistance Services will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: **12 VAC 30-50-10 et seq. Amount, Duration, and Scope of Medical and Remedial Care Services (amending 12 VAC 30-50-100, 12 VAC 30-50-105, and 12 VAC 30-50-140).**

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

Effective Date: September 15, 1999.

Summary:

This regulatory action conforms several state plan sections to Medicaid's recent policy change of covering bone marrow/stem cell transplants for persons with diagnoses of leukemia. This action does not make that change but merely consistently incorporates this language across all plan sections, which address organ transplantation.

Agency Contact: Copies of the regulation may be obtained from Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

12 VAC 30-50-100. Inpatient hospital services provided at general acute care hospitals and freestanding psychiatric hospitals; enrolled providers.

A. Preauthorization of all inpatient hospital services will be performed. This applies to both general acute care hospitals and freestanding psychiatric hospitals. Nonauthorized inpatient services will not be covered or reimbursed by the Department of Medical Assistance Services (DMAS). Preauthorization shall be based on criteria specified by DMAS. In conjunction with preauthorization, an appropriate length of stay will be assigned using the HCIA, Inc., Length of Stay by Diagnosis and Operation, Southern Region, 1996, as guidelines.

1. Admission review.

a. Planned/scheduled admissions. Review shall be done prior to admission to determine that inpatient hospitalization is medically justified. An initial length of stay shall be assigned at the time of this review. Adverse authorization decisions shall have available a reconsideration process as set out in subdivision 4 of this subsection.

b. Unplanned/urgent admissions. Review shall be performed within one working day to determine that inpatient hospitalization is medically justified. An initial length of stay shall be assigned for those admissions which have been determined to be appropriate. Adverse authorization decisions shall have available a reconsideration process as set out in subdivision 4 of this subsection.

2. Concurrent review shall end for nonpsychiatric claims with dates of admission and services on or after July 1, 1998, with the full implementation of the DRG reimbursement methodology. Concurrent review shall be done to determine that inpatient hospitalization continues to be medically necessary. Prior to the expiration of the previously assigned initial length of stay, the provider shall be responsible for obtaining authorization for continued inpatient hospitalization. If continued inpatient hospitalization is determined necessary, an additional length of stay shall be assigned. Concurrent review shall continue in the same manner until the discharge of the patient from acute inpatient hospital care. Adverse authorization decisions shall have available a reconsideration process as set out in subdivision 4 of this subsection.

3. Retrospective review shall be performed when a provider is notified of a patient's retroactive eligibility for Medicaid coverage. It shall be the provider's responsibility to obtain authorization for covered days prior to billing DMAS for these services. Adverse authorization decisions shall have available a reconsideration process as set out in subdivision 4 of this subsection.

4. Reconsideration process.

a. Providers requesting reconsideration must do so upon verbal notification of denial.

b. This process is available to providers when the nurse reviewers advise the providers by telephone that the medical information provided does not meet DMAS specified criteria. At this point, the provider must request by telephone a higher level of review if he disagrees with the nurse reviewer's findings. If higher level review is not requested, the case will be denied and a denial letter generated to both the provider and recipient identifying appeal rights.

c. If higher level review is requested, the authorization request will be held in suspense and referred to the Utilization Management Supervisor (UMS). The UMS shall have one working day to render a decision. If the UMS upholds the adverse decision, the provider may accept that decision and the case will be denied and a denial letter identifying appeal rights will be generated to both the provider and the recipient. If the provider continues to disagree with the UMS' adverse decision, he must request physician review by DMAS medical support. If higher level review is requested, the authorization request will be held in suspense and referred to DMAS medical support for the last step of reconsideration.

d. DMAS medical support will review all case specific medical information. Medical support shall have two working days to render a decision. If medical support upholds the adverse decision, the request for authorization will then be denied and a letter identifying appeal rights will be generated to both the provider and the recipient. The entire reconsideration process must be completed within three working days.

5. Appeals process.

a. Recipient appeals. Upon receipt of a denial letter, the recipient shall have the right to appeal the adverse decision. Under the Client Appeals regulations, Part I (12 VAC 30-110-10 et seq.) of 12 VAC 30-110, the recipient shall have 30 days from the date of the denial letter to file an appeal.

b. Provider appeals. If the reconsideration steps are exhausted and the provider continues to disagree, upon receipt of the denial letter, the provider shall have 30 days from the date of the denial letter to file an appeal if the issue is whether DMAS will reimburse the provider for services already rendered. The appeal shall be held in accordance with the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia).

B. Cosmetic surgical procedures shall not be covered unless performed for physiological reasons and require DMAS prior approval.

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

D. Coverage of inpatient hospitalization shall be limited to a total of 21 days per admission in a 60-day period for the same or similar diagnosis or treatment plan. The 60-day period would begin on the first hospitalization (if there are multiple admissions) admission date. There may be multiple admissions during this 60-day period. Claims which exceed 21 days per admission within 60 days for the same or similar diagnosis or treatment plan will not be authorized for payment. Claims which exceed 21 days per admission within 60 days with a different diagnosis or treatment plan will be considered for reimbursement if medically indicated. Except as previously noted, regardless of authorization for the hospitalization, the claims will be processed in accordance with the limit for 21 days in a 60-day period. Claims for stays exceeding 21 days in a 60-day period shall be suspended and processed manually by DMAS staff for appropriate reimbursement. The limit for coverage of 21 days for nonpsychiatric admissions shall cease with dates of service on or after July 1, 1998.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in general hospitals and freestanding psychiatric hospitals in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical or psychological, as appropriate, examination. The admission and length of stay must be medically justified and preauthorized via the admission and concurrent or retrospective review processes described in subsection A of this section. Medically unjustified days in such hospitalizations shall not be authorized for payment.

E. Mandatory lengths of stay.

1. Coverage for a normal, uncomplicated vaginal delivery shall be limited to the day of delivery plus an additional two days unless additional days are medically justified. Coverage for cesarean births shall be limited to the day of delivery plus an additional four days unless additional days are medically justified.

2. Coverage for a radical or modified radical mastectomy for treatment of disease or trauma of the breast shall be provided for a minimum of 48 hours. Coverage for a total or partial mastectomy with lymph node dissection for treatment of disease or trauma of the breast shall be provided for a minimum of 24 hours. Additional days beyond the specified minimums for either radical, modified, total, or partial mastectomies may be covered if medically justified and prior authorized until the diagnosis related grouping methodology is fully implemented. Nothing in this chapter shall be construed as requiring the provision of inpatient coverage where the attending physician in consultation with the patient determines that a shorter period of hospital stay is appropriate.

F. Coverage in freestanding psychiatric hospitals shall not be available for individuals aged 21 through 64. Medically necessary inpatient psychiatric care rendered in a psychiatric unit of a general acute care hospital shall be covered for all Medicaid eligible individuals, regardless of age, within the limits of coverage prescribed in this section and 12 VAC 30-50-105.

G. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys and corneas shall be covered for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma [~~or~~ *,*] breast cancer [*or leukemia*]. Transplant services for liver, heart, and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, and bone marrow/stem cell transplants and any other medically necessary transplantation procedures that are determined to not be experimental or investigational require preauthorization by DMAS medical support. Inpatient hospitalization related to kidney transplantation will require preauthorization at the time of admission and, concurrently, for length of stay. Cornea transplants do not require preauthorization of the procedure, but inpatient hospitalization related to such transplants will require preauthorization for admission and, concurrently, for length of stay. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. Reimbursement for covered liver, heart, and bone marrow transplant/stem cell services and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be a fee based upon the greater of a prospectively determined, procedure-specific flat fee determined by the agency or a prospectively determined, procedure-specific percentage of usual and customary charges. The flat fee reimbursement will cover procurement costs; all hospital costs from admission to discharge for the transplant procedure; and total physician costs for all physicians providing services during the transplant hospital stay, including radiologists, pathologists, oncologists, surgeons, etc. The flat fee reimbursement does not include pre- and post-hospitalization for the transplant procedure or pretransplant evaluation. If the actual charges are lower than the fee, the agency shall reimburse actual charges. Reimbursement for approved transplant procedures that are performed out of state will be made in the same manner as reimbursement for transplant procedures performed in the Commonwealth. Reimbursement for covered kidney and cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in 12 VAC 30-50-540 through 12 VAC 30-50-570.

[~~H. Coverage of observation beds. (Reserved.)~~]

[~~I.~~ *H.*] In compliance with federal regulations at 42 CFR 441.200, Subparts E and F, claims for hospitalization in which sterilization, hysterectomy or abortion procedures were performed shall be subject to review. Hospitals must submit the required DMAS forms corresponding to the procedures. Regardless of authorization for the hospitalization during which these procedures were performed, the claims shall suspend for manual review by DMAS. If the forms are not properly completed or not attached to the bill, the claim will be denied or reduced according to DMAS policy.

12 VAC 30-50-105. Inpatient hospital services provided at general acute care hospitals and freestanding psychiatric hospitals; nonenrolled providers (nonparticipating/out of state).

A. The full DRG inpatient reimbursement methodology shall become effective July 1, 1998, for general acute care hospitals and freestanding psychiatric hospitals which are nonenrolled providers (nonparticipating/out of state) and the same reviews, criteria, and requirements shall apply as are applied to enrolled, in-state, participating hospitals in 12 VAC 30-50-100.

B. Inpatient hospital services rendered by nonenrolled providers shall not require preauthorization with the exception of transplants as described in subsection K of this section. However, these inpatient hospital services claims will be suspended from payment and manually reviewed for medical necessity as described in subsections C through K of this section using criteria specified by DMAS.

C. Medicaid inpatient hospital admissions (lengths-of-stay) are limited to the 75th percentile of PAS (Professional Activity Study of the Commission on Professional and Hospital Activities) diagnostic/procedure limits. For admissions under four days that exceed the 75th percentile, the hospital must attach medical justification records to the billing invoice to be considered for additional coverage when medically justified. For all admissions that exceed three days up to a maximum of 21 days, the hospital must attach medical justification records to the billing invoice. (See the exception to subsection H of this section.)

D. Cosmetic surgical procedures shall not be covered unless performed for physiological reasons and require DMAS prior approval.

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

F. Hospital claims with an admission date prior to the first surgical date, regardless of the number of days prior to surgery, must be medically justified. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement for all pre-operative days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admissions will be denied.

G. Reimbursement will not be provided for weekend (Saturday/Sunday) admissions, unless medically justified. Hospital claims with admission dates on Saturday or Sunday

will be pended for review by medical staff to determine appropriate medical justification for these days. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement coverage for these days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admission will be denied.

H. Coverage of inpatient hospitalization shall be limited to a total of 21 days per admission in a 60-day period for the same or similar diagnosis or treatment plan. The 60-day period would begin on the first hospitalization (if there are multiple admissions) admission date. There may be multiple admissions during this 60-day period. Claims which exceed 21 days per admission within 60 days for the same or similar diagnosis or treatment plan will not be reimbursed. Claims which exceed 21 days per admission within 60 days with a different diagnosis or treatment plan will be considered for reimbursement if medically justified. The admission and length of stay must be medically justified and preauthorized via the admission and concurrent review processes described in subsection A of 12 VAC 30-50-100. Claims for stays exceeding 21 days in a 60-day period shall be suspended and processed manually by DMAS staff for appropriate reimbursement. The limit for coverage of 21 days shall cease with dates of service on or after July 1, 1998. Medically unjustified days in such hospitalizations shall not be reimbursed by DMAS.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age who are Medicaid eligible for medically necessary stays in general hospitals and freestanding psychiatric facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical or psychological, as appropriate, examination.

I. Mandatory lengths of stay.

1. Coverage for a normal, uncomplicated vaginal delivery shall be limited to the day of delivery plus an additional two days unless additional days are medically justified. Coverage for cesarean births shall be limited to the day of delivery plus an additional four days unless additional days are medically necessary.

2. Coverage for a radical or modified radical mastectomy for treatment of disease or trauma of the breast shall be provided for a minimum of 48 hours. Coverage for a total or partial mastectomy with lymph node dissection for treatment of disease or trauma of the breast shall be provided for a minimum of 24 hours. Additional days beyond the specified minimums for either radical, modified, total, or partial mastectomies may be covered if medically justified and prior authorized until the diagnosis related grouping methodology is fully implemented. Nothing in this chapter shall be construed as requiring the provision of inpatient coverage where the attending physician in consultation with the patient determines that a shorter period of hospital stay is appropriate.

J. Reimbursement will not be provided for inpatient hospitalization for those surgical and diagnostic procedures listed on the DMAS outpatient surgery list unless the inpatient stay is medically justified or meets one of the exceptions.

K. For purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys and corneas shall be covered for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma [~~or~~ ,] breast cancer [*or leukemia*]. Transplant services for liver, heart, and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, bone marrow/stem cell transplants and any other medically necessary transplantation procedures that are determined to not be experimental or investigational require preauthorization by DMAS. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. Reimbursement for covered liver, heart, and bone marrow/stem cell transplant services and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be a fee based upon the greater of a prospectively determined, procedure-specific flat fee determined by the agency or a prospectively determined procedure-specific percentage of usual and customary charges. The flat fee reimbursement will cover: procurement costs; all hospital costs from admission to discharge for the transplant procedure; total physician costs for all physicians providing services during the transplant hospital stay, including radiologists, pathologists, oncologists, surgeons, etc. The flat fee does not include pre- and post-hospitalization for the transplant procedure or pretransplant evaluation. If the actual charges are lower than the fee, the agency shall reimburse actual charges. Reimbursement for approved transplant procedures that are performed out of state will be made in the same manner as reimbursement for transplant procedures performed in the Commonwealth. Reimbursement for covered kidney and cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in 12 VAC 30-50-540 through 12 VAC 30-50-570.

[~~L. Coverage of observation beds. (Reserved.)~~]

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

12 VAC 30-50-140. Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

A. Elective surgery as defined by the Program is surgery that is not medically necessary to restore or materially improve a body function.

B. Cosmetic surgical procedures are not covered unless performed for physiological reasons and require Program prior approval.

C. Routine physicals and immunizations are not covered except when the services are provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and when a well-child examination is performed in a private physician's office for a foster child of the local social services department on specific referral from those departments.

D. Outpatient psychiatric services.

1. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension (subject to DMAS' approval) of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by DMAS. Psychiatric services are further restricted to no more than three sessions in any given seven-day period. Consistent with § 6403 of the Omnibus Budget Reconciliation Act of 1989, medically necessary psychiatric services shall be covered when prior authorized by DMAS for individuals younger than 21 years of age when the need for such services has been identified in an EPSDT screening.

2. Psychiatric services can be provided by psychiatrists or by a licensed clinical social worker, licensed professional counselor, or licensed clinical nurse specialist-psychiatric under the direct supervision of a psychiatrist.*

3. Psychological and psychiatric services shall be medically prescribed treatment which is directly and specifically related to an active written plan designed and signature-dated by either a psychiatrist or by a licensed clinical social worker, licensed professional counselor, or licensed clinical nurse specialist-psychiatric under the direct supervision of a psychiatrist.*

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

4. Psychological or psychiatric services shall be considered appropriate when an individual meets the following criteria:

a. Requires treatment in order to sustain behavioral or emotional gains or to restore cognitive functional levels which have been impaired;

b. Exhibits deficits in peer relations, dealing with authority; is hyperactive; has poor impulse control; is clinically depressed or demonstrates other dysfunctional clinical symptoms having an adverse impact on attention and concentration, ability to learn, or ability to participate in employment, educational, or social activities;

c. Is at risk for developing or requires treatment for maladaptive coping strategies; and

d. Presents a reduction in individual adaptive and coping mechanisms or demonstrates extreme increase in personal distress.

5. Psychological or psychiatric services may be provided in an office or a mental health clinic.

E. Any procedure considered experimental is not covered.

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

G. Physician visits to inpatient hospital patients over the age of 21 are limited to a maximum of 21 days per admission within 60 days for the same or similar diagnoses or treatment plan and is further restricted to medically necessary authorized (for enrolled providers)/approved (for nonenrolled providers) inpatient hospital days as determined by the Program.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in general hospitals and freestanding psychiatric facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination. Payments for physician visits for inpatient days shall be limited to medically necessary inpatient hospital days.

H. [Reserved.]

I. Reimbursement shall not be provided for physician services provided to recipients in the inpatient setting whenever the facility is denied reimbursement.

J. [Reserved.]

K. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys and corneas shall be covered for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma [~~or~~ ,] breast cancer [*or leukemia*]. Transplant services for liver, heart, and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, and bone marrow/stem cell transplants and any other medically necessary transplantation procedures that are

determined to not be experimental or investigational require preauthorization by DMAS. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. Reimbursement for covered liver, heart, and bone marrow/stem cell transplant services and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be a fee based upon the greater of a prospectively determined, procedure-specific flat fee determined by the agency or a prospectively determined, procedure-specific percentage of usual and customary charges. The flat fee reimbursement will cover procurement costs; all hospital costs from admission to discharge for the transplant procedure; and total physician costs for all physicians providing services during the transplant hospital stay, including radiologists, pathologists, oncologists, surgeons, etc. The flat fee reimbursement does not include pre- and post-hospitalization for the transplant procedure or pretransplant evaluation. If the actual charges are lower than the fee, the agency shall reimburse actual charges. Reimbursement for approved transplant procedures that are performed out of state will be made in the same manner as reimbursement for transplant procedures performed in the Commonwealth. Reimbursement for covered kidney and cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in 12 VAC 30-50-540 through 12 VAC 30-50-570.

L. Breast reconstruction/prostheses following mastectomy and breast reduction.

1. If prior authorized, breast reconstruction surgery and prostheses may be covered following the medically necessary complete or partial removal of a breast for any medical reason. Breast reductions shall be covered, if prior authorized, for all medically necessary indications. Such procedures shall be considered noncosmetic.

2. Breast reconstruction or enhancements for cosmetic reasons shall not be covered. Cosmetic reasons shall be defined as those which are not medically indicated or are intended solely to preserve, restore, confer, or enhance the aesthetic appearance of the breast.

VA.R. Doc. No. R99-220; Filed July 16, 1999, 11:33 a.m.

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TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

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

REGISTRAR'S NOTICE: The following regulatory action is exempt from the Administrative Process Act in accordance with § 9-6.14:4.1 C 9 of the Code of Virginia, which exempts regulations of the regulatory boards served by the Department of Professional and Occupational Regulation pursuant to Title 54.1, which are limited to reducing fees charged to regulants and applicants. The Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects will receive, consider and respond to petitions by any interested person with respect to reconsideration or revision.

Title of Regulation: 18 VAC 10-20-10 et seq. Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Rules and Regulations (amending 18 VAC 10-20-90, 18 VAC 10-20-170, 18 VAC 10-20-280, 18 VAC 10-20-400, 18 VAC 10-20-470, 18 VAC 10-20-520, 18 VAC 10-20-580 and 18 VAC 10-20-630).

Statutory Authority: §§ 54.1-113, 54.1-201(4) and 54.1-404 of the Code of Virginia.

Effective Date: October 1, 1999.

Summary:

The amendments reduce certain fees charged to applicants and regulants of the Board of Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects.

18 VAC 10-20-90. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Application	~~$50~~ *$45*
Renewal	~~$40~~ *$35*
Dishonored checks	$25

18 VAC 10-20-170. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Fundamentals of Engineering Application	$20
Principles of Engineering Application	~~$50~~ *$40*
Renewal	~~$35~~ *$30*
PE Exam rescore	$25
FE/PE Out of State Proctor	$30
Dishonored check	$25

The examination fee shall consist of the administration expenses of the department resulting from the board's examination procedures and contract charges. Exam service

contracts shall be established through competitive negotiation in compliance with the Virginia Public Procurement Act (§ 11-35 et seq. of the Code of Virginia). The current examination shall not exceed a cost of $70 for the Fundamentals of Engineering and $160 for the Principles of Engineering to the candidate.

18 VAC 10-20-280. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Application for Fundamentals of Surveying	~~$80~~ *$45*
Application for Principles of Surveying	~~$105~~ *$50*
Application for Land Surveyor B	~~$115~~ *$50*
Renewal	~~$115~~ *$80*
Out of state proctor	$ 50
Dishonored check	$ 25

The examination fee shall consist of the administration expenses of the department resulting from the board's examination procedures and contract charges. Exam service contracts shall be established through competitive negotiation in compliance with the Virginia Public Procurement Act (§ 11-35 et seq. of the Code of Virginia). The current examination shall not exceed a cost of $150 for the Fundamentals of Land Surveying, $150 for the Principles of Land Surveying, $90 for the Virginia State Examination and $55 for the Land Surveyor B examination to the candidate.

18 VAC 10-20-400. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Application	~~$150~~ *$75*
Renewal	~~$130~~ *$75*
Out of state proctor	$50
Dishonored checks	$25

The examination fee shall consist of the administration expenses of the department resulting from the board's examination procedures and contract charges. Exam service contracts shall be established through competitive negotiation in compliance with the Virginia Public Procurement Act (§ 11-35 et seq. of the Code of Virginia). The current examination shall not exceed a cost of $630 for the entire Landscape Architect Registration Examination (LARE) or $160 per division.

18 VAC 10-20-470. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Application	~~$75~~ *$45*
Renewal	~~$65~~ *$45*
Dishonored check	$25

18 VAC 10-20-520. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Application	~~$25~~ *$10*
Designation for branch office	~~$25~~ *$10*
Renewal	~~$25~~ *$15*
Renewal of branch office	~~$25~~ *$15*
Reinstatement of branch office	$25
Dishonored check	$25

18 VAC 10-20-580. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Application	~~$50~~ *$40*
Designation for branch office	~~$20~~ *$15*
Renewal	$20
Renewal of branch office	$20
Reinstatement of branch office	$25
Dishonored check	$25

18 VAC 10-20-630. Fee schedule.

All fees are nonrefundable and shall not be prorated.

Application	~~$50~~ *$40*
Designation for branch office	~~$20~~ *$15*
Renewal	$20
Renewal of branch office	$20
Reinstatement of branch office	$25
Dishonored check	$25

NOTICE: The forms used in administering the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Rules and Regulations are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 9th and Broad Streets, 2nd Floor, Richmond, Virginia.

FORMS

Architect License Application, DPOR Form A-1 (rev. ~~6/26/97~~ *10/1/97*).

Architect Verification of Registration, DPOR Form A-2 (rev. ~~1/1/95~~ *10/1/97*).

Architect Experience Verification Form, DPOR Form A-3 (rev. ~~1/1/95~~ *2/22/99*).

Client Verification Form, DPOR Form A-4 (eff. 10/1/97).

Verification of Degree Form, DPOR Form A-5 (eff. 10/1/97).

Architect Reference Form, DPOR Form ~~A-4~~ *A-6* (rev. ~~1/1/95~~ *10/1/97*).

~~Application for Licensure as a~~ Professional Engineer *Application*, DPOR Form E-1 (rev. ~~9/15/95~~ *10/1/97*).

~~Professional Engineer Applicant Checklist (rev. 9/15/95).~~

Professional Engineer Reference *Form*, DPOR Form E-2 (rev. ~~9/15/95~~ *10/1/97*).

Verification of Degree ~~Granted~~ *Form*, DPOR Form E-3 (rev. ~~9/15/95~~ *10/1/97*).

~~Verification of Experience~~ *Engineer or Related Employment Verification Form*, DPOR Form E-4 (rev. ~~9/15/95~~ *10/1/97*).

DPOR Form E-4 Supplement (rev. ~~9/15/95~~ *10/1/97*).

Verification of Registration *Form*, DPOR Form E-5 (rev. ~~9/15/95~~ *10/1/97*).

~~Application for~~ Engineer-in-Training Designation *Application*, ~~DPOR Form EIT-1~~ *0420EIT* (rev. ~~6/15/96~~ *9/98*).

Reference Form, ~~DPOR Form EIT-2~~ *04REF* (rev. ~~9/15/95~~ *9/98*).

~~Verification of~~ Degree ~~Granted~~ *Verification Form*, ~~DPOR Form EIT-3~~ *04DEG* (rev. ~~9/15/95~~ *9/98*).

~~Verification of~~ Experience *Verification Form*, ~~DPOR Form EIT-4~~ *04EXP* (rev. ~~9/15/95~~ *9/98*).

Supplemental Experience Verification Form, 04SUPEXP (eff. 9/98).

Engineer Examination Scheduling Form, ~~DPOR Form EIT-5~~ *9708 VA EngApp PM5 (rev. 1997)*.

Application for Land Surveyor A, DPOR LSA Form 1 (eff. 2/21/95).

Application for Licensing as a Land Surveyor B, DPOR Form LSB-2 (eff. 12/15/93).

Verification of Out-of-State Licensure Registration and/or Examination, DPOR LSA Form 2 (eff. 2/21/95).

Report of Professional Experience (RPE), DPOR LSA Form 3 (eff. 2/21/95).

Report of Professional Experience Continuation Sheet, DPOR LSA Form 3C (eff. 2/21/95).

Application for Land Surveyor-In-Training, DPOR LS In-Training Form 1 (eff. 2/21/95).

~~Virginia Application for Certification as a~~ Landscape Architect *License Application*, DPOR Form LA-1 (rev. ~~4/3/95~~ *10/1/97*).

Landscape Architecture Review Summary Sheet (rev. 10/1/97).

Verification of Registration *Form*, DPOR Form LA-2 *rev. 10/1/97)*.

Landscape Architect Experience Verification Form, DPOR Form LA-3 (rev. ~~4/3/95~~ *10/1/97*).

Landscape Architect Reference Form, DPOR Form LA-4 (rev. ~~4/3/95~~ *10/1/97*).

Verification of Degree Form, DPOR Form LA-5 (rev. 10/1/97).

~~Application for a Certificate of Authority to Practice Architecture, Professional Engineering, Land Surveying and Landscape Architecture as a~~ Professional Corporation *Registration Application* (~~eff. 5/19/94~~ *rev. 10/1/97*).

~~Application for Registration to Provide Professional Services as a~~ Business Entity *Registration Application* (rev. ~~5/23/97~~ *10/1/97*).

~~Application for Certification as an~~ Interior Designer *Certification Application*, DPOR Form ID-1 (rev. ~~3/1/96~~ *2/23/99*).

~~Interior Designer Applicant Checklist (rev. 3/1/96).~~

Interior Designer Verification of Registration, DPOR Form ID-2 (rev. ~~3/1/96~~ *2/23/99*).

~~Interior Designer Application~~ Verification of ~~NCIDQ Examination~~ *Degree Form*, DPOR Form ID-3 (rev. ~~3/1/96~~ *2/23/99*).

~~Reference Form~~ Interior Design *Reference Form* ~~Applicants~~, DPOR Form ID-4 (rev. ~~3/1/96~~ *2/23/99*).

Interior Designer ~~Verification of~~ Experience *Verification Form*, DPOR Form ID-5 (rev. ~~3/1/96~~ *2/23/99*).

~~Application to Register as a~~ Branch Office *Application* (rev. ~~6/20/97~~ *8/3/98*).

~~Application to Practice as a~~ Professional Limited Liability Company, *Application Form* ~~PLLC-1~~ (rev. ~~5/23/97~~ *7/7/98*).

VA.R. Doc. No. R99-238; Filed July 28, 1999, 9:49 a.m.

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TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

Title of Regulations: **22 VAC 40-50-10 et seq. Allowable Variance Policy (REPEALED).**

Statutory Authority: §§ 63.1-174, 63.1-194.2 and 63.1-202 of the Code of Virginia.

Effective Date: September 15, 1999.

Summary:

The Department of Social Services repealed its Allowable Variance Policy regulation as the policy has since been incorporated into the General Procedures and Information for Licensure (22 VAC 40-80-220 et seq.).

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

Agency Contact: Kathryn Thomas, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1793.

VA.R. Doc. No. R98-315; Filed July 27, 1999, 2:41 p.m.

TITLE 9. ENVIRONMENT

STATE WATER CONTROL BOARD

EDITOR'S NOTICE: The following form has been amended by the State Water Control Board. The form is available for public inspection at the State Water Control Board, Department of Environmental Quality, 629 East Main Street, Richmond, VA 23219. Copies of the form may be obtained from Richard Ayers, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-43000.

Title of Regulation: **9 VAC 25-151-10 et seq. General VPDES Permit Regulation for Storm Water Discharges Associated with Industrial Activity (9 VAC 25-151-10 et seq.).**

Virginia Pollutant Discharge Elimination System (VPDES) Discharge Monitoring Report (DMR).

STEP-BY-STEP INSTRUCTIONS FOR RECORDING MONITORING RESULTS

A separate DMR is required for each storm event and each outfall sampled. Please make copies of the DMR form for future reporting. The words and phrases in italics in the following step-by-step instructions refer to specific locations or headings on the DMR.

1) **Name/Address**
Enter the *Permittee Name/Address* and *Facility Name*. Please include a contact name and phone number.

2) **Permit Number**
Enter the *Permit Number* for your facility. Your facility's permit number is on the first page of the permit.

3) **Outfall Number**
If you are submitting monitoring results for more than one outfall, you must record the *Outfall's Number*. You must assign a unique discharge number (e.g., 001, 002, etc.) to each outfall. Assign each outfall the same number it is assigned in your facility's storm water pollution prevention plan. If you wish to utilize the option in Part I. D. 4. of the permit concerning substantially identical effluents from two or more outfalls, please follow the specific instructions in section Part I. D. 4. for completion of this Discharge Monitoring Report.

4) **Monitoring Period**
Under *Monitoring Period*, check the dates for the beginning and end of the permit year covered by the DMR. Monitoring under Part I, Section B, of the permit is required once per year. Monitoring under Part I, Section C, of the permit is required twice yearly in the second and fourth years of the permit. One monitoring period is between January - June and one between July - December. A separate DMR should be submitted for each storm event sampled in a required time period. Monitoring may be waived under Part I, Section C for the fourth year for a pollutant if the second year average is less than or equal to the reporting requirements (see Part I, Section D, Paragraph 3).

5) **Storm Event Information**
Provide date and duration of the storm event(s) sampled. Rainfall measurement or estimates (in inches) of the storm event must be included as well as the duration between the event sampled and the end of the previous measurable (greater than 0.1 inches rainfall) storm event. An estimate of the total volume (in gallons) of the discharge sampled is also required.

6) **Sampling**
All samples must be collected from a discharge resulting from a storm of greater than 0.1 inches in rainfall and that occurs at least 72 hours after the previous storm of 0.1 inch or more. Grab samples must be taken during the first 30 minutes of the discharge, unless impracticable, in which case a grab sample may be taken during the first hour. If the grab sample is not taken during the first 30 minutes, an explanation of why this was not possible must be submitted with the DMR.

7) **Recording of Sample Results**
Under the *Concentration* column, record grab sample results in the *Maximum* column. Under the *No. Ex* column, enter a "Y" if the sample measurement during the monitoring period exceeded the effluent limitation for that parameter. Otherwise, leave the space blank.
If the monitoring requirement for a pollutant is waived under Part I, Section C for low concentration, mark (Y) Yes in the Monitoring Waived column.

8) **Identification/ Certification**
Enter *Name/Title of Principal Executive Officer, Signature of Principal Executive Officer or Authorized Agent*, and *Date* at the bottom of each page of the DMR after reading the *Certification Statement*.

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING FORM.

DEPT. OF ENVIRONMENTAL QUALITY
Southwest Regional Office
355 Deadmore Street
P.O. Box 1688
Abingdon, Virginia 24212
(540) 676-4800

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

TYPE: **STORM WATER**
COAL PILE RUNOFF

PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME _____

FACILITY NAME _____

ADDRESS: _____

Check One	MONITORING PERIOD						
	YEAR	MO	DAY	TO	YEAR	MO	DAY
	1999	July	1		2000	June	30
	2000	July	1		2001	June	30
	2001	July	1		2002	June	30
	2002	July	1		2003	June	30
	2003	July	1		2004	June	30

CONTACT PERSON _____ TELEPHONE _____

PARAMETER		CONCENTRATION				NO. EX.
		MINIMUM	AVERAGE	MAXIMUM	UNITS	
002 pH	REPORTED		******			
	MONITORING CUT OFF	6.0	******	9.0	SU	
004 TOTAL SUS. SOLIDS	REPORTED	******	******			
	MONITORING CUT OFF	******	******	50.0	MG/L	
	REPORTED					
	MONITORING CUT OFF					
	REPORTED					
	MONITORING CUT OFF					
	REPORTED					
	MONITORING CUT OFF					
	REPORTED					
	MONITORING CUT OFF					

STORM EVENT INFORMATION			
DATE	YR.	MO	DAY
DURATION	HRS	MIN	
PRECIP. AMOUNT (IN.)			
RUNOFF VOL. (GAL.)			
PRECEDING EVENT	DAYS	HRS	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U. S. C. § 1001 and 33 U. S. C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and five years.)

PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED NAME	SIGNATURE

DATE		
YR.	MO	DAY

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING FORM

DEPT. OF ENVIRONMENTAL QUALITY
Southwest Regional Office
355 Deadmore Street
P.O. Box 1688
Abingdon, Virginia 24212
(540) 676-4800

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) DISCHARGE MONITORING REPORT (DMR)

TYPE: **STORM WATER**
Saw Mill and Planing Mills

PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME _____

FACILITY NAME _____

ADDRESS: _____

_____

CONTACT PERSON _____ TELEPHONE _____

Check One	MONITORING PERIOD						
	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2000	July	1		2001	June	30
	2002	July	1		2003	June	30

PARAMETER		CONCENTRATION				NO. EX.	Monitoring Waived
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TOTAL SUS. SOLIDS	REPORTED	******	******				
	MONITORING CUT OFF	******	******	100.0	MG/L		(Y)Yes or (N)No
196 TOTAL Recoverable Zinc	REPORTED	******	******				
	MONITORING CUT OFF	******	******	120.0	ug/l		(Y)Yes or (N)No
	REPORTED						
	MONITORING CUT OFF						(Y)Yes or (N)No

STORM EVENT INFORMATION			
DATE	YR.	MO	DAY
DURATION	HRS	MIN	
PRECIP. AMOUNT (IN.)			
RUNOFF VOL. (GAL.)			
PRECEDING EVENT	DAYS	HRS	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U. S. C. § 1001 and 33 U. S. C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and five years.)

PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED NAME	SIGNATURE

DATE		
YR	MO	DAY

EXECUTIVE ORDER NUMBER FORTY (99)

CONTINUING AND AMENDING THE COMMONWEALTH OF VIRGINIA PROCUREMENT ASSESSMENT TASK FORCE

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia, and under the laws of the Commonwealth including but not limited to Section 2.1-51.36 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby continue and amend Executive Order Number Thirty (98*), Assessing Virginia's Procurement Process*, issued by me on September 2, 1998, as follows:

I hereby continue the Commonwealth of Virginia Procurement Assessment Task Force, which is classified as a gubernatorial advisory commission in accordance with Sections 2.1-51.35 and 9-6.25 of the Code of Virginia. The duties and responsibilities of the Task Force shall remain as set forth in Executive Order Thirty (98).

The Task Force shall be composed of no more than 36 members, appointed by the Governor and serving at his pleasure. Otherwise, the composition of the Task Force remains as set forth in Executive Order Thirty (98).

The Task Force shall complete its work and issue a final report to the Governor no later than December 15, 1999, and shall issue interim reports and make recommendations at other such times as it deems appropriate or as the Governor requests.

This Executive Order shall be effective upon its signing and shall remain in force and effect until June 30, 2000, unless amended or rescinded by further executive order.

Given under my hand and the seal of the Commonwealth of Virginia this 26th day of March, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-228; Filed July 20, 1999, 3:21 p.m.

EXECUTIVE ORDER NUMBER FORTY-ONE (99)

PROMULGATION OF THE COMMONWEALTH OF VIRGINIA TERRORISM CONSEQUENCE MANAGEMENT PLAN; DESIGNATION OF LEAD AGENCIES

The safety and protection of citizens is the primary function of government. As such, it is the policy of this Administration that the Commonwealth of Virginia will develop and maintain a comprehensive strategy regarding domestic preparedness in response to an act of terrorism. In order to best protect and serve the interests of Virginians, and to supplement any national strategy, the Commonwealth's strategy will define, coordinate and integrate the capabilities of the Commonwealth and its communities to better prepare themselves to respond to, and recover from, an act of terrorism. These are defined roles of state and local governments, supplemented and assisted by the federal government, whether the nature of the emergency is natural or manmade.

Accordingly, by virtue of the authority vested in me by Section 44-146.17 of the *Code of Virginia* as Governor and as Director of Emergency Services, I hereby promulgate and issue the Commonwealth of Virginia Terrorism Consequence Management Plan (hereinafter, the "Plan"), dated April 1999, which provides for a coordinated government response to the effects or consequences of an actual terrorist act or the threat of such a violent act or actions in the Commonwealth.

In accordance with the duties and responsibilities assigned in the Plan, each designated state department or agency shall:

(1) Prepare and maintain the component(s) of the Plan for which it is responsible;

(2) Conduct an ongoing training program and participate in exercises as needed in order to maintain an appropriate emergency response capability;

(3) In time of emergency, implement emergency response actions as required and in coordination with the Virginia Emergency Operations Center; and

(4) Assist with post-disaster restoration and recovery operations as required.

I hereby designate the Virginia Department of State Police as the lead agency in the Commonwealth for the purpose of "Crisis Management" (law enforcement) in the event of an act of terrorism. Similarly, I hereby designate the Virginia Department of Emergency Services as the lead among state agencies for the purposes of "Consequence Management" (emergency response and recovery). In addition to, and coincidental with, the duties and responsibilities assigned to these two agencies in the Plan, they will direct and coordinate the overall state crisis and consequence management activities, respectively.

The Plan is consistent with the Commonwealth of Virginia Emergency Services and Disaster Law of 1973 (Chapter 3.2, Title 44 of the *Code of Virginia*), the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended) and its implementing regulations, and the Federal Response Plan (April 1992, as amended).

This Executive Order is consistent with Executive Order Number Seventy-three (97), Promulgation of the Commonwealth of Virginia Emergency Operations Plan, issued by Governor George Allen.

This Executive Order shall be effective upon its signing and shall remain in full force and effect until amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 22nd day of May, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-229; Filed July 20, 1999, 3:22 p.m.

EXECUTIVE ORDER NUMBER FORTY-TWO (99)

CREATING THE GOVERNOR'S CITIZENS WETLANDS ADVISORY COMMITTEE

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Section 2.1-51.36 of the *Code of Virginia*, and subject always to my continuing and ultimate authority and responsibility to act in such matters, I hereby create the Governor's Citizens Wetlands Advisory Committee.

The Committee is classified as a gubernatorial advisory commission in accordance with Section 2.1-51.35 and Section 9-6.25 of the *Code of Virginia*.

The Committee shall have the responsibility to advise the Governor, ~~and~~ through the Secretary of Natural Resources, on matters relating to the development of strategies to achieve protection and restoration of wetlands, the enhancement of existing wetlands programs, and the fostering of communication among these programs. The specific duties of the Committee shall include:

- Conducting an in-depth review of all programs related to wetlands;
- Reviewing wetlands regulations and evaluating their ability to help protect wetlands and support wetlands restoration;
- Making recommendations for statutory and regulatory changes;
- Advising the Governor, through the Secretary of Natural Resources, on ways to support the Commonwealth's goal of wetlands gains; and
- Making recommendations on ways to enhance voluntary wetlands protection and restoration programs.

I hereby grant authority to the Secretary of Natural Resources to appoint members of the Committee. The Committee shall be comprised of 15 to 18 members appointed by the Secretary of Natural Resources and serving at his pleasure. The Secretary of Natural Resources shall designate the Chair of the Committee. The Committee shall include representatives of various groups potentially impacted by any changes in the Commonwealth's wetlands program.

Members of the Committee shall serve without compensation but may receive reimbursement for expenses incurred in the discharge of their official duties only upon the approval of the Secretary of Natural Resources or his designee.

Such staff support as is necessary for the Committee's work during the term of its existence shall be furnished by the Office of the Governor, the Offices of the Governor's Secretaries, the Chesapeake Bay Local Assistance Department, the Department of Environmental Quality, the Department of Game and Inland Fisheries, the Virginia Marine Resources Commission, the Department of Conservation and Recreation, the Virginia Institute of Marine Science, the Virginia Department of Transportation, and such other executive branch agencies as the Governor may designate. Staff support over the term of the Committee is expected to total an estimated 300 hours.

Funding necessary to support the Committee's work shall be provided from sources, including both private contributions and currently appropriated state funds in Natural Resource agencies. Direct expenditures for the Committee's work are estimated to be $7,850, exclusive of costs related to personnel.

The Committee shall make a final report to the Governor no later than September 30, 1999, and may issue other reports and make recommendations at any time it deems necessary or upon the Governor's request.

This Executive Order shall be effective retroactive to January 1, 1999, and shall remain in full force and effect until December 31, 1999, unless amended or rescinded by further executive order.

Given under my hand and under the seal of the Commonwealth of Virginia this 17th day of May, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-230; Filed July 20, 1999, 3:22 p.m.

EXECUTIVE ORDER NUMBER FORTY-THREE (99)

CREATION OF THE GOVERNOR'S COMMISSION ON TRANSPORTATION POLICY

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Section 2.1-51.36 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby establish the Governor’s Commission on Transportation Policy.

Preamble

Today we stand at the threshold of a new era, an era where new technologies empower individuals to maximize their personal freedom and achieve their highest potential. Virginia is poised to reach new levels of economic prosperity by being a global leader in this new era. To reach these goals and to make this vision of the future a reality, Virginia must have a transportation infrastructure that will allow our state and its citizens to fully grasp the opportunities that will become available in the 21st Century.

In recent years, Virginia has enjoyed continuous and unprecedented economic growth. This success has brought prosperity to our citizens by attracting new residents, providing new business opportunities, and offering a better quality of life. Our rich and varied outdoors, as well as our many historical sites, enhance our quality of life and help draw new residents, tourists, and businesses to the

Commonwealth. Transportation will play a pivotal role in the continued success of our communities, businesses, and people.

Merely assessing our infrastructure needs for the future is not enough. We must ensure that our system for planning and managing our transportation needs does not act reflexively based upon past practice, but rather is both flexible and innovative. We must look to new ways to streamline our procedures and avoid needless delays and expense while ensuring thoroughness, thoughtfulness, and protection of our natural resources. And we must ensure that adequate funding exists to meet tomorrow's transportation challenges.

Duties of the Commission

The Commission is classified as a gubernatorial advisory commission in accordance with Section 2.1-51.35 and Section 9-6.25 of the Code of Virginia.

The Commission shall evaluate Virginia's existing system of transportation planning to assist in its development of broad-based principles that will move all of Virginia into the next century. The Commission shall help define transportation policy beyond the existing planning process to enable the Commonwealth to take advantage of new technology and changing demographics both now and in the years to come. Finally, the Commission shall examine how to best insert foresight into transportation planning, as innovation will be the key to unlocking transportation solutions.

The Commission shall devote particular attention to the following tasks:

- Examining historical trends and policy decisions to ensure that past mistakes are recognized and understood;
- Examining the process for developing project cost estimates to ensure greater accuracy of estimated cost at the outset;
- Developing recommendations to alleviate congestion and improve efficiency on existing facilities;
- Developing innovative ways of financing projects to facilitate expedited construction schedules, while preserving high levels of infrastructure safety and quality;
- Developing policies and proposals that ensure the expeditious delivery of engineering and construction activities;
- Developing a long-term strategy to ensure that construction and reconstruction of infrastructure focuses resources on high-priority projects; and
- Examining operations at the Virginia Department of Transportation to assess its strengths and weaknesses, and develop recommendations for improvements.

The Commission may examine any aspect of relevant transportation policy it deems pertinent, including current and projected state and federal funding; current and potential technological innovation; and the processes followed by state, local, and federal agencies and officials in planning, financing, or constructing transportation projects.

Structure and Funding of the Commission

The Commission shall be composed of no more than 24 members, appointed by the Governor, and serving at his pleasure. Members of the Commission shall not be compensated but shall receive reimbursement for expenses incurred in the discharge of their official duties only upon approval of the Secretary of Transportation.

Such staff support as is necessary to support the Commission's work during the term of its existence shall be furnished by the Office of the Governor, the Office of the Secretary of Transportation, the Department of Transportation, the Department of Rail and Public Transportation, and any other executive branch agencies having definitely and closely related purposes, as the Governor may designate. An estimated 2,000 hours of staff time will be required to support the work of the Commission.

Necessary funding for the term of the Commission's existence shall be provided by sources, including both private contribution and state funds appropriated for purposes related to the work of the Commission, as authorized by Section 2.1-51.37 of the Code of Virginia. Direct expenditures for the Commission's work are estimated to be $50,000, exclusive of costs related to personnel.

Report of the Commission

The Commission may gather such information pertinent to its tasks as it deems suitable, including reviewing past transportation legislation and policies, studies, and recommendations; holding public hearings to gather citizen input; or meeting with public and private sector representatives.

The Commission shall make an interim report to the Governor no later than December 1, 1999, on its findings to date. Subject to the issuance of an appropriate continuance order pursuant to Section 2.1-51.37 of the Code of Virginia, the commission shall make a second report no later than July 1, 2000, and shall make a final report to the Governor no later than December 1, 2000. It may issue interim reports and make recommendations at any time it deems necessary or upon the Governor's request.

This Executive Order shall be effective upon its signing and shall remain in force and effect until May 21, 2000 unless amended or rescinded by further executive order.

Given under my hand and the seal of the Commonwealth of Virginia this 21st day of May, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-231; Filed July 20, 1999, 3:22 p.m.

EXECUTIVE ORDER NUMBER FORTY-FOUR (99)

COMMONWEALTH OF VIRGINIA CAMPAIGN

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Sections 2.1-39.1 and 2.1-41.1 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby authorize a Commonwealth of Virginia Campaign (CVC).

Employees of the Commonwealth have historically demonstrated that they share civic responsibility with other members of their communities, the Commonwealth, and the United States by contributing more than $2 million annually to charitable organizations. The Commonwealth of Virginia has an interest in assisting its employees in their charitable giving through a single state employee campaign that minimizes the disruption of the workplace and maximizes contributions to these organizations. The program will provide a responsive and convenient system to facilitate charitable giving. The goals of this program will be to:

1. Provide an efficient and cost-effective vehicle by which state employees can voluntarily contribute to charity;

2. Recognize the generosity of the state workforce;

3. Assist communities and non-profit organizations in meeting their needs;

4. Provide fiscal accountability;

5. Consolidate all fundraising solicitations into one campaign, and prohibit interruptions in the state workplace from outside fundraising.

The CVC will be conducted annually in all state agencies. The Secretary of Administration is the chief administrator of this program and shall develop and implement operating procedures for the program's organization and administration. These procedures shall be in concert with the goals of the program as set forth in this Executive Order. An advisory council of state employees shall provide recommendations for all procedures and management. The Secretary is also authorized to designate a State Coordinator and other personnel as may be required for the efficient and effective conduct of the program.

This Executive Order shall become effective upon its signing and shall remain in full force and effect until June 30, 2002, unless amended or rescinded by a future executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 2nd day of July, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-221; Filed July 19, 1999, 8:45 a.m.

EXECUTIVE ORDER NUMBER FORTY-FIVE (99)

CONTINUING THE GOVERNOR'S COMMISSION ON INFORMATION TECHNOLOGY

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia, and under the laws of the Commonwealth including but not limited to Section 2.1-51.27 and Section 2.1-51.36 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby continue the Governor's Commission on Information Technology.

The Commission was created under Executive Order Number Nine (98), *Creating the Office of the Secretary of Technology and Establishing a Blue-Ribbon Commission, the Governor's Commission on Information Technology,* and amended by Executive Order Number Thirty-Three (98), *Amending the Responsibilities of the Secretary of Technology and Membership in the Governor's Commission on Information Technology*, and was classified as a gubernatorial advisory commission in accordance with Sections 2.1-51.35 and 9-6.25 of the Code of Virginia.

The duties and responsibilities of the Commission, as well as staffing and funding the Commission, shall remain as set forth in Executive Order Nine (98) and amended by Executive Order Thirty-Three (98).

The Commission shall be composed of no more than 40 members, appointed by the Governor and serving at his pleasure. The Commission shall include a broad representation of business leaders from across the Commonwealth. It shall also include bipartisan representation from the Virginia General Assembly. Membership on the Commission shall consist of the Secretary of Technology, the Secretary of Education, the Secretary of Commerce and Trade, the Attorney General, business leaders, and at least six members of the General Assembly.

The Commission shall complete its work and issue a final report to the Governor no later than December 31st, 1999, unless the Governor shall direct otherwise. The Commission shall issue interim reports and make recommendations at such times it deems appropriate, or upon the Governor's request.

This Executive Order shall be effective retroactive to May 21, 1999, and shall remain in force and effect until May 21, 2000, unless amended or rescinded by further executive order.

Given under my hand and the seal of the Commonwealth of Virginia this 18th day of June, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-222; Filed July 19, 1999, 8:53 a.m.

EXECUTIVE ORDER NUMBER FORTY-SIX (99)

TRANSFER OF THE DEPARTMENT FOR RIGHTS OF VIRGINIANS WITH DISABILITIES

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and the laws of the Commonwealth of Virginia, including but not limited to Sections 2.1-51.15 and 2.1-51.25 of the *Code of Virginia*, I hereby transfer responsibility for the Department for Rights of Virginians With Disabilities (DRVD) from the Secretary of Health and Human Resources to the Secretary of Administration.

DRVD is the Commonwealth's protection and advocacy system for persons with disabilities. The Department is charged with providing advocacy and legal representation services to persons who have been subject to abuse, neglect, and/or discrimination as a result of their disabilities. Location of DRVD within the Secretariat of Health and Human Resources poses special challenges because this Secretariat oversees three of the primary service agencies against which DRVD might potentially litigate, namely the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Rehabilitative Services, and the Department for the Visually Handicapped. The transfer of DRVD to the Secretary of Administration will eliminate potential conflicts of interest that may arise from the oversight by the Secretary of Health and Human Resources of agencies, which may be involved in adverse activities against one another.

I am committed to improving services to persons with disabilities throughout the Commonwealth. Transfer of DRVD to the Secretariat of Administration is among the steps the Administration will be taking to strengthen protection and advocacy services in the Commonwealth.

I hereby direct the Secretary of Administration and the Secretary of Health and Human Resources to work with the Director of the Department for Rights of Virginians With Disabilities to coordinate an orderly and effective transfer of oversight responsibilities. The transfer of DRVD to the Secretariat of Administration shall be completed no later than July 1, 1999.

This Executive Order shall be effective upon its signing and shall remain in full force and effect until amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 2nd day of July, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-223; Filed July 19, 1999, 8:45 a.m.

EXECUTIVE ORDER NUMBER FORTY-EIGHT (99)

PRESERVING WATER QUALITY IN THE CHESAPEAKE BAY THROUGH ESTABLISHMENT OF RIPARIAN BUFFERS ALONG STREAMS THROUGHOUT THE COMMONWEALTH

Preamble

Careful stewardship of rivers and streams is essential to meeting the goals for restoring the water quality throughout the Commonwealth. Riparian buffers – areas of trees, shrubs, or other vegetation adjacent to streams – play a significant role in conserving living resources and protecting water quality by filtering runoff and removing nutrients and sediments, protecting the shoreline from erosion, moderating flood damage, and providing food and habitat for living resources. Recognizing these environmental benefits, the multi-state Chesapeake Bay Executive Council, of which Virginia is a member, adopted in 1996 several goals and policy recommendations to enhance the stewardship of riparian areas along river and stream banks. Specifically, the goals call for conserving existing riparian buffers and restoring 2,010 miles of new riparian forest buffers within the Chesapeake Bay watershed by the year 2010. The Commonwealth's commitment is to restore 610 miles of new riparian forest buffers within Virginia's portion of the Chesapeake Bay watershed.

The Virginia Riparian Buffer Panel was convened in 1997 by the Secretary of Natural Resources to refine strategies to meet Virginia's commitment to restore or develop new riparian buffers. Representatives of almost 40 Virginia state agencies and private organizations were involved in initial meetings, and public hearings were conducted around the state. The result of the panel's work is the *Virginia Riparian Buffer Implementation Plan*, adopted in July 1998. It provides a blueprint for coordination of Virginia's role in riparian restoration and conservation. This plan identifies the following goals and objectives:

- Protect all streams and shorelines in the Commonwealth by an adequate riparian buffer, to the extent feasible.
- Increase the use of all riparian buffers and restore riparian forests on at least 610 miles of stream and shoreline within the Chesapeake Bay watershed by the year 2010, targeting efforts where they will be of greatest value to water quality and living resources.
- Conserve existing forests along streams and shorelines.
- Establish mechanisms to streamline, enhance, and coordinate existing programs related to riparian buffers and riparian system conservation.
- Develop and promote incentives for landowners and developers to encourage voluntary riparian buffer retention and restoration.
- Encourage state agencies to implement education and outreach programs about the benefits of riparian buffers and other stream protection measures.
- Increase the level of scientific and technical knowledge of the function and management of riparian buffers, as well as their economic, social, ecological, and water quality values. Develop a targeting and tracking mechanism for buffer conservation and restoration.

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Sections 2.1-39 and 2.1-41.1 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby establish an initiative to accomplish the goals of the *Virginia Riparian Buffer Implementation Plan* (hereinafter called the Implementation Plan) to restore and conserve riparian buffers along streams and rivers in the Commonwealth.

1. Virginia Riparian Working Group

As part of this initiative, I hereby establish the Virginia Riparian Working Group (hereinafter called the Working Group) to encourage voluntary establishment or restoration of riparian buffers by private landowners throughout the Commonwealth generally and within the Commonwealth's portion of the Chesapeake Bay watershed specifically.

a. Composition of the Working Group

The Working Group shall operate under the direction of the Secretary of Natural Resources. The State Forester shall serve as chair of the Working Group. The chair of the Working Group shall have the power to set meetings and make assignments to members of the Working Group.

The Working Group shall consist of staff from the following agencies and institutions:

The Department of Forestry,
The Department of Conservation and Recreation,
The Department of Environmental Quality,
The Chesapeake Bay Local Assistance Department,
The Department of Agriculture and Consumer Services,
The Department of Game and Inland Fisheries,
The Virginia Institute of Marine Science,
The Marine Resources Commission,
The Department of General Services,
The Virginia Department of Transportation,
The School of Agriculture, Science and Technology at Virginia State University, and
The College of Forestry and Wildlife at Virginia Polytechnic Institute and State University.

In response to letters from the State Forester requesting staff representation on the Working Group, the heads of these Commonwealth's agencies and institutions shall appoint members of their respective staffs to serve on the Working Group.

In addition, staff from the Chesapeake Bay Commission, the United States Department of Agriculture's Natural Resources Conservation Service, the National Forest Service, the Virginia Cooperative Extension Service at Virginia Tech and Virginia State University, and the Chesapeake Bay Program of the United States Environmental Protection Agency may participate in this program.

b. Duties of the Working Group

The specific duties of this Working Group are to:

- Promote and facilitate the voluntary establishment or restoration of riparian buffers by private landowners throughout the Commonwealth.
- Coordinate implementation of the actions recommended in the Implementation Plan to establish or restore riparian buffers throughout the Commonwealth and to establish and restore 610 miles of riparian forest buffers within the Commonwealth's portion of the Chesapeake Bay watershed.
- Provide the Secretary of Natural Resources with an estimate of the cost and opportunities for funding the restoration or establishment of riparian buffers.
- Integrate the initiatives of private landowners with those of state agencies and institutions of higher education to create a unified improvement plan for riparian buffers along significant, environmentally threatened, or degraded rivers and streams.
- Update and keep the Implementation Plan current as necessary, and recommend changes to the Implementation Plan to the Secretary of Natural Resources.

The Working Group shall report to me yearly by November 1 through the Secretary regarding the Commonwealth's progress statewide and, in particular, the achievements towards meeting its commitment to restore or establish 610 miles of riparian forested buffers within the Commonwealth's portion of the Chesapeake Bay watershed.

2. Responsibility of state agencies owning land

State agencies owning, leasing, and/or managing state lands for the public good have the responsibility to be good stewards of that land. As a part of good land stewardship, the health and management of riparian areas is critical to ecosystem function and health. I hereby call on all land-holding state agencies, including public institutions of higher education, to demonstrate leadership in this initiative by working to conserve existing riparian buffers and develop new riparian buffers on state-owned property throughout the Commonwealth, particularly in the Chesapeake Bay watershed.

Specifically, I hereby authorize all land-holding state agencies and institutions of higher education to participate in the restoration of riparian buffers by taking the following steps:

1. Identify on the land owned by the agency or institutions those significant or environmentally sensitive stream miles suitable for restoration or establishment of riparian buffers.

2. Develop measurable indicators for riparian buffer conservation, restoration, and establishment, consistent with the Implementation Plan and site-specific conditions, in an agency-specific plan.

3. Coordinate each respective agency plan with the state's ongoing *Tributary Strategy* development process; and

4. Establish or restore riparian buffers as appropriate on state lands by July 15, 2010.

The State Forester shall provide technical assistance, within the extent of resources available, to the various land-holding state agencies and institutions which have identified stream miles available for restoration or establishment.

Upon request from the State Forester and with approval from the Secretary of Public Safety, the Department of Corrections shall provide labor for the planting and construction of those riparian buffers on state-held lands.

This Executive Order shall become effective upon its signing and shall remain in full force and effect until December 31, 2010, unless amended or rescinded by further Executive Order.

Given under my hand and the Seal of the Commonwealth of Virginia on this 28th day of June, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-224; Filed July 19, 1999, 9:06 a.m.

EXECUTIVE ORDER NUMBER FORTY-NINE (99)

CONTINUING CERTAIN EMERGENCY DECLARATIONS DUE TO NATURAL DISASTERS IN THE COMMONWEALTH

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Section 44-146.17 of the Code of Virginia, and subject always to my continuing and ultimate authority and responsibility to act in such matters, and to reserve powers, I hereby continue the states of emergency declared in the following executive orders:

Executive Order Number Fifty-four (95), Declaration of a State of Emergency Arising From Heavy Rains, Flash Floods and Mud Slides In Portions of the Commonwealth of Virginia, During the Period of June 23 Through June 26, 1995, as continued by Executive Orders Sixty-eight (96), Seventy-seven (97), and Sixteen (98);

Executive Order Number Sixty (96), Declaration of a State of Emergency Throughout the Commonwealth of Virginia Arising From Massive Snow Storm With Blizzard Conditions, During the Period of January 6 Through January 10, 1996, Which Resulted in Melting Snow, Associated Run-off, and Severe Flooding in Portions of the Commonwealth During the Period of January 18-19, 1996, as continued by Executive Orders Sixty-eight (96), Seventy-seven (97), and Sixteen (98);

Executive Order Number Sixty-six (96), Declaration of a State of Emergency Throughout the Commonwealth of Virginia Arising From Hurricane Fran Which Resulted in Widespread Devastation and Property Losses Due to Heavy Rains, Flooding, and High Winds During the Period of September 5 Through September 7, 1996, as continued by Executive Orders Number Seventy-seven (97) and Sixteen (98);

Executive Order Number Twenty-seven (98), Declaration of a State of Emergency Throughout the Commonwealth of Virginia Arising From Hurricane Bonnie During the Period of August 25 through September 16, 1998;

Executive Order Number Thirty-six (98), Declaration of a State of Emergency Arising From Drought and Forest Fire or the Potential Thereof Throughout the Commonwealth of Virginia; and

Executive Order Number Thirty-eight (99), Declaration of a State of Emergency Throughout the Commonwealth of Virginia Arising From Predicted Severe Winter Weather Due to High Winds, Frigid Temperatures, Combining With the Latent Effects of the December 23, 1998, Ice Storm.

This Executive Order shall be effective July 1, 1999, and will remain in full force and effect until June 30, 2000, unless amended or rescinded by further executive order.

Given under my hand and the seal of the Commonwealth of Virginia this 2nd day of July, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-225; Filed July 19, 1999, 8:45 a.m.

EXECUTIVE ORDER NUMBER FIFTY (99)

CONTINUING THE GOVERNOR'S NEW PARTNERSHIP COMMISSION AND THE GOVERNOR'S COMMISSION ON PHYSICAL FITNESS AND SPORTS

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia, and under the laws of the Commonwealth including but not limited to Section 2.1-51.27 and Section 2.1-51.36 of the *Code of Virginia*, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby continue the Governor's New Partnership Commission and the Governor's Commission on Physical Fitness and Sports.

Part 1: Governor's New Partnership Commission

The Governor's New Partnership Commission was created in Executive Order Number Fifteen (98), issued by me on June 17, 1998.

All aspects of the Commission's duties and responsibilities, membership, structure, funding, estimated costs, and staff support remain as set forth in Executive Order Number Fifteen (98).

The Commission shall complete its work and report to me no later than June 16, 2000, unless I otherwise direct. It

may issue interim reports and make recommendations at any time it deems necessary or upon my request.

Part 2: Governor's Commission on Physical Fitness and Sports

The Governor's Commission on Physical Fitness and Sports was created in Executive Order Number Nineteen (98) issued by me on June 29, 1998.

All aspects of the Commission's duties and responsibilities, membership, structure, funding, estimated costs, and staff support remain as set forth in Executive Order Number Nineteen (98).

This Executive Order shall be effective retroactive to May 29, 1999. Part 1 of this order, continuing the New Partnership Commission, shall remain in force and effect until June 16, 2000, unless amended or rescinded by further executive order. Part 2 of this order, continuing the Governor's Commission on Physical Fitness and Sports, shall remain in force and effect until May 29, 2000, unless amended or rescinded by further executive order.

Given under my hand and the seal of the Commonwealth of Virginia this 2nd day of July, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-226; Filed July 19, 1999, 8:45 a.m.

EXECUTIVE ORDER NUMBER FIFTY-ONE (99)

IMPLEMENTING CERTAIN RECOMMENDATIONS OF THE GOVERNOR'S COMMISSION ON INFORMATION TECHNOLOGY

By virtue of the authority vested in me under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Sections 2.1-39.1 and 2.1-41.1 of the Code of Virginia, and subject always to my continuing and ultimate authority and responsibility to act in such matters, I hereby establish policies and procedures for the implementation of recommendations by the Governor's Commission on Information Technology by all Executive Branch agencies, institutions, and employees.

Preamble

In December 1998, the Governor's Commission on Information Technology issued a series of recommendations, contained in its report "Toward A Comprehensive Internet Policy for the Commonwealth of Virginia," related to the expanding use of the Internet and electronic commerce in Virginia. The 1999 General Assembly enacted several pieces of legislation that, taken together, embody the Commission's recommendations for a Virginia Internet Policy Act.

In addition, the Commission made a number of recommendations specific to state government agencies and institutions that can be implemented administratively. These recommendations recognize that the Internet is a tremendous tool for effectively and efficiently delivering government services to the citizens and businesses of the Commonwealth. These recommendations also recognize that access to the Internet is essential to full participation in the modern economy. No sector of the Commonwealth's citizens should be left without access to this important resource.

Definitions

In this order, the Council on Information Management (CIM) shall be referred to as the Department of Technology Planning (DTP), pursuant to legislation enacted by the 1999 General Assembly effective July 1, 1999.

Specific Policies

A. All Executive Branch agencies and institutions shall develop plans for delivering current and expanded services through the Internet and shall submit these plans to the Department of Technology Planning (DTP) for review no later than June 1, 2000. Such plans shall maximize workstation access to Web-based transactions by agency and institution employees for use in their work assignments and in their status as state employees. In developing such plans, agencies and institutions are encouraged to consider partnering, where appropriate, with the Virginia Information Providers Network Authority (VIPNet) to deliver such services. The VIPNet Authority Board of Directors will review the partnership opportunities, issues and needs expressed in these plans for potential inclusion in its annual business plan.

B. No later than December 31, 2000, all Executive Branch agencies shall make available via the Internet all forms needed by citizens in interacting with state government.

C. The Department of Information Technology (DIT) shall coordinate the efforts of Executive Branch agencies and institutions to leverage the buying power of state government in regard to telecommunications services. Special attention shall be paid to aggregating state demand for high-speed telecommunication services in rural or under-served areas where there is a legitimate need for such services by state and/or local government. Private sector providers will be encouraged to recognize the commercial viability of offering such services in such areas.

D. DIT shall develop policies and procedures regarding access to state databases and data communications in order to ensure the security of such databases from unauthorized use, intrusion, or other security threats. DIT shall coordinate the implementation of such policies and procedures with agencies maintaining databases hosted outside of the State Data Center.

E. DTP, working with the Council on Technology Services, shall develop guidelines to ensure agencies' full compliance with all privacy legislation and regulations. Every agency collecting and storing information involving the personal data of individuals shall develop detailed procedures regarding the privacy of all such personal data in its possession, consistent with such guidelines and the Privacy Protection Act of 1976.

F. The Secretary of Technology and the Secretary of Administration, working with the Council on Technology Services, shall jointly develop uniform guidelines for clear and explicit privacy polices and practices for agency Web sites. Every agency shall adhere to these guidelines in its practices and shall post on its Web site a privacy policy that conforms to such guidelines.

G. The Commission's recommendation that DTP promote privacy best practices by both public and private entities shall be incorporated into DTP's proposed Technology Best Practices Center.

H. The Department of Agriculture and Consumer Services (VDACS), with the assistance of VIPNet, shall provide via the Internet education to Virginia consumers on responsible use of the Web for purchases of goods and services and the conduct of other personal business transactions. Information provided may include, but need not be limited to, common practices of Internet-based commerce, privacy and security considerations, determination of secure Web sites for conducting financial transactions (including "seal" or certification programs), links to other relevant consumer information sites, consumer frauds and scams, and, to the extent that VDACS deems appropriate, records of complaints and legal actions related to specific Web sites.

I. The Secretary of Technology, with the assistance of DIT, DTP, and VIPNet, shall review available alternatives and recommend a plan to facilitate the use and authentication of electronic signatures by both the public and private sectors in the Commonwealth. This plan shall be submitted to the Governor no later than November 1, 1999.

J. Agencies and institutions shall follow the Secretary of Technology's guidance in incorporating into their proposed plans for Web-enabled government the use of electronic signature technology for both internal and external transactions.

This Executive Order shall become effective upon its signing and shall remain in full force and effect until June 30, 2002, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 23rd day of July, 1999.

/s/ James S. Gilmore, III
Governor

VA.R. Doc. No. R99-239; Filed July 28, 1999, 9:52 a.m.

The Legislative Record **is available on the Internet at http://dls.state.va.us/legrec99.htm**

STATE WATER CONTROL BOARD

Proposed Consent Special Order
Center for Advanced Ship Repair and Maintenance

The State Water Control Board proposes to enter into a consent special order with the Center for Advanced Ship Repair and Maintenance (CASRM) in regard to their proposed treatment barge. The consent special order will provide CASRM time to develop a treatment scheme for removing tributyltin (TBT) from shipyard wastewaters, including ship hull hydroblasting and storm water, and come into compliance with appropriate Virginia laws and regulations.

The Department of Environmental Quality will receive written comments relating to the board's proposed consent special order from August 16, 1999, through September 14, 1999. Comments should be addressed to David S. Gussman, Department of Environmental Quality, Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, Virginia 23462, and should refer to the CASRM consent special order. The proposed order may be examined at the above address and copies of the order may be obtained in person or by mail.

Proposed Consent Special Order
Town of Alberta

The State Water Control Board proposes to issue a consent special order to the Town of Alberta for the wastewater treatment facility and collection system in order to bring it into compliance with its VPDES permit. The proposed order addresses violations of the order issued to the town in July 1997 and continued violations of the VPDES permit. The order requires the town to comply with the order issued in 1997, and places the town on a schedule to comply with the VPDES permit.

On behalf of the State Water Control Board, the Department of Environmental Quality will receive for 30 days from the date of publication of this notice written comments relating to the proposed consent special order. Comments should be addressed to Cynthia Akers, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia 23060. A copy of the order may be obtained in person or by mail from the above office.

Proposed Consent Special Order
Celanese Acetate LLC

The State Water Control Board ("SWCB") proposes to issue a consent special order to Celanese Acetate LLC regarding settlement of a civil enforcement action related to compliance with the Permit Regulation, 9 VAC 25-31-10 et seq. On behalf of the State Water Control Board, the department will consider written comments relating to this settlement for 30 days after the date of publication of this notice. Comments should be addressed to Robert Steele, Department of Environmental Quality, West Central Regional Office, 3019 Peters Creek Road, NW, Roanoke, VA 24019. The final order may be examined at the department during regular business hours. Copies are available from Mr. Steele at the address above or by calling him at (540) 562-6777.

Proposed Consent Special Order
Town of Crewe

The State Water Control Board proposes to issue a consent special order to the Town of Crewe regarding the Crewe Sewage Treatment Plant. The proposed order incorporates the approved plan and schedule for the submittal of an inflow/infiltration study, capital improvement plan and budget, industrial users survey, sewer use ordinance, and the payment of civil charges.

On behalf of the State Water Control Board, the Department of Environmental Quality will receive for 30 days from the date of publication of this notice written comments relating to the proposed consent special order. Comments should be addressed to Christine Ryan, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia 23060. A copy of the order may be obtained in person or by mail from the above office.

Proposed Consent Special Order
City of Richmond

The State Water Control Board proposes to issue a consent special order to the City of Richmond requiring implementation of combined sewer overflow (CSO) controls. This order supersedes the order issued to the city in January 1992 and amended in April 1996. The proposed order modifies the schedule for construction of various control projects and requires the city to reevaluate their CSO Long Term Control Plan consistent with the EPA National CSO Control Policy. The order also requires that upon DEQ approval of the revised Long Term Control Plan, the city enter into an amended order requiring implementation of the remaining elements of the plan.

On behalf of the State Water Control Board, the Department of Environmental Quality will receive for 30 days from the date of publication of this notice written comments relating to the proposed consent special order. Comments should be addressed to Cynthia Akers, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia 23060-6295. A copy of the order may be obtained in person or by mail from the above office.

Proposed Consent Special Order
City of Waynesboro

The State Water Control Board proposes to enter into a consent special order with the City of Waynesboro

(Waynesboro) to resolve violations of the State Water Control Law and regulations at the Waynesboro sewage treatment plant. Waynesboro discharges treated wastewater into South River in Augusta County under authority of a VPDES Permit. During the period from January 1995 to April 1998, the city's collection system experienced over 100 unpermitted discharges of partially treated or untreated sewage at pump stations or manholes resulting from excessive inflow and infiltration into the system. Influent flows have also exceeded the plant's design capacity.

The proposed consent special order incorporates a schedule of compliance to conduct repair work on the collection system in order to reduce the inflow and infiltration problem and to construct any additional treatment facilities needed to treat all of the influent flow coming to the sewage treatment plant without causing bypasses.

The board will receive written comments relating to the proposed consent special order for 30 days from the date of publication of this notice. Comments should be addressed to Steven W. Hetrick, Department of Environmental Quality, Post Office Box 1129, Harrisonburg, Virginia 22801, and should refer to the consent special order.

The proposed order may be examined at the Department of Environmental Quality, Valley Regional Office, 4411 Early Road, Harrisonburg, Virginia 22801. A copy of the order may be obtained in person or by mail from this office.

VIRGINIA CODE COMMISSION

Notice to State Agencies

Mailing Address: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219. You may FAX in your notice; however, we ask that you FAX two copies and do not follow up with a mailed copy. Our FAX number is: (804) 692-0625.

Forms for Filing Material for Publication in *The Virginia Register of Regulations*

All agencies are required to use the appropriate forms when furnishing material for publication in *The Virginia Register of Regulations*. The forms may be obtained from: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

Internet: Forms and other *Virginia Register* resources may be printed or downloaded from the *Virginia Register* web page:
http://legis.state.va.us/codecomm/register/regindex.htm

FORMS:
NOTICE of INTENDED REGULATORY ACTION - RR01
NOTICE of COMMENT PERIOD - RR02
PROPOSED (Transmittal Sheet) - RR03
FINAL (Transmittal Sheet) - RR04
EMERGENCY (Transmittal Sheet) - RR05
NOTICE of MEETING - RR06
AGENCY RESPONSE TO LEGISLATIVE OBJECTIONS - RR08

ERRATA

STATE BOARD OF SOCIAL SERVICES

Title of Regulation: 22 VAC 40-60-10 et seq. Standards and Regulations for Licensed Adult Day Care Centers.

Publication: 15:22 VA.R. 2801-2832 July 19, 1999

Corrections to Proposed Regulation:

Page 2809, 22 VAC 40-60-235 C 1 a, line 5, change "residents" to "participants."

Page 2814, 22 VAC 40-60-460 A, NOTE, line 3, change "22 VAC 40-60-298 D 3 b" to "in 22 VAC 40-60-698 D 3"

CALENDAR OF EVENTS

Symbol Key
† Indicates entries since last publication of the *Virginia Register*
♿ Location accessible to handicapped
☎ Teletype (TTY)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the *Virginia Register* deadline may preclude a notice of such cancellation.

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

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD OF ACCOUNTANCY

† **August 23, 1999 - 10 a.m.** -- Open Meeting
† **August 30, 1999 - 10 a.m.** -- Open Meeting
† **September 20, 1999 - 10 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 5W, Richmond, Virginia.♿

A meeting to conduct regulation review.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8505, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

† **October 18, 1999 - 10 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 5W, Richmond, Virginia.♿

The board will conduct routine business. A public comment period will be held at the beginning of the meeting.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8505, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

COMMONWEALTH COUNCIL ON AGING

† **August 23, 1999 - 10 a.m.** -- Open Meeting
Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, Virginia.♿

A working meeting of the Legislative Committee.

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

† **August 23, 1999 - 1:30 p.m.** -- Open Meeting
Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, Virginia.♿

A working meeting of the Planning and Development Committee.

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

VIRGINIA AGRICULTURAL COUNCIL

August 23, 1999 - 1 p.m. -- Open Meeting
August 24, 1999 - 8:30 a.m. -- Open Meeting
Holiday Inn Express, U.S. Highway 11 North and Interstate 64, Lexington, Virginia.♿ (Interpreter for the deaf provided upon request)

An annual meeting to act upon the financial and business affairs of the council. Field trips to various agricultural areas of interest will begin at 3 p.m. on August 23 and resume August 24 from 8:30 a.m. until noon. The council will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Thomas R. Yates at least five days before the meeting date so that suitable arrangements can be made.

Contact: Thomas R. Yates, Assistant Secretary, Virginia Agricultural Council, 1100 Bank St., Room 509, Richmond, VA 23219, telephone (804) 786-6060 or toll-free 1-800-828-1120/TTY ☎

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Virginia State Apple Board

† **August 24, 1999 - 9:30 a.m.** -- Open Meeting
Rowe's Restaurant, Route 4, Box 88, Staunton, Virginia.

A meeting to (i) review past minutes and tax collections, (ii) receive an update on various fall marketing promotions, and (iii) discuss the change of board members based on amendments to the Code of Virginia made by the 1999 General Assembly Session. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Nancy L. Israel at least five days before the meeting date so that suitable arrangements can be made.

Contact: Nancy L. Israel, Program Director, Virginia State Apple Board, Washington Bldg., 1100 Bank St., Suite 1012, Richmond, VA 23219, telephone (804) 371-6104 or FAX (804) 371-7786.

Virginia Aquaculture Advisory Board

† **August 26, 1999 - 10:30 a.m.** -- Open Meeting
Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, 2nd Floor Board Room, Richmond, Virginia.

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

Contact: T. Robins Buck, Secretary, Virginia Aquaculture Advisory Board, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Suite 211, Richmond, VA 23219, telephone (804) 371-6094 or FAX (804) 371-2945.

Virginia Charity Food Assistance Advisory Board

August 18, 1999 - 10 a.m. -- Open Meeting
Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, 4th Floor, Conference Room, Richmond, Virginia.

September 2, 1999 - 10 a.m. -- Open Meeting
Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, 2nd Floor, Board Room, Richmond, Virginia.

A meeting to discuss issues related to food insecurity. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate in the meeting should contact Steven W. Thomas at least five days before the meeting date so that suitable arrangements can be made.

Contact: Steven W. Thomas, Executive Director, Virginia Charity Food Assistance Advisory Board, Department of Agriculture and Consumer Services, 1100 Bank St., Room 809, Richmond, VA 23219, telephone (804) 786-3936 or FAX (804) 371-7788.

Virginia Cotton Board

† **August 26, 1999 - 3:30 p.m.** -- Open Meeting
Tidewater Agricultural Research and Extension Center, 6321 Holland Road, Conference Room, Suffolk, Virginia.

A meeting to review financial reports and the status of certain projects and contracts, discuss priorities for future funding initiatives, and any other business that may come before the board. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any special accommodations in order to participate at the meeting should contact D. Stanley Duffer at least five days before the meeting date so that suitable arrangements can be made.

Contact: D. Stanley Duffer, Program Director, Virginia Cotton Board, P.O. Box 129, Halifax, VA 24558, telephone (804) 572-4568 or FAX (804) 572-8234.

Virginia Farmers Market Board

August 17, 1999 - 9:30 a.m. -- Open Meeting
Hampton Inn, 90 Farmers Market Road, Hillsville, Virginia.

A quarterly meeting of the board to (i) hear and approve minutes of the May 1999, meeting; (ii) hear the financial statement for the fiscal year 1998-99; and (iii) receive status reports on the operation of each of the four wholesale or shipping point markets in the system. Other information pertinent to the board's purpose of oversight and management of the Virginia Farmers Market System will be discussed. The board will entertain public comments at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any special accommodations in order to participate at the meeting should contact Susan K. Simpson at least five days before the meeting date so that suitable arrangements can be made.

Contact: Susan K. Simpson, Program Director, Virginia Farmers Market Board, Washington Bldg., 1100 Bank St., Room 1002, Richmond, VA 23219, telephone (804) 786-2112 or FAX (804) 371-7786.

Virginia Horse Industry Board

September 14, 1999 - 10 a.m. -- Open Meeting
Morven Park, 17263 Southern Planter Lane, Coach House, Vaughan Room, Leesburg, Virginia.

A meeting to review projects for the past fiscal year and discuss plans and programs for FY 1999-2000. The board will entertain public comments at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any special accommodations in order to participate at the meeting should contact Andrea S. Heid at least five days before the meeting date so that suitable arrangements can be made.

Contact: Andrea S. Heid, Equine Marketing Specialist/Program Manager, Virginia Horse Industry Board, Washington Bldg., 1100 Bank St., Suite 1004, Richmond, VA 23219, telephone (804) 786-5842 or FAX (804) 371-7786.

Virginia Irish Potato Board

September 14, 1999 - 8 p.m. -- Open Meeting
Brewers East Inn, 2484 North Landing Road, Virginia Beach, Virginia.

A meeting to (i) hear and approve minutes of the last meeting; (ii) receive the board's financial statement; (iii) discuss promotion, research and educational programs; and (iv) establish the board's annual budget. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any special accommodations in order to participate at the meeting should contact J. William Mapp at least five days before the meeting date so that suitable arrangements can be made.

Contact: J. William Mapp, Program Director, Virginia Irish Potato Board, P.O. Box 26, Onley, VA 23418, telephone (757) 787-5867 or FAX (757) 787-5973.

Virginia Soybean Board

† **August 20, 1999 - 12:30 p.m.** -- Open Meeting
Featherstone Farm, 13941 Genito Road, Amelia, Virginia.

A meeting to discuss checkoff revenues and the financial status of the board following the end of the fiscal year ending June 30, 1999. The board will hear and approve, if appropriate, the minutes of the March 3, 1999, meeting. Reports will be heard from the chairman of the board, United Soybean Board representatives, and from other committees. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Philip Hickman at least five days before the meeting date so that suitable arrangements can be made.

Contact: Philip T. Hickman, Program Director, Virginia Soybean Board, Washington Bldg., 1100 Bank St., Suite 1005, Richmond, VA 23219, telephone (804) 371-6157 or FAX (804) 371-7786.

ALCOHOLIC BEVERAGE CONTROL BOARD

August 23, 1999 - 9:30 a.m. -- Open Meeting
September 8, 1999 - 9:30 a.m. -- Open Meeting
September 20, 1999 - 9:30 a.m. -- Open Meeting
Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, Virginia.

A meeting to receive reports from staff members, discuss activities, and discuss other matters not yet determined.

Contact: W. Curtis Coleburn, Secretary to the Board, Department of Alcoholic Beverage Control, 2901 Hermitage Rd., P.O. Box 27491, Richmond, VA 23261, telephone (804) 213-4409 or FAX (804) 213-4442.

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

August 18, 1999 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The Professional Engineer Section will conduct board business. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

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August 23, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects intends to amend regulations entitled: **18 VAC 10-20-10 et seq. Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Rules and Regulations.** The proposed changes are intended to make the regulations clearer and easier to understand and utilize by the

regulants of the board. Almost all of the proposed changes are clarifying and less restrictive in nature.

Statutory Authority: §§ 54.1-404 and 54.1-411 C of the Code of Virginia.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

August 25, 1999 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The Land Surveyor Section will conduct board business. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

September 1, 1999 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The Landscape Architect Section will conduct board business. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

September 8, 1999 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The Certified Interior Designer Section will conduct board business. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

September 15, 1999 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting of the full board to conduct business. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

ART AND ARCHITECTURAL REVIEW BOARD

September 3, 1999 - 10 a.m. -- Open Meeting
The Library of Virginia, 800 East Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to review projects submitted by state agencies.

Contact: Richard L. Ford, AIA, Chairman, Art and Architectural Review Board, 1011 E. Main St., Richmond, VA 23219, telephone (804) 643-1977 or FAX (804) 643-1981.

VIRGINIA BOARD FOR ASBESTOS AND LEAD

August 17, 1999 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 5W, Richmond, Virginia.

A meeting to conduct routine business. Public comment will be received at the beginning of the meeting.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-2176, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND THEIR FAMILIES

State Executive Council

August 27, 1999 - 9 a.m. -- Open Meeting
Theater Row Building, 730 East Broad Street, Lower Level, Training Room, Richmond, Virginia.

A regular meeting. The council provides for interagency programmatic and fiscal policies, oversees the administration of funds appropriated under the Comprehensive Services Act, and advises the Governor.

Contact: Alan G. Saunders, Director, State Executive Council, 1604 Santa Rosa Road, Suite 137, Richmond, VA 23229, telephone (804) 662-9815 or FAX (804) 662-9831.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

August 19, 1999 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.

A general business meeting. Public comments will be received for 15 minutes prior the start of the meeting.

Contact: Senita Booker, Administrative Staff Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111, FAX (804) 662-9523 or (804) 662-7197/TTY ☎

VIRGINIA AVIATION BOARD

† **August 25, 1999 - 9 a.m.** -- Open Meeting
Sheraton Inn, 2801 Plank Road, Fredericksburg, Virginia. (Interpreter for the deaf provided upon request)

A workshop for the board. No formal actions will be taken. Individuals with disabilities should contact Tony Williams at least 10 days prior to the meeting if assistance is needed.

Contact: Tony Williams, Department of Aviation, 5702 Gulfstream Road, Richmond International Airport, VA 23250-2422, telephone (804) 236-3632 or (804) 236-3624/TTY ☎

† **August 27, 1999 - 9 a.m.** -- Open Meeting
Sheraton Inn, 2801 Plank Road, Fredericksburg, Virginia. (Interpreter for the deaf provided upon request)

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

Contact: Tony Williams, Department of Aviation, 5702 Gulfstream Road, Richmond International Airport, VA 23250-2422, telephone (804) 236-3632 or (804) 236-3624/TTY ☎

CEMETERY BOARD

August 18, 1999 - 8:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A general business meeting of the Delivery Committee. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact Karen O'Neal at least two weeks prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Karen W. O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8552, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

August 18, 1999 - 9:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A general business meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact Karen O'Neal at least two weeks prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Karen W. O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8552, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

COMPENSATION BOARD

† **August 24, 1999 - 11 a.m.** -- Open Meeting
Compensation Board, 202 North 9th Street, 10th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

Monthly board meeting.

Contact: Cindy P. Waddell, Administrative Staff Assistant, Compensation Board, P.O. Box 710, Richmond, VA 23218, telephone (804) 786-0786 or FAX (804) 371-0235.

COMMONWEALTH COMPETITION COUNCIL

† **August 31, 1999 - 1 p.m.** -- Open Meeting
Tidewater Community College, Portsmouth Campus, 7700 College Drive, Portsmouth, Virginia. (Interpreter for the deaf provided upon request)

† **September 28, 1999 - 11 a.m.** -- Open Meeting
Virginia Western Community College, 3085 Colonial Avenue, S.W., Roanoke, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the task force studying and analyzing the food delivery system for prisons and mental health hospitals, and examining alternatives to increase efficiency and lower the cost to the Virginia taxpayers while supporting maximum inmate assignments within the Department of Corrections.

Contact: Peggy R. Robertson, Executive Assistant, Commonwealth Competition Council, James Madison Bldg., 109 Governor St., P.O. Box 1475, Richmond, VA 23218-1475, telephone (804) 786-0240 or FAX (804) 786-1594.

DEPARTMENT OF CONSERVATION AND RECREATION

August 18, 1999 - 10 a.m. -- Open Meeting
Douthat State Park, Route 1, Conference Center, Alleghany Room, Millboro, Virginia. (Interpreter for the deaf provided upon request)

A meeting to review and update potential routes and related issues for a possible horse trail between the Virginia Equine Center in Lexington and the Homestead Hotel in Bath County. Contact the department by August 9 if interpreter services are required.

Contact: Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899 or (804) 786-2121/TTY ☎

August 24, 1999 - 10 a.m. -- Open Meeting
State Capitol, House Room 1, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting of the Virginia Land Conservation Foundation. Public comment will be received following conclusion of regular business.

Contact: Mary Vaughan Gibson, Confidential Policy Analyst, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2871, FAX (804) 786-6141 or (804) 786-2121/TTY ☎

† **August 26, 1999 - 10 a.m.** -- Open Meeting
Cove Ridge Center at Natural Tunnel State Park, Route 3, Box 250, Duffield, Virginia. (Interpreter for the deaf provided upon request)

A meeting to discus development of the Natural Tunnel State Park master plan.

Contact: James E. Guyton, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-2093, FAX (804) 371-7899 or (804) 786-2121/TTY ☎

† **August 26, 1999 - 7 p.m.** -- Open Meeting
Hungry Mother State Park, 2854 Park Boulevard, Hemlock Haven Conference Center, Dogwood Room, Marion, Virginia. (Interpreter for the deaf provided upon request)

A meeting to discuss development of the Hungry Mother State Park master plan.

Contact: Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899 or (804) 786-2121/TTY ☎

Chippokes Plantation Farm Foundation

September 22, 1999 - 9:30 a.m. -- Open Meeting
Chippokes Plantation State Park, Mansion, 695 Chippokes Park Road, Surry, Virginia.

A general business meeting of the foundation's Board of Trustees.

Contact: Katherine R. Wright, Executive Secretary, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-7950 or FAX (804) 371-8500.

Fall River Renaissance Advisory Board

† **August 18, 1999 - 10 a.m.** -- Open Meeting
109 Governor Street, 13th Floor, Conference Room, Richmond, Virginia.

A meeting to discuss the Fall River Renaissance campaign.

Contact: Bonnie Phillips, Policy Analyst, Department of Conservation and Recreation, 109 Governor St., 13th Floor, Richmond, VA 23219, telephone (804) 786-5056, FAX (804) 786-6141 or toll-free 1-800-933-7275.

Rappahannock Scenic River Advisory Board

August 18, 1999 - 7 p.m. -- Open Meeting
Warren Green Building, 10 Hotel Street, Warrenton, Virginia. (Interpreter for the deaf provided upon request)

A general business meeting.

Contact: Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-4132, FAX (804) 371-7899 or (804) 786-2121/TTY ☎

BOARD OF CORRECTIONS

August 17, 1999 - 10:30 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the Correctional Services Committee to discuss correctional services matters which may be presented to the full board.

Contact: Barbara Fellows, Administrative Assistant to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

August 18, 1999 - 8:30 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the Administration Committee to discuss administration matters which may be presented to the full board.

Contact: Barbara Fellows, Administrative Assistant to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

August 18, 1999 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the full board to discuss matters that are presented. Public comment will be received.

Contact: Barbara Fellows, Administrative Assistant to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

August 19, 1999 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting of the Liaison Committee to discuss criminal justice matters which may be presented to the full board.

Contact: Barbara Fellows, Administrative Assistant to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

BOARD FOR COSMETOLOGY

† **September 13, 1999 - 8:30 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia.
(Interpreter for the deaf provided upon request)

A meeting to discuss regulatory review, comments from informational proceedings, and other matters requiring board action, including disciplinary cases. A public comment period will be held at the beginning of the meeting. Please call the board for possible changes. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Nancy Taylor Feldman, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-2474 or (804) 367-9753/TTY

CRIMINAL JUSTICE SERVICES BOARD

October 1, 1999 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Criminal Justice Services Board intends to **repeal** regulations entitled: **6 VAC 20-170-10 et seq. Regulations Relating to Private Security Services** and **adopt** regulations entitled: **6 VAC 20-171-10 et seq. Regulations Relating to Private Security Services.** The purpose of the proposed action is to promulgate regulations to establish the training standards, application procedures and compliance requirements for the private security services industry, which will replace existing regulations.

Statutory Authority: § 9-182 of the Code of Virginia.

Contact: Leon D. Baker, Jr., Section Chief, Private Security Services Section, Department of Criminal Justice Services, P.O. Box 10110, Richmond, VA 23240-9998, telephone (804) 786-0460 or FAX (804) 786-6344.

BOARD OF DENTISTRY

† **September 16, 1999 - 9:30 a.m.** – Public Hearing
Hyatt Regency, 1800 Presidents Street, Reston, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Dentistry intends to amend regulations entitled: **18 VAC 60-20-10 et seq. Regulations Governing the Practice of Dentistry and Dental Hygiene.** The proposed amendments replace emergency regulations, which were promulgated to comply with statutory provisions authorizing the board to issue volunteer restricted licenses in dentistry and dental hygiene.

Statutory Authority: §§ 54.1-2400, 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia.

Contact: Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9901.

VIRGINIA ECONOMIC DEVELOPMENT PARTNERSHIP

† **September 7, 1999 - 11 a.m.** -- Open Meeting
Virginia Economic Development Partnership, Riverfront Plaza, 901 East Byrd Street, West Tower, 9th Floor, Board Room, Richmond, Virginia.

A meeting to discuss issues pertaining to the Virginia Economic Development Partnership.

Contact: Kimberly M. Ellett, Administrative Assistant, Virginia Economic Development Partnership, P.O. Box 798,

Richmond, VA 23218-0798, telephone (804) 371-8108 or FAX (804) 371-8112.

BOARDS OF EDUCATION; JUVENILE JUSTICE; MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES; AND SOCIAL SERVICES

August 20, 1999 - 9 a.m. -- Public Hearing
October 1, 1999 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Boards of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services intend to repeal regulations entitled: **8 VAC 20-50-10 et seq., 6 VAC 35-50-10 et seq., 12 VAC 35-30-10 et seq., and 22 VAC 40-150-10 et seq. Standards for Interdepartmental Regulation of Residential Facilities for Children.** These regulations are being repealed as the proposed revisions are so extensive that it is more efficient to repeal the existing regulations and promulgate a new regulation in its place. The proposed regulation, 22 VAC 42-10-10 et seq., Standards for the Interagency Regulation of Children's Residential Facilities, was published in 15:22 VA.R. 2834-2870 July 19, 1999.

Statutory Authority: §§ 16.1-309.9, 22.1-321, 22.1-323, 22.1-323.2, 37.1-182, 37.1-189.1, 63.1-25, 63.1-217, 66-10 and 66-24 of the Code of Virginia.

Contact: Charlene Vincent, Acting Coordinator, Office of Interdepartmental Regulation, Department of Social Services, 730 E. Broad St., Richmond, VA 23219-1849, telephone (804) 692-1962 or FAX (804) 692-1965.

August 20, 1999 - 9 a.m. -- Public Hearing
Koger Center, Wythe Building, 1604 Santa Rose Road, Conference Rooms A and B, Richmond, Virginia.

September 17, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Boards of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services intend to adopt regulations entitled: **22 VAC 42-10-10 et seq. Standards for Interagency Regulation of Children's Residential Facilities.** The purpose of the proposed regulation is to ensure that a minimally acceptable level of care, treatment and education are provided by children's residential facilities.

Statutory Authority: §§ 16.1-309.9, 22.1-321, 22.1-323, 22.1-323.2, 37.1-182, 37.1-189.1, 63.1-25, 63.1-217, 66-10 and 66.24 of the Code of Virginia.

Contact: Charlene Vincent, Coordinator, Office of Interdepartmental Regulation, Department of Social Services, 730 E. Broad St., Richmond, VA 23219-1849, telephone (804) 692-1961 or FAX (804) 692-1965.

STATE EMERGENCY SERVICES ADVISORY BOARD

August 20, 1999 - 1 p.m. -- Open Meeting
Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, Virginia.♿

A quarterly meeting.

Contact: Irene M. Hamilton, Executive Secretary Senior, Office of Emergency Medical Services, 1538 E. Parham Rd., Richmond, VA 23228, telephone (804) 371-3500, FAX (804) 371-3543 or toll-free 1-800-523-6019.

LOCAL EMERGENCY PLANNING COMMITTEE - WINCHESTER

† **September 2, 1999 - 3 p.m.** -- Open Meeting
Shawnee Fire Company, 2333 Roosevelt Boulevard, Winchester, Virginia.

A meeting to finalize the packets for distribution to the public on Y2K, make a decision on distribution points, who will distribute the packets and who will maintain the inventory at these distribution locations. There will be a review of the annual update of SARA Title III Emergency Response Plan.

Contact: L. A. Miller, Fire and Rescue Chief, Winchester Fire and Rescue Department, 126 N. Cameron St., Winchester, VA 22601, telephone (540) 662-2298 or (540) 662-4131/TTY ☎

DEPARTMENT OF ENVIRONMENTAL QUALITY

August 26, 1999 - 1 p.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A joint meeting of the representatives of the State Air Pollution Control Board, State Water Control Board, and Virginia Waste Management Board.

Contact: Cindy M. Berndt, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4378.

Virginia Ground Water Protection Steering Committee

† **September 21, 1999 - 9 a.m.** -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.♿

A regular meeting.

Contact: Mary Ann Massie, Environmental Program Planner, Department of Environmental Quality, P. O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4042, FAX (804) 698-4032 or (804) 698-4021/TTY ☎

VIRGINIA FIRE SERVICES BOARD

† **October 14, 1999 - 8:30 a.m.** -- Open Meeting
Bernard's Landing at Smith Mountain Lake, 775 Ashmeade Road, Moneta, Virginia.

Committee meetings of the board to discuss fire training and policies will meet as follows:

Fire/EMS Education and Training Committee - 8:30 a.m.
Legislative/Liaison Committee - 10 a.m.
Fire Prevention and Control Committee - 1 p.m.

The meetings are open to the public for input and comments.

Contact: Troy H. Lapetina, Executive Director, Department of Fire Programs, James Monroe Bldg., 101 N. 14th St., 18th Floor, Richmond, VA 23219, telephone (804) 371-0220.

† **October 15, 1999 - 9 a.m.** -- Open Meeting
Bernard's Landing at Smith Mountain Lake, 775 Ashmeade Road, Moneta, Virginia.

A business meeting to discuss fire training and policies. The meeting is open to the public for input and comments.

Contact: Troy H. Lapetina, Executive Director, Department of Fire Programs, James Monroe Bldg., 101 N. 14th St., 18th Floor, Richmond, VA 23219, telephone (804) 371-0220.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† **September 15, 1999 - 9 a.m.** – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Funeral Directors and Embalmers intends to amend regulations entitled: **18 VAC 65-20-10 et seq. Regulations of the Board of Funeral Directors and Embalmers.** The proposed amendments replace emergency regulations, which were promulgated to comply with statutory provisions authorizing the board to register crematories.

Statutory Authority: §§ 54.1-2400 and Chapter 28 (§ 54.1-2800 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Elizabeth Young Tisdale, Executive Director, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907.

† **September 15, 1999 - 9 a.m.** -- Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.♿

A public hearing on crematory regulations.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or FAX (804) 662-9523.

† **September 21, 1999 - Noon** -- Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.♿

A meeting of the Special Conference Committee to hold informal hearings. Public comment will not be received.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or FAX (804) 662-9523.

† **September 22, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.♿

A general meeting of the board. There will be a 15-minute public comment period.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or FAX (804) 662-9523.

† **September 22, 1999 - 1 p.m.** -- Open Meeting
† **September 23, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.♿

Meetings to conduct formal hearings. Public comment will not be received.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or FAX (804) 662-9523.

† **October 12, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.♿

The Legislative Committee will review and discuss future legislative proposals. There will be a 15-minute public comment period at the beginning of the meeting.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or FAX (804) 662-9523.

† **October 12, 1999 - 11 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.♿

A meeting of the Regulatory and Bylaws Committee to discuss and review future regulatory proposals. There

will be a 15 minute public comment period at the beginning of the meeting.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or FAX (804) 662-9523.

BOARD OF GAME AND INLAND FISHERIES

August 19, 1999 - 9 a.m. -- Open Meeting
August 20, 1999 - 9 a.m. -- Open Meeting
Department of Game and Inland Fisheries, 4000 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The board will consider adopting 1999-2000 hunting seasons and bag limits for migratory waterfowl (ducks and coots, geese and brant, swan, gallinules and moorhens) and falconry, based on frameworks provided by the U.S. Fish and Wildlife Service. The board will solicit comments from the public during the public hearing portion of the meeting, at which time any interested citizen present shall be heard. The board may also discuss general and administrative issues. The board may elect to hold a dinner Wednesday evening, August 18, at a location and time to be determined; and it may hold a closed session before the public session begins on August 19. If the board completes its entire agenda on August 19, it may not convene on August 20, the second of the scheduled two days of the meeting.

Contact: Phil Smith, Policy Analyst, Department of Game and Inland Fisheries, 4010 W. Broad St., Richmond, VA , telephone (804) 367-1000 or FAX (804) 367-2311.

DEPARTMENT OF GENERAL SERVICES

Design-Build/Construction Management Review Board

August 16, 1999 - 11 a.m. -- Open Meeting
The Library of Virginia, 800 East Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the board to review requests submitted by localities for the use of the design-build or construction management type of contract, and to continue review of a Report to the Governor due December 1, 1999. Public comments will be taken. Please contact Sandra H. Williams at the Division of Engineering and Buildings to confirm meeting date and time.

Contact: Sandra H. Williams, Administrative Assistant, Department of General Services, Division of Engineering and Buildings, 805 E. Broad St., Room 101, Richmond, VA 23219, telephone (804) 786-3263, FAX (804) 371-7934 or (804) 786-6152/TTY ☎

STATE BOARD OF HEALTH

† **September 7, 1999 - 10 a.m.** – Public Hearing
J. Sargent Reynolds Corporate Center, North Run Business Park, 1630 East Parham Road, Richmond, Virginia.

† **September 9, 1999 - 1 p.m.** – Public Hearing
Central Rappahannock Regional Library, 1201 Caroline Street, Fredericksburg, Virginia.

† **September 16, 1999 - 1 p.m.** – Public Hearing
Lynchburg Public Library, 2315 Memorial Avenue, Lynchburg, Virginia.

† **September 23, 1999 - 1 p.m.** – Public Hearing
Main Street Library, 110 Main Street, Newport News, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to adopt regulations entitled: **12 VAC 5-408-10 et seq. Regulations for the Certification of Managed Care Health Insurance Plan Licenses.** Senate Bill 712 (1998) established a quality assurance certification program for managed care health insurance plan (MCHIP) licensees. All MCHIP licensees will have to obtain certification and remain certified by the State Health Commissioner to confirm the quality of health care services they deliver. The regulation will define the expectations relating to quality upon which certification will be based.

Statutory Authority: § 32.1-137.3 of the Code of Virginia.

Public comments may be submitted until October 15, 1999, to Nancy R. Hofheimer, Director, Department of Health, 3600 West Broad Street, Richmond, VA 23230.

Contact: Carrie Eddy, Policy Analyst, Center for Quality Health Care Services and Consumer Protection, Department of Health, 3600 W. Broad St., Suite 216, Richmond, VA 23230, telephone (804) 367-2157 or FAX (804) 367-2149.

BOARD OF HEALTH PROFESSIONS

August 24, 1999 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The Ad Hoc Committee on Independent Boards of the Board of Health Professions will meet to hear comments from the public on the draft reports and policy options for the Study of the Merit of an Independent Board of Chiropractic pursuant to SJR 433 (99), and for the Study of Merit of an Independent Board of Physical Therapy pursuant to HJR 504 (99). Copies of the draft report will be available to the public after August 9, 1999, and may be either requested from the board or downloaded from the department's website at http://www.dhp.state.va.us/.

Contact: Carol Stamey, Administrative Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910, FAX (804) 662-7098 or (804) 662-7197/TTY ☎

August 24, 1999 - 1 p.m. -- Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A public hearing of the Regulatory Research Committee to receive comments on the need to regulate speech-language pathology assistants pursuant to the study required by SJR 492 (99). Written comments will be received until September 1, 1999.

Contact: Carol Stamey, Administrative Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910, FAX (804) 662-7198 or (804) 662-7197/TTY ☎

HOPEWELL INDUSTRIAL SAFETY COUNCIL

September 7, 1999 - 9 a.m. -- Open Meeting
Hopewell Community Center, 100 West City Point Road, Hopewell, Virginia. (Interpreter for the deaf provided upon request)

Local Emergency Preparedness Committee meeting on emergency preparedness as required by SARA Title III.

Contact: Robert Brown, Emergency Services Coordinator, 300 N. Main St., Hopewell, VA 23860, telephone (804) 541-2298.

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

† **September 8, 1999 - 2:30 p.m.** -- Open Meeting
Norfolk Waterside Marriott, 235 East Main Street, Norfolk, Virginia.

A regular monthly business meeting of the board. Public comment will be received.

Contact: Stephen W. Calhoun, CPA, Senior Policy Analyst, Board of Housing and Community Development, The Jackson Center, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7092 or (804) 371-7089/TTY ☎

STATEWIDE INDEPENDENT LIVING COUNCIL

September 8, 1999 - 10 a.m. -- Open Meeting
Department of Rehabilitative Services, 8004 Franklin Farms Drive, Conference Room 101, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the Executive Committee to review and amend the spending plan for the State Plan for Independent Living.

Contact: James A. Rothrock, Statewide Independent Living Council Staff, 1802 Marroit Rd., Richmond, VA 23229, telephone (804) 673-0119 or FAX (804) 282-7118.

VIRGINIA INFORMATION PROVIDERS NETWORK AUTHORITY

† **August 26, 1999 - 1 p.m.** -- Open Meeting
† **October 28, 1999 - 1 p.m.** -- Open Meeting
Division of Motor Vehicles, 2300 West Broad Street, Room 702, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular bimonthly meeting.

Contact: Fred Marcus, Agency Management Analyst, Virginia Information Providers Network Authority, 2300 W. Broad St., Room 321, Richmond, VA 23269, telephone (804) 367-2850 or FAX (804) 367-2536.

STATE LAND EVALUATION ADVISORY COUNCIL

August 17, 1999 - 10 a.m. -- Open Meeting
September 27, 1999 - 10 a.m. -- Open Meeting
Department of Taxation, 2220 West Broad Street, Richmond, Virginia.

A meeting to adopt suggested ranges of values for agricultural, horticultural, forest and open-space land use and the use-value assessment program.

Contact: H. Keith Mawyer, Property Tax Manager, Department of Taxation, Office of Customer Services, Property Tax Unit, 2220 W. Broad St., Richmond, VA 23220, telephone (804) 367-8020.

DEPARTMENT OF LABOR AND INDUSTRY

Virginia Apprenticeship Council

† **August 24, 1999 - 10 a.m.** -- Open Meeting
Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting of the special subcommittee to review revised apprenticeship standards.

Contact: Beverly Donati, Assistant Program Director, Department of Labor and Industry, Powers-Taylor Bldg, 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418 or (804) 786-2376/TTY ☎

† **September 17, 1999 - 10 a.m.** -- Open Meeting
University of Virginia, Newcomb Hall, 3rd Floor, South Meeting Room, Charlottesville, Virginia. (Interpreter for the deaf provided upon request)

A business meeting. Agenda will be announced.

Contact: Beverly Donati, Assistant Program Director, Department of Labor and Industry, Powers-Taylor Bldg, 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418 or (804) 786-2376/TTY ☎

LITTER CONTROL AND RECYCLING FUND ADVISORY BOARD

† **August 17, 1999 - 10 a.m.** -- Open Meeting
701 East Franklin Street, Lower Level Conference Room, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A progress review of the 1998 Litter Prevention and Recycling Education Program Competitive Grant awardees. The board promotes the control, prevention and elimination of litter from the Commonwealth and encourages recycling and advises the Director of the Department of Environmental Quality on other litter control and recycling matters. For details contact Mike Murphy.

Contact: Michael P. Murphy, Director, Environmental Enhancement, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4003, toll-free 1-800-592-5482, FAX (804) 698-4319, (804) 698-4021/TTY☎ or e-mail mpmurphy@deq.state.va.us.

COMMISSION ON LOCAL GOVERNMENT

September 13, 1999 - 10 a.m. -- Open Meeting
Commission on Local Government, Pocahontas Building, 900 East Main Street, Suite 103, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

A regular meeting to consider such matters as may be presented.

Contact: Barbara Bingham, Administrative Assistant, Pocahontas Building, 900 East Main Street, Suite 103, Richmond, VA 23219-3513, telephone (804) 786-6508, FAX (804) 371-7999 or (800) 820-1120/TTY ☎

MARINE RESOURCES COMMISSION

August 24, 1999 - 9:30 a.m. -- Open Meeting
September 28, 1999 - 9:30 a.m. -- Open Meeting
Marine Resources Commission, 2600 Washington Avenue, Room 403, Newport News, Virginia. ♿ (Interpreter for the deaf provided upon request)

The commission will hear and decide the following marine environmental matters beginning at 9:30 a.m.: permit applications for projects in wetlands, bottom lands, coastal primary sand dunes and beaches; appeals of local wetland board decisions; and policy and regulatory issues. The commission will hear and decide the following fishery management items beginning at approximately noon: regulatory proposals; fishery management plans; fishery conservation issues; licensing; and shellfish leasing. Meetings are open to the public. Testimony will be taken under oath from parties addressing agenda items on permits and licensing. Public comments will be taken on resource matters, regulatory issues and items scheduled for public hearing.

Contact: LaVerne Lewis, Secretary to the Commission, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607-0756, telephone (757) 247-2261, toll-free 1-800-541-4646 or (757) 247-2292/TTY☎

BOARD OF MEDICAL ASSISTANCE SERVICES

† **September 14, 1999 - 9 a.m.** -- Open Meeting
University of Virginia, Rotunda, West Oval Room, Charlottesville, Virginia.

A meeting to discuss medical assistance services policy and to take action on issues pertinent to the board.

Contact: Leah D. Hamaker, Board Liaison, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-8099 or FAX (804) 371-4981.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

August 18, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: **12 VAC 30-50-10 et seq., Amount, Duration, and Scope of Medical and Remedial Care Services; 12 VAC 30-60-10 et seq., Standards Established and Methods Used to Assure High Quality Care; 12 VAC 30-80-10 et seq., Methods and Standards for Establishing Payment Rates; Other Types of Care; and 12 VAC 30-130-10 et seq., Amount, Duration and Scope of Selected Services.** This regulatory action realigns the Title XIX Medicaid hospice services with those of the Title XVIII Medicare hospice services. The benefits periods will be the same across the two programs, payments for services will be based on location of service delivery and not the agency's home office address, and hospices will be permitted to contract out their physician services.

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

Public comments may be submitted until August 18, 1999, to Vivian Horn, Division of Program Operations, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad

St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8854.

† **August 20, 1999 - 10 a.m.** -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Board Room, Richmond, Virginia.

A meeting of the Technical Advisory Panel of the Indigent Health Care Trust Fund to consider the HJR 675 study on the feasibility of establishing a pilot pharmacy program for the indigent.

Contact: William Lessard, Indigent Health Care Manager, Department of Medical Assistance Services, Division of Program Operations, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8852.

BOARD OF MEDICINE

August 20, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **18 VAC 85-101-10 et seq. Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited.** Amendments are proposed to set minimal qualifications for instructors in an educational program and to require passage of an examination for licensure as a radiologic technologist-limited. Proposed amendments also require a radiologic technologist-limited to notify the board of the anatomical area in which he practices, clarify that a person with a limited license is not qualified to perform mammography, and specify that a traineeship for an unlicensed graduate must terminate 14 days after receipt of examination results.

Statutory Authority: §§ 54.1-2400, 54.1-2956.8:1, and 54.1-2956.8:2 of the Code of Virginia.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

† **September 3, 1999 - 9 a.m.** -- Open Meeting
Roanoke Airport Marriott Hotel, 2801 Hershberger Road, N.W., Roanoke, Virginia.

A meeting to inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The panel will meet in open and closed sessions pursuant to § 2.1-344 A 7 and A 15 of the Code of Virginia. Public comment will not be received.

Contact: Karen W. Perrine, Deputy Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-7693, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

† **September 8, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The Advisory Committee on Acupuncturists will discuss regulatory review of 18 VAC 85-110-10 et seq., Regulations Governing the Practice of Licensed Acupuncturists, and such other issues which may be presented. The committee will entertain public comments during the first 15 minutes on agenda items.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

† **September 8, 1999 - 1 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The Advisory Committee on Radiologic Technologists will review public comments and make recommendations to the board regarding 18 VAC 85-101-10 et seq., Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited, and such other issues which may be presented. The advisory committee will entertain public comments during the first 15 minutes on agenda items.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

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September 9, 1999 - 1 p.m. -- Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.

October 1, 1999 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **18 VAC 85-40-10 et seq. Regulations Governing the Practice of Respiratory Care Practitioners.** The purpose of the proposed action is to replace emergency regulations for the licensure of respiratory care practitioners.

Statutory Authority: § 54.1-2400 and Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, 6606 W. Broad St.,4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908 or FAX (804) 662-9943.

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September 9, 1999 - 1 p.m. – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **18 VAC 85-101-10 et seq. Regulations for the Licensure of Occupational Therapists.** The amendments are proposed to replace emergency regulations, effective January 29, 1999, which were promulgated to comply with statutory provisions requiring licensure of occupational therapists. Proposed amendments clarify the requirements for licensure and clarify that evidence of active practice is required for renewal or reinstatement of a license and for an applicant applying for licensure from another state. Active practice is defined as 160 hours within a 24-month period.

Statutory Authority: §§ 54.1-2400 and Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

† **September 9, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

The Advisory Board on Occupational Therapy will review public comments and make recommendations to the board regarding the regulatory review of 18 VAC 85-80-10 et seq., Regulations for Licensure of Occupational Therapists, and such other issues which may be presented. The advisory board will entertain public comments during the first 15 minutes on agenda items.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

† **September 9, 1999 - 1 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

The Advisory Board on Respiratory Care will review public comments and make recommendations to the board regarding the regulatory review of 18 VAC 85-40-10 et seq., Regulations Governing the Practice of Respiratory Care Practitioners, and such other issues which may be presented.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

† **September 10, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

The Advisory Board on Physical Therapy will review public comments and make recommendations to the board regarding the regulatory review of 18 VAC 85-31-10 et seq., Regulations Governing the Practice of Physical Therapy, and such other issues which may be presented. The advisory board will entertain public comments during the first 15 minutes on agenda items.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

† **September 10, 1999 - 1 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

The Advisory Committee on Physician Assistants will review public comments and make recommendations to the board regarding the regulatory review of 18 VAC 85-50-10 et seq., Regulations Governing the Practice of Physician Assistants, and such other issues which may be presented. The committee will entertain public comments during the first 15 minutes on agenda items.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

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† **September 24, 1999 - 1 p.m.** – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **18 VAC 85-20-10 et seq. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic and Physician Acupuncture.** The amendments are proposed pursuant to a statutory mandate in § 54.1-2910.1 of the Code of Virginia to establish a physician profile system which would provide information on the practice and disciplinary history of doctors of medicine and osteopathy.

Statutory Authority: §§ 54.1-2400 and 54.1-2910.1 of the Code of Virginia.

Contact: Warren W. Koontz, M.D., Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908.

Informal Conference Committee

August 18, 1999 - 8:30 a.m. -- Open Meeting
September 15, 1999 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, Richmond, Virginia.

September 2, 1999 - 9 a.m. -- Open Meeting
Sheraton Inn, 2801 Plank Road, Fredericksburg, Virginia.

August 19, 1999 - 9:30 a.m. -- Open Meeting
September 9, 1999 - 9:30 a.m. -- Open Meeting
September 15, 1999 - 8:30 a.m. -- Open Meeting
Roanoke Airport Marriott, 2801 Hershberger Road, Roanoke, Virginia.

A meeting to inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 A 7 and A 15 of the Code of Virginia. Public comment will not be received.

Contact: Karen W. Perrine, Deputy Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-7332, FAX (804) 662-9517 or (804) 662-7197/TTY ☎

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

† **August 26, 1999 - 10 a.m.** -- Public Hearing
Thomas Jefferson Building, 1220 Bank Street, 9th Floor, Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A public hearing to receive comments on the Virginia Community Mental Health Services Performance Partnership Block Grant Application for Federal Fiscal Year 2000. Copies of the application are available for review at the office of Mental Health Services, Thomas Jefferson Building, 1220 Bank Street, 11th Floor, and at each community services board office. Comments may be made at the hearing or in writing by no later than August 26, 1999, to the Office of the Commissioner, Department of Mental Health, Mental Retardation and Substance Abuse Services. Any person wishing to make a presentation at the hearing should contact Sterling G. Deal, Ph.D. Copies of oral presentations should be filed at the time of the hearing.

Contact: Sterling G. Deal, Ph.D., Resource Analyst, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218, telephone (804) 371-1248, FAX (804) 786-1836 or (804) 371-8977/TTY ☎

VIRGINIA MILITARY INSTITUTE

August 28, 1999 - 8:30 a.m. -- Open Meeting
Virginia Military Institute, Turman Room, Preston Library, Lexington, Virginia.♿

A regular meeting of the Board of Visitors to elect a president, vice presidents, and a secretary. Committee reports will be received. Public comment will be received immediately after the superintendent's comments (approximately 9 a.m.)

Contact: Colonel Edwin L. Dooley, Jr., Secretary to the Board of Visitors, Virginia Military Institute, Superintendent's Office, Lexington, VA 24450, telephone (540) 464-7206 or FAX (540) 464-7660.

COMMONWEALTH NEUROTRAUMA INITIATIVE ADVISORY BOARD

† **August 25, 1999 - 10 a.m.** -- Open Meeting
Department of Rehabilitative Services, Ratcliffe Building, 1602 Rolling Hills Drive, 2nd Floor, Conference Room, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

A meeting to discuss issues pertaining to the Commonwealth Neurotrauma Initiative. A public comment period will be held at the beginning of the meeting. Any person who needs special accommodations to participate should contact Ana Hernandez at least five days before the meeting so that suitable arrangements can be made. The meeting replaces the meeting originally scheduled for August 11.

Contact: Ana Hernandez, Program Specialist, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box K300, Richmond, VA 23288-0300, telephone (804) 662-7162, toll-free 1-800-552-5019, FAX (804) 662-7663, or 1-800-464-9950/TTY ☎

BOARD OF NURSING

August 24, 1999 - a.m. -- Open Meeting
August 25, 1999 - a.m. -- Open Meeting
August 26, 1999 - a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

A Special Conference Committee will conduct informal conferences with licensees and certificate holders. Public comments will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA

23230-1717, telephone (804) 662-9909, FAX (804) 662-9512 or (804) 662-7197/TTY ☎

BOARD OF NURSING HOME ADMINISTRATORS

August 31, 1999 - 10 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.♿

A meeting of the Special Conference Committee to conduct an informal fact-finding hearing. Public comments will not be received.

Contact: Senita Booker, Administrative Staff Assistant, Board of Nursing Home Administrators, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111, FAX (804) 662-9523 or (804) 662-7197/TTY ☎

OLD DOMINION UNIVERSITY

August 16, 1999 - 3 p.m. -- Open Meeting
Old Dominion University, Webb University Center, Norfolk, Virginia.♿

A monthly meeting of the Executive Committee of the governing board to discuss business of the University as determined by the Rector and the President of the University.

Contact: Donna W. Meeks, Assistant to the Vice President, Old Dominion University, 204 Koch Hall, Norfolk, VA 23529, telephone (757) 683-3072 or FAX (757) 683-5679.

BOARD FOR OPTICIANS

August 20, 1999 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia.♿
(Interpreter for the deaf provided upon request)

An open meeting to discuss regulatory review, disciplinary cases and other matters requiring board action. All meetings are subject to cancellation. Call board office at least 24 hours in advance for possible changes. A public comment period will be held at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Nancy Taylor Feldman, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., 4th Floor, Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-2474 or (804) 367-9753/TTY☎

BOARD OF PHARMACY

August 17, 1999 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.♿

A general business meeting to (i) consider disciplinary matters and conduct disciplinary proceedings; (ii) review and respond to public comments received on proposed regulation 18 VAC 110-20-10 et seq., Regulations Governing the Practice of Pharmacy, published in the Virginia Register of Regulations on May 24, 1999, and adopt final regulations; and (iii) adopt emergency regulations on collaborative practice. Public comments will be received at the beginning of the meeting immediately following the approval of the agenda and the review and acceptance of the minutes.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9911 or FAX (804) 662-9313.

† **August 17, 1999 - 2 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.♿

A panel of the board will conduct a formal hearing.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9911 or FAX (804) 662-9313.

† **August 18, 1999 - 9 a.m.** -- Open Meeting
† **August 31, 1999 - 9 a.m.** – Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Rooms 1 and 3, Richmond, Virginia.♿

A meeting of the Special Conference Committee to hear informal conferences.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9911 or FAX (804) 662-9313.

BOARD OF LICENSED PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND SUBSTANCE ABUSE TREATMENT PROFESSIONALS

† **August 26, 1999 - 9 a.m.** – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment

Professionals intends to amend regulations entitled: **18 VAC 115-30-10 et seq. Regulations Governing the Certification of Substance Abuse Treatment Counselors.** The purpose of the proposed amendments is to respond to Executive Order 15 (94) by clarifying and reformatting the regulations, extending the endorsement provision to include holders of certain national certifications, reducing the burden of the supervised training requirement, and clarifying the standard of practice pertaining to dual relationships. To reduce the financial burden on individuals who wish to renew a certification which has lapsed for more than four years, the board is proposing a reapplication alternative to the current cumulative renewal and penalty fee.

Statutory Authority: §§ 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Janet Delorme, Deputy Executive Director, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9575, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

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† **August 26, 1999 - 9 a.m.** – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals intends to amend regulations entitled: **18 VAC 115-50-10 et seq. Regulations Governing the Practice of Marriage and Family Therapy.** The purpose of the proposed amendments is to respond to a petition for rulemaking to make it possible for individuals to be licensed if their educational programs do not offer all course work currently required; to conform the residency requirements to those required for the licensed professional counselors as mandated by statute; to simplify documentation of credentials for endorsement applicants; and to recognize all acceptable accrediting bodies for graduate programs.

Statutory Authority: §§ 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Janet Delorme, Deputy Executive Director, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9575, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

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† **August 26, 1999 - 9 a.m.** – Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals intends to amend regulations entitled: **18 VAC 115-60-10 et seq. Regulations Governing the Practice of Substance Abuse Treatment Practitioners.** The purpose of the proposed amendments is to promulgate new regulations establishing qualifications for licensure of substance abuse treatment practitioners, fees, and standards of ethical practice as required by statutory mandate.

Statutory Authority: §§ 54.1-2400 and Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia.

Contact: Janet Delorme, Deputy Executive Director, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9575, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

† **August 26, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room, Richmond, Virginia.♿

A meeting of the Credentials Committee to review applicant credentials. No public comment will be received.

Contact: Evelyn Brown, Executive Director, or Joyce Williams, Administrative Assistant, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9912 or FAX (804) 662-9943.

August 26, 1999 - 10 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.♿

A meeting of the Regulatory Committee to discuss (i) the criteria for licensure of individuals without master's degrees as substance abuse treatment practitioners, pursuant to new legislation effective July 1, 1999; (ii) issues pertaining to education requirements for certified substance abuse counselors; (iii) improving consistency in the language among all chapters of regulations; and (iv) training requirements for supervisors. Public comment will be received at the beginning of the meeting.

Contact: Janet Delorme, Deputy Executive Director, Department of Licensed Professional Counselors, Marriage

and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9575, FAX (804) 662-9943 or (804) 662-7197/TTY ☎

† **August 26, 1999 - 10:30 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room, Richmond, Virginia.♿

A meeting of the Examination Committee to review exam results. No public comment will be received.

Contact: Evelyn Brown, Executive Director, or Joyce Williams, Administrative Assistant, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9912 or FAX (804) 662-9943.

† **August 27, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.♿

A meeting of the Executive Committee. No public comment will be received.

Contact: Evelyn Brown, Executive Director, or Joyce Williams, Administrative Assistant, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9912 or FAX (804) 662-9943.

† **August 27, 1999 - 10 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.♿

A general business meeting to consider committee reports and correspondence and any other matters under its jurisdiction, and to conduct regulatory review. Public comments will be received at the beginning of the meeting.

Contact: Evelyn Brown, Executive Director, or Joyce Williams, Administrative Assistant, Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9912 or FAX (804) 662-9943.

BOARD OF PSYCHOLOGY

† **August 17, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.♿

Informal administrative hearings. Public comment will not be received.

Contact: Evelyn Brown, Executive Director, Board of Psychology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9967 or FAX (804) 662-9943.

† **September 21, 1999 - 10 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.♿

A regular meeting to hear committee reports and discuss general business. Public comment will be received at the beginning of the meeting.

Contact: Evelyn Brown, Executive Director, Board of Psychology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9967 or FAX (804) 662-9943.

VIRGINIA RACING COMMISSION

August 18, 1999 - 9:30 a.m. -- Open Meeting
Tyler Building, 1300 East Main Street, Richmond, Virginia.♿

A monthly meeting of the commission including a segment for public participation.

Contact: William H. Anderson, Policy Analyst, Virginia Racing Commission, 10700 Horsemen Rd., New Kent, VA 23124, telephone (804) 966-7404 or FAX (804) 966-7418.

BOARD OF REHABILITATIVE SERVICES

† **September 9, 1998 -9 a.m.** -- Open Meeting
Woodrow Wilson Rehabilitation Center, Fishersville, Virginia.♿ (Interpreter for the deaf provided upon request)

A quarterly business meeting.

Contact: Barbara G. Tyson, Administrative Staff Specialist, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box 300 K, Richmond, VA 23288-0300, telephone (804) 662-7010, toll-free 1-800-552-5019 or (804) 662-7000/TTY ☎

DEPARTMENT FOR RIGHTS OF VIRGINIANS WITH DISABILITIES

† **August 26, 1999 - 10 a.m.** -- Open Meeting
Ninth Street Office Building, 202 North 9th Street, 9th Floor, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

A meeting of the Protection and Advocacy for Individuals with Mental Illness Council. Public comment is welcome and will be received at approximately 10 a.m.

Contact: Heidi Lawyer, Deputy Director, Department for Rights of Virginians with Disabilities, 9th Street Office Bldg., 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 225-2042, FAX (804) 225-3221 or toll-free 1-800-552-3962.

SEWAGE HANDLING AND DISPOSAL APPEAL REVIEW BOARD

August 18, 1999 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia.

A meeting to hear appeals of health department denials of septic tank permits.

Contact: Gary L. Hagy, Acting Secretary, Sewage Handling and Disposal Appeal Review Board, P.O. Box 2448, Room 115, Richmond, VA 23218, telephone (804) 225-4022 or FAX (804) 225-4003.

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

† **August 24, 1999 - 10 a.m.** -- Open Meeting
Department of Business Assistance, 707 East Main Street, 3rd Floor, Main Board Room, Richmond, Virginia.

A meeting of the Loan Committee to review applications for loans submitted to the authority for approval. The time will be moved to 8:30 a.m. if the VSBFA Board of Directors decides to combine meeting dates with the Loan Committee.

Contact: Cathleen M. Surface, Executive Director, Virginia Small Business Financing Authority, 707 E. Main St., 3rd Floor, P.O. Box 446, Richmond, VA 23218-0446, telephone (804) 371-8254 or FAX (804) 225-3384.

STATE BOARD OF SOCIAL SERVICES

September 17, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **22 VAC 40-60-10 et seq. Standards and Regulations for Licensed Adult Day Care Centers.** The purpose of the proposed amendment is to comply with Code of Virginia mandates and to reflect the current needs of participants in adult day care centers.

Statutory Authority: §§ 63.1-25 and 63.1-194.2 of the Code of Virginia.

Contact: Kathryn Thomas, Program Development Supervisor, Division of Licensing Programs, Department of Social Services, 730 E. Broad St., 7th Floor, Richmond, VA 23219, telephone (804) 692-1793 or FAX (804) 692-2370.

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September 17, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to repeal regulations entitled: **22 VAC 40-710-10 et seq. Child Protective Services Client Appeals.** The Child Protective Services Client Appeals regulation is no longer necessary because its provisions are currently available to appellants through 22 VAC 40-705-10 et seq., Child Protective Services, which combines both programmatic and appeals regulations.

Statutory Authority: §§ 63.1-25 and 63.1-248.6:1 of the Code of Virginia.

Contact: Janice M. Sigler, Appeals and Fair Hearings Program Manager, Department of Social Services, 730 E. Broad St., 8th Floor, Richmond, VA 23219, telephone (804) 692-1832 or FAX (804) 692-1804.

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September 17, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to repeal regulations entitled: **22 VAC 40-820-10 et seq. Policy Regarding Purchased Services.** The purpose of the chapter being repealed was to establish uniform polices and procedures for the purchase of services within local departments of social services. The chapter is no longer needed because the local departments currently follow regulations for each program area when purchasing services for their customers.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Contact: Marjorie L. Marker, Adult Services Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1262 or FAX (804) 692-2215.

† **September 27, 1999 - 1 p.m.** -- Public Hearing
Albemarle County Public Building, Board Room 241, Charlottesville, Virginia. (Interpreter for the deaf provided upon request)

A public hearing to solicit public comment regarding the amendment to the mandated reporting requirement for suspected child abuse or neglect, wherein attending physicians report to their local department of social services' child protective services program evidence that newborn infants have been exposed to a controlled substance or display symptoms of fetal alcohol syndrome.

Contact: Betty Jo Zarris, Program Consultant, Department of Social Services, 730 E. Broad St., 2nd Floor, Richmond, VA 23219, telephone (8904) 692-1220 or FAX (804) 692-2215.

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† **September 27, 1999 - 1 p.m.** – Public Hearing
Albemarle County Public Building, Board Room 241, Charlottesville, Virginia.

October 15, 1999 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **22 VAC 40-705-10 et seq. Child Protective Services.** The purpose of the proposed amendments is to require attending physicians to respond to their local department of social services office evidence that newborn infants have been exposed to a controlled substance or display symptoms of fetal alcohol syndrome as required by § 63.1-248.3 A1 and 63.1-248.1 E 1 and E 2 of the Code of Virginia.

Statutory Authority: §§ 63.1-25, 63.1-248.3 and 63.1-248.6 of the Code of Virginia.

Contact: Betty Jo Zarris, Program Consultant, Department of Social Services, Child Protective Services Program, 730 E. Broad St., 2nd Floor, Richmond, VA 23219, telephone (804) 692-1220 or FAX (804) 692-2215.

COUNCIL ON TECHNOLOGY SERVICES

† **August 24, 1999 - 9 a.m.** -- Open Meeting
Department of Transportation, 1221 East Broad Street, Main Auditorium, Richmond, Virginia.

An organizational meeting.

Contact: Jamie Breeden, Administrative Staff Specialist, Council on Technology Services, 110 S. 7th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-5506, FAX (804) 371-5273 or (804) 371-8076.

COMMONWEALTH TRANSPORTATION BOARD

August 18, 1999 - 2 p.m. -- Open Meeting
Department of Transportation, 1401 East Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A work session of the board and the Department of Transportation staff.

Contact: Shirley J. Ybarra, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-6675.

August 19, 1999 - 10 a.m. -- Open Meeting
Department of Transportation, 1401 East Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A monthly meeting of the board to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval. Public comment will be received at the outset of the meeting on items on the meeting agenda for which the opportunity for comment has not been afforded the public in another forum. Remarks will be limited to five minutes. Large groups are asked to select one individual to speak for the group. The board reserves the right to amend these conditions. Separate committee meetings may be held on call of the chairman. Contact Department of Transportation Public Affairs at (804) 786-2715 for schedule.

Contact: Shirley J. Ybarra, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-6675.

GOVERNOR'S COMMISSION ON TRANSPORTATION POLICY

† **August 30, 1999 - 9:30 a.m.** – Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A meeting to provide members of the commission with options for solving Virginia's transportation issues. The public is invited to present to the commission innovative ideas and recommendations on how to improve Virginia's transportation system. The public will be received from 10 a.m. to 4 p.m. Elected officials will receive priority in recognition. The commission requests written testimony from all presenters. In addition, all written comments will be accepted whether or not an oral presentation is made. All presenters will be asked to sign in on a list to receive recognition to speak. The list will be followed in order throughout the day. Questions regarding the meeting should be addressed to Dan Shoemaker.

Contact: Dan Shoemaker, Staff Director, Governor's Commission on Transportation Policy, telephone (804) 786-3655.

TRANSPORTATION SAFETY BOARD

† **September 13, 1999 - 9 a.m.** -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to discuss FY 2000 federal highway safety grants and other highway safety matters.

Contact: Angelisa Jennings, Management Analyst, Department of Motor Vehicles, 2300 W. Broad St., Room 405, Richmond, VA 23269, telephone (804) 367-2026.

TREASURY BOARD

August 18, 1999 - 9 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, 3rd Floor, Treasury Board Room, Richmond, Virginia.

A regular business meeting.

Contact: Gloria J. Hatchel, Administrative Assistant, Department of the Treasury, James Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 371-6011.

BOARD OF VETERINARY MEDICINE

† **August 17, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to conduct informal conferences. Public comment will not be received.

Contact: Terri H. Behr, Administrative Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9915 or (804) 662-7197/TTY ☎

† **August 18, 1999 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular board meeting to approve consent orders; consider requests for licensure by endorsement, reinstatement of licenses, and exemptions for continuing education; and discuss acceptability of vinyl pads on surgery tables. The board will respond to questions of representatives from state animal shelters regarding the appropriate possession and use of scheduled drugs on animals in shelters. Brief public comment will be received at the beginning of the meeting.

Contact: Terri H. Behr, Administrative Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9915 or (804) 662-7197/TTY ☎

BOARD FOR THE VISUALLY HANDICAPPED

† **October 19, 1999 - 1 p.m.** -- Open Meeting
Department for the Visually Handicapped, Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular quarterly meeting to receive information regarding department activities and operations, review expenditures from the board's endowment fund, and discuss other issues raised by board members.

Contact: Katherine C. Proffitt, Executive Secretary Senior, Department for the Visually Handicapped, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3145, toll-free 1-800-622-2155, FAX (804) 371-3157 or (804) 371-3140/TTY ☎

DEPARTMENT FOR THE VISUALLY HANDICAPPED

Statewide Rehabilitation Council for the Blind

† **September 18, 1999 - 10 a.m.** -- Open Meeting
Department for the Visually Handicapped, Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A quarterly meeting of the council to advise the Department for the Visually Handicapped on matters related to vocational rehabilitation services for the blind and visually impaired citizens of the Commonwealth.

Contact: James G. Taylor, Vocational Rehabilitation Program Director, Department for the Visually Handicapped, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3111, FAX (804) 371-3351, toll-free 1-800-622-2155 or (804) 371-3140/TTY ☎

VIRGINIA VOLUNTARY FORMULARY BOARD

September 9, 1999 - 10:30 a.m. -- Public Hearing
Washington Building, 1100 Bank Street, 2nd Floor, Board Room, Richmond, Virginia.

A meeting to review public hearing comments and product data for drug products being considered for inclusion in the Virginia Voluntary Formulary.

Contact: James K. Thomson, Director, Bureau of Pharmacy, Virginia Voluntary Formulary Board, James Monroe Bldg., 101 N. 14th St., Room S-45, Richmond, VA 23219, telephone (804) 786-4326.

VIRGINIA WAR MEMORIAL FOUNDATION

September 17, 1999 - Noon -- Open Meeting
Virginia War Memorial, 621 South Belvidere Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The annual meeting of the Board of Trustees and election of officers. The meeting will be preceded at 10 a.m. by a MIA/POW Recognition Day ceremony with Governor Gilmore as the invited speaker.

Contact: Jon C. Hatfield, Executive Director, Virginia War Memorial Foundation, 621 S. Belvidere St., Richmond, VA 23220, telephone (804) 786-2060, FAX (804) 786-6652 or (804) 786-6152/TTY ☎

VIRGINIA WASTE MANAGEMENT BOARD

August 26, 1999 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular meeting of the Virginia Waste Management Board.

Contact: Cindy M. Berndt, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4378.

STATE WATER CONTROL BOARD

† **September 23, 1999 - 9:30 a.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular meeting.

Contact: Cindy M. Berndt, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4378.

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

† **September 9, 1999 - 8:30 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 5W, Richmond, Virginia.

A routine business meeting. A public comment period will be held at the beginning of the meeting.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA, telephone (804) 367-2176, FAX (804) 367-2475 or (804) 367-9753/TTY ☎

VIRGINIA WORKERS' COMPENSATION COMMISSION

† **October 6, 1999 - 10 a.m.** -- Open Meeting
Virginia Workers' Compensation Commission, 1000 DMV Drive, 2nd Floor Courtroom, Richmond, Virginia.

An informational meeting to receive comments and suggestions from the public and interested parties pertaining to the Self-Insurance Program. This meeting is not part of a current regulatory proceeding.

Contact: Judy Brooks, Virginia Workers' Compensation Commission, 1000 DMV Dr., Richmond, VA 23220, telephone (804) 367-2193 or toll-free 1-877-664-2566, or e-mail judy.brooks@VWC.state.va.us.

LEGISLATIVE

SPECIAL STUDY ON BOUNTY HUNTERS (HJR 761, 1999)

† **August 18, 1999 - 11 a.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Robie Ingram, Senior Attorney, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact Kimberly Rockhold at least 10 working days prior to the meeting.

Contact: Kimberly Rockhold, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

VIRGINIA CODE COMMISSION

August 18, 1999 - 10 a.m. -- Open Meeting
† **September 13, 1999 - 2 p.m.** -- Open Meeting
† **September 14, 1999 - 9:30 a.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, 6th Floor, Speaker's Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to continue with the recodification of Titles 2.1 and 9.

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

COMMISSION ON THE CONDITION AND FUTURE OF VIRGINIA'S CITIES (HJR 432, 1998)

September 9, 1999 - Time to be announced -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Jeff Sharp or Nikki Rovner, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact the Committee Operations Office at least 10 working days prior to the meeting.

Contact: Barbara Regen, Committee Operations, House of Delegates, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

September 17, 1999 - 10 a.m. -- Open Meeting
Kiptopeke State Park, Eastern Shore, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be directed Shannon Varner, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact Lois Johnson at least 10 working days prior to the meeting. You can also access information on the Internet at http://legis.state.va.us/jchc/jchchome.htm.

Contact: Lois Johnson, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

JOINT SUBCOMMITTEE STUDYING THE FEASIBILITY OF DEVELOPING A CENTER FOR CONTINUING AND VOCATIONAL EDUCATION

† **August 17, 1999 - 10 a.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Individuals requiring interpreter services or other accommodations should call or write Senate Committee Operations at least seven days prior to the meeting.

Contact: Thomas C. Gilman, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450 or (804) 698-7419/TTY ☎

LEGISLATIVE TRANSITION TASK FORCE OF THE VIRGINIA ELECTRICAL UTILITY RESTRUCTURING ACT

† **August 16, 1999 - 10 a.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Individuals requiring interpreter services or other accommodations should call or write Thomas C. Gilman seven working days before the meeting.

Contact: Thomas C. Gilman, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450 or (804) 698-7419/TTY ☎

COMMISSION ON THE FUTURE OF VIRGINIA'S ENVIRONMENT

September 2, 1999 - 10 a.m. -- Open meeting
Douthat State Park, Park Office Conference Room, Millboro, Virginia.

A regular meeting. Any questions regarding the agenda for the meeting should be directed to Nikki Rovner, Division of Legislative Services, (804) 786-3591. For further assistance, or if you are unable to attend, please call committee operations. Individuals requiring interpreter services or other accommodations should call or write House Committee Operations at least 10 days prior the meeting.

Contact: Lois Johnson, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

Solid Waste Subcommittee

August 18, 1999 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Any questions regarding the agenda for the meeting should be directed to Nikki Rovner, Division of Legislative Services, (804) 786-3591. For further assistance, or if you are unable to attend, please call committee operations. Individuals requiring interpreter services or other accommodations should call or write House Committee Operations at least 10 days prior the meeting.

Contact: Lois Johnson, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

JOINT SUBCOMMITTEE STUDYING ELECTION LAWS INNOVATIONS, IMPROVED METHODS TO INFORM VOTERS ABOUT BALLOT ISSUES AND CANDIDATES (SJR 423, 1999)

August 17, 1999 - 2 p.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be directed to Mary Spain, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other accommodations should call or write Senate Committee Operations at least seven days prior to the meeting.

Contact: Patty J. Lung, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450 or (804) 698-7419/TTY ☎

JOINT SUBCOMMITTEE STUDYING THE VIRGINIA FREEDOM OF INFORMATION ACT (HJR 501)

† **August 16, 1999 - 2 p.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Maria J.K. Everett, Senior

Attorney, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact the committee operations office at least 10 working days prior to the meeting. (The website for this study is http://dls.state.va.us/hjr501.htm.)

Contact: Anne R. Howard, Committee Operations, House of Delegates, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

JOINT COMMISSION ON HEALTH CARE

September 15, 1999 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Individuals requiring interpreter services or other special assistance should contact Kimberly Rockhold at least 10 working days prior to the meeting. You can also access information on the Internet at http://legis.state.va.us/jchc/jchchome.htm.

Contact: Kimberly Rockhold, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

Drug Switching Subcommittee (HJR 734)

September 29, 1999 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting of the subcommittee. Individuals requiring interpreter services or other special assistance should contact Kimberly Rockhold at least 10 working days prior to the meeting. You can also access information on the Internet at http://legis.state.va.us/jchc/jchchome.htm.

Contact: Kimberly Rockhold, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

Long-Term Care Subcommittee

August 16, 1999 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Individuals requiring interpreter services or other special assistance should contact Kimberly Rockhold at least 10 working days prior to the meeting. You can also access information on the Internet at http://legis.state.va.us/jchc/jchchome.htm.

Contact: Kimberly Rockhold, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

Midwifery Subcommittee (HJR 646)

September 15, 1999 - ½ hour after adjournment of the full joint commission meeting -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Individuals requiring interpreter services or other special assistance should contact Kimberly Rockhold at least 10 working days prior to the meeting. You can also access information on the Internet at http://legis.state.va.us/jchc/jchchome.htm.

Contact: Kimberly Rockhold, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

Medicaid Carve-Out Work Group

September 9, 1999 - 10 a.m. -- Open Meeting
October 14, 1999 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, 7th Floor West Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Gayle Vergara or Nancy Roberts, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact the committee operations office at least 10 working days prior to the meeting.

Contact: Anne R. Howard, House Committee Operations, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

JOINT SUBCOMMITTEE STUDYING REMEDIATION (HJR 572, 1999)

† **September 2, 1999 - 10 a.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, 6th Floor Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Brenda Edwards, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact the committee operations office at least 10 working days prior to the meeting.

Contact: Dawn B. Smith, Committee Operations, House of Delegates, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

JOINT SUBCOMMITTEE STUDYING LAND DEVELOPMENT PATTERNS AND WAYS TO ADDRESS DEMANDS RESULTING FROM RESIDENTIAL GROWTH

August 17, 1999 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, 6th Floor Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting and working session. Questions regarding the meeting should be addressed to Jeff Sharp, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other special assistance should contact the committee operations office at least 10 working days prior to the meeting.

Contact: Anne R. Howard, Committee Operations, House of Delegates, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

COMMISSION ON COORDINATION OF SERVICES TO FACILITATE SELF-SUFFICIENCY AND SUPPORT OF PERSONS WITH PHYSICAL AND SENSORY DISABILITIES

September 14, 1999 - 9 a.m. -- Open Meeting
November 8, 1999 - 9 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Brian Parsons or Barbara Ettner, Virginia Board for People with Disabilities, (804) 786-0016. Individuals requiring interpreter services or other special assistance should contact the committee operations office at least 10 working days prior to the meeting.

Contact: W. Travis Varner, Committee Operations, House of Delegates, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

JOINT SUBCOMMITTEE STUDYING SCRAP RECYCLERS

September 7, 1999 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting. Questions regarding the meeting should be addressed to Joan Putney, Division of Legislative Services, (804) 786-9591. Individuals requiring interpreter services or other special assistance should contact Kimberly Rockhold at least 10 working days prior to the meeting. You can also access information on the Internet at http://legis.state.va.us/jchc/jchchome.htm.

Contact: Kimberly Rockhold, Committee Operations, House of Delegates, State Capitol, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

CHRONOLOGICAL LIST

OPEN MEETINGS

August 16
- † Electric Utility Restructuring Act, Legislative Transition Task Force of the Virginia
- † Freedom of Information Act, Joint Subcommittee Studying the Virginia
- General Services, Department of
  - Design-Build/Construction Management Review Board
- Health Care, Joint Commission on
  - Long-Term Care Subcommittee
- Old Dominion University
  - Board of Visitors

August 17
- Agriculture and Consumer Services, Department of
  - Virginia Farmers Market Board
- Asbestos and Lead, Virginia Board for
- † Continuing and Vocational Education, Joint Subcommittee Studying the Feasibility of Developing a Center for
- Corrections, Board of
  - Correctional Services Committee
- Election Laws Innovations, Improved Methods to Inform Voters About Ballot Issues and Candidates, Joint Subcommittee Studying (SJR 423, 1999)
- Land Development Patterns and Ways to Address Demands Resulting from Residential Growth, Joint Subcommittee Studying
- Land Evaluation Advisory Council, State
- † Litter Control and Recycling Fund Advisory Board
- † Pharmacy, Board of
- † Psychology, Board of
- † Veterinary Medicine, Board of

August 18
- Agriculture and Consumer Services, Department of
  - Virginia Charity Food Assistance Advisory Board
- Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects, Board for
  - Professional Engineers Section
- † Bounty Hunters, Special Study on
- Cemetery Board
  - Delivery Committee
- † Code Commission, Virginia
- † Conservation, Department of
  - Fall River Renaissance Advisory Board
  - Rappahannock Scenic River Advisory Board
- Corrections, Board of
  - Administration Committee
- Environment, Commission on the Future of Virginia's
  - Solid Waste Subcommittee

Medicine, Board of
- Informal Conference Committee
Racing Commission, Virginia
† Pharmacy, Board of
Sewage Handling and Disposal Appeal Review Board
Transportation Board, Commonwealth
Treasury Board
† Veterinary Medicine, Board of

August 19
Audiology and Speech-Language Pathology, Board of
Corrections, Board of
- Liaison Committee
Game and Inland Fisheries, Board of
Medicine, Board of
- Informal Conference Committee
Transportation Board, Commonwealth

August 20
† Agriculture and Consumer Services, Department of
- Virginia Soybean Board
Emergency Services Advisory Board, State
Game and Inland Fisheries, Board of
† Medical Assistance Services, Department of
- Technical Advisory Panel of the Indigent Health Care Trust Fund
Opticians, Board for

August 23
† Accountancy, Board of
† Aging, Commonwealth Council
- Legislative Committee
- Planning and Development Committee
Agricultural Council, Virginia
Alcoholic Beverage Control Board, Virginia

August 24
Agricultural Council, Virginia
† Agriculture and Consumer Services, Department of
- Virginia State Apple Board
† Compensation Board
Conservation and Recreation, Department of
Health Professions, Board of
- Regulatory Research Committee
† Labor and Industry, Department of
- Virginia Apprenticeship Council
Marine Resources Commission
Nursing, Board of
- Special Conference Committee
† Small Business Financing Authority, Virginia
- Loan Committee
† Technology Services, Council on

August 25
Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects, Board for
- Land Surveyors Section
† Aviation Board, Virginia
† Neurotrauma Initiative Advisory Board, Commonwealth
Nursing, Board of
- Special Conference Committee

August 26
† Agriculture and Consumer Services, Department of
- Virginia Aquaculture Advisory Board
- Virginia Cotton Board
† Conservation and Recreation, Department of
† Information Providers Network Authority, Virginia
Nursing, Board of
- Special Conference Committee
† Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, Board of Licensed
- Credentials Committee
- Examination Committee
- Regulatory Committee
† Rights of Virginians with Disabilities, Department for
- Protection and Advocacy for Individuals with Mental Illness Council

August 27
† Aviation Board, Virginia
Comprehensive Services for At-Risk Youth and Their Families
- State Executive Council
† Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, Board of Licensed
- Executive Committee

August 28
Military Institute, Virginia
- Board of Visitors

August 30
† Accountancy, Board of

August 31
† Competition Council, Commonwealth
Nursing Home Administrators, Board of
- Special Conference Committee
† Pharmacy, Board of

September 1
Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects, Board for
- Landscape Architect Section

September 2
Agriculture and Consumer Services, Department of
- Virginia Charity Food Assistance Advisory Board
† Emergency Planning Committee, Local - Winchester
Environmental, Commission on the Future of Virginia's
- Special Subcommittee on Parks and Land Conservation
Medicine, Board of
- Informal Conference Committee

September 3
Art and Architectural Review Board
† Medicine, Board of

September 7
† Economic Development Partnership, Virginia
- Board of Directors
Hopewell Industrial Safety Council
Scrap Recyclers, Joint Subcommittee Studying

September 8
Alcoholic Beverage Control Board, Virginia
Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects, Board for
- Certified Interior Designers Section
† Housing and Community Development, Board of
† Medicine, Board of
- Advisory Committee on Acupuncturists
- Advisory Committee on Radiologic Technologists

September 9
Cities, Commission on the Condition and Future of Virginia's
Medicine, Board of
- Informal Conference Committee
- Advisory Board on Occupational Therapy
- Advisory Board on Respiratory Care
Mental Health, Mental Retardation and Substance Abuse Services, Joint Subcommittee Studying the Future Delivery of Publicly Funded
- Medicaid Carve-Out Work Group
Voluntary Formulary, Virginia
† Waterworks and Wastewater Works Operators, Board for

September 10
† Medicine, Board of
- Advisory Board on Physical Therapy
- Advisory Board on Physician Assistants

September 13
† Code Commission, Virginia
Local Government, Commission on
† Transportation Safety Board

September 14
Agriculture and Consumer Services, Department of
- Virginia Horse Industry Board
- Virginia Irish Potato Board
† Code Commission, Virginia
† Medical Assistance Services, Board of
Physical and Sensory Disabilities, Commission on Coordination of Services to Facilitate Self-Sufficiency and Support of Persons with

September 15
Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects, Board for
Health Care, Joint Commission on
- Midwifery Subcommittee
Medicine, Board of
- Informal Conference Committee

September 17
Environment, Commission Studying the Future of Virginia's
† Labor and Industry, Department of
- Virginia Apprenticeship Council
War Memorial Foundation, Virginia
- Board of Trustees

September 18
† Visually Handicapped, Department for the
- Statewide Rehabilitation Council for the Blind

September 20
† Accountancy, Board of
Alcoholic Beverage Control Board, Virginia

September 21
† Environmental Quality, Department of
- Ground Water Protection Steering Committee
† Funeral Directors and Embalmers, Board of
- Special Conference Committee
† Psychology, Board of

September 22
Conservation and Recreation, Department of
- Chippokes Plantation Farm Foundation
† Funeral Directors and Embalmers, Board of

September 23
† Funeral Directors and Embalmers, Board of
† Water Control Board, State

September 27
Land Evaluation Advisory Council, State

September 28
† Competition Council, Commonwealth
Marine Resources Commission

September 29
Health Care, Joint Commission on
- Drug Switching Subcommittee

October 6
† Workers' Compensation Commission, Virginia

October 12
† Funeral Directors and Embalmers, Board of
- Legislative Committee
- Regulatory and Bylaws Committee

October 14
† Fire Services Board, Virginia
- Fire/EMS Education and Training Committee
- Fire Prevention Committee
- Legislative/Liaison Committee
Independent Living Council, Statewide
Mental Health, Mental Retardation and Substance Abuse Services, Joint Subcommittee Studying the Future Delivery of Publicly Funded
- Medicaid Carve-Out Work Group

October 15
† Fire Services Board, Virginia

October 18
† Accountancy, Board of

October 19
† Visually Handicapped, Board for the

October 28
† Information Providers Network Authority, Virginia

November 8
Physical and Sensory Disabilities, Commission on Coordination of Services to Facilitate Self-Sufficiency and Support of Persons with

PUBLIC HEARINGS

August 20
Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services, Boards of
Social Services, Board of

August 26
† Mental Health, Mental Retardation and Substance Abuse Services, Department of
† Professional Counselors, Marriage and Family Therapsts and Substance Abuse Treatment Professions, Board of

September 7
† Health, State Board of

September 9
† Medicine, Board of

September 14
† Funeral Directors and Embalmers, Board of

September 15
† Funeral Directors and Embalmers, Board of

September 16
† Dentistry, Board of
† Health, State Board of

September 23
† Health, State Board of

September 24
† Medicine, Board of

September 27
† Social Services, State Board of