

Compendium of Virginia Health Care Trade Associations and Regulatory Agencies

Introduction

This Compendium is designed to identify the relevant trade associations, societies, regulatory agencies and commissions and other public and private sector contractors which focus on health care issues in the Commonwealth and to summarize their respective missions and jurisdiction. This Compendium is intended to serve as a convenient mechanism for Virginia State Bar members throughout the Commonwealth to identify and access those entities which may have relevance to particular client needs. The Compendium is also being made available to the contributing entities in order that they may make the information available to their membership, constituents and the general public, as appropriate.

This Compendium includes summaries of, and identifies relevant contact persons for, more than 50 of the most important of these health care regulatory agencies, associations and contractors. It is expected that the Compendium will be updated periodically and that additional trade associations, regulatory agencies and contractors will be identified and included in the Compendium on an on-going basis.

If you are aware of additional entities which you would like to see included, or if you have other suggestions as to how to improve the Compendium, please communicate with any member of the Board of Governors of the Virginia State Bar's Health Law Section or the Editors identified on the cover page of the Compendium.

Hard copies of the Compendium are available from the Virginia State Bar at a charge designed to defray the copying cost by calling Elizabeth L. Keller at the Virginia State Bar at 804-775-0516.

Prepared by Health Law Section of the Virginia State Bar
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INDEX

Health Care Trade Associations and Societies

Medical Society of Virginia	1
National Association of Social Workers*	3
Old Dominion Medical Society*	4
Speech-Language-Hearing Association of Virginia*	5
Virginia Academy of Family Physicians	6
Virginia Association of Durable Medical Equipment Companies	7
Virginia Association of Health Plans.....	8
Virginia Association for Home Care	11
Virginia Association of Nonprofit Homes for the Aging*	13
Virginia Chapter of the American Academy of Pediatrics and The Virginia Pediatric Society...	15
Virginia Chiropractors Association*	16
Virginia College of Emergency Physicians*	17
Virginia Council of Nurse Practitioners*	18
Virginia Counselors Association	19
Virginia Dental Association.....	23
Virginia Health Care Association.....	24
Virginia Hospital & Healthcare Association.....	27
Virginia Medical Group Management Association.....	29
Virginia Nurses Association*	30
Virginia Optometric Association, Inc.	31
Virginia Organization of Nurse Executives*	34
Virginia Pharmacists Association.....	36
Virginia Physical Therapy Association	37
Virginia Podiatric Medical Association.....	38
Virginia Psychological Association.....	41
Virginia Society of Chiropractic*	42
Virginia Society of Health-System Pharmacists	43
Virginia Society of Radiologic Technologists, Inc.....	48

Health Care Regulatory Agencies, Commissions and Contractors

Joint Commission on Health Care	50
Office of the Secretary of Health and Human Resources	52
Virginia Attorney General’s Office	56
Virginia Bureau of Insurance	59
Virginia Department of Emergency Medical Services*	64
Virginia Department of Environmental Quality (Medical Wastes)*	66
Virginia Department of Health	71
VDH Center for Quality Health Care Services and Consumer Protection*	75
VDH Division of Certificate of Public Need	82
VDH Office of the Chief Medical Examiner.....	85
VDH Office of Drinking Water	88
VDH Office of Environmental Health Services	90
VDH Office of Water Programs	92
VDH Women, Infants and Children (WIC) Program.....	96

Virginia Department of Health Professions	98
Virginia Department of Medical Assistance Services	105
Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services	113
Virginia Department of Social Services Assisted Living and Adult Day Care	124
Virginia Department for the Visually Handicapped*	130

Other Non-Provider Health Care Players

Health Practitioners’ Intervention Program.....	141
Virginia Birth-Related Neurological Injury Compensation Program.....	142
Virginia’s Business Health Coalitions	145
Virginia Health Information.....	146
Virginia Health Quality Center.....	149

Medical Society of Virginia
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www.msv.org

The Medical Society of Virginia (“MSV”) is a professional association of more than 8,700 Virginia physicians. Originally founded in December 1820, and incorporated in 1824, MSV is the only association in Virginia representing all medical doctors and doctors of osteopathy, regardless of specialty or type of practice setting.

Dedicated to Virginia’s physicians and their patients, the Medical Society of Virginia provides administrative, legislative and legal services to its members, and produces a monthly publication. MSV sponsors and accredits continuing medical education for physicians and serves as the liaison between local, national and specialty medical organizations.

The Medical Society of Virginia has been responsible for the creation of the State Board of Health, the State Board of Medical Examiners, the Board of Medicine, the MSV Review Organization known today as the Virginia Health Quality Center, and the Virginians Physician Network, a 100% physician-owned HMO network. Each of these now independent entities had their beginnings within the Medical Society of Virginia.

The Medical Society of Virginia also created a Physicians Health and Effectiveness Committee, which was responsible for investigating impaired physicians, referring impaired physicians to appropriate treatment and monitoring their recovery progress. This committee was the basis for the development of the Virginia Health Practitioners Intervention Program.

Today, the Medical Society of Virginia leads the way in advocating for patient protection in the current managed care environment, access to health care for all Virginians, and ensuring the highest standards of quality for health care for Virginia’s citizens.

The Future of the Medical Society of Virginia

We see the Society as the most credible advocate of health care quality in Virginia, as well as the foremost initiator and facilitator of dialogue between the political and healthcare communities throughout the Commonwealth.

We also see the Society providing programs and services enabling Virginia physicians to thrive in the changing healthcare environment.

The Medical Society can be reached at:

Medical Society of Virginia
4205 Dover Road
Richmond, Virginia 23221
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www.msv.org

Key Contacts:

Paul Kitchen - Executive Vice President
Ann Hughes – Director of Legislative Affairs
Pam Overstreet - Director of Communications
Mike Jurgensen - Director of Health Policy and Medical Economics
Jennifer Hedge - Director of Membership

July 2003

National Association of Social Workers*
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*We were unable to obtain information from this entity prior to publishing the Compendium.
Please contact the entity directly for further information.

Old Dominion Medical Society*
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*We were unable to obtain information from this entity prior to publishing the Compendium.
Please contact the entity directly for further information.

Speech-Language-Hearing Association of Virginia*
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*We were unable to obtain information from this entity prior to publishing the Compendium.
Please contact the entity directly for further information.

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The official website for the VAFP is www.vafp.org**

The Virginia Academy of Family Physicians is a state-wide organization of over 2,400 practicing family physicians, residents and medical students.

The organization was founded in 1948 and their mission is to:

Improve the health care of patients, their families and the citizens of Virginia.

Serve the unique needs of members with professionalism, leadership and creativity.

Advance and represent the specialty of family practice.

The Virginia Academy of Family Physicians Headquarters office is located at 2301 North Parham Road, Suite 4, Richmond, Virginia 23229. Phone: (804) 968-5200 Fax: (804) 968-4418. The official website for the VAFP is www.vafp.org.

July 2003

Virginia Association of Durable Medical Equipment Companies

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Executive Director

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Web site: www.vadmec.org

VADMEC was formed in the early 1980's to keep durable medical equipment companies abreast of the challenging issues in the dynamic health care industry. The Association's focus is on keeping the members informed of the most recent changes in reimbursement regulations, legislative and administration updates and the constant evolving technology of the industry. We strive to render the highest level of care promptly and completely, taking into account the health and safety of our patients.

Quarterly Publication:

VADMEC Newsletter

For more information:

VADMEC

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July 2003

Virginia Association of Health Plans
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Website: www.vahp.org

Our Mission

The Virginia Association of Health Plans (VAHP) is committed to enhancing the acceptance and understanding of managed care organizations as high quality, cost-effective options for providing comprehensive health care to Virginia citizens. Established in 1988 as the Virginia Association of Health Maintenance Organizations, the Association broadened its mission and changed its name to VAHP in 1998. VAHP gives Virginia's managed health insurance plans a voice in promoting quality and affordable health care through advocacy, communications, education, and research services. The Association is committed to cultivating a regulatory and marketplace environment that facilitates private sector health care solutions.

Our Goals

Representation and Advocacy

VAHP develops and promotes a legislative and regulatory agenda that advances the successful operation of health plans in the Commonwealth. We are actively involved in policy development and issues analysis during the General Assembly and throughout the year.

The Association issues position statements, educates legislators on issues and organizes involvement of the health plan community in the legislative process. The Association also facilitates political involvement through a political action committee (PAC) to support candidates who are committed to preserving quality, affordable health care.

Communications

VAHP generates a number of health information resources to assist stakeholders in understanding the latest issues and the current marketplace in which managed health insurance plans work. A sample of current resources includes our quarterly newsletter *Viewpoint* and annual member directory. These and other resources are also available at our online address: www.vahp.org

Partnerships

VAHP collaborates with other health organizations to foster progressive partnerships that will help accomplish our mission. We pursue constructive dialogue and joint efforts with provider organizations, health associations, employer groups, and state health and insurance agencies to promote discussion of current health policy issues. VAHP uses its Charitable Fund to demonstrate the commitment of the Association to the community by sponsoring health-related activities.

Our Membership Full Members

Every managed care health insurance plan licensee in Virginia is eligible to join the Association as a full voting member.

Associate Members

Plans with limited enrollment or those pursuing licensure in Virginia can join as associate members. Associate members enjoy most of the benefits of full membership except for committee and executive voting privileges.

Corporate Affiliate Members

Because many types of organizations are interested in promoting market acceptance and consumer support for managed health insurance plans, the Association also offers non-voting corporate affiliate memberships. These members support the philosophy and goals of the Association and want to benefit from the activities and programs developed to further the Association's mission. Corporate affiliate members may be managed care entities, provider organizations, large and small businesses, pharmaceutical companies, medical groups, health care information management or consulting firms, or other entities involved in the health care system.

VAHP 2002-03 Officers/Executive Committee

Chairman – Thomas P. Barbera, MAMSI
President – C. Burke King, Anthem
Vice President – Marilyn Kawamura, Kaiser
Secretary - Michael M. Dudley, Sentara Health Management
Treasurer - Thomas B. Jones, John Deere Health
At-Large – Cosby M. Davis, III, Southern Health Services

Staff

Executive Vice President - Mark C. Pratt
Director of Policy – Joy M. Bechtold
Administrative & Member Services Specialist – Lacy A. Sparrow

Counsel

Reginald N. Jones, Esq., Williams Mullen

For More Information

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Website: www.vahp.org

July 2003

Virginia Association for Home Care
5407 Patterson Avenue, Suite 200-B
Richmond, VA 23226
Phone: 800-755-8636
Phone: 804-285-8636

Mission Statement

We advocate for and improve home care in Virginia.

The Virginia Association for Home Care is a 501 (c)(6) not-for-profit organization chartered in 1983. The Association has a separate Foundation, a 501 (c)(3) that provides educational support for the members. An eighteen member Board of Directors establishes policy for the association. Standing committees include the Executive Committee, Legislative Committee, Finance Committee, Quality Assurance and Improvement Committee, Membership Committee, and Nominating Committee. The Association also sponsors two caucuses, the Proprietary Caucus and the Institutional-Based Caucus.

The philosophy of the Virginia Association for Home Care (VAHC) is unity of purpose with regard to the promotion and delivery of quality home care in the Commonwealth. Furthermore, VAHC believes that home care is the best possible way to care for people who are sick and disabled and to promote wellness and independence in matters related to health care.

In representing the home care industry in Virginia, the Association's goals are to increase and maintain a unified membership representing the full spectrum of provider services, strengthen the image and value of home care, represent effectively the needs and requirements of home care in the legislative and regulatory processes, promote member ownership and involvement in VAHC, and strengthen the image and value of VAHC.

VAHC supports state legislative efforts to increase Medicaid reimbursement for Personal Care services, an essential means of helping Virginians who need assistance to remain at home and are otherwise at risk of nursing home placement. Medicaid reimbursement for this service has not kept pace with the cost of providing the care. A recent study ordered by the General Assembly resulted in an audit of thirty providers, each of whose costs exceeded Medicaid reimbursement.

VAHC represents more than 200 home care organizations, or provider members, and associate members that provide goods and supportive services to home care organizations. VAHC has members from the full spectrum of home care including home health, private duty, personal care (including Medicaid-waivered services), infusion therapy, home medical equipment, and hospice.

Home health care organizations are heavily regulated and monitored by a number of entities, some required and others voluntary. State licensure is required by the Code of Virginia except for entities that are exempted because they are 1) certified by Medicare; 2) accredited by the Joint Commission on Accreditation for Healthcare Organizations or the National League of Nursing's Community Health Accreditation program; or 3) providing services under Title XIX,

including Medicaid-waivered services. Staff from the Health Care Financing Administration, the Virginia Department of Health, the Virginia Department of Medical Assistance Services, and other entities provide regular inspections, and the providers are also subject to rules of the Occupational Safety and Health Administration, the Ombudsman Program, Adult Protective Services, and the Fair Labor and Standards Administration. In recent years, providers have been required to obtain a criminal records check on all employees at the time of hiring. Providers must also ensure the training and competency of all staff who are responsible for patient care.

To assist its members in ensuring the highest quality of care, VAHC has adopted a Code of Ethics for providers of home care services. Additionally, the Association has produced a pamphlet with Virginia-specific information, entitled "How to Choose a Home Care Agency." This material is available both to the VAHC membership and to the public.

In serving its members, VAHC is a member of the Prospective Payment System Work Group, the National Association for Home Care, the Home Health Services and Staffing Association, the National Association of Medical Equipment Services, the Society for Ambulatory Care Professionals, the National Hospice Organization, and the Health Industry Distributors Association.

The Association has had a full-time Executive Director since 1991.

Currently it has four staff members: the Executive Director, a Director of Regulatory Affairs, an Administrative Director/Meeting Planner, and an Office Assistant.

For more information, call (800) 755-8636 or (804) 285-8636, or write to:

Virginia Association for Home Care
5407 Patterson Avenue, Suite 200-B
Richmond, VA 23226

July 2003

**Virginia Association of Nonprofit
Homes for the Aging***
Sandee Levin, President
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Overview

The Virginia Association of Nonprofit Homes for the Aging (VANHA) is a statewide association that represents the interests of not-for-profit continuing care retirement communities, nursing facilities, adult care residences, and retirement housing. VANHA advocates for and educates its members through ongoing development of an effective association.

History

VANHA was founded in 1973 by a group of nursing home administrators who believed that nonprofit homes were unique in their needs and they wanted their own organization to help assure that these needs were met. As nonprofit organizations, their primary goal is to provide the highest quality of care for residents in the most cost effective manner.

Joint Membership

VANHA is affiliated with the American Association of Homes and Services for the Aging (AAHSA) through a joint membership agreement. AAHSA represents over 5,000 facilities nationwide.

Current Membership

VANHA represents almost 100 nonprofit facilities with over 100 businesses, community service providers, and individuals in fields related to caring for the elderly.

Benefits for Membership

- Opportunity for information sharing with other members
- Informative publications, including a monthly newsletter, weekly legislative reports during the General Assembly session, and an annual VANHA Voice
- Networks for Activity Directors, Development Directors, Food Service Directors, Directors of Human Resources, Marketing Directors, Directors of Nursing Social Workers, and Volunteer Directors

Council meetings that focus on specific issues for: Nursing Homes, Continuing Care Retirement Communities, Adult Care Residences and Retirement Housing

VANHA Education

VANHA offers its members a wide variety of educational seminars with topics ranging from care of Alzheimer's patients, marketing strategies and exploring new ideas in the health care industry like the "Eden Alternative." In the last year, VANHA provided 68 continuing education credits for Nursing Home Administrators, Food Service Directors, Activity Directors, and CPAs. VANHA brought nationally respected speakers to the Virginia area. Members enjoy a reduced rate for VANHA sponsored programs.

VANHA Legislation

Representing the Commonwealth of Virginia's nonprofit homes at state and national levels for the last 25 years, VANHA has brought about changes in state legislature to include the signing of HB 2870, the "Return to Home" legislation, in 1997. During the General Assembly, VANHA members receive up-to-the-minute reports on legislative issues. This allows VANHA members not only to follow legislation but to become engaged in the process.

VANHA Shared Services

VANHA's Group Purchasing and Services Program provides members the opportunity to save substantially on all types of purchasing decisions. Preferred Vendors offer a wide array of products and services. Through use of this program, members realize a cost savings for their facilities, lowering the bottom line. VANHA receives an administrative fee from the Preferred Vendors which helps to keep annual dues from increasing, benefiting all involved.

February 1999

*We were unable to obtain updated information from this entity prior to publishing the Compendium. Please contact the entity directly for further information.

**Virginia Chapter of the American Academy of Pediatrics
and The Virginia Pediatric Society
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Richmond, Virginia 23219
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Fax: (804) 788-9987
E-mail: vapedsoc@erols.com
smcconnell@ramdocs.org
Website: <http://www.virginiapediatrics.org>**

Vision

To be the leading authority, advocate and voice for the health of Virginia's children and for the profession of pediatrics.

Mission

The mission of the Virginia Chapter, American Academy of Pediatrics and The Virginia Pediatric Society is the attainment of optimal health, safety and well-being of Virginia's children and promotion of pediatricians as the best qualified of all health professionals to provide child health care.

NOTE: Use of the term "children" refers to infants, children, adolescents, and young adults; use of the term "pediatrician" refers to the primary care pediatrician, pediatric medical subspecialist, and pediatric surgical specialist.

Membership

The association is comprised of over 1,000 pediatricians and allied health professionals in private practice, academia and public health.

Structure

The association is governed by a 14-member Board of Directors and programs are carried out by the following committees:

**ADOLESCENCE
BREASTFEEDING COORDINATORS
CATCH COORDINATOR
CHILD ABUSE & DEPENDENT CARE
CHILD HEALTH FINANCING
CHILDREN WITH DISABILITIES
DAY CARE
IMMUNIZATIONS AND INFECTIOUS
DISEASES**

**MEMBERSHIP
PROS COORDINATOR
PUBLIC EDUCATION
EMERGENCY MEDICAL SERVICES
FETUS AND NEWBORN
GOVERNMENT AFFAIRS
SCHOOL HEALTH
SPORTS MEDICINE & PHYSICAL
FITNESS
RESIDENT**

July 2003

Virginia Chiropractors Association*
William Thesier, D.C., President
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Virginia Beach, Virginia 23452
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*We were unable to obtain information from this entity prior to publishing the Compendium.
Please contact the entity directly for further information.

Virginia College of Emergency Physicians *
Gwen E. Messler Harry, Executive Director
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Virginia College of Emergency Physicians (VACEP) is the medical specialty society for physicians who practice Emergency Medicine. We are not a trade association. We are in the process of updating our mission statement. Briefly, we seek to promote and protect the interests of emergency physicians and the patients they serve. We currently have 430 members. Our 16 member Board meets quarterly. We have the usual committees all medical associations have. Melanie Gerheart is our lobbyist. Anyone with an issue that they feel directly or indirectly impacts emergency medical care is welcome to contact the Executive Director.

February 1999

*We were unable to obtain updated information from this entity prior to publishing the Compendium. Please contact the entity directly for further information.

Virginia Council of Nurse Practitioners *
4001 Springfield Road
Glen Allen, Virginia 23060
Telephone (804) 346-4840
vcnp@virginiannurses.com
www.VirigniaNurses.com

*We were unable to obtain information from this entity prior to publishing the Compendium.
Please contact the entity directly for further information.

Virginia Counselors Association
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E-mail: vcaoffice@aol.com
Website: <http://www.vcacounselors.org>

VCA Vision

Equity, unity and public support for professional counseling in a variety of settings for all people in Virginia.

VCA Mission

VCA members in all settings will provide best counseling practices¹ that enhance human development and functioning throughout a life span and promote public confidence in the counseling profession.

History

The VCA is a state branch of the American Counseling Association (ACA) and serves as a professional trade association. Although it is not required, many VCA members also belong to ACA. The typical VCA member also holds membership in ACA, one or more ACA and VCA divisions (according to work setting and special interests), and a local VCA chapter.

The VCA was founded in Richmond in 1930 as the Virginia Personnel and Guidance Association (VPGA). VCA is dedicated to the goal of meeting the needs of Virginia counselors in a variety of work settings. It is a dynamic and active organization that has been effective in responding to state-wide issues and in providing opportunities for professional interaction at the state and local levels.

Membership

Membership in the VCA is comprised of approximately 2,000 individuals. The following membership categories/types exist:

- (a) *Professional*. Any individual who holds a master's degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation, and who actively engages in (or is interested in) counseling. A professional member shall be eligible to vote.
- (b) *Regular*. Any individual whose interest and activities are consistent with those of the Association but who do not meet the criteria for professional membership. A regular member shall be eligible to vote.

(c) *Student*. Any individual who is a full- or part-time student in a program related to counseling, may become a student member of the Branch upon verification of student status. A student member shall pay reduced dues as determined by the VCA Board of Directors and shall be eligible to vote.

(d) *Emeritus*: VCA members who have had an active membership in VCA for 10 of the past 15 years, who have reached the age of 55 and are retired from active service as a counselor or human development provider, and who have made significant contributions to our profession as attested to by a letter of support from the individual's chapter or division, may be given Emeritus status on the vote of the VCA Board of Directors. Recommendations for Emeritus Status will come to the Board of Directors from Chapters and Divisions, along with a fee as established by the board. Emeritus members will receive all services and benefits afforded regular members. The membership annual fee will be waived. Emeritus members will have to file a membership renewal form each year.

(e) *Retired*: VCA members may apply for retired status after reaching the age of 55 and retiring from the counseling profession. Persons who are granted retired status will have a membership fee one-half (1/2) the amount of the dues paid by regular members. Members must apply for retired status to the VCA office.

Structure

The VCA is governed by a Board of Directors that is comprised of volunteers who are elected officers (President, President-Elect, Immediate Past President, Secretary, Treasurer, and Treasurer-Elect), and the elected presidents of 17 local chapters and nine interest divisions. The VCA chapters provide a basis for counselors to meet and conduct programs in local geographic areas around the Commonwealth. The VCA divisions permit members to meet and plan programs according to interest areas such as school counseling, clinical counseling, ethical and religious values, etc. The President represents the State branch at national meetings of the ACA.

Staff

The VCA office, located in Forest, VA., consists of a full time Director of Membership Services, and a part-time Executive Director. The VCA staff provide membership and administrative support services to members and volunteer leaders.

Lobbying

The VCA is represented in Richmond on a year round basis by Alexander Macauley, Esq. and Leslie Herdegen, principals of Virginia Law and Government Affairs. Two volunteer co-chairs, one for school related and another for clinical related issues, coordinate the Associations advocacy program by providing information to members and consulting with the lobbyists.

Challenge Fund (political action committee)

The VCA Challenge Fund is a political action committee registered with the State Board of Elections (registration no. 910254). Monies collected for the Challenge Fund are utilized to

support candidates for elected office in Virginia who support the interests and causes of the counseling profession. The Challenge Fund is managed by a separate committee and all proceeds are deposited into an account earmarked specifically for this purpose. No dues or other membership-related money may be utilized at any time by the Challenge Fund. All contributions to this fund are voluntary.

VCA Foundation (non-profit endowment)

The Virginia Counselors Association Board of Directors voted to establish the VCA Foundation. The Foundation's major initial contributor is John C. Cook, a nationally recognized leader in guidance and counseling, who served as the Supervisor of Guidance in the State Department of Education until his retirement in 1981. The Virginia Counselors Association is second only to California in having a state branch foundation.

The VCA Foundation is an endowment fund holding a tax status of 501(c)3 not-for-profit with all contributions being 100% tax-deductible. Its primary purpose is to promulgate, promote and foster professional education and development in the field of counseling and to establish, maintain and operate educational programs for the dissemination of information and knowledge relative to counseling. To achieve this goal, the Foundation's principal activities are receiving and investing contributions for financing special programs and projects related to VCA objectives.

The business and affairs of the VCA Foundation are managed and controlled by its Board of Directors. All directors are elected annually by a majority of the Board at its annual meeting which takes place in July. In addition to this annual meeting, special meetings may be called by the Foundation President. Officers of the Foundation include a President, Vice President, Secretary and Treasurer who serve terms one year in length. The Board controls the Foundation's funds and has the power to authorize and conduct fund-raising activities. The Board also accepts contributions for specific purposes related to the general goals and objectives of the VCA.

Key Contacts

President (effective July 1, 2003)

Loretta Kreps

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Executive Director

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July 2003

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www.vadental.org <<http://www.vadental.org/>>

Higher Purpose

A community of professional advancing dentistry and serving the people of Virginia.

Values

Having integrity and compassion
Fostering social responsibility
Embracing diversity

Vision

Empowering the dental community through innovation, diversity, and service.

July 2003

**Virginia Health Care Association
Mary Lynne Bailey, Vice President
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Website: www.vhca.org**

The Virginia Health Care Association (“VHCA”) is a statewide, voluntary, not-for-profit association of long term care providers. VHCA’s membership is composed of licensed nursing facilities, assisted living facilities, continuing care retirement communities, individual professionals and students, and the suppliers of products and services that support the goal of dedicated service to the elderly and disabled in Virginia. VHCA represents a broad range of long term care facilities: nonprofit, for-profit, freestanding, chain, and hospital-based facilities.

Advocacy

VHCA provides for its members legislative and regulatory advocacy, accredited quality education, an annual convention and trade show, and a full array of communications services. In addition, the VHCA strives to aid the general public in understanding the different levels of long term care and the unique benefits and services provided by each.

As an advocacy group for the long term care profession and its residents, VHCA concentrates on assuring the delivery of quality care, reasonable government regulations and adequate Medicaid and Medicare funding for long term care. In addition, VHCA actively promotes the development of a stable alternative private source for the funding of long term care, such as long term care insurance.

Education

Educational programs provided by VHCA are another valuable service to our members. Nursing Home Administrators are required by state law to renew their licenses each year with a minimum of 20 hours of continuing education through sponsors approved by the National Association of Boards of Examiners of Long Term Care Administrators. VHCA also provides educational opportunities for other long term care staff through workshops and conferences specifically designed to bring up-to-date information on best standards of practice and regulatory changes to nurses, social workers, activity professionals, reimbursement specialists, human resources personnel, dietary managers, and rehabilitation personnel.

Networking

VHCA's annual convention and trade show offers members not only an opportunity for educational seminars, but also an opportunity to preview a wide array of new products and services that are available and which contribute to the delivery of quality care for their residents. In addition, it offers an excellent opportunity for members to network with other professionals in the health care field.

Public Policy

VHCA's management demonstrates leadership by identifying and communicating good practice models in the field and representing the interests of long term care professionals and residents by shaping public policy aimed at optimum care and quality of life. VHCA's efforts are spurred by a commitment to stability, self-regulation, and public confidence. VHCA encourages an exchange of information that benefits both those within the profession and the public by working closely with advocacy groups, regulatory agencies, and other health care organizations on long term care issues, especially quality of care, quality of life, and funding. Medicaid funding is a particularly important issue in long term care.

Medicaid and Medicare

Approximately two out of three Virginia nursing facility patients depend on Medicaid to fund their care. It is a common misconception among the American public that Medicare will take care of their long term care needs when they become elderly. Unfortunately, a majority of the elderly and disabled who need nursing facility care find that they must "spend down" their assets and apply for Medicaid. These elderly Medicaid patients typically are people who have simply "outlived" their savings.

Because of budget concerns at both the federal and the state level, Medicaid funding has come under great scrutiny and pressure. At the federal level, the current goal is to severely constrain the growth of Medicare and Medicaid funding. The Commonwealth of Virginia is recognized for having operated a very efficient, low-cost Medicaid program over the years, as compared to other states, and is constantly looking for ways to slow the growth of Medicaid funding. In fact, Virginia is among the lowest states in spending on Medicaid for long term care.

Congress has recently made, and is further considering, many changes to the Medicare program to control its spending growth. Needless to say, VHCA is carefully monitoring and participating in the Congressional debate as decisions are being made about the future of Medicaid and Medicare and any resulting reform legislation that could affect the federal regulations under which nursing homes are regulated. Proposed changes to these two funding programs could result in unprecedented changes for the elderly, the disabled, and those providers of their care.

Regulatory Issues

Other legislative and regulatory issues facing the long term care profession include licensure, survey and certification regulations and state certificate of need laws and regulations. Nursing

homes are among the most heavily regulated industries, being monitored by multiple state and federal regulatory agencies, such as the Departments of Medical Assistance Services, Social Services, Health, Labor, Aging, as well as the Ombudsman Program and the federal Centers for Medicare & Medicaid. The list of rules and regulations requiring compliance range from licensing inspections and surveys for Medicaid and Medicare, and life safety surveys by fire officials, to OSHA inspections and abuse and neglect investigations by Adult Protective Service workers. Surveys of nursing homes are conducted at least annually by the Virginia Department of Health to ensure that standards for quality of life, quality of care, and facility practices are met.

Assisted Living

VHCA has also been a major stakeholder in the evolving assisted living industry in developing standards for Assisted Living Facilities, which are licensed and regulated by the Department of Social Services. This emerging part of the long term care system offers care and services to an increasingly older and frail population who want to remain in these settings as they “age in place.” VHCA’s advocacy role in all of these areas requires frequent interaction with the regulatory agencies.

The Changing Face of Long Term Care

Changes that are foreseen for the long term care field include an increasing number of residents in nursing facilities other than the traditional elderly, chronically ill or disabled individual. A growing number of far younger residents are benefiting from nursing home care. The 20-year-old accident victim with traumatic brain injury, the 48-year-old stroke or heart attack victim, and the post surgical rehabilitation patient are treated in nursing facilities as effectively as the elderly. Insurers no longer allow extended hospital stays to ensure optimum recovery and rehabilitation. Many short term residents, young and old alike, receive the necessary health care, 24-hour per day nursing supervision, and rehabilitation services at a nursing facility at a fraction of hospital costs. This expanding environment will permit nursing facilities to link readily with other community health providers as part of an integrated health care system.

Staff

VHCA’s nine member staff is divided into two groups: an advocacy group and a member services group. The advocacy staff lobbies the Virginia General Assembly and Virginia’s Congressional Delegation and works with state and federal agencies in the development of proposed legislation and regulations. The member services staff concentrates on education, membership development, and numerous services to the industry. The offices are located at 2112 W. Laburnum Avenue, Suite 206, Richmond, Virginia 23227. The telephone number is (804) 353-9101 and the fax number is (804)353-3098. The Association's web page may be accessed at www.vhca.org.

July 2003

Virginia Hospital & Healthcare Association
P.O. Box 31394
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Phone: (804) 747-8600
Fax: (804) 965-0475

The Virginia Hospital & Healthcare Association (VHHA) was created in 1926 as a trade association of Virginia hospitals. It was called the Virginia Hospital Association until 1995, when members voted to change the name to reflect its changing membership, which now includes not only rural and urban acute care and specialty hospitals, but also integrated health care delivery systems and their long-term care facilities and services, ambulatory care sites, home health services, insurance subsidiaries and other health system-related entities.

The VHHA's mission is "to help its members as they strive to improve the health status of communities they serve by offering comprehensive, accessible, quality, cost-effective health services...." Its activities in this endeavor focus on representation and advocacy, education, communication and health care data, as summarized below.

Representation and Advocacy

- ? Develop overall goals for state health policy and promote initiatives to help achieve these goals.
- ? Work with state and federal legislative, regulatory and policy-setting entities on issues affecting the delivery, quality, accessibility, and cost-effectiveness of health care.

Education

- ? Educate members about changes in health care delivery and regulation.
- ? Help members evolve into effective health delivery systems.

Communication

- ? Communicate with media representatives and the public about important health care issues in which hospitals and health systems are involved.
- ? Form partnerships and coalitions with other community and business groups to achieve common goals.

Data

? Act as a data resource for members, policy-makers, state and national organizations and agencies, and purchaser groups.

? Work to define and measure quality standards in health care.

Key VHHA Staff

President	Laurens Sartoris (804) 965-1216
Senior Vice President	Christopher Bailey (804) 965-1207
Senior Vice President	Katharine Webb (804) 965-1215
Vice President and General Counsel	Susan Ward (804) 965-1249
Vice President and Senior Medical Advisor	Carl Armstrong (804) 965-1208
Vice President	Barbara Brown (804) 965-5722
Vice President	Betty Long(804) 965-1213
Director of Public Affairs	Keith Hare (804) 965-1221
Director of Financial Policy	Steve Ford (804) 965-1229

The e-mail address for each staff person is his first initial and last name **@vhha.com**.

July 2003

Virginia Medical Group Management Association
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The Virginia Medical Group Management Association (VMGMA) is a professional association of medical practice managers and administrators. Founded in 1974, VMGMA has grown to more than 400 members from all sections of the Commonwealth. VMGMA has formal affiliations with the national Medical Group Management Association, the oldest and largest medical practice management, and the Medical Society of Virginia, the largest physician organization in the Commonwealth.

VMGMA's mission is to advance medical practice management in order to improve the delivery of healthcare. Educational conferences are held twice a year at rotating sites across Virginia, providing informative sessions and networking opportunities. VMGMA also provides a quarterly newsletter for its membership.

VMGMA is active from an advocacy perspective, working with the Medical Society of Virginia in the legislative arena on behalf of the patients and medical practices of Virginia. Recent areas of focus include fair business practices, patient protection, and the medical malpractice cap.

VMGMA membership is open to medical practice managers and to persons interested in this field. Its diverse membership includes managers of practices ranging in size from one physician to one hundred physicians, healthcare attorneys, practice consultants, and vendors with an interest in medical practices.

VMGMA 2002-2003 Board of Directors

President – Leslie Stasio
President Elect – Anne T. Wolfe, CMPE
Vice President – Thomas A. Gallo
Secretary - Judy S. Berryman
Treasurer – Rebecca L. Darby
Past President - Robin E. Moore, MSA
Legislative Liaison – William C. Lueck
Board Member – Bill Bodine
Board Member – Pat Randall
Board Member – Julie Riddle

July 2003

Virginia Nurses Association*
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*We were unable to obtain information from this entity prior to publishing the Compendium.
Please contact the entity directly for further information.

**Virginia Optometric Association, Inc.
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Organization

The Virginia Optometric Association (VOA) is Virginia's only statewide professional membership organization representing the Commonwealth's actively practicing doctors of optometry. Founded in 1912 and incorporated in 1918, the VOA presently represents over 85% of all actively practicing optometrists in Virginia.

The VOA has eleven local optometric societies (representing geographic regions) which are affiliated with the state professional society. The VOA is also affiliated with the Southern Council of Optometrists (Atlanta, GA) and the American Optometric Association (St. Louis, MO).

Membership

Active membership in the VOA requires the doctor of optometry to be engaged in active clinical practice in Virginia. Associate membership is restricted to those Virginia licensed optometrists whose principal practice is in a neighboring state but who also maintain a practice in Virginia. Student members are those persons enrolled in an accredited school or college of optometry. Associate Retired members are those Virginia licensed optometrists no longer actively practicing.

Active members must maintain membership in their VOA affiliated local optometric society, the VOA, the Southern Council of Optometrists and the American Optometric Association.

Mission

The objects of the VOA are to assist in improving the vision care and general health care of the public and to promote the art and science of the profession of optometry; to promote the welfare of VOA members; to support the laws and regulations of Virginia governing the profession; to assist the Virginia Board of Optometry in the proper discharge of their duties; to advance the theory and practice of the profession and to improve the delivery of quality vision care services; to coordinate national, regional, state and local activities within the profession; to encourage the development and innovations in health care delivery systems; and to promote conduct by Virginia doctors of optometry in their practices which exhibit the highest standards and competency and integrity.

Association Activities

In addition to normal activities provided by a state professional membership association, the VOA is the major sponsor of continuing education programs for Virginia optometrists. The VOA publishes an award-winning newsletter, is extremely active in the legislative process, and provides assistance to members as they face changes in the third-party health care reimbursement system, including managed care.

Resource Services For Attorneys

Attorneys often contact the VOA as a resource in the attorney's representation of an optometrist. Examples of resource information are: establishing values related to the sale or purchase of a practice; employment, associate or partnership agreements; disciplinary proceedings by the Virginia Board of Optometry; corporate practice prohibitions; sales and use tax exemptions; discrimination against an optometrist seeking to participate in a third-party health insurance plan; arranging for expert witnesses; and professional conduct issues.

Optometry - The Primary Vision Care Provider

Upon completing their undergraduate education, the optometrists must successfully complete a four year doctoral degree program at an accredited school or college of optometry (earning the O.D. or doctor of optometry degree). To obtain a license to practice in Virginia, the doctor of optometry must successfully complete all portions of the national boards and a jurisprudence section of the Virginia Board of Optometry. Applicants for licensure must meet educational and clinical training requirements for certification in diagnostic pharmaceutical agents. Further, separate examination and certification by the Virginia Board of Optometry is then required for the optometrist to administer and prescribe pharmaceutical agents to treat abnormal conditions and diseases of the human eye and vision system.

Doctors of optometry serve approximately 70% of the nation's population. The optometrist examines and evaluates the human vision system to ascertain refractive error and, when necessary, prescribes and dispenses eyeglasses and contact lenses. The comprehensive eye health examination evaluates and diagnoses the presence of any disease or abnormalities such as cataracts, glaucoma, macular degeneration, foreign body, detached retina, visual dysfunction, etc. The optometrist also administers and prescribes medications to treat eye diseases such as pink eye, conjunctivitis, corneal abrasions, infections, glaucoma, and removes foreign bodies from the eye. When medically appropriate, the optometrist will refer patients to specialists for surgical treatment of certain conditions. Often the optometrist will provide the pre-surgical evaluation and render post-operative care for conditions such as cataracts.

Optometrists possess far greater specialized clinical training in the diagnosis and non-surgical treatment of eye disease. With their extensive training of the human eye and vision system, doctors of optometry are recognized as the primary vision care provider.

For Information Contact:

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July 2003

Virginia Organization of Nurse Executives*
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The Virginia Organization of Nurse Executives (VONE) established in 1974 to give nursing administrators an opportunity for closer interaction with their peers. The group was formed with 12 members representing all areas of Virginia. Membership grew as more nurse executives found that this organization met their unique interests, problems, and needs. In 1976, the Virginia group became the ninth chapter admitted to the American Society of Nursing Service Administrators. The VONE was incorporated October 31, 1983 as the Virginia Society for Nursing Service Administrators, Inc. The name was changed to the Virginia Organization of Nurse Executives on December 12, 1985. In 1995, the VONE merged with the Virginia Council of Nurse Managers. The VONE is closely aligned with the American Organization of Nurse Executives.

The purpose of the VONE is to advance the development of effective administration and management of the nursing practice in health care institutions and agencies in Virginia by:

1. Providing a medium for the interchange of ideas and dissemination of information and materials relative to nurse executives/managers.
2. Providing a platform within the healthcare field from which nurse executives/managers may speak on nursing and health care issues.
3. Identifying and defining health care issues that affect nursing and establishing position statements on these issues.
4. Promoting educational programs and activities to strengthen nursing executive/manager practice.
5. Providing consultation for nursing education programs.
6. Influencing legislative and public policy pertaining to nursing and health care issues.

Full membership is awarded to RN's holding an organizational role of administration/management who are accountable for strategic, operational, and performance outcomes, as well as designing, facilitating and managing care in sites where health care is delivered; faculty in graduate nursing administration programs, including deans and directors; and consultants in the nursing administration/management practice. Associate Members are RN's whose role supports the purpose and objectives of VONE, including nurses employed by

the JCAHO; editors of professional nursing journals; retired VONE members; and students enrolled in a relevant degree program with a career path in nursing administration/management.

The VONE meets three times a year to include the Legislative Meeting, Spring Conference, and Annual (Fall) Meeting. Two Sara Tatem Scholarships, in honor of one of the founding members, are awarded annually to VONE members pursuing postgraduate education in administrative fields.

February 1999

*We were unable to obtain updated information from this entity prior to publishing the Compendium. Please contact the entity directly for further information.

Virginia Pharmacists Association
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Executive Director
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The Virginia Pharmacists Association founded in 1881, is the professional association representing the pharmacists of Virginia. Its 2000 members represent pharmacists, students and technicians throughout the Commonwealth practicing in all aspects of pharmacy including community, hospital, industry and education.

The purpose of the Association is to assure the viability and vitality of the profession of pharmacy by maximizing its contribution to patient care, promoting the competency of its practitioners, and increasing an awareness of these contributions and capabilities and their value.

Monthly Publication:

The Virginia Pharmacists

For more information:

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July 2003

Virginia Physical Therapy Association

The Virginia Physical Therapy Association (VPTA) is a professional organization comprised of approximately 1,850 members who are physical therapists, physical therapist assistants, and physical therapy students in the state of Virginia.

The mission of the VPTA, a component of the American Physical Therapy Association (APTA), the principle membership organization representing and promoting the profession of physical therapy, is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of the public.

The Virginia Physical Therapy Association headquarters is located at 1111 North Fairfax Street, Alexandria, Virginia 22314. Phone: 703/706-3235 Fax: 703/706-8575 E-mail: vpta@apta.org
The official website for VPTA is www.vpta.org Key contact: Debbie Kelly, CMP, Executive Director.

July 2003

**Virginia Podiatric Medical Association
Eugene B. Feinberg, D.P.M.
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The Virginia Podiatric Medical Association is the component organization of the American Podiatric Medical Association in Virginia. Membership in the VPMA currently consists of over 200 licensed Doctors of Podiatric Medicine, (“D.P.M.”) who are practicing podiatric medicine and surgery within the Commonwealth. Its objectives are to promote the art, science and ethics of podiatric medicine and the betterment of public health.

The VPMA is the primary professional organization which speaks for and on behalf of the profession of podiatric medicine within the Commonwealth. To that end, it provides legislative oversight for its members and, when required, interacts on their behalf with the various Virginia legislative and regulatory bodies which define and regulate the profession of podiatry within the state. Working through the American Podiatric Medical Association it performs a similar function for Virginia podiatric physicians on the federal level.

The VPMA is active in the area of Medicare and Medicaid reimbursement for podiatric physicians within the Commonwealth and aggressively monitors Medicare and Medicaid reimbursement trends, intervening on behalf of the public and its members with the various fiscal intermediaries and agencies which regulate these programs. The VPMA has been especially active in the development of Local Medical Review Policies seeking to improve and expand the foot care available to Medicare and Medicaid beneficiaries in the Commonwealth.

The VPMA also monitors reimbursement trends among the various private health insurers who operate within Virginia to insure continued coverage for quality foot care within the Commonwealth. Where necessary, the VPMA has funded legal action against such health insurance companies to insure continued coverage benefits for podiatric patients. In addition, the VPMA has funded litigation to prevent unlawful payment practices by Virginia health insurance companies.

The VPMA was instrumental in the development of regulations governing the administration of anesthesia in the physician office setting.

The VPMA was instrumental in creating an educational program to train podiatric medical assistants in radiology techniques thereby insuring that in-office x-ray procedures would only be performed by competent and licensed personnel.

The VPMA annually sponsors a scientific and educational program for its members and their office assistants. This annual program is now recognized as one of the premier continuing medical education sessions for foot health professionals in the Mid-Atlantic area.

The VPMA provides ongoing guidance to its member physicians in developing plans to insure compliance with HIPAA, OSHA and other regulations impacting on patient care and patient safety.

The VPMA works closely with the Virginia chapters of both the American Diabetes Association and the Arthritis Foundation to improve the health of Virginia residents. Through cooperative arrangements the VPMA annually purchases individual memberships in both organizations for each of its member podiatrists. The VPMA and its members are active in the diabetes and arthritis educational programs sponsored by each organization.

The VPMA provides the public with Internet access to useful information on foot health matters, including a means to locate a nearby VPMA member podiatric physician to meet their own health care needs, via a public web page, www.VPMA.org.

The VPMA advises its members of professional matters of interest to them by means of a monthly publication, FOOTNOTES, and a “members only” portion of its web site.

The Virginia Podiatric Medical Association can be reached through the following persons or organizations:

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President

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July 2003

Virginia Psychological Association

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The Virginia Psychological Association (VPA) is the state professional association for psychologists, and has a membership of more than 1200. VPA is dedicated to the advancement of psychology as a science and profession and as a means of promoting human welfare by the encouragement of psychology in all its branches in the broadest and most liberal manner; by the promotion of research in psychology and the improvement of the research methods and conditions; by the improvement of the qualifications and usefulness of psychologists through high standards of professional ethics, conduct, education and achievement; by the increase and diffusion of psychological knowledge through meetings, professional contacts, reports, papers, discussions and publications; by the advocacy of public policy to promote these objectives; thereby to advance scientific interests and inquiry, and the application of research findings to the promotion of the public welfare.

The Virginia Psychological Association is made up of four semi-autonomous Academies:
Virginia Academy of Academic Psychologists
Virginia Academy of Clinical Psychologists
Virginia Academy of School Psychologists
Virginia Applied Psychology Academy

In addition, the Virginia Academy of Clinical Psychologists has five regional academies:
Blue Ridge Academy of Clinical Psychologists
Central Virginia Academy of Clinical Psychologists
Northern Virginia Society of Clinical Psychologists
Richmond Academy of Clinical Psychologists
Tidewater Academy of Clinical Psychologists

The Academies come together twice annually for Spring and Fall Conferences. Dynamic programming is offered making continuing education credits available. VPA has quarterly newsletters, participates in public education campaigns, and offers a Speakers' Bureau through the Virginia Psychological Foundation. The Academic Academy sponsors a paper and poster competition at the Spring Conference, the School Academy provides excellent professional development opportunities during the Fall Conference, and publishes a newsletter. The Clinical Academy sponsors continuing education workshops during both conferences, as well as locally at Regional Academy sponsored events. The Clinical Academy also offers a Referral Network and quarterly newsletters. The Applied Psychologists meet during the Spring and Fall Conferences, sponsor student paper sessions, and provide presentations.

July 2003

Virginia Society of Chiropractic*
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Please contact the entity directly for further information.

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Mission Statement

The mission of the VSHP is to represent its members and to provide leadership that will enable pharmacists in organized health-care settings (1) to provide high quality pharmaceutical care that fosters the efficacy, safety, and cost-effectiveness of drug use; (2) to contribute to programs and services that emphasize the health needs of the public and the prevention of disease; and (3) to promote pharmacy as an essential component of the health-care team. VSHP endeavors to create an environment in which pharmacists are expected to focus the full potential of their knowledge and expertise on patient care.

In support of the mission statement, VSHP has established the following goals:

1. To advance rational patient-oriented drug therapy.
2. To promote pharmacists as integral members of the health-care team in order to allow full utilization of their clinical and drug-use control functions that would be beneficial in each health-care setting.
3. To serve as a primary advocate for advancing professional practice, increasing the cost-effectiveness of pharmaceutical care, and improving the quality of patient care.
4. To advocate the pharmacist's value to patients in ensuring that appropriate clinical services and drug-use control processes are applied to their benefit.
5. To foster the optimal and responsible use of drugs, including prevention of improper or uncontrolled use of drugs.
6. To assure sufficient, competent manpower in the profession by offering continuing education and training programs.
7. To provide leadership in the identification, analysis, and evaluation of pharmacy trends and in the development of policy statements, and to address legislative and regulatory initiatives of concern to pharmacy.

8. To facilitate information exchange between the members, health-care professions, and consumers.
9. To maintain lines of communication between the organization and its membership so that needs are accurately represented and to provide a full complement of services and products of the membership.

Goals and Objectives

1. Establish proactive stances on issues affecting the profession at the state level in order to develop a system to provide timely responses to public professional concerns and inquiries.
2. Remove barriers to the use of technical support in the safe and efficient distribution of medications in organized health-care organizations.
3. Support increased and standardized education of pharmacy technicians to meet current and future responsibilities.
4. Expand public information activities (designed to communicate the positions and actions of the VSHP) to members, health-care practitioners, policy makers, and consumers.
5. Provide timely and accessible continuing education that addresses the needs and interests of the members.
6. Assure that professional service and dedications to safe/effective drug use are afforded high visibility to persons considering pharmacy as a career path.
7. Provide the VSHP membership with a unified voice on professional practice issues which are the subject of legislative/regulatory actions.
8. Build effective liaisons and associations which will allow VSHP to access to input into the decision making process for pertinent legislative and regulatory actions.
9. Provide opportunities for VSHP members to "network" ideas related to pharmacy practice issues.
10. Perpetuate high quality membership service and representation through effective leadership promotion within VSHP.
11. Accurately represent and advance the interest of the membership.
12. Determine and develop guidelines to maximize VSHP investment income and determine acceptable levels of risk.
13. Maintain a reserve fund for contingency purposes.

Constitution

Article I. Name, Objectives, and Definitions

(a) This organization shall be known as the “Virginia Society of Health-System Pharmacists,” hereinafter referred to as the State Society.

(b) Objectives

The objectives of the State Society shall be:

(1) To advance public health by promoting the professional interests of pharmacists practicing in health systems through:

- a. Fostering pharmaceutical services aimed at drug-use control and rational therapy.
- b. Developing professional standards for pharmaceutical services.
- c. Fostering an adequate supply of well-trained competent pharmacists and associated personnel.
- d. Developing and conducting programs for maintaining and improving the competence of pharmacists and associated personnel.
- e. Disseminating information about pharmaceutical services and rational drug use.
- f. Improving communication among pharmacists, other members of the health-care industry, and the public.
- g. Promoting research in the health and pharmaceutical sciences and in pharmaceutical services.
- h. Promoting the economic welfare of pharmacists and associated personnel.

(2) To foster rational drug use in society such as through advocating appropriate public policies toward that end.

(3) To pursue any other lawful activities that may be authorized by the Board of Directors.

Article II. Membership

The membership of the State Society shall consist of active, associate, and honorary members as provided in the Bylaws. Active members shall be licensed pharmacists who have paid dues as

established by the State Society and support the purposes of the Virginia Society of Health-System Pharmacists as stated in Article I of the Constitution. Other Requirements for active membership shall be stated in the Bylaws.

Article III. Officers

The officers of the State Society shall be a President, an Immediate Past President, a President-Elect, a Secretary, and a Treasurer. The President-Elect shall be elected annually for a term of one year and shall ascend successfully to the office of President and Past President, serving one year in each position. The Secretary and the Treasurer shall be elected on alternate years for two-year terms of office.

Article IV. Affiliated Regional Chapters

There shall be geographic regions with each region having a chapter and officers as defined in the Bylaws.

Article V. Affiliated Student Chapter

There shall be an affiliated student chapter or chapters as defined in the Bylaws.

Article VI. Board of Directors

There shall be a Board of Directors of the State Society consisting of Officers, Regional Vice-Presidents, and Ex-Officio members as provided in the Bylaws.

Article VII. Amendments

Every proposition to alter or amend this Constitution shall be submitted in writing by two or more voting members at any Board of Directors business meeting and shall be approved by a majority of votes cast. A copy shall be submitted to the American Society of Hospital Pharmacists before it is submitted to the active membership for vote by mail ballot, in the same manner as in the balloting for officers as provided in the Bylaws, and shall be sent out as part of the ballot for officers.

Current Board of Directors

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Secretary
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July 2003

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Lloyd E. Bittinger, Executive Secretary
P.O. Box 547
Alexandria, Virginia 22313-0547
(800) 929-8778
(800) 929-8778 (press "start" for fax)
Email vsrt@aol.com, Web site www.vsrt.org

The Virginia Society of Radiologic Technologists was organized in 1948. Active membership is open to individuals who are certified by the American Registry of Radiologic Technologists, the Registry of Diagnostic Medical Sonographers, the Nuclear Medicine Technology Certification Board, or the Medical Dosimetry Certification Board. There are also student and associate member categories. The primary purposes of the organization are to promote the professions of medical imaging and radiation sciences, to support high standards of education, to elevate the quality of patient care, and to improve the welfare of healthcare professionals working within the professions represented by the society.

Current Officers are:

Shirl Duke Lamanca, M.S., R.T.(R)
Chair, Board of Directors
Phone: 540.774.2715
Email: slamanca@vw.vccs.edu

Kevin L. Murray, M.S., R.T.(R)(QM)
Chair Elect, Board of Directors
Phone: 434.799.2271
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Ruth C. Kusterer, R.T.(R)
President
Phone: 804.270.7211
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Cheryl V. Cunningham, R.T.(R)
President Elect
Phone: 540.389.2802
Email: cdvc1216@adelphia.net

Theresa M. Knapp, R.T.(R)(M)
Vice President
Phone: 804.777.9293
Email: tmknapp_rt@yahoo.com

Deborah Y. Berry, R.T.(R)(M)
Recording Secretary
Phone: 434.263.7738
Email: deborah.berry@mjh.org

Radiologic technologists is a general term applied to individuals who are qualified to use x-rays (radiographers) or radioactive substances (nuclear medicine technologists) to produce images of internal body parts for interpretation by a physician. It also applies to those who use x-rays or radioactive substances in the treatment of disease (radiation therapists) and those who use sound waves for imaging (sonographers). Radiography encompasses diagnostic x-ray as well as computed tomography (CT) and magnetic resonance imaging (MRI). According to the American Registry of Radiologic Technologists, the primary certifying agency for radiologic technologists, as of January 1, 2003, there were 5,625 registered technologists. The Virginia Society has a membership of 1,187, of whom 194 are student members.

The VSRT's primary legislative issue for the last twenty plus years has been the enactment of some form of regulation of medical radiation workers, a measure the VSRT has always felt necessary to protect Virginia's citizens from exposure to unnecessary ionizing radiation. This goal was realized in a limited way in 1994 with the passage of House Bill 1300 which makes it "unlawful for a person to practice or hold himself out as a radiologic technologist or radiologic technologist, limited, unless he holds a license as such issued by the (Virginia) Board (of Medicine)." The law, which became effective on January 1, 1997, unfortunately does not apply to employees or independent contractors of licensed hospitals. Efforts by the VSRT will continue to effect an amendment to the bill to eliminate the hospital exemption. As the largest employer of radiologic technologists, it is important that the assurance of minimum standards is met in these facilities as well as in small clinics and in physician offices.

The primary concerns relative to the proposed regulations that need to be addressed are the lack of restrictions on the examinations and procedures, which can be performed by limited licensees, and the lack of any assessment of learning or competence for them. The regulations permit acquiring a license in one of two ways: (a) after a minimum of two years of education and passing of a national certification examination (radiologic technologist) or (b) after approximately 50 hours of education with no examination of any kind (radiologic technologist, limited). Regulations as implemented create a two-tiered system; holders of both restricted and unrestricted licenses will be performing the same studies. When the individual is reasonably well-educated in the radiologic sciences, an examination is required. If the individual is minimally educated, there is no requirement for documentation or assurance of that knowledge or competence prior to achieving licensure, and there are virtually no restrictions on practice. The VSRT believes these inadequacies need to be addressed.

The VSRT is firmly committed to quality patient care, to providing continuing education for its members and the radiologic technology community in general, and to increasing awareness of radiologic technology among the general public. Any questions or concerns may be directed to a member of the Board of Directors or to the Executive Secretary.

July 2003

Joint Commission on Health Care
Kim Snead, Executive Director
April R. Kees, Senior Health Policy Analyst
900 East Main Street, Suite 3072E
Richmond, Virginia 23219
804-786-5445 Phone
804-786-5538 Fax
<http://legis.state.va.us/jchc/jchchome.htm> - Website

The Joint Commission on Health Care was created by the 1992 Session of the Virginia General Assembly to study, report and make recommendations on a wide range of health care issues. Each year, the Joint Commission has an extensive agenda addressing health care issues, studies, and policy analyses. Based on the work done during the year, the Joint Commission develops its legislative package of bills, resolutions, and budget amendments for introduction during the General Assembly's annual legislative session.

The Joint Commission is composed of 18 legislative members (two members will be appointed from the membership of the Commission on Behavioral Health Care which will sunset June 30, 2003). The Secretary of Health and Human Resources serves in an *ex officio* capacity. The current members of the Joint Commission are:

Delegate Harvey B. Morgan (Chairman)
Senator William T. Bolling (Vice Chairman)
Senator Benjamin J. Lambert, III
Senator Stephen H. Martin
Senator Linda T. Puller
Senator Nick Rerras
Senator Kenneth W. Stolle
Senator William C. Wampler, Jr.
Delegate Clifford L. Athey, Jr.
Delegate Robert H. Brink
Delegate L. Preston Bryant, Jr.
Delegate Jeannemarie A. Devolites
Delegate Franklin P. Hall
Delegate Phillip A. Hamilton
Delegate S. Chris Jones
Delegate Kenneth R. Melvin
The Honorable Jane H. Woods (ex-officio)

The work of the Joint Commission falls primarily into six major areas: (i) health insurance/access for uninsured; (ii) medical education; (iii) health care cost and quality; (iv) health workforce issues; (v) long-term care, and (vi) behavioral health care.

During 2002, the Joint Commission conducted several studies, addressing: (i) eye examinations prior to school enrollment; (ii) the personal maintenance allowance within the

Medicaid waivers program; (iii) Family Access to Medical Insurance Security Plan; (iv) emergency medical and mental health services in public schools; (v) reimbursement of noncontracting ancillary services providers; (vi) the Local Health Partnership Authority Program; and (vii) Medicaid reimbursement of physicians.

The Joint Commission's full-time staff is directed by its Executive Director, Kim Snead. April R. Kees serves as the Senior Health Policy Analyst.

The staff may be contacted at (804) 786-5445. The mailing address for the Joint Commission is: Suite 115, Old City Hall, 1001 E. Broad Street, Richmond, Virginia 23219. You may also visit the Joint Commission web site at <http://legis.state.va.us/jhc/jchchome.htm>.

The Joint Commission typically determines its meeting schedule for the coming year within a month of the General Assembly session's adjournment. Commission meetings are typically held in Senate Room A of the General Assembly Building in Richmond. For additional information you may contact the Joint Commission directly or visit its web site.

November 2003

Office of the Secretary of Health and Human Resources

www.hhr.state.va.us

202 North Ninth Street, Suite 622

Richmond, Virginia 23219

804-786-7765

Mailing Address:

Post Office Box 1475

Richmond, Virginia 23218

The Secretary of Health and Human Resources oversees twelve state agencies which provide important and vital services to Virginians with mental retardation, mental illness, substance abuse, physical disabilities, and to low-income working families. In addition, agencies provide services to the aging community, ensure safe drinking water in the Commonwealth, and license health practitioners.

Staff Information

The Honorable Jane H. Woods, Secretary of Health and Human Resources

Wayne Turnage, Deputy Secretary of Health and Human Resources

Steve Harms, Deputy Secretary of Health and Human Resources

Crystal Randolph, Executive Assistant/Scheduler

Judy Ahern, Director of Constituent Affairs

Kristin L. Burhop, Special Assistant

Jamilah Reese, Special Assistant

Craig Suro, Special Assistant

Margaret Schultze, Special Assistant

Health and Human Resources Agency Information

Department for the Aging – Jay W. DeBoer, J.D., Commissioner

The Department for the Aging works with public and private organizations to help older Virginians and their families find the services and information they need. The Department operates the Center for Elder Rights, which is a central point of contact for older Virginians to access information and services. The Department's objective is to help Virginians find the

information and services they need to lead healthy and independent lives as they grow older. Their mission is to foster the dignity, independence, and security of older Virginians by promoting partnerships with families and communities. You may contact the Department for the Aging at www.aging.state.va.us or 804-662-9333 .

Virginia Department for the Deaf and Hard of Hearing – Ron Lanier, Commissioner

The Virginia Department for the Deaf and Hard of Hearing (VDDHH) works to reduce the communication barriers between persons who are deaf or hard of hearing and their families and the professionals who serve them. VDDHH operates with the full understanding that communication is the most critical issue facing persons who are deaf or hard of hearing. The foundation of all programs at VDDHH is communication - both as a service (through interpreters, technology and other modes) and as a means of sharing information for public awareness (through training and education). You may contact VDDHH at www.vddhh.org or 804-662-9502.

Virginia Department of Health – Dr. Robert Stroube, Commissioner

Their mission is to achieve and maintain optimum personal and community health by emphasizing health promotion, disease prevention, and environmental protection. You may contact the Virginia Department of Health at www.vdh.state.va.us or 804-786-3561.

Department of Health Professions – Robert Nebiker, Commissioner

The Virginia Department of Health Professions (DHP) works to assure the safe and competent delivery of health care to the citizens of the Commonwealth of Virginia through the process of examining, licensing and disciplining health care practitioners governed by one of the 13 state health care boards. You may contact DHP at www.dhp.state.va.us or 804-662-9919.

Department of Medical Assistance Services – Patrick Finnerty, Director

The Department of Medical Assistance Services (DMAS) strives to provide a system of high quality comprehensive health services to qualifying Virginians and their families. DMAS works to ensure that program integrity is maintained in the array of preventive, acute and long-term care services it provides, and that fraud, abuse, and waste are detected and eliminated to the maximum extent possible. DMAS encourages beneficiaries to take responsibility for improving their health outcomes and achieve greater self-sufficiency. You may contact DMAS at www.dmas.state.va.us or 804-786-8099.

Department of Mental Health, Mental Retardation, and Substance Abuse Services – James Reinhard, Commissioner

The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) provides leadership in the direction and development of public mental health, mental retardation and substance abuse services which are responsive to client and constituency needs. This leadership involves: obtaining and allocating resources to Community Services Boards (CSBs) and state facilities in an effective and efficient manner; monitoring field operations; providing technical assistance and consultation; human resource development and management; promoting client advocacy; systems planning; regulating and licensing programs and maintaining relationships with other human resource agencies. You may contact DMHMRSAS at www.dmhmrsas.state.va.us or 804-786-3921.

Department of Rehabilitative Services – James Rothrock, Commissioner

The Department of Rehabilitative Services (DRS) provides services to help Virginians with disabilities become more independent and self-sufficient. The agency works in partnership with people with disabilities, their families, and public and private service providers to ensure high quality, timely and efficient service delivery. You may contact DRS at www.vadrs.org or 804-662-7010.

Department of Social Services – Maurice Jones, Commissioner

The mission of the Virginia Department of Social Services (DSS) is to serve Virginia's citizens in need by providing services that nurture human dignity; creating and maintaining a stable environment for the children and families in Virginia; promoting responsible parenting; establishing the infrastructure that allows for the delivery of services at the local level; and fostering independence. You may contact DSS at www.dss.state.va.us or 804-692-1902.

Department for the Blind and Vision Impaired – Joe Bowman, Commissioner

The mission of the Department for the Blind and Vision Impaired is to enable blind, visually impaired, and deafblind individuals to achieve their maximum level of employment, education, and personal independence. To assist consumers in achieving economic independence the Department provides vocational assessments and training, job development, placement and follow-up. Residential and home instruction is provided in independent living, orientation and mobility, counseling, Braille, and training in the use of various adaptive technologies. DBVI collaborates with public school systems to assist in the education of blind, deafblind and visually impaired students. The Library and Resource Center provides Braille and recorded materials to increase knowledge and educational achievement as well as providing for leisure reading. The Department also provides employment options for blind persons through the Business Enterprises and Virginia Industries for the Blind and its satellite store operations. You may contact DBVI at www.vdbvi.org or 804-371-3145

Board for People with Disabilities – Heidi Lawyer, Executive Director

The Virginia Board for People with Disabilities serves as the Developmental Disabilities Planning Council for addressing the needs of people with developmental disabilities as established under the federal "Developmental Disabilities Assistance and Bill of Rights Act" and the state "Virginians with Disabilities Act." The Board provides opportunities for people with disabilities and family members to participate in planning and evaluating the delivery of disability services. You may contact the Board for People with Disabilities at www.vaboard.org or 804-786-0016.

Tobacco Settlement Foundation – Marty Kilgore, Executive Director

The Virginia Tobacco Settlement Foundation (VTSF) works to reduce and prevent the use of tobacco products by youth in Virginia. The VTSF is meeting its mission through multifaceted efforts, including statewide community programs and education, innovative research, a youth-targeted marketing and advertising campaign, and enforcement of Virginia's tobacco access laws. You may contact the VTSF at www.vtsf.org or 804-786-2523.

Office of the Comprehensive Services Act (CSA) – Alan Saunders, Director

CSA is a 1993 Virginia Law that provided for the pooling of eight specific funding streams used to purchase services for high-risk youth. These funds are returned to the localities with a required state/ local match and are managed by local interagency teams. The purpose of the act is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families. You may contact CSA www.csa.state.va.us or 804-662-9815.

Council on Indians – Reeva Tilley, Chairman

The Virginia Council on Indians serves as the advisory board to the Governor on Indian Affairs in the Commonwealth. The Council provides information to the public at large related to American Indian Tribes and assists state agencies and other organizations to promote causes that help the Indian communities reach their full potential. You may contact the Council on Indians at indians.vipnet.org or 804-225-2084.

Separate from the Office of the Secretary of Health and Human Resources, but an integral part of the Mental Health system is the Office of the Inspector General.

Office of the Inspector General – Anita S. Everett, M.D.

The Office of the Inspector General (OIG) was established as a direct report to the Governor, to function as an independent oversight agent offering an additional “safeguard” for a very vulnerable segment of the population. The OIG has the authority to monitor and provide independent clinical evaluation regarding the quality of care as delivered by entities that are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services. You may contact the OIG at www.oig.state.va.us or 804-692-0276.

July 2003

Virginia Attorney General's Office
Jerry W. Kilgore, Attorney General
900 E. Main Street
Richmond, Virginia 23219
(804) 786-2071

The Attorney General provides all legal service in civil matters for the Commonwealth, the Governor, and every state official, agency, and board, as well as the courts and judges. (Va. Code § 2.1-118.) The Commonwealth's ubiquity as regulatory overseer in almost every matter with which the health care community is involved increases the chances that health care attorneys may eventually have reason to deal with the Office of the Attorney General. Knowing the organization and players works to everyone's advantage.

Under Attorney General Jerry W. Kilgore and his Chief Deputy Joey R. Carico are five Deputy Attorneys General, each directing a major division within the Office. Deputy Attorneys General David E. Johnson, Richard L. Savage, III, Judith W. Jagdmann, Richard B. Campbell, and Francis S. Ferguson respectively head the Divisions of Health, Education, and Social Services, Public Safety and Enforcement, Civil Litigation and Commerce, Technology and Transportation, and Tobacco and ABC. In addition, major litigation and special projects are handled by State Solicitor William H. Hurd.

The Division most involved with health matters is the Division of Health, Education, and Social Services, which provides counsel to the following agencies: the Departments of Medical Assistance Services, Health Professions and its health regulatory boards, Mental Health, Mental Retardation, and Substance Abuse Services, Health, Rehabilitative Services and the Woodrow Wilson Rehabilitation Center, Deaf and Hard of Hearing, Visually Handicapped and Aging. The Department of Social Services, its Division of Child Support Enforcement, and the state's public school system, community colleges, and institutions of higher learning are also advised by counsel in the Division of Health, Education and Social Services. The Division's three sections are Mental Health and Health Services headed by Senior Assistant Attorney General and Section Chief Jane D. Hickey, Medicaid and Social Services headed by Senior Assistant Attorney General and Section Chief Siran S. Faulders, and Education headed by Senior Assistant Attorney General and Section Chief Ronald C. Forehand.

Attorneys representing the *Department of Mental Health, Mental Retardation, and Substance Abuse Services* are Senior Assistant Attorney General Jane D. Hickey and Assistant Attorneys General Dana Martin Johnson and Allyson K. Tysinger and Senior Assistant Attorney General Roscoe C. Roberts.

Attorneys representing the *Department of Health Professions* are Senior Assistant Attorneys General Jane D. Hickey, Howard M. Casway and Roscoe C. Roberts.

Howard Casway represents the *Board of Counseling, Board of Dentistry, Board of Health Professions, Joint Boards of Medicine and Nursing, Board of Nursing, Board of Nursing Home Administrators, Board of Optometry, Board of Pharmacy, Board of Psychology, Board of Social*

Work, Board of Veterinary Medicine and the Intervention Committee for the Health Practitioners Intervention Program. Advisory opinions with respect to the Practitioner Self-Referral Act fall within the responsibilities of the Board of Health Professions, advised by Howard Casway.

Roscoe Roberts represents the *Board of Medicine, Board of Physical Therapy, Board of Audiology and Speech-Language Pathology,* and the *Board of Funeral Directors and Embalmers.*

All activities of the *Department of Health,* and of the *Board of Health* are assigned to Robin V. Kurz. Those activities include epidemiology, the local health districts and local health departments, emergency medical services, family health services, public health nutrition and WIC, healthcare facilities licensure and certification. Environmental services are handled by Karen Lebo. The Certificate of Public Need, and certification of quality assurance of managed care health insurance plans are assigned to Roscoe Roberts. *The Division of Vital Records and Health Statistics,* and the *Office of the Chief Medical Examiner* are assigned to Howard Casway.

Among smaller departments, Dana Martin Johnson provides legal advice to the *Department of Rehabilitative Services,* including the *Woodrow Wilson Rehabilitation Center,* the *Department for the Deaf and Hard of Hearing,* the *Department for the Visually Handicapped,* the *Rehabilitation Center for the Blind,* the *Board for People with Disabilities,* *Department for the Aging* and the *Virginia Assistive Technology Loan Authority.* Howard Casway serves as legal counsel for the *Comprehensive Services Act.*

Section Chief Siran Faulders, Paige Fitzgerald, Kim Piner and Cameron O’Brion represent Medicaid matters within the ambit of the *Department of Medical Assistance Services.* Alan Wilson, also in the Medicaid and Social Services Section, represents the licensing services of the *Department of Social Services,* including adult care residences with assisted living. Donald Powers and Cheryl Wilkerson also represent the *Department of Social Services* and are located in the in Department’s regional offices located in Verona and Virginia Beach respectively.

Of related interest, Scott Fitzgerald represents the *Birth-Related Neurological Injuries Board.* *Occupational Safety and Health* is advised by Cathie Huchins. The Virginia Commonwealth University Health System is advised by Jean Reed and the *University of Virginia* is advised by Paul Forch, Beth Hodson and Lynne Fleming.

Environmental programs and agencies, including the *Department of Environmental Quality,* the *Air Board,* the *Department of Health’s* water programs, air quality, septic systems and sewage handling, wells, restaurants, swimming pools, campgrounds, shellfish sanitation, are assigned to the Environmental Unit of the Special Prosecutions Section of the Public Safety and Enforcement, with counsel from Unit Director Roger Chaffe, Carl Josephson, Karen Lebo, Matthew Dullaghan (who prosecutes environmental crimes), Rick Linker, Cathie Hutchins, John Byrum and Sharon Pigeon, who is located in Big Stone Gap.

Health-related *Professions and Occupations* include asbestos and lead contractors and workers, barbers, cosmetologists, hearing aid specialists, opticians, soil scientists, waste

management facility operators, waterworks and waste water works operators, and fall under the Public Safety and Enforcement Division, Commerce and Trade Section, headed by Richard Zorn and served by Bill Diamond and Ellen Coates. Bill Diamond advises the *Department of Agriculture* while Dave Irvin advises Consumer Services within the Department .

To assure complete dissociation of prosecutorial counsel from advisory counsel to the *health regulatory boards* within the Department of Health Professions, attorneys in the separate Division of Public Safety and Enforcement prosecute licensees of those boards. Criminal violations of the basic statutes and regulations are referred to the Commonwealth's Attorney for the jurisdiction in which the violation took place. Marla Decker is the Chief of the Special Prosecutions Section, and prosecuting counsel are Frank Pedrotty, Emily Wingfield and James Schliessmann. In the case of Medicaid Fraud, the Commonwealth's Attorneys often refer the cases back to the *Medicaid Fraud Unit* for prosecution after indictment. At the present time, legal counsels for the unit are Tracey Stith and Michael Hosang, who will soon be joined by at least three other assistant attorneys general.

A new area of review of *asset disposition by not-for-profit healthcare facilities* has been assigned to Deputy Attorney General Judy Jagdman, who has designated Donald Ferguson of the Government Operations Division's Section Finance and Taxation, and Robin Kurz of the Health, Education, and Social Services' Mental Health and Health Services Section to the review team. David Irvin is Senior Chief of the Antitrust and Consumer Affairs Section and oversees all *antitrust* issues.

The *Administrative Process Act Committee* is composed of Roger Chaffe, Richard Zorn, Terri Griggs, Howard Casway, Robin Kurz, Kim Pinor and Brian Goodman.

The Division of Civil Litigation customarily handles claims under the Virginia Tort Claims Act and EEO claims (including disability, workers' compensation, grievances, and other employment issues). The Attorney General has established contracts with a number of pre-eminent medical malpractice attorneys across the state who may be requested or appointed to defend medical malpractice claims against officers, agents, and institutions of the Commonwealth.

July 2003

Virginia Bureau of Insurance
Alfred W. Gross, Commissioner of Insurance
1300 East Main Street
Richmond, VA 23219; or
P. O. Box 1157
Richmond, VA 23218
(804) 371-9206
(800) 552-7945
(804) 371-9944 Fax

THE SCC's BUREAU OF INSURANCE

In Virginia, regulatory functions normally associated with a state's department of insurance are the responsibility of the State Corporation Commission (SCC). The SCC was created by Article IX of the Virginia State Constitution, which empowers the "Commission" to administer laws concerning the regulation and control of corporations transacting business in the Commonwealth. Three Commissioners who are appointed to six-year terms by the General Assembly direct the SCC. In addition to setting policy for the SCC, the three Commissioners hear regulatory cases that come before them. The SCC is sometimes described as a fourth branch of government because it has legislative, administrative, and judicial powers. It has the powers of a court of record for matters within its jurisdiction, and the decisions made by the Commissioners may be appealed only to the Virginia Supreme Court.

By statute, the SCC is responsible for registering corporations and monitoring the activities of those providing financial services, public utilities and transportation. Insurance concerns fall within the general category of "financial services." The SCC's regulatory responsibilities in the area of insurance are handled primarily through the Bureau of Insurance.

The Bureau of Insurance is the largest division of the SCC. It is headed by a "Commissioner of Insurance" who is appointed pursuant to § 12.1-12 of the Code of Virginia and charged generally with the administration of the insurance laws of the Commonwealth, most of which may be found in Title 38.2 of the Code. Alfred W. Gross is the current Commissioner of Insurance.

Approximately 195 people are employed in the SCC's Bureau of Insurance. From the SCC's offices in Richmond, the Bureau regulates all companies transacting the business of insurance in Virginia; conducts financial condition and market conduct examinations of domestic companies; issues licenses to agents and agencies; reviews life and health and property and casualty policy forms and rates; and helps consumers resolve disputes with insurance companies. In terms of health insurance matters alone, this activity involves over 780 insurers and approximately 65,000 agents or agencies that are authorized to underwrite or sell health insurance in Virginia. Some are classified as life and health insurers or agents; others are classified as property and casualty insurers or agents; all are authorized specifically to offer accident and sickness insurance in Virginia. But these numbers are only part of the picture. In addition to overseeing the activities of traditional health insurers, the Bureau has regulatory responsibility for:

29 health maintenance organizations (HMOs), including HMOs that provide only dental or optometric health care services;

7 pre-paid health services plans, including plans which offer health services generally or which specialize in dental or optometric services;

50 continuing care retirement communities (CCRCs);

218 multiple employer welfare associations and trusts (MEWAs);

18 workers' compensation group self-insurers plus 503 licensed insurers that also offer workers' compensation insurance coverages;

49 property and casualty insurers, including reciprocal insurers, that offer medical liability and medical malpractice insurance; and

8 risk retention groups that are registered to assume medical liability and/or medical malpractice risks.

The nature and extent of regulatory activities varies depending on the type of health insurance entity being regulated. Generally speaking, provisions applicable to traditional life and health insurance companies may be found throughout Title 38.2 of the Code of Virginia. Special chapters in Title 38.2 may address unique types of operations or forms of organization; e.g., Chapter 18 for agents, Chapter 43 for HMOs, Chapters 42 and 45 for prepaid health services plans, Chapter 49 for CCRCs. However, each of these entities is subject also to many of the more general statutes that comprise much of Title 38.2, including for instance, licensing provisions in Chapter 10, provisions in Chapter 34 concerning accident and sickness insurance, the MCHIP statutes in Chapter 58 affecting health carriers operating managed care health insurance plans, and Chapter 59's provisions concerning adverse utilization review decisions.

Administration of the insurance statutes is aided frequently by rules and regulations, which are promulgated and adopted by order of the SCC after publication and notice of hearing. The SCC's "Rules Governing Multiple Employer Welfare Arrangements" (14 VAC 5-410-10 et seq.) and the "Rules Governing Health Maintenance Organizations" (14 VAC 5-210-10 et seq.) are particularly relevant for MEWAs and HMOs. The SCC has adopted additional regulations with broader application in matters such as insurance rates, policy forms and mandated benefits, reserving methodology and market conduct expectations and standards for utilization reviews. All of these regulations are filed in the Clerk's Office at the SCC in Richmond. Commission regulations are published in the *Virginia Administrative Code*, the Commonwealth's official compilation of state agency rules and regulations. Proposed regulations, orders adopting new regulations and administrative letters are published also in the *Virginia Register of Regulations*, a monthly publication of the Commonwealth. Current regulatory material is available also through the SCC's internet website at <http://www.state.va.us/scc>, which contains links to the Bureau's website. Codified rules, regulations and statutes, as well as current and historical

legislative information, are available on-line through these sites and the Commonwealth's Legislative Information System at <http://leg1.state.va.us>.

Although Title 38.2 and the Bureau play significant roles in the regulation of insurance matters in Virginia, other portions of the Code of Virginia and other regulatory agencies can be significant. For example, the SCC's licensing responsibilities with respect to workers' compensation group self-insurance associations (GSIAs) are set forth in § 65.2-802 of Chapter 8 of Title 65.2 of the Code. Related provisions in this chapter make it clear both the SCC and the Workers' Compensation Commission shall exercise regulatory oversight over these GSIAs. Other entities also may come under the regulatory umbrella of multiple agencies. CCRCs subject to Chapter 49 in Title 38.2 must be registered with the Bureau; however, they can be affected by provisions in Title 32.1 that are administered primarily by the Department of Medical Assistance Services or the Commissioner of Health. The Commissioner of Health, through the Virginia Department of Health (VDH), oversees the operations of the VDH's Center for Quality Health Care and Consumer Protection. Its regulatory activities can concern the managed care health insurance plans (MCHIPs) operated by health carriers licensed through the Bureau. The federal government, as a consequence of ERISA, can be involved in the regulation of MEWAs, but it does not obviate the need for state regulation via the Bureau in matters of solvency.

The Bureau is structured into three large divisions and one smaller division. Those divisions are Property and Casualty Market Regulation, Life and Health Market Regulation, Financial Regulation, and Administrative Services.

The **Financial Regulation division** is responsible for company licensing, ongoing financial analysis and monitoring, and financial condition field examinations. The division processes company applications for licensing, annual and quarterly financial statement filings, holding company and other material transaction disclosures and approvals, and the preparation and filing of financial condition examination reports of companies domiciled in Virginia. The mission of the Financial Regulation division is to identify troubled companies as quickly as possible and to take steps to resolve problems before a company becomes insolvent. The deputy commissioner in charge of the division is Douglas C. Stolte. The division's offices are located on the 6th floor of the Tyler Building at 13th and Main Streets in Richmond. Primary contact numbers are:

Questions concerning company licensing	804: 371-9637
Questions concerning domestic L&H insurance companies	804: 371-9637
Questions concerning foreign L&H insurance companies	804: 371-9636
Appointments to copy or inspect filings	804: 371-9546
Questions concerning HMOs, health service plans, MEWAs and CCRCs	804: 371-9637
Questions concerning workers' compensation GSIAs	804: 371-9063

Financial examination matters

804: 371-9061

(Financial Regulation division Fax: 804: 371-9511)

The **Life and Health (L&H) Market Regulation division** reviews and approves most health policy forms prior to their use in Virginia, and also reviews and approves rates for individual health insurance policies. Market conduct examiners assigned to the division perform field examinations of health insurers and others licensed in Virginia. In addition, the L&H division administers the qualification, licensing and appointment of insurance agents and consultants in Virginia. It also assists consumers in resolving complaints about insurers, agencies, and agents and provides information about insurance to the general public. Its activities include the publication of various consumer guides, including a Health Insurance Consumer's Guide, a Guide to Health Insurance for People with Medicare, and a Senior Citizen's Guide to Insurance. The division includes the Office of the Managed Care Ombudsman, which helps consumers who have MCHIP products understand their rights of appeal of adverse decisions by health carriers. Gerald A. Milsky is the deputy commissioner in charge of the L&H Market Regulation division. The division's offices are located on the 5th floor of the Tyler Building at 13th and Main Streets in Richmond. Primary contact numbers are:

Requests for Consumer Guides, other than senior guides	800: 552-7945
Requests for Senior Guides	877: 310-6560
Agents, brokers and consultants: Licensing	804: 371-9631
Agents, broker and consultants: Investigations (Fax: 804: 371-9349)	804: 371-9970
Life and health forms, rates and policy approval	804: 371-9110
Consumer complaints/inquiries (Fax: 804: 371-9944)	804: 371-9691
BOI Ombudsman & Consumer Services Hotline (Toll free: 1-877-310-6560)	804: 371-9032

In Virginia, a life insurer may be authorized to write accident and sickness insurance but not a class of property and casualty insurance. A property and casualty insurer may be licensed to write accident and sickness insurance, but not life insurance. Also, only non-life insurers may be licensed to write the related coverages for workers' compensation insurance and medical malpractice insurance. As a consequence, those inquiring about health insurance matters will usually find themselves talking with employees in either the Financial Regulation or L&H Market Regulation divisions of the SCC's Bureau of Insurance. However, if the question involves a P&C insurer or a line of property, casualty or liability insurance, calls should be placed to the Bureau's **Property and Casualty Market Regulation division**. Deputy Commissioner Mary M. Bannister heads the division. The division's offices are located on the

5th floor of the Tyler Building at 13th and Main Streets in Richmond. Primary contact numbers are:

P&C consumer complaints/inquiries (Fax: 804: 371-9349)	804: 371-9185
P&C market conduct examinations	804: 371-9731
P&C policy approval and rates (Fax: 804: 371-9396)	804: 371-9965

Administrative Services, the fourth and smallest division, provides the primary office and personnel support for all operational departments in the Bureau. This includes collecting and recording fees and taxes, including premium tax filings and the reports due from surplus lines brokers. In addition, Administrative Services has a section dedicated to the external review of final adverse decisions rendered by MCHIPs. Brian P. Gaudiose manages these administrative services and tax matters. His office is located on the 6th floor of the Tyler Building at 13th and Main Streets in Richmond. Primary contact numbers are:

Independent external appeals (Fax: 804: 371-9516)	804: 371-9913
Insurance company tax filing information Office supervisor Senior tax manager (Fax: 804: 371-9821)	804: 371-9239 804: 371-9096
Surplus lines broker filings (Fax: 804: 371-9821)	804: 371-9192

The Bureau welcomes inquiries, and has a “hotline” and automated directory service which may be reached by an in-state toll free number (1-800-552-7945). TDD (telecommunications device for the deaf and hard of hearing) may be reached on the toll-free number or (804) 371-9206. Callers should remember, however, that many questions and problems cannot be addressed adequately until inquiries and specific concerns are submitted in writing. Written inquiries may be directed to the attention of a specific division or employee and should be addressed to the SCC Bureau of Insurance at either 1300 East Main Street, Richmond, VA 23219 or P. O. Box 1157, Richmond, VA 23218.

July 2003

Virginia Department of Emergency Medical Services*
Michael Cline, Director
10501 Trade Court
Richmond, Virginia 23236
(804) 897-6500
(804) 897-6506

Mission Statement

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services (EMS) system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

Emergency Medical Services At A Glance
(July 1, 1996 to June 30, 1997)

720	Licensed EMS agencies serve Virginia
269	Volunteer Rescue Squads
133	Volunteer Fire Departments
64	Volunteer Fire & Rescue
145	Commercial
58	Government/Municipal
13	Hospital
11	Air Ambulance
13	Industrial
5	Correctional
9	Non-Profit
36,577	EMS providers
4,555	First Responders
25,139	Emergency Medical Technicians
1,578	Shock Trauma Technicians,
2,661	Cardiac Technicians
2,099	Paramedics
545	Certified EMS instructors
472	EMT courses taught (322 basic, 140 refresher).
9,153	Candidates tested for certification as a First Responder, EMT-B, EMT-Shock Trauma, Cardiac Technician or Paramedic.
120	Emergency Vehicle Operators courses taught.
64,348	Continuing education credit hours awarded through 2,222 EMS training programs.
11	Virginia hospitals are certified as trauma centers for providing specialized care to severely injured patients.

195 VDH Rescue Squad Assistance Fund grants totaling \$3,097,924.59 were awarded to non-profit EMS agencies/organizations to buy ambulances and EMS equipment.

54 VDH grants totaling \$100,000 awarded to EMS agencies for recruitment, retention and public awareness programs.

339 Prospective EMS providers referred to volunteer and/or career EMS agencies

\$2,548,900 Two for Life Funds returned to localities for EMS activities.

\$1,000,000 Two for Life Funds awarded for regional EMS operations.

\$385,750 Two for Life Funds awarded for training programs:

\$105,750 Regional training grants

\$280,000 ALS training

February 1999

*We were unable to obtain updated information from this entity prior to publishing the Compendium. Please contact the entity directly for further information.

Virginia Department of Environmental Quality (Medical Wastes)*
William Hayden
P.O. Box 10009
Richmond, Virginia 23240
(804) 698-4000

Mission

The mission of the Department of Environmental Quality is to protect the environment of Virginia in order to promote the health and well-being of the citizens of the Commonwealth. To accomplish this, DEQ administers state and federal environmental programs; issues environmental permits and ensures compliance with regulations; and coordinates planning among the Commonwealth's environmental programs.

Citizen Boards

Three citizen regulatory boards are responsible for adopting Virginia's environmental regulations: the Waste Management Board, the Air Pollution Control Board and the State Water Control Board. The DEQ staff administers the regulations as approved by the boards.

Environmental Permits and Regulations

Water Quality

DEQ administers the federal Clean Water Act and enforces state laws to improve the quality of Virginia's streams, rivers, bays and groundwater for aquatic life, human health and other water uses. Permits take into account physical, chemical and biological standards for water quality. Water programs address:

Pollution Discharges

Permits set limits for pollutant discharges from point sources, such as ditches or pipes (including discharges from storm water systems), by businesses, governments and individuals.

Groundwater

DEQ oversees the withdrawal of large amounts of groundwater within designated groundwater management areas.

Surface water

Withdrawals of large amounts of water in designated surface water management areas are issued permits to ensure adequate stream flows during droughts.

Land application of treated waste

The treatment, storage and spreading on land of industrial and sewage sludge, animal waste and treated wastewater are regulated. Permits typically are issued to industry and large animal feeding operations.

Dredged material

Permits are issued for discharges of dredged material into waterways or wetlands, and for other in stream activities.

Air Quality

DEQ administers the requirements of the federal Clean Air Act, and enforces state law and regulations to improve Virginia's air quality. Programs include:

Issuing permits to new and modified sources of air emissions.

An enhanced vehicle emissions inspection and maintenance program for Northern Virginia.

Voluntary ozone reduction efforts in Northern Virginia, Richmond and Hampton Roads, through ozone forecasts and advisories.

The Small Business Assistance Program, which provides technical assistance to help small businesses understand and comply with the Clean Air Act and state air regulations. The Small Business Assistance Program Compliance Advisory Panel provides oversight and advice to the Small Business Assistance Program.

Waste Management

DEQ administers waste management programs created by legislation such as the federal Resource Conservation and Recovery Act and the Virginia Waste Management Act. DEQ's activities are coordinated with the U.S. Environmental Protection Agency.

Solid waste management

Regulations establish standards for the siting, design, construction, operation, closure and post-closure care of solid waste management facilities. A permit is required by all public and private facilities that operate a waste management facility. These permits follow federal and state standards to protect the land, water and air from pollutants.

The state has regulations for solid waste landfills, transfer stations, incinerators, composting, medical waste, material recovery facilities, and managing solid waste from industrial, construction and demolition activities. In addition, there are state regulations for developing and implementing local and regional solid waste management plans.

Hazardous waste management

State regulations follow federal standards established under RCRA and require a permit for storage, treatment and disposal of hazardous waste. Regulations also govern the issuance of transportation permits for hazardous waste and the siting of hazardous waste management facilities. There currently are no permitted hazardous waste disposal sites in Virginia.

Petroleum storage tanks

DEQ ensures that aboveground and underground storage tanks are registered, inspected and maintained, and have leak and spill detectors. Tank owners are responsible for developing spill contingency plans, and demonstrating sufficient financial capability to handle cleanups and remediation.

DEQ sponsors voluntary remediation and cleanups at federal facilities and Superfund sites. The Voluntary Remediation Program encourages hazardous substance cleanups that might not otherwise take place, enabling site owners or operators to voluntarily enter into an agreement with DEQ to clean up the property and restore it to productive use. DEQ also works with the federal government to ensure proper cleanup of hazardous wastes at federal facilities, including military bases. EPA administers the Superfund program in Virginia, and DEQ performs necessary activities mandated by the Superfund law. DEQ is not involved in day-to-day activities.

Management of regulated medical waste

DEQ establishes standards for the storage, transportation and treatment of regulated medical waste. Regulated medical waste may be stored, steam sterilized or incinerated only at a permitted facility. Alternative treatment technology may be allowed if the effectiveness of the treatment can be demonstrated.

Coal ash

Regulations establish standards for the use, storage and disposal of coal combustion byproducts, known as coal ash. Alternative uses and reuses of the ash are allowed under the regulations.

Waste tires

DEQ is responsible for developing and implementing a plan to properly manage waste tires. The plan will include short-term and long-term recommendations for addressing tire stockpiles. The Waste Tire Trust Fund administered by DEQ provides money to several regions to help them manage the current flow of waste tires. Virginia also has regulations to provide for cost reimbursements to waste tire end-users.

Litter prevention and recycling

DEQ administers an annual grant program that provides funding to local litter prevention and recycling program efforts.

Monitoring and Inspection

DEQ conducts extensive monitoring to ensure that state and federal standards for water quality, air quality and waste management are met. DEQ also oversees monitoring by permit holders and conducts inspections of permitted sites to ensure that sources such as water discharges, air emissions and waste management facilities meet permit requirements. Activities include:

Monitoring water quality in rivers, lakes and estuaries at some 1,100 locations to detect pollutants and to assess pollution prevention efforts. In addition, a stream gauging network provides important flow data for streams throughout Virginia.

A network of air monitors throughout the state to measure for specific pollutants in the atmosphere. DEQ analyzes air quality data and maintains an inventory of stationary air emission sources.

Monitoring landfills to ensure that groundwater is not contaminated. Permitted hazardous waste storage sites also are monitored to ensure permit compliance.

Chesapeake Bay and Coastal Programs

DEQ participates in numerous state and federal programs aimed at restoring the Chesapeake Bay and improving Virginia's coastal resources.

DEQ works with other state agencies, other state governments and the federal government as part of the Chesapeake Bay Program. Among other initiatives, the Bay program is working to reduce the amount of nutrient pollution in the Bay and its tributaries, and to reduce the amounts of toxic substances entering the Bay.

DEQ monitors Virginia's coastal regulatory programs and administers federally funded grants for projects to preserve coastal resources.

Pollution Prevention and Compliance Assistance

DEQ promotes technological innovation and science-based approaches to preventing pollution and better managing Virginia's natural resources. Citizens and business are encouraged to develop efficient ways to reduce or eliminate waste materials before they are released to the air, water or land. DEQ is helping accomplish this through technical assistance, and partnerships with industry and local governments.

Environmental Impact Review

DEQ coordinates recommendations to the Governor to ensure that new state facilities are constructed in an environmentally sound manner. DEQ also coordinates review of new airport construction proposals, oil and gas drilling in Tidewater, state agency farmland preservation plans, and the environmental impacts of federal projects.

Regional Operations

DEQ has consolidated operations at the agency's regional offices in Abingdon, Harrisonburg, Richmond, Roanoke, Woodbridge and Virginia Beach. Satellite offices in Fredericksburg, Kilmarnock and Lynchburg support the regional operations. In addition, there is a stream flow monitoring office in Charlottesville and an air monitoring office in Richmond.

Each regional office houses DEQ's air, water and waste programs, provides permit assistance and emergency response, and ensures compliance with regulations.

Environmental Education

DEQ sponsors an annual education conference, produces printed resource materials, promotes a statewide network of teachers and other environmental educators, and coordinates teacher training on environmental subjects.

Online Communications And Media Relations

DEQ maintains an extensive information site on the World Wide Web (<http://www.deq.state.va.us>), covering all major program areas of the agency and providing opportunities for public involvement in environmental issues. Information on special DEQ activities also is made available to the news media and the general public.

February 1999

*We were unable to obtain updated information from this entity prior to publishing the Compendium. Please contact the entity directly for further information.

**Virginia Department of Health
Robert B. Stroube, M.D., M.P.H.
State Health Commissioner
Commonwealth of Virginia
Department of Health
P.O. Box 2448
Richmond, Virginia 23218
1-804-786-1124 Telephone
1-804-786-4616 Fax
www.vdh.state.va.us**

Overview of Regulatory Programs

The State Board of Health and the State Health Commissioner, assisted by the State Department of Health, are authorized to administer and provide a comprehensive program of preventive, curative, restorative and environmental health services; educate the citizenry in health and environmental matters; develop and implement health resource plans; collect and preserve vital records and health statistics; provide medicolegal investigation of deaths that occur suddenly, unexpectedly, violently, or in an otherwise suspicious manner; assist in research; investigate outbreaks of disease; and abate hazards and nuisances to the public health and to the environment. Code of Virginia, Title 32.1, Chapters 1, 2 and 8. Regulatory activities are noted below as vested in the department, without distinction among those vested in the State Board of Health or the State Health Commissioner. In furtherance of its mission to protect public health, the department administers numerous programs and engages in many regulatory activities. These regulatory activities include:

- (i) Establishing standards and requirements for research on human participants conducted or authorized by the department, or any facility or other entity operated, funded, or licensed by the department;
- (ii) Establishing a statewide and unified emergency medical care system, composed of various facilities and resources; establishing a statewide poison control system; licensing emergency medical services agencies, vehicles and personnel in order to improve the delivery of emergency medical services and reduce morbidity, hospitalization, disability and mortality;
- (iii) Compiling a list of human diseases required to be reported to the department; prescribing the manner and time of such reporting; maintaining a confidential statewide cancer registry; issuing orders to combat epidemics and communicable disease and to address other public health emergencies so that disease may be controlled and investigated epidemiologically; and requiring the immunization of children in order to prevent certain diseases;
- (iv) Establishing and maintaining a system of screening tests for newborn infants that detects various inborn errors of metabolism in order to prevent

disability and death and establishing and maintaining a system to identify hearing loss at the earliest possible age among newborns; monitoring infants identified as having hearing impairment so that they may receive appropriate early intervention through treatment, therapy, training and education;

(v) Prescribing standards, examinations and analyses governing the taking and marketing of crustacea, finfish, and shellfish; conducting inspections of shellfish planting grounds and seafood packing houses; and establishing the boundaries of and condemning growing areas in which crustacea, finfish or shellfish are unfit for market;

(vi) Establishing a methodology for the review and measurement of the efficiency and productivity of health care institutions; administering a patient level data system for consumers, employers, providers and purchasers of health care to improve the quality, appropriateness, and accessibility of health care; and providing information useful in making decisions relating to health care;

(vii) Defining the income limitations within which a person shall be deemed to be medically indigent so that such persons may receive the medical care services of the department without charge; and prescribing a scale of charges, based on ability to pay, for departmental patients who are not deemed to be medically indigent;

(viii) Establishing procedures and fees for the review of applications for certificates of public need; and, upon finding public need for the construction of or specified modifications to medical care facilities, issuing such certificates, conditioned upon an agreement to provide medical care to indigents where warranted, as well as providing for limitations on the time for completion and on capital expenditures;

(ix) Licensing, prescribing minimal standards of construction, maintenance and operation for, and inspecting hospitals, nursing facilities, hospices, and other medical care facilities; and licensing and prescribing minimal standards governing the activities and services provided by home care organizations;

(x) Prescribing standards that ensure the quality of managed health care insurance plans offered by entities that are licensed by the State Corporation Commission; and issuing certificates of quality assurance to such licensees;

(xi) Licensing restaurants, hotels and other lodging facilities, summer camps, campgrounds and migrant labor camps; inspecting these establishments, along with public swimming pools, for compliance with sanitary requirements;

(xii) Regulating and controlling sources of radiation; licensing the use, production and possession of radioactive materials; and requiring the registration,

inspection and certification of diagnostic therapeutic x-ray machines used in the healing arts;

(xiii) Granting conditional scholarships for the training of certain physicians, nurses, dentists and dental hygienists; defining the obligations scholarship recipients must fulfill, including their practice in areas undeserved by medical and dental professionals, as such areas are delineated by the department;

(xiv) Uniformly administering the statewide system for maintaining vital records, i.e., birth, adoption, marriage, divorce, death, and fetal death records; and allowing access and necessary changes to these records;

(xv) Issuing permits for and regulating the design and operation of public water systems; and establishing standards for protecting the quality and safety of the drinking water produced by such systems;

(xvi) Prescribing standards for the location, construction and abandonment of residential wells used for drinking and domestic purposes; and

(xvii) Supervising the collection, transportation, treatment and disposal of sewage; setting standards for and approving residential sewage disposal systems; and prescribing requirements for the disposal of sewage at marinas and for the application of bestialities to agricultural lands.

The department operates under the supervision of the Secretary of Health and Human Resources. All regulations adopted by the State Board of Health appear in Title 12 of the Virginia Administrative Code.

There are numerous offices and other units within the Department of Health, some of which are listed below.

- Office of Family Health Services
- Office of Environmental Health Services
- Office of Epidemiology
- Office of Drinking Water
- Office of Health Policy and Planning
- Office of Emergency Medical Services
- Office of Emergency Preparedness and Response
- Office of the Chief Medical Examiner
- Center for Quality Health Care Services and Consumer Protection
 - Division of Certificate of Public Need
 - Acute Care Division/ Managed Care Health Insurance Plan Unit
 - Long Term Care Division
- Office of Information Management
 - Division of Vital Records
 - Center for Health Statistics

Office of Accounting Services
Office of Budget Services
Office of Human Resources
Office of Purchasing and General Services

July 2003

Virginia Department of Health
VDH Center for Quality Health Care Services and Consumer Protection*
Nancy Hofheimer, Director
3600 West Broad Street, Suite 216
Richmond, Virginia 23230
(804) 367-2102
(804) 367-2149

Phone

Director	804/367-2102
Deputy Director	804/367-2104
Acute Care	804/367-2104
Long Term Care	804/367-2100
Complaint Hotline	1-800/955-1819
COPN	804/367-2126
FAX Number	804/367-2149

Mission

The Center for Quality Health Care Services and Consumer Protection (the Center) performs the following functions:

- Determines and certifies the public need (COPN) for new construction and renovations and new health care services in acute and long term care medical facilities.
- Promotes the delivery of quality health care services and protects health care consumers through the conduct of routine onsite inspections and complaint investigation.
- Enforces state licensure regulations related to (5) medical care provider categories.
- Promotes state quality of care standards governing insurers and providers which offer health care benefits through managed care health insurance plans (MCHIPS). Also enforces quality of care standards for Professional Utilization Review Agents (PRAs).
- Certifies (23) medical care provider categories for federal financial participation in the Medicare, Medicaid, and the Clinical Laboratory Improvement Programs.
- Provides training and education programs for the health care provider community, consumers and Center staff.

Functional Areas

The Center has a main office located at Suite 216, 3600 West Broad Street in Richmond, Virginia and (50) home based, surveyor offices located around the state. The CQHCCP consists of the following functional areas: Licensing and Certification/MCHIPS, Policy, Education and Administration:

FUNCTIONAL AREAS	STAFFING
LICENSING/CERTIFICATION	67
COPN/POLICY DIVISION	12
EDUCATION	5
ADMINISTRATION	4
TOTAL	88

Licensing/Certification/MCHIPS

Acute Care/Complaint Division (AC)

Consists of Medical Facilities Inspectors and Supervisor/Management staff. Conducts onsite inspections and complaint investigations in acute medical care facilities throughout Virginia. Inspects general hospitals, managed care organizations and acute medical care facilities throughout Virginia. Inspects general hospitals, outpatient hospitals, home care organizations and hospices comprising about 250 providers for compliance with state licensing quality of care standards. Enforces quality of care licensing regulations governing approximately 400 managed care plans and 75 private utilization review agents.

Certifies and enforces federal Medicare/Medicaid regulations governing 23 medical provider types in Virginia comprising over 2000 medical care providers. Also investigates fraudulent practices in home health, nursing homes and homes for the aged under the federal Operation Restore Trust Program. The cost of an average acute care onsite inspection is \$3000.

Oversees complaint handling for the CQHCCP. Processes all complaints and investigates those complaints falling outside of the Divisions' routine onsite inspection schedules. Processes over 1400 complaints and facility reported incidents annually.

Long Term Care Services Division (LTC)

Consists of Medical Facilities Inspectors and Supervisor/Management Staff. Conducts onsite inspections and complaint investigations in long term care facilities throughout Virginia. Licenses nursing homes and enforces federal Medicare/Medicaid regulations governing four (4) LTC federal provider categories, as well as the nursing home components of general hospitals, mental hospitals and institutions for the mentally retarded.

The inspection workload comprises onsite inspections and complaint investigations at approximately 360 providers locations. The average cost of inspecting and licensing a nursing

home is \$2,000 per provider. The average cost of surveying and federally certifying a nursing home is approximately \$3,000 per provider. The combined cost of licensing and federally surveying a nursing home is approximately \$5,000.

COPN/Policy Division

Consists of the COPN Division's Project Review Analysts, an Architect and a Policy Analyst. Reviews certificate of public need (COPN) applications and makes recommendations to the Commissioner of Health. Decisions by the Commissioner of Health are made on approximately 60 COPN applications annually. Reviews the architectural drawings of new construction and renovations in general hospitals, outpatient hospitals and nursing homes for compliance with state licensure regulations. Architectural plans on over 50 projects are reviewed and approved annually. Includes promulgation and review of twenty six (26) sets of state regulations.

Education

Consists of a Training Coordinator, Agency Management Analyst, MDS/RAI Coordinator, Computer Engineer and Help Desk Technician. Provides statewide training and educational programs to health care provider community, consumers and staff. Furnishes routine technical support and assistance to nursing homes and home health agencies, as well as interested public and private entities related to the MDS/RAI and OASIS statewide patient data base systems.

Administration

Consists of the Office Director, the Fiscal Unit, and an Executive Secretary. Provides overall direction, guidance and interpretation of the state/federal licensure/federal certification/COPN programs in Virginia.

Program Costs

Total annual expenditures are \$5.8 million dollars. The combined state licensure costs for hospitals, nursing homes, home care, hospice, and the Medicaid state match expenditures (\$1,570,000) account for approximately 32% of the total cost of the State Licensure/Federal Certification Program (\$4,975,000). The federal certification program consists of Medicare/Medicaid/State Match/CLIA programs annually. Excluding COPN, all state programs, including the licensing and the MCOs and PRAs programs (1.8 million dollars), comprise 35% of the total CQHCCP Licensing/certification expenditures (5.2 million dollars).

The State Licensing Programs

The state licensing programs cover the following categories:

- Inpatient hospitals licensure
- Outpatient hospitals licensure
- Nursing homes licensure
- Home care Organizations (HCO) licensure
- Hospice licensure
- MCHIP's Certification
- Private Utilization Review Agents (PRA) Certification

Regulations governing quality of care in hospitals, nursing homes, home care and hospice providers are promulgated by the VDH Board of Health. CQHCCP issues licenses to these providers based upon an onsite inspection process. Hospital and nursing home providers are inspected for licensure biennially. Home Care and Hospice providers are inspected annually.

Regulations governing licensure for MCHIPs and PRAs are promulgated by Bureau of Insurance, State Corporation Commission. The Center is developing regulations for promulgation by the VDH Board of Health by December 1999 which will establish quality of care regulatory standards for all MCHIPs in Virginia.

State regulatory authority for hospitals, nursing homes, home care organizations and hospices is found in Section 32 of the Code of Virginia and in the following state regulations:

- Rules and Regulations For The Licensure of Hospitals, August 10, 1995.
- Rules and Regulations For The Licensure of Hospice, April 11, 1990
- Rules and Regulations For The Licensure of Home Health Organizations, April, 11, 1990
- Rules and Regulations For The Licensure of Nursing Homes, October 15, 1980.

The Federal Survey and Certification Programs

Under an interagency agreement with the federal Health Care Financing Administration (HCFA), Department of Health and Human Services, CQHCCP administers the following federal programs. Regulatory authority for these programs is found in the Code of Federal Regulations (42 CFR) and in the State Operations Manual (SOM) issued by HCFA to state survey agencies.

1. MEDICARE (TITLE 18 OF THE SOCIAL SECURITY ACT)
2. MEDICAID CERTIFICATION (TITLE 19 OF THE SOCIAL SECURITY ACT)
3. MEDICAID INSPECTION OF CARE (IOC)
4. CLINICAL LABORATORY IMPROVEMENT ACT OF 1988
5. MDS/RAI DATA BASE
6. OPERATION RESTORE TRUST

The federal survey programs expenditures account for approximately 68% of the total cost of the licensure/federal survey programs annually.

Medicare and Medicaid Certification

The Medicare and Medicaid certification programs have different and distinct revenue sources. The governing regulations which prescribe the conditions of participation and define the quality of medical care services which must be furnished in order for a medical care provider to obtain certification and reimbursement as a Medicare/Medicaid provider are the same. The purpose of the Medicare/Medicaid certification programs is to protect the health and safety of citizens receiving medical treatment in participating medical care facilities in Virginia.

Medicare/Medicaid regulations currently govern the provision of medical services in twenty three (23) medical provider categories. Through onsite inspections, the CQHCCP certifies non-accredited providers for Medicare/Medicaid participation, validates accredited providers and investigates complaints.

Federal program expenditures are reported based upon a federal fiscal year, which begins October 1 and ends September 30. Medicare funding for certification is obtained from HCFA and is based upon an approved annual budget. There is no state fund matching requirement for Medicare. Federal Medicaid funding for certification activities is obtained from HCFA and is available based on the level of CQHCCP's actual expenditures in the federal fiscal year. A negotiated and approved indirect cost rate of 4.5% is charged to both Medicare and Medicaid against salaries.

Medicaid State Match for Certification

There is 75/25% state matching requirement for all Medicaid certification fixed and variable costs. The Medicaid State Match for Certification is approximately \$345,000 annually.

Medicare/Medicaid Certification Categories	# of Providers
General Hospitals	104
Long term care including ICF/MR	336
Home Health	171
Physical Therapy	93
ESRD	78
Rehabilitation agencies	80
Ambulatory surgery centers	23
Psychiatric excluded units	21
Rehabilitation excluded units	16
Hospice	14
Other	215

Total	1,437

Clinical Laboratory Inspection Program

The purpose of the Clinical Laboratory Improvement Act of 1967 and 1988 Amendments (CLIA) is to assure that all laboratories performing tests of human specimens for the prevention, diagnosis and treatment of human disease meet strict federal standards and have a CLIA license in order to operate. The program is funded entirely by the collection of inspection fees by the Health Care Financing Administration. The CQHCCP is required to conduct onsite surveys on a two year cycle. A negotiated and approved indirect cost rate of 4.5% is charged to Medicaid against salaries.

Provider Category	# of Providers
Laboratories	1034

Interagency Agreements

1. Office of Environmental Health Services - OEHS
The CQHCCP and OEHS have agreed to share information and to cooperate with respect to mutual responsibilities related to the inspection of the kitchen and dining areas in health care facilities.
2. Virginia Health Information - VHI
VHI agrees to collect and provide hospital survey data.
3. Department of Health and Human Services (DHHS)
VDH agrees with the Secretary, DHHS to administer the federal survey and certification programs for the Medicare and the CLIA programs.
4. Department of Medical Assistance Services (DMAS)
VDH agrees to administer the Medicaid survey and certification programs. DMAS shares MDS patient data.
5. Department of Health Professions (DHP)
DHP agrees with VDH and DMAS to administer the federal Nurse Aide Registry and Training Program. VDH and DMAS transfer state licensure, Medicare and Medicaid funds to DHP to support the program quarterly.
6. Virginia Department for the Aging (VDA)
VDH agrees to share complaint information and cooperate with respect to mutual responsibilities related to onsite complaint investigations in long-term care facilities.
7. Virginia Health Quality Center (VHQC)
VHQC agrees to review quality of care issues and share relevant data related to care and services received by Medicare beneficiaries in Virginia.
8. Virginia Health Systems Agencies

Agreement to review and make recommendations on Certificate of Public Need applications.

9. MCHIPs & PRA Agreement with the State Corporation Commission
Agreement allows the Center to examine and review quality of care issues, credentialing policies, quality assurance plans and the handling of complaints.
10. Department of Social Services (DSS)
The DSS agrees to allow the Center to conduct fraud and abuse investigations in homes for adults.

Publications

Copies of state regulations governing inpatient hospitals, outpatient hospitals, nursing homes, home care and hospice providers, the Certificate of Public Need Program, as well as Directories with the names, addresses and phone numbers of licensed providers may be obtained by calling 804/367-2102. The cost is \$10.00 a copy.

Copies of federal regulations must be obtained from the Superintendent of Public Documents in Washington, D.C.

Copies of survey reports, complaint investigation reports and COPN applications may be obtained for .20 cents a page under the Freedom of Information Act. All patient identifiers and complainant names will be blocked out in accordance with state/federal requirements governing patient confidentiality.

Fees

There is an annual state licensure fee charged and collected for hospitals, nursing homes, home care providers and hospice providers. Licensure fees total approximately \$103,000 annually. There is no fee involved to become federally certified for participation in the Medicare/Medicaid programs. There is an inspection fee charged and collected by HCFA to clinical providers, which CQHCCP certifies for compliance with the federal Clinical Laboratory Improvement Act. There is a state application fee charged to COPN applicants based upon the dollar amount of the proposed project. COPN application fees total approximately \$600,000 annually. The state fee structures can be found in the regulations governing the medical provider category in question. A copy of the regulations can be obtained by writing or calling CQHCCP.

February 1999

*We were unable to obtain updated information from this entity prior to publishing the Compendium. Please contact the entity directly for further information.

**Virginia Department of Health
VDH Division of Certificate of Public Need
The Virginia Medical Care Facilities
Certificate of Public Need Program
Erik O. Bodin, III, Director
3600 W. Broad Street, Suite 216
Richmond, Virginia 23230
(804) 367-2126
(804) 367-2206**

The Virginia Department of Health (VDH) regulates capital spending for certain categories of medical care facilities and medical facility projects. Before any person can initiate such projects, they must apply for and obtain a certificate of public need (“COPN”) from the Commissioner of Health (“Commissioner”).

The COPN program was established at Va. Code Section 32.1-102.3 et seq. in 1973 to “encourage, foster, and promote the planned and coordinated development of necessary and adequate... medical care facilities... in a manner which is coordinated, orderly, timely, economical and without unnecessary duplication of services and facilities.” The program’s objectives are to “promote comprehensive health planning, assist in promoting the highest quality of health care at the lowest possible cost, avoid unnecessary duplication of medical care facilities, and provide an orderly administrative procedure for resolving questions concerning the necessity of construction or modification of medical care facilities.”

The Commissioner approves or denies a request for a COPN after an application review process, aimed at determining whether there is a public need for the project based on standards of need developed by VDH and required considerations in the law. There are always two levels of application review and sometimes, three levels of review which occur before a final decision is made by the Commissioner.

First, the application is considered by a regional health planning agency (“RHPA”). There are five RHPAs in Virginia, organized as not-for-profit corporations. They receive state funding through VDH and review and advise the Commissioner on COPN requests in their regions. Each has a voluntary Board of Directors which includes consumer and provider representation. These Boards recommend approval or denial of COPN requests after a public hearing on the requests has been convened.

Secondly, the application is considered by VDH staff of the Division of Certificate of Public Need. Department staff consider the RHPA recommendation and also perform their own evaluation of the project’s compliance with the project review standards established for COPN. These standards are embodied in a regulation known as the State Medical Facilities Plan (12 VAC 5-230 through 5-360).

A potential third level of review is adjudication. If a project receives a negative recommendation from the RHPA or Department staff or if a request is made for adjudication by an opponent of the project who can demonstrate “good cause” the project will be reviewed by a

VDH Adjudication Officer. An informal fact-finding conference is convened at which all present their respective positions to the Adjudication Officer. The Adjudication Officer makes his own findings on the need for the project and a recommendation to the Commissioner.

The categories of medical care facility currently regulated under the Virginia COPN program are:

- general hospitals;
- sanitariums;
- nursing homes;
- intermediate care facilities;
- extended care facilities;
- mental hospitals;
- mental retardation facilities;
- psychiatric hospitals;
- intermediate care facilities established primarily for the medical, psychiatric or psychological treatment and rehabilitation of alcoholics or drug addicts;
- specialized centers, clinics, or physician offices developed for outpatient surgery and nine other designated diagnostic or treatment services;
- rehabilitation hospitals;
- any facility licensed as a hospital.

The types of projects which require COPN authorization are:

- establishment of a medical care facility (see list above);
- an increase in the total number of beds or operating rooms in an existing or authorized medical care facility;
- relocation at the same site of ten beds or ten percent of the beds, whichever is less, from one existing physical facility to another in any two year period;
- the introduction into any existing medical care facility of seventeen designated diagnostic or treatment services;
- the conversion of beds in an existing medical care facility to medical rehabilitation or psychiatric beds;

- the addition by an existing medical care facility of equipment for the provision of nine types of diagnostic or treatment service;
- replacement no longer requires COPN;
- any capital expenditure by or in behalf of an existing medical care facility of \$5 million or more.

In the past three fiscal years, the Department has reviewed an average of 93 COPN requests per year. In the most recent fiscal year which ended June 30, 2002, the Commissioner issued 103 decisions, authorizing 96 projects with total authorized costs of \$629,138,592 and denying 7 projects with estimated capital costs of \$54,370,371.

COPN program expenses, at the VDH level, are solely funded from COPN application fees, authorized in state law and established by regulation.

Regional health planning agencies, which participate in the COPN regulatory process, are authorized to receive state general funds, under Va Code Section 32.1-122.06. They also receive excess COPN application fee revenue. This funding is administered by the Department and distributed to RHPAs in the form of grants. RHPAs can also obtain funding from local government and other sources.

July 2003

Virginia Department of Health
VDH Office of the Chief Medical Examiner
Marcella F. Fierro, M.D., Chief Medical Examiner
Central District
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The Office of the Chief Medical Examiner offers statewide investigation of the deaths of persons who die a sudden, unexpected, suspicious, or violent death. The Medical Examiner System is augmented by 400 plus physicians in the cities and counties of Virginia who serve voluntarily part-time (fee-for-service city and county medical examiners). City and county medical examiners, appointed by the Chief Medical Examiner, receive notices of deaths falling under the jurisdiction of the Medical Examiner as outlined by § 32.1-277 of the *Code of Virginia*. Following guidelines promulgated by the Chief Medical Examiner, local medical examiners refer cases for medicolegal autopsy to one of four regional medical examiner offices. The regional offices are staffed by board certified forensic pathologists who perform autopsies, determine the cause and manner of death, collect medical evidence and reconstruct mechanisms of injuries.

The four missions of the Medical Examiner System are mandated by the *Virginia Code*. The missions are:

1. To investigate deaths of public interest;
2. To provide instruction in legal medicine to the institutions of higher learning in Virginia;
3. To administer the State Anatomical Program; and
4. To chair and coordinate the State Child Fatality Review Team.

Virginia's Medical Examiner System was created in 1947 by the General Assembly at the urging of the Medical Society of Virginia and the Virginia Bar Association. The purpose was to bring medical expertise to the investigation to all sudden, unexpected and violent deaths to all cities and counties in Virginia regardless of the population, budget or indigenous level of violence. The Medical Examiner System archives reports of all death investigations and provides medical expertise to the criminal and civil courts of the Commonwealth, law enforcement agencies, families, insurers, and to others who have a legitimate need to know information relating to cause and manner of citizens' deaths. The office continually serves the public health by identifying trends in causes of death, providing statistical information to epidemiologic researchers and by cooperating with other agencies seeking to develop strategies to reduce violent death and promote the public health.

The Medical Examiner System, in cooperation with the Department of Legal Medicine of the Medical College of Virginia, Virginia Commonwealth University, trains graduate pathologist fellows in forensic pathology and pathology residents in one of the oldest accredited training programs in the country. The office is certified by the National Association of Medical Examiners. The pathologists in the Medical Examiner System provide more than 1,500 hours a year of direct teaching to physicians, lawyers, medical and law students, law enforcement, health professionals and citizens.

The licensed embalmers of the State Anatomical Program receive bodies donated by citizens and provide more than 400 annual donations for scientific research to the schools of medicine and the institutions of higher learning throughout the Commonwealth.

The Child Fatality Review Team coordinator and the Chief Medical Examiner are responsible for administering the Child Fatality Review Team, which provides epidemiologic review of over 1200 child fatalities each year and develops recommendations for prevention of child deaths in Virginia. Other review teams include (i) Family and Intimate Partner Violence, and (ii) Maternal Mortality.

The statistical data derived from death investigation on causes and manner of death is utilized by local, regional, state and federal agencies for program planning and outcome studies. The system operates at a cost of 49 cents per capita.

Regional Contacts:

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July 2003

**Virginia Department of Health
VDH Office of Drinking Water
Robert B. Taylor, P.E., ODW Director
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Mission

The Office of Drinking Water (ODW) is dedicated to protect the public health and promote the public welfare by ensuring that drinking water from public drinking water systems (waterworks) is pure water.

Organization

ODW consists of the Central Office (CO) and six engineering field offices. ODW has a staff of 116 employees, nine of which are devoted to the DWSRF program (see later). The ODW CO staff consists of 21 employees who provide general support to the six engineering field offices and to the public. The six field offices are located in Abingdon (Abingdon Field Office or AFO), Lexington (Lexington Field Office or LFO), Culpeper (Culpeper Field Office or CFO), Danville (Danville Field Office or DFO), Chesterfield County (East Central Field Office or ECFO), and the City of Virginia Beach, (South East Field Office or SEFO).

The Central Office provides management, administrative (personnel, budget, and fiscal), and training support for ODW. The CO develops, establishes, and approves ODW policy, procedures and standards. The CO coordinates the activities of its various units.

The CO provides general supervision of the six engineering field offices, which implement the drinking water program and coordinates any conflicting program demands.

ODW is responsible for protecting the health of consumers of drinking water provided by public drinking water systems (waterworks) by ensuring that the drinking water is pure water. This function is authorized by Public Water Supplies, § 32.1-167 et seq. of the Code of Virginia and is implemented via the Waterworks Regulations. The ODW is the primacy agency for implementation and enforcement of the federal Safe Drinking Water Act and the National Primary Drinking Water Regulations.

The 1996 Amendments to the Safe Drinking Water Amendments established the Drinking Water State Revolving Fund (DWSRF) Program. The purpose of the DWSRF Program is (i) to provide low cost loans to waterworks owners in need of making infrastructure improvements to protect public health; and, (ii) to provide financial and technical assistance to waterworks owners to ensure the long term provision of safe drinking water to their customers.

Engineering Field Offices

The staff in the field offices provide direct service and are organized to provide one stop-shopping to owners, operators and designers of waterworks, and the general public. The organization focuses upon the District as the unit, which provides the service delivery. Districts are coterminous with the state planning districts. Districts 12, 15, and 20 are subdivided into A and B because of the heavy workload. A typical district is managed by a District Engineer who may lead a team consisting of one or more Assistant District Engineers or Inspectors. The District Engineer is responsible for implementation of the Waterworks Regulations in the District. The District Engineer's responsibilities include but are not limited to: (i) evaluation of applications, reports, plans, specifications and other engineering documents for the design, construction, and operation of waterworks, (ii) approving development and utilization of new water sources; (iii) conducting sanitary surveys of waterworks; (iv) providing technical assistance; (v) investigating complaints; (vi) assessing compliance: and, (vii) when necessary, initiating enforcement actions.

Contacts

Office of Drinking Water

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July 2003

Virginia Department of Health
VDH Office of Environmental Health Services
Robert Hicks, Director
1500 E. Main Street, Room 115
Richmond, Virginia 23219
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(804)786-5567

Mission

The Division of Shellfish Sanitation (DSS) operates three field offices, one each located in White Stone, Norfolk, and Accomac.

DSS is responsible for protecting the health of the consumers of molluscan shellfish and crustacea by ensuring: (i) that shellfish growing waters are properly classified for harvesting; (ii) that molluscan shellfish and crustacea processing facilities meet sanitation standards; and that all facilities have developed hazard Analysis Critical Control Point (HACCP) plans.

These functions are authorized by Fish, Oysters, Shellfish and Other Marine Life, Health and Sanitation Provisions, § 28.2-800 et seq. of the Code of Virginia and are implemented via Rules and Regulations Governing the Sanitary Control of Oyster, Clams and Other Shellfish, and the Rules and Regulations for the Sanitary Control of the Picking, Packing and Marketing of Crab Meat for Human Consumption. In addition, for the Virginia molluscan shellfish industry to engage in interstate commerce, Virginia must conform to the National Shellfish Sanitation Program (NSSP) administered by the United States Food and Drug Administration.

The central office staff of the DSS consists of nine employees. The DSS central office staff supports the field operations consisting of 22 employees and determines the classification of shellfish growing waters. Shoreline surveys to support the classification of growing waters are coordinated from the central office. Both central office staff and field office staff participate in shoreline surveys. Most data gathering and program implementation is through its three field offices (Norfolk, White Stone, and Accomac).

Shellfish Field Offices

The staff in the shellfish field offices have two major categories of customers: (i) the owners and operators of shellfish and crustacea processing facilities and lease holders of shellfish growing areas; and, (ii) the central office staff of the division responsible for the classification of shellfish growing areas.

The field office staff, under the leadership of the Shellfish Field Director: (i) conduct sanitary and HACCP inspections of molluscan shellfish and crustacea processing facilities; (ii) conduct shoreline surveys to identify pollution sources which may affect shellfish growing area water quality; (iii) collect seawater samples for microbiological analysis; (iv) collect hydrologic data to be utilized in the classification of growing waters; (v) analyze seawater and meat (oyster, clam, scallop, crab) samples; and, (vi) collect oyster, clam and seawater samples

for heavy metal, toxic substances and radiological analysis by the Division of Consolidated Laboratory Services, Department of General Services. Each field office includes a microbiological laboratory which provides timely data to support the classification of shellfish growing waters and the sanitation in processing facilities.

Contacts

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July 2003

**Virginia Department of Health
VDH Office of Water Programs
Eric H. Bartsch, P.E., OWP Director
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Richmond, Virginia 23219
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Mission

The Office of Water Programs (OWP) is dedicated to protect the public health and promote the public welfare by ensuring that drinking water from public drinking water systems (waterworks) is pure water and all molluscan shellfish and crustacea offered for wholesale are sanitary and fit for market.

In addition, OWP implements the project evaluation program of the Division of Wastewater Engineering (DWE), Office of Environmental Health Services, to ensure that all municipal sewage systems and sewage treatment works are designed and constructed in conformance with applicable regulations.

Organization

OWP consists of the Central Office (CO), the Division of Water Supply Engineering (DWSE), the Division of Shellfish Sanitation (DSS), six engineering field offices, and three shellfish field offices.

OWP has a staff of 146 employees. The OWP CO staff consists of six employees, who provide general support to the two divisions and are budgeted through DWSE. DWSE is the larger division with 115 employees. DSS has a staff of 31.

Of the 115 employees of the DWSE, an equivalent of nine engineers are utilized in support of the sewage project evaluation program of DWE, Office of Environmental Health Services. Implementation of the majority of DWSE programs and the sewage project evaluation program of DWE is through OWP staff located in six environmental engineering field offices. These field offices are located in Abingdon (Abingdon Field Office or AFO), Lexington (Lexington Field Office or LFO), Culpeper (Culpeper Field Office or CFO), Danville (Danville Field Office or DFO), Chesterfield County (East Central Field Office or ECFO), and the City of Virginia Beach, (South East Field Office or SEFO).

DSS operates three field offices, one each located in White Stone, Norfolk, and Accomac.

Central Office

The Central Office provides management, administrative (personnel, budget, and fiscal), and training support for OWP. The CO develops, establishes, and approves OWP policy, procedures and standards. The CO coordinates the activities of its various units.

The CO provides general supervision of the six engineering field offices, which implement the drinking water program and the project evaluation program for municipal sewerage systems and sewage treatment works, and coordinates any conflicting program demands.

Division of Water Supply Engineering

DWSE is responsible for protecting the health of consumers of drinking water provided by public drinking water systems (waterworks) by ensuring that the drinking water is pure water. This function is authorized by Public Water Supplies, § 32.1-167 *et seq.* of the *Code of Virginia* and is implemented via the Waterworks Regulations. The DWSE is the primacy agency for implementation and enforcement of the federal Safe Drinking Water Act and the National Primary Drinking Water Regulations.

The *1996 Amendments to the Safe Drinking Water Act* established the Drinking Water State Revolving Fund (DWSRF) Program. The purpose of the DWSRF Program is (i) to provide low cost loans to waterworks owners in need of making infrastructure improvements to protect public health; and, (ii) to provide financial and technical assistance to waterworks owners to ensure the long term provision of safe drinking water to their customers.

The division's 14 central office employees, including the six employees utilized in the DWSRF Program, support the 95 employees in the field offices, including three DWSRF Program staff, in the six engineering field offices.

Engineering Field Offices

The staff in the field offices provide direct service and are organized to provide one-stop-shopping to owners, operators and designers of waterworks, sewerage systems, sewage treatment works and biosolids use contractors, and the general public. The organization focuses upon the District as the unit, which provides the service delivery. Districts are coterminous with the state planning districts. Districts 12, 15, and 20 are subdivided into A and B because of the heavy workload. A typical district is managed by a District Engineer who may lead a team consisting of one or more Assistant District Engineers or Inspectors. The District Engineer is responsible for implementation of the Waterworks Regulations, Sewerage Regulations, and Biosolids Use Regulations in the District. The District Engineer's responsibilities include but are not limited to: (i) evaluation of applications, reports, plans, specifications and other engineering documents for the design, construction, and operation of waterworks, sewerage systems, sewage treatment works, and biosolids use facilities; (ii) approving development and utilization of new water sources; (iii) conducting sanitary surveys of waterworks; (iv) providing technical assistance; (v) investigating complaints; (vi) assessing compliance; and, (vii) when necessary, initiating enforcement actions.

Division of Shellfish Sanitation

DSS is responsible for protecting the health of the consumers of molluscan shellfish and crustacea by ensuring: (i) that shellfish growing waters are properly classified for harvesting; (ii) that molluscan shellfish and crustacea processing facilities meet sanitation standards; and that all facilities have developed hazard Analysis Critical Control Point (HACCP) plans. These functions are authorized by *Fish, Oysters, Shellfish and Other Marine Life, Health and Sanitation Provisions*, § 28.2-800 *et seq.* of the *Code of Virginia* and are implemented via Rules and Regulations Governing the Sanitary Control of Oyster, Clams and Other Shellfish, and the *Rules and Regulation for the Sanitary Control of the Picking, Packing and Marketing of Crab Meat for Human Consumption*. In addition, for the Virginia molluscan shellfish industry, to engage in interstate commerce, Virginia must conform to the *National Shellfish Sanitation Program (NSSP)* administered by the United States Food and Drug Administration.

The central office staff of the DSS consists of nine employees. The DSS central office staff supports the field operations consisting of 22 employees and determines the classification of shellfish growing waters. Shoreline surveys to support the classification of growing waters are coordinated from the central office. Both central office staff and field office staff participate in shoreline surveys. Most data gathering and program implementation is through its three field offices (Norfolk, White Stone, and Accomac).

Shellfish Field Offices

The staff in the shellfish field offices have two major categories of customers: (i) the owners and operators of shellfish and crustacea processing facilities and lease holders of shellfish growing areas; and, (ii) the central office staff of the division responsible for the classification of shellfish growing areas.

The field office staff, under the leadership of the Shellfish Field Director: (i) conduct sanitary and HACCP inspections of molluscan shellfish and crustacea processing facilities; (ii) conduct shoreline surveys to identify pollution sources which may affect shellfish growing area water quality; (iii) collect seawater samples for microbiological analysis; (iv) collect hydrologic data to be utilized in the classification of growing waters; (v) analyze seawater and meat (oyster, clam, scallop, crab) samples; and, (vi) collect oyster, clam and seawater samples for heavy metal, toxic substances and radiological analysis by the Division of Consolidated Laboratory Services, Department of General Services. Each field office includes a microbiological laboratory which provides timely data to support the classification of shellfish growing waters and the sanitation in processing facilities.

Contacts

Division of Water Supply Engineering

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Robert E. Croonenberghs, PhD, DSS Director
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July 2003

**Virginia Department of Health
VDH Women, Infants and Children (WIC) Program
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Program Description

WIC is a short-term intervention program designed to strengthen families by influencing lifetime nutrition and health behaviors for a targeted, high-risk population. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program is funded through the U.S. Department of Agriculture (USDA). Services are provided in over 170 sites, including local health departments and satellite clinics throughout Virginia.

Eligibility for the program is based upon four categories: residential eligibility, categorical eligibility, income eligibility (185 percent of poverty), and nutritional need based on a medical/nutritional assessment. More than 122,000 Virginians participate in the WIC Program per month. WIC is not an entitlement program, and participation is limited by the federal grant funding level.

The WIC Program provides high-quality nutrition education to pregnant or postpartum women, infants, and children up to age five. The program also provides resources for nutritious foods including items such as milk, cheese, eggs, juice, cereal, dried beans or peas, peanut butter, and iron-fortified formula that supply crucial nutrients such as protein, iron, calcium, and vitamins A and C that are particularly essential to this population. WIC participants receive food instruments for purchasing WIC approved foods that can be redeemed at approximately 940 grocery stores, commissaries and drug stores that participate in the program.

The combination of nutrition education, nutritious foods, breastfeeding support, and health care oversight provides not only immediate food benefits, but education that influences healthy eating habits for a lifetime. WIC is unique in that the program mandates ongoing nutrition education for all participants and/or caretakers of participants. This is provided individually and in groups by trained nutrition educators.

The program also coordinates service delivery and outreach efforts and resources with private and public services, as well as other Department of Health divisions. In addition to coordination of services and outreach, it provides all participants with comprehensive referral information on medical and social service resources.

In summary, WIC enables parents to properly feed their children during the critical early years of growth and development. Pregnant and postpartum women are provided with nutrition

education and resources that promotes normal growth, reduces levels of anemia, and improves diets. WIC promotes access to health care services and has been shown to demonstrate significant savings in health care costs. Most importantly, it provides resources that benefit the individuals served and their families for the rest of their lives.

July 2003

Virginia Department of Health Professions
Robert A. Nebiker, Director
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The mission of the Virginia Department of Health Professions is to assure the safe and competent delivery of health care to citizens of the Commonwealth by providing support for the following activities of the health regulatory boards:

- Licensing applicants who meet minimum qualifications as determined by law and regulation.
- Taking appropriate action to enforce compliance with legal requirements.
- Issuing licenses or permits to certain health related businesses and inspecting for compliance with applicable laws and regulations.
- Studying and recommending the appropriate degree of regulation of health related professions and occupations.
- Enforcing standards to assure safety and integrity of drugs and medical devices.

Board of Audiology and Speech-Language Pathology

Elizabeth Young
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712. The Board is an agency within the Department of Health Professions. Title 54.1, Ch. 25.

The Board is authorized to license the practice of audiology and speech-language pathology, to fix standards for licensure and professional conduct, and to make regulations to carry out the licensing act. See Title 54.1, Chs. 25 and 26.

Board of Dentistry

Sandra K. Reen
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712. Also available is Dental Statutes of Virginia, reprinted from the Code of Virginia.

The Board is an agency within the Department of Health Professions. Title 54.1, Ch. 25. It is authorized to license and promulgate regulations governing the practice and teaching of dentistry and dental hygiene. See Title 54.1, Ch. 27. For reports required to be made to the Board by hospitals, other health care institutions, and practitioners of the healing arts respecting drug addiction, alcoholism, psychiatric illness, incompetence, or improper conduct of Board licensees, see Title 54.1, Ch. 29.

Board of Funeral Directors and Embalmers

Elizabeth Young
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712.

The Board is an agency within the Department of Health Professions. See Title 54.1, Ch. 25. It is authorized to license individuals and establishments providing funeral and embalming services, to register surface transportation and removal service companies and crematories, and to supervise programs for resident trainees, to regulate pre-need funeral contracts and pre-need funeral trust accounts, and to make regulations to improve and promote standards of service and practice and otherwise to carry out the licensing act. The Board is also directed to enforce applicable regulations of the State Board of Health and of local governments. See Title 54.1, Ch. 28.

Board of Health Professions

Elizabeth A. Carter, Ph.D.
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Statutes governing the Board and Regulations of the Board are available at the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712.

The Board is an agency within the Department of Health Professions. See Title 54.1, Ch. 24 and 25. The Board's advisory authority includes evaluation of the need for coordination among health professional regulatory boards within the Department; review of the need to regulate or deregulate health occupations and professions; monitoring of the activities of the Department and providing a forum for the resolution of conflicts among the boards within the agency and between the boards and the agency; review and comment on the agency's budget;

providing a means for public access to the Department and publicizing the policies and programs of the agency; comment on all regulations proposed or promulgated by the boards; development of standards for evaluating the competency of regulated health occupations and professions; review of enforcement and discipline activities of the boards and the Department; and examination and comment on scope of practice conflicts. The Board advises the Governor, the General Assembly and the Director of the Department on all matters regarding the regulation or deregulation of health occupations and professions.

In addition, the Board administers the Practitioner Self-Referral Act, Ch. 24.1 (§54.1-2410 et seq.). The Act establishes the framework for determining the legality of investment, referral and other activities of licensed, certified and unregulated health care practitioners and entities in the Commonwealth. The Board's authority includes establishment of standards, procedures and criteria for administration of the Act, for determining compliance with, exceptions to and violations of the Act and for advising practitioners and entities of the applicability of the Act; levying and collecting fees related to exceptions from the Act and authorization to make referrals; granting exceptions and issuing advisory opinions, determining violations of the Act by entities other than practitioners as defined in §54.1-2510 and taking appropriate actions against these entities; and overseeing the adjudication of complaints and reports alleging violation of the Act by practitioners regulated by health professional boards within the Department.

The Board is comprised of eighteen members appointed by the Governor. One member each is appointed from among the members of the thirteen health professional regulatory boards within the agency, and five members from the Commonwealth at large (§54.1-2507).

Board of Medicine

William L. Harp, M.D.
Executive Director
Phone: (804) 662-7423

Ola Powers
Deputy Executive Director, Licensure
Phone: (804) 662-9073

Karen Perrine
Deputy Executive Director, Discipline
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Fax: (804) 662-9517
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712.

The Board is an agency within the Department of Health Professions. See Title 54.1, Ch. 25. It is authorized to license the practice of acupuncture, medicine, osteopathy, chiropractic, podiatry, radiologic technology, occupational therapy, respiratory therapy, and physician

assistants and to certify athletic trainers. The Board also makes regulations to carry out the licensing act and jointly with the Board of Nursing, to make regulations respecting services and prescriptive authority of the nurse practitioner. See Title 54.1, Ch. 29. For reports required to be made to the Board by hospitals, other health care institutions, medical societies, and physicians respecting drug addiction, alcoholism, psychiatric illness, incompetence or improper conduct of Board licensees, see Title 54.1, Ch. 29, Art. 1.

Board of Nursing

Jay P. Douglas, R.N.
Executive Director
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712. Copies are also distributed to Virginia schools of nursing, hospitals, nursing homes, and related health agencies and organizations.

The Board is an agency within the Department of Health Professions. See Title 54.1, Ch. 25. It is authorized to license registered and practical nurses, to register clinical nurse specialists, to certify nurse aides and massage therapists, to approve and prescribe minimum standards for nursing education programs, to approve curricula therefor, and to make regulations to carry out the act. See *id.* at Ch. 30. It is also authorized, jointly with the Board of Medicine, to make regulations respecting medical or health services that nurse practitioners (including nurse midwives and nurse anesthetists) may render under the supervision of physicians, and regulations governing prescriptive authority for nurse practitioners. See *id.* at Ch. 29. For reports required to be made to the Board by hospitals, other health care institutions, and practitioners of the healing arts respecting drug addiction, alcoholism, psychiatric illness, incompetence, or improper conduct of Board licensees, see Title 54.1, Ch. 29, Art. 1.

Board of Nursing Home Administrators

Sandra K. Reen
Executive Director
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, VA 23230. The Board is a separate agency within the Department of Health Professions. Code of Virginia, Title 54.1, Ch. 25.

The Board is authorized to license nursing home administrators, to prescribe standards for licensure and professional conducts, and to make regulations to carry out the licensing act. Code of Virginia, Title 54.1, Chs. 25 and 31.

Board of Optometry

Elizabeth A. Carter, Ph.D.
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712.

The Board is a regulatory board within the Department of Health Professions. See Title 54.1, Ch. 25. It is authorized to license optometrists, to make regulations fixing standards for admission and governing practice, and to approve courses of continuing education required for annual license renewal. The Board has the authority to take disciplinary actions against licenses who are found in violation of the laws or regulations governing the practice of optometry in the Commonwealth. See *id.* at Ch. 32.

Board of Pharmacy

Elizabeth Scott Russell
Executive Director
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Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712 and are also on the Board's website at www.dhp.state.va.us.

The Board is an agency within the Department of Health Professions. See Title 54.1, Ch. 25. It is authorized to license pharmacists, pharmacies, and those persons engaged in the manufacture, distribution, and dispensing of drugs and devices, and to register pharmacy technicians; and to make regulations respecting equipment, sanitation, quality control, and safeguards against diversion, and otherwise to carry out the drug control statutes. See *id.* at Ch. 33. The Board is authorized to license and regulate the sale of controlled substances by practitioners of the healing arts. The storage, handling, and distribution of prescription drugs by wholesale distributors, medical equipment suppliers, and warehousemen, to assure the integrity of and to prevent the diversion of prescription drugs, are regulated by the Board. See Title 54.1, Chs. 33 and 34.

It may also embargo products and impose a monetary penalty for violations not prosecuted. See *id.* at Ch. 34 and Title 18.2, Ch. 7.

Board of Physical Therapy

Elizabeth Young
Executive Director
Phone: (804) 662-9924
E-mail: ptboard@dhp.state.va.us

Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712 and are also on the Board's website at www.dhp.state.va.us.

The Board is a regulatory board within the Department of Health Professions authorized to license physical therapists and physical therapy assistants.

Board of Counseling

Evelyn Brown
Executive Director
Phone: (804) 662-9133
Fax: (804) 662-9943
E-mail: EBROWN@dhp.state.va.us

Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712.

The Board of Counseling is the professional board authorized to license and regulate the practice of professional counselors, marriage and family therapists and substance abuse treatment practitioners and the certification of substance abuse counselors, substance abuse counseling assistants and rehabilitation providers. See Title 54.1, Chs. 24 and 35.

Board of Psychology

Evelyn Brown
Executive Director
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E-mail: EBROWN@dhp.state.va.us

Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712.

The Board of Psychology is the professional board concerned with the practice of applied psychology, school psychology, and clinical psychology. See Title 54.1, Chs. 24 and 36.

The Board is also authorized to recommend standards for the voluntary certification of sex offender treatment providers who are licensees of the Boards of Medicine, Nursing, Professional Counselors, Psychology, and Social Work, and set standards for the mandatory certification of sex offender treatment providers for professionals who are otherwise exempt from licensure under subdivision 4 of §§54.1-3501, 54.1-3601 or 54.1-3701.

Board of Social Work

Evelyn Brown
Executive Director
Phone: (804) 662-9914
Fax: (804) 662-9943
E-mail: EBROWN@dhp.state.va.us

Regulations are available from the Board's office at 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712.

The Board of Social Work is an agency within the Department of Health Professions. See Title 54.1, Chs. 34 and 37. The Board is the professional board concerned with the practice of social work. See id. at Ch. 37.

Board of Veterinary Medicine

Elizabeth Carter, Ph.D.
Executive Director
Phone: (804) 662-9915
Fax: (804) 662-7098
E-mail: tbehr@dhp.state.va.us

Regulations are available at the office of the Executive Director of the Board, 6603 West Broad Street, 5th Floor, Richmond, VA 23230. The Board is an agency within the Department of Health Professions. Code of Virginia, Title 54.1, Ch. 25.

The Board is authorized to license veterinarians and veterinary technicians, and to establish standards for approval of veterinary school and college programs and programs of practical training. It may establish standards for licensure and professional conduct, and make regulations governing the conduct of veterinary medicine and animal facilities, and otherwise to carry out the statute; and it may inspect premises and issue subpoenas. The Board may promulgate any necessary regulations for the issuance of temporary licenses to graduates of Board-approved veterinary medicine programs or persons who have completed certain testing and certification requirements. Code of Virginia, Title 54.1, Ch. 38.

November 2003

Virginia Department of Medical Assistance Services
Patrick Finnerty, Director
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Richmond, VA 23219
Phone: (804) 786-8099
Fax: (804) 371-4981
Website: www.dmas.state.va.us

Virginia's Medicaid program is administered by The Department of Medical Assistance Services (DMAS) which is an entitlement program whose services and associated administrative costs are jointly financed by the federal government and Virginia state general funds.

The department was created in March of 1985 and designated as the single state agency charged with administering the *Virginia State Plan for Medical Assistance*. The agency has also been assigned responsibility for administering additional health care financing programs. They include:

- Children's Health Insurance Program - FAMIS and Medicaid
- State/Local Hospitalization Program (SLH)
- Indigent Health Care Trust Fund
- Health Premium Assistance Program for HIV-Positive Individuals
- Involuntary Mental Commitments
- Regular Assisted Living Payments for Residents of Adult Homes

DMAS is responsible for integrating and coordinating these programs with other state and federal programs that provide health care financial assistance. It also ensures that health care services are available to financially needy and medically indigent individuals and makes prompt, appropriate and equitable payments for medical services after ensuring that all other payment resources are exhausted. In addition, the agency ensures that services are medically necessary and of acceptable quality and that services and payments are in compliance with state, federal and program regulations.

Mission and Vision:

DMAS' "mission" is to provide a system of high quality comprehensive health services to qualifying Virginians and their families. Its corresponding "vision" is to ensure that program integrity is maintained in the array of preventive, acute and long-term care services it provides, and that fraud, abuse, and waste are detected and eliminated to the maximum extent possible. DMAS encourages beneficiaries to take responsibility for improving their health outcomes and achieve greater self-sufficiency.

ELIGIBILITY

Applying for Medicaid:

To apply for Medicaid, individuals should contact the Department of Social Services in the city or county where they live. A face-to-face interview is not required. A Medicaid application must be signed and filed by the applicant unless it is completed and signed by the applicant's legal guardian, conservator, attorney-in-fact or authorized representative. Applicants for Medicaid are asked to:

- Provide Social Security numbers.
- Confirm they are Virginia residents.
- Confirm U.S. citizenship or provide documentation of alien status.
- Verify income and resources.
- Submit bills for medical services received in the past three months.

Once a completed application is received, the local Department of Social Services will determine whether the applicant meets a Medicaid covered group (see information below) and if their resources and income are within required limits. The amount of income and resources they can have and be eligible for Medicaid depends on how many people they have in their family and the covered group.

An eligibility decision will be made on each Medicaid application within 45 days, or 90 days if a disability determination is needed. The local Department of Social Services will send applicants a written notice whether their application has either been approved or denied. If applicants disagree with the decision made by the local Department of Social Services, they may file an appeal.

Medicaid Covered Groups:

Federal and state laws describe the groups of individuals who may be eligible for Medicaid. These groups of individuals are called Medicaid covered groups. The eligibility rules and medical services available are different for different covered groups. Individuals who meet one of the covered groups may be eligible for Medicaid coverage if their income and resources are within the required limits of the covered group. The Medicaid covered groups are:

- Pregnant women (single or married) whose family income is at or below 133% of the Federal Poverty Income Guidelines;
- Children younger than age 6 whose family income is at or below 133% of the Federal Poverty Income Guidelines;
- Low Income Families with Children (LIFC);
- Children ages 6 to 19, whose family income is at or below 100% of the Federal Poverty Income Guidelines;
- Medicaid Expansion Program for children 6 - 19 from 100% FPL to 133% FPL;
- Children under age 21 who are in foster care or subsidized adoptions;
- Infants born to Medicaid-eligible women;

- Supplemental Security Income (SSI) recipients who are aged (65 or older), blind or disabled (unable to work due to severe medical conditions) and meet Medicaid resource limits;
- Individuals age 65 or older, blind or disabled, receiving long-term care services, who have income that does not exceed 300% of the SSI individual payment limit or who meet a monthly spenddown amount;
- Auxiliary Grant (AG) recipients;
- Certain people who lost SSI because their income or living situation changed;
- Persons who are terminally ill and have elected to receive hospice care;
- Individuals age 65 or older, blind or disabled who have income that does not exceed 80% of the Federal Poverty Income Guidelines;
- Women screened by the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program who have been diagnosed and need treatment for breast or cervical cancer, with income below 200% of the Federal Poverty Income Guidelines; and
- Certain refugees for a limited time period.

Medicare Related Covered Groups:

Individuals who are eligible for Medicare and who meet one of the following covered groups may receive limited Medicaid coverage. Medicaid pays a portion of the Medicare premium on behalf of these Medicare beneficiaries.

- **Qualified Medicare Beneficiaries (QMBs)** must be eligible for Medicare Part A. Their income must be at or below 100% of the Federal Poverty Income Guidelines and their total resources must be not more than \$4,000 for a single person and \$6,000 for a couple. Medicaid pays the **Medicare Part A and Part B premiums, coinsurance, and deductibles.**
- **Special Low-Income Medicare Beneficiaries (SLMBs)** must be eligible for Medicare Part A. Their income must be between 100% and 120% of the Federal Poverty Income Guidelines and their total resources must not be more than \$4,000 for a single individual and \$6,000 for a couple. Medicaid pays the **Medicare Part B premiums.**
- **Qualified Disabled and Working Individuals (QDWIs)** must be eligible for Medicare Part A. Their income must be at or below 200% of the Federal Poverty Income Guidelines and their total resources must be at or below \$4,000 for a single person and \$6,000 for a couple. Medicaid pays the **Medicare Part A premium.**
- **Qualified Individuals I (QI-1)** must be eligible for Medicare Part A. Their income equals or exceeds 120% but is less than 135% of the Federal Poverty Income Guidelines. Their resources must be at or below \$4,000 for a single person and \$6,000 for a couple. Medicaid pays the **Medicare Part B premiums.**
- **Qualified Individuals II (QI-2)** must be eligible for Medicare Part A. Their income equals or exceeds 135% but is less than 175% of the Federal Poverty Income

Guidelines. Their resources must be no more than \$4,000 for a single person and \$6,000 for a couple. Medicaid pays the portion of the Medicare Part B premium which is attributable to Home Health services.

Resources:

Adult Medicaid applicants and recipients must report all resources that they own. Resources are money on hand, in the bank, and in a safe deposit box; stocks, bonds, and certificates of deposit; trusts; or pre-paid burial plans. Resources also include cars, boats, life insurance policies and real property.

All resources must be reported, however; not all resources are counted in determining eligibility for Medicaid. For example, the home that applicants live in is not a countable resource for Medicaid purposes.

If the value of the applicant's resources exceeds the Medicaid resource limit at the time of application they may become eligible by reducing their resources to or below the limit.

Resources that are sold or given away without adequate compensation may cause an applicant to be found ineligible for Medicaid coverage of long-term care services for a certain period of time.

Income:

Medicaid applicants and recipients must report all income that they receive. Income includes earned income, such as wages, as well as unearned income such as Social Security, interest on savings, retirement pensions, Veteran's benefits, etc. Income is added together and compared to set limits to determine eligibility.

Individuals who meet all Medicaid requirements except that they have excess income are allowed to reduce (spenddown) their excess income by incurring medical expenses. These individuals are referred to as **Medically Needy** and their income is compared to a limit based on the area of the state in which they reside.

Enrollment:

Medicaid eligibility usually starts on the first day of the month of application. Medicaid can begin as early as three months immediately before the month in which application was made if there are unpaid medical bills that need to be covered and eligibility existed at the time.

If an applicant is Medically Needy and they must reduce excess income by incurring medical expenses, eligibility for Medicaid will be effective when their medical expenses reach the spend-down amount. Their eligibility for Medicaid will continue through the end of a spend-down period. When their spend-down period is over, they must reapply for coverage.

Ongoing Eligibility and Changes

As long as recipients remain eligible, they will automatically receive Medicaid each month. They will receive written notice before action is taken to discontinue Medicaid coverage, unless DMAS or DSS are unable to locate them. The local Department of Social Services will review their case at least every 12 months to determine if they are still eligible. If the recipients circumstances change at any time, they must promptly report these changes to the eligibility worker.

Medicaid Services Mandated by the Federal Government:

Certain services provided by DMAS are mandated by the federal government. These are:

- Inpatient Hospital Services
- Emergency Hospital Services
- Outpatient Hospital Services
- Nursing Facility Care
- Rural Health Clinic Services
- Federally Qualified Health Center Clinic Services
- Laboratory and X-ray Services
- Physician Services
- Home Health Services: Nurse, Aide, Supplies and Treatment Services
- Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)
- Family Planning Services and Supplies
- Nurse-Midwife Services
- Medicare Premiums: Hospital Insurance (Part A)
- Medicare Premiums: Supplemental Medical Insurance (Part B) for the Categorically Needy
- Transportation Services

Optional Medicaid Services:

In addition to the federally-mandated services categories set forth above, Virginia has elected to provide services in the following major optional categories:

- Other Clinic Services (i.e., services provided by rehabilitation agencies, ambulatory surgical centers, renal dialysis clinics and local health departments)
- Skilled Nursing Facility Services for Persons Under 21 Years of Age
- Podiatrist Services
- Optometrist Services
- Clinical Psychologist Services
- Certified Pediatric Nurse and Family Nurse Practitioner Services
- Home Health Services: Physical Therapy, Occupational Therapy and Speech Therapy
- Dental Services for Individuals Under 21 Years of Age
- Physical Therapy and Related Services

- Prescribed Drugs
- Case Management Services
- Prosthetic Devices
- Mental Health Services, including intensive in-home services for children and adolescents, therapeutic day treatment for children and adolescents, day treatment/partial hospitalization, psychosocial rehabilitation, crisis intervention and case management
- Community Mental Retardation Services, including day health rehabilitation services and case management
- Mental Health Clinic Services
- Intermediate Care Facility - Mental Retardation Services
- Home and Community-Based Care Waiver Services, including personal care services, adult day health care services, respite care services, private duty nursing services, case management services, mental retardation services, and services for the developmentally disabled.
- Hospice Services
- Medicare Premiums: Supplemental Medical Insurance (Part B) for the Medically Needy

Virginia's Title XXI Program – FAMIS

When Congress enacted the Balanced Budget Act of 1997, the State Children's Health Insurance Program (SCHIP) was established through Title XXI of the *Social Security Act*. Under this new program, Virginia could extend health insurance coverage to uninsured children under age 19 living in families with incomes below 200 percent of the federal poverty level but earning too much to be eligible for Medicaid. While the state must appropriate matching funds to draw down federal allocations, the required matching rates are lower than Medicaid rates.

The 1998 Virginia General Assembly authorized the establishment of Virginia's Child Health Insurance Program and directed the Department of Medical Assistance Services (DMAS) to administer the program. In 2000, the General Assembly modified the program and renamed it the Family Access to Medical Insurance Security (FAMIS) program.

In 2002, due to continuing low enrollment in the Title XXI program and the difficulty families experienced navigating two different programs, the General Assembly directed DMAS to revise the program once again. Effective September 1, 2002, the State began operating a combination Title XXI program, a Medicaid expansion as well as a separate program.

Medicaid eligibility was expanded to 133% of the Federal Poverty Level for children 6-19 and FAMIS began covering children with gross family income in excess of 133% but less than or equal to 200% of the Federal Poverty Level. This allows all children in a family, regardless of age, to be covered by in the same program. A combined application for Children's Health Insurance (Medicaid & FAMIS) was developed and a "no wrong door" policy was implemented.

Applications for Children's Health Insurance are accepted at the local departments of social services in the city or county where the child resides as well as the FAMIS central processing site. Verification requirements for both Medicaid and FAMIS were streamlined, and to the

extent possible, made uniform. Monthly premium payments in the FAMIS program were eliminated.

Eligibility:

Children may be eligible for FAMIS if:

- They are ages 0 through 18,
- They are residents of Virginia,
- They meet the citizenship/alienage requirement,
- They live in families with gross income at or below 200% of the Federal Poverty Level,
- They are uninsured or have not had private health insurance for the past six months (*some exceptions apply*),
- They are not eligible for Medicaid,
- Their parents are not employed by a public agency with access to State Employee Health Insurance.

Covered Services:

Children enrolled in FAMIS receive a comprehensive set of medical and dental benefits, including:

- Hospital Care
- Outpatient Care
- Physician Services
- Surgical Services
- Outpatient Mental Health Services
- Inpatient Mental Health Services in a psychiatric unit of a general acute care hospital
- Laboratory and Radiological Services
- Prescription Drugs
- Home and Community-Based Health Services
- Clinic Services
- Dental Care Services
- Vision Care Services
- Prenatal Care Pre-Pregnancy Family Services
- Ambulance Services
- Hospice Services
- Nursing Services
- Early Intervention Services

Application Process:

Eligibility is determined by the FAMIS central processing site and the local departments of social services located throughout the Commonwealth. Applicants may initiate the application process by calling toll-free (1-866-87FAMIS) to the central processing site. Once a completed application is received along with proof of income for the previous month, the child's eligibility will be determined and if approved they will be enrolled in FAMIS. Coverage under FAMIS is

effective from the first day of the month in which a complete and signed application was received. Eligibility continues for 12-months so long as the child continues to meet all eligibility requirements. The parent or legal guardian of the recipient must report all changes affecting eligibility when they occur. A change in eligibility is effective the first of the month following the month the child is determined to be ineligible. Eligibility is reevaluated no less often than annually.

Service Delivery:

Covered medical services are delivered through HMOs under contract with DMAS in areas of the Commonwealth where FAMIS HMOs exist and through providers who are reimbursed on a fee-for-service basis in other areas of the State. In localities where more than one contracted HMO exists, families are asked to select the HMO of their choice to deliver the child's services. Children residing in the 32 localities not served by an HMO receive traditional Medicaid benefits and are not responsible for co-payments at this time. Children residing in the 103 localities covered by at least one contracted HMO receive benefits similar to the state-employee health care plan and pay \$2 or \$5 for most medical services. There are no co-payments required for preventive care.

July 2003

**Virginia Department of Mental Health,
Mental Retardation and Substance Abuse Services
James S. Reinhard, M.D., Commissioner
Paul R. Gilding, Director of Community Contracting
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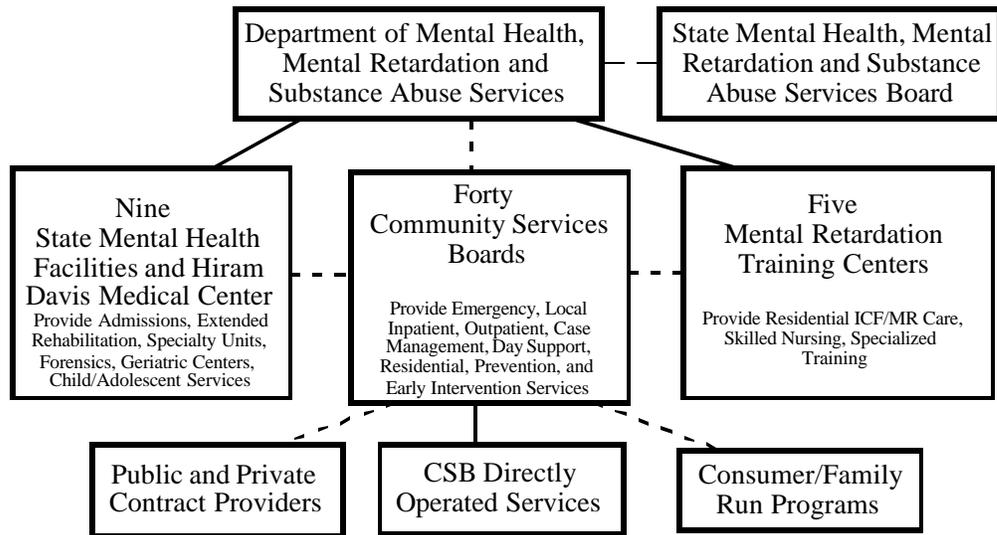
The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department) is committed to improving the quality of life and self-sufficiency of people with serious mental illnesses, serious emotional disturbances, mental retardation, developmental delays, and alcohol and other drug dependence (addiction) or abuse problems and to preventing, to the greatest extent possible, the devastating personal, social, and economic consequences of mental disabilities and addictions to or abuse of alcohol and other drugs. The Department accomplishes this mission through a coordinated system of high quality and outcome-oriented state facility and community-based care that respects and promotes the dignity, rights, and full participation of individuals who need services and their families.

Virginia's Publicly-Supported Mental Health, Mental Retardation, and Substance Abuse Services System

Title 37.1 of the *Code of Virginia* establishes the Department as the state authority for public alcoholism, drug abuse, mental health, and mental retardation services. As the state authority, the Department assures that efficient, accountable, and effective services are available for citizens with the most serious mental disabilities. The Department's Central Office provides system leadership, direction, and accountability through a variety of functions, including policy interpretation and implementation, strategic planning, licensing, human rights, technical guidance, operational oversight and monitoring, funding, performance contracting, risk management and quality assurance, research and evaluation, and staff development and training. By statute, the State Mental Health, Mental Retardation and Substance Abuse Services Board provides policy direction for Virginia's services system. The 40 community services boards (CSBs), established by Virginia's 134 cities or counties pursuant to Chapter 10 of Title 37.1, function as the local public mental health, mental retardation, and substance abuse authorities.

Virginia's publicly-supported services system includes the Department's Central Office, 10 state mental health facilities, five mental retardation training centers, 40 CSBs, a variety of public and private contracted services and programs; and some consumer and family-run services. The following diagram outlines the relationships among these services system components. Direct operational relationships are shown by solid lines between the involved entities (e.g., the Department operates the state mental health and mental retardation facilities). Non-operational relationships (e.g., policy direction, contracting, or service coordination) are reflected by broken lines.

Virginia's Publicly-Supported Mental Health, Mental Retardation, and Substance Abuse Services System



State-Operated Mental Health and Mental Retardation Facilities

The Department operates 15 state mental health or mental retardation facilities, which provide highly-structured intensive inpatient treatment and habilitation services. State mental health facilities provide a range of psychiatric, psychological, psychosocial rehabilitation, nursing, support, and ancillary services to individuals with serious mental illnesses. Specialized programs are provided for geriatric, child and adolescent, and forensic patients. The Hiram Davis Medical Center provides medical care to state facility patients and residents. State mental retardation training centers provide residential care and training in areas such as language, self-care, independent living, socialization, academic skills, and motor development to individuals with mental retardation.

All state mental health facilities are accredited by the Joint Commission for Accreditation of Healthcare Organizations, and all mental retardation training centers are certified by the U.S. Centers for Medicare and Medicaid as meeting Medicaid standards of quality. Child and adolescent services at the Southwestern Virginia Mental Health Institute (MHI) and the Commonwealth Center for Children and Adolescents (CCCA) are licensed by the Commonwealth under the CORE regulations for children's residential services. The current operating (staffed) bed capacity for each state mental health and mental retardation facility is shown in the following tables.

Mental Health Facility Operating Bed Capacities – 2003					
MH Facility	Beds	MH Facility	Beds	MH Facility	Beds
Catawba Hospital	110	H. Davis Medical Center	74	Southwestern VA MHI	176
Central State Hospital	320	Northern VA MHI	127	Western State Hospital	281
CCCA	48	Piedmont Geriatric Hospital	135	TOTAL MH Beds	1,872
Eastern State Hospital	529	Southern VA MHI	72		

Mental Retardation Training Center Operating Bed Capacities – 2003			
MR Training Center	Beds	MR Training Center	Beds
Central Virginia Training Center	634	Southside Virginia Training Center	415
Northern Virginia Training Center	200	Southwestern Virginia Training Center	223
Southeastern Virginia Training Center	200	TOTAL MR Beds	1,672

Community Services Boards

Public community mental health, mental retardation, and substance abuse services are provided in Virginia by community services boards (CSBs), behavioral health authorities (BHAs), or local government departments (LGDs) with policy-advisory CSBs. For economy of usage, the CSB acronym will be used to refer to all of these organizations. CSBs function as:

- ! the single points of entry into the public mental health, mental retardation, and substance abuse services system, including access to needed state facility services;
- ! service providers, directly and through contracts with other providers;
- ! advocates for consumers* and individuals in need of services;
- ! community educators, organizers, and planners;
- ! advisors to the local governments that established them; and
- ! the primary locus of programmatic and financial accountability.

Section 37.1-194.1 of the *Code of Virginia* defines three types of CSBs.

? **Operating CSB:** Powers and duties are enumerated in § 37.1-197.A of the *Code of Virginia*. The CSB employs its own staff and provides services directly or through contracts with other providers. The CSB is not a city or county government department. There are 28 operating community services boards.

* Consumers are current or former direct recipients of public or private mental health, mental retardation or substance abuse treatment or habilitation services. Historically, consumers have been referred to as clients, patients (in hospitals) or residents (in state training centers for individuals with mental retardation). (Ref. § 37.1-1 of the *Code of Virginia*)

- ? **Administrative Policy CSB:** Powers and duties are enumerated in § 37.1-197.B of the *Code of Virginia*. The CSB does not employ its own staff. The CSB’s executive director is hired by local government with the board’s participation. Services are provided by city or county employees or through contracts with other providers. There are 10 administrative policy CSBs; seven are city or county government departments. The remaining three CSBs use local government staff to provide services, but they are not city or county government departments.

- ? **Policy-Advisory CSB:** Powers and duties are enumerated in § 37.1-197.C of the *Code of Virginia*. The CSB has no operational powers or duties; it is an advisory board to a local government department that provides services directly or through contracts with other providers. The powers and duties of the local department are enumerated in § 37.1-197.A of the *Code of Virginia*. Currently, there is one local government department with a policy-advisory CSB, the Portsmouth Department of Behavioral Healthcare Services.

- ? In addition to CSBs, a **Behavioral Health Authority (BHA)**, established pursuant to the provisions of Chapter 15 in Title 37.1 of the *Code of Virginia*, may provide community mental health, mental retardation, and substance abuse services in certain localities (Chesterfield, Richmond, and Virginia Beach). In many ways, a BHA most closely resembles an operating CSB. Currently, there is one BHA, the Richmond Behavioral Health Authority.

Eleven CSBs serve one city or county, and 29 CSBs serve two or more cities or counties or combinations of cities and counties, as shown in the following table. As noted above, seven of the administrative policy CSBs function as local government departments; but they are not local government departments with policy advisory CSBs for purposes of §§ 37.1-194.1 and – 197. There is only one local government department with a policy advisory CSB (Portsmouth).

CSB Classification	Cities and/or Counties Served		Total CSBs
	One	Two or More	
Administrative Policy CSBs	6	1	7
Administrative Policy CSB ¹	1	2	3
LGD with Policy-Advisory CSB	1		1
Operating CSB ²	2	26	28
Behavioral Health Authority ²	1		1
TOTAL CSBs	11	29	40

¹ Even though these CSBs are not city or county departments, they use local government employees to staff the CSB and to deliver services.

² Staff in these 28 CSBs and one BHA are board, rather than local government, employees. More than 9,800 staff work in directly-operated programs at the 40 CSBs.

Operating and administrative policy CSBs and BHAs are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. These boards of directors consist of six to 18 people who are appointed by the city councils and boards of supervisors that established the CSBs or BHAs. The one local government department (LGD) is advised by a policy-advisory CSB. Currently, 517 citizens serve on the 40 CSBs.

Section 37.1-195 of the *Code of Virginia* requires that one third of the appointments to every CSB be identified consumers of services or family members of consumers, at least one of whom must be a consumer currently receiving services.

CSBs are not part of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department). Operating CSBs and BHAs are agents of the local governments that established them, but they are not city or county government departments. Most administrative policy CSBs are city or county government departments. The Department's relationships with all CSBs are based on the community services performance contract and applicable provisions in Title 37.1 of the *Code of Virginia*. The Department funds, monitors, licenses, regulates, and provides consultation to CSBs. However, while they are not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. This is reflected in the new partnership agreement, which is available on the Department's web site, www.dmhmrzas.state.va.us.

The General Assembly enacted enabling legislation for CSBs, Chapter 10 in Title 37.1, in 1968. Arlington and Prince William Counties established the first two CSBs in 1968. Today, 40 CSBs provide services to residents of all 134 cities or counties in Virginia. The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2002, the Department disbursed more than \$225 million of state general and federal funds to 40 CSBs to support services. In addition, more than \$85 million of state general funds were used to match federal Medicaid reimbursements for State Plan Option and Mental Retardation Home and Community-Based Waiver services. In FY 2002, CSB budgets totaled more than \$606 million from all revenue sources (e.g., state funds, local government matching funds, federal grants, direct consumer and third party fees, including Medicaid).

CSBs exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated, yet least restrictive settings possible to improve the quality of life for people with mental illnesses, mental retardation, or alcohol or other drug addiction (dependence) or abuse, responding to their expressed needs and preferences. CSBs draw upon all available community resources and people's natural supports, such as family, friends, and work or school, to ameliorate the effects of mental disabilities and substance addiction or abuse problems, encourage growth and development, support recovery, and assist individuals to realize their fullest potentials. CSBs offer varying combinations of six core services, directly and through contracts with other providers. In FY 2002, 192,149 individuals received CSB services, as shown in the following table. Services are defined in Core Services Taxonomy 6, which is available on the Department's internet web site, www.dmhmrzas.state.va.us.

Numbers of People Receiving Core Services from CSBs in FY 2002				
Core Service Category	Mental Health	Mental Retardation	Substance Abuse	Total Consumers
Emergency Services	43,966		8,843	52,809
Local Inpatient Services	1,256		273	1,529
Outpatient Services	72,616	1,691	47,142	121,449
Case Management Services	38,559	8,956	16,228	63,743
Day Support Services	8,109	4,572	2,040	14,721
Residential Services	4,747	4,696	11,945	21,388
Early Intervention Services	438	7,720	2,103	10,261
Purchases of Individualized Services	1,135	6,298		7,433
Special Projects	5,909		3,330	9,239
Total Consumers Receiving Services	176,735	33,933	91,904	302,572
Unduplicated Consumers	107,351	24,903	59,895	192,149

Note: Total consumers receiving services represent duplicated counts since some people receive multiple services. Unduplicated numbers of consumers are all individuals receiving any services in each program area (mental health, mental retardation, or substance abuse).

Community Services Board Responsibilities

Sections 37.1-197, -197.1, -197.2, and -198 of the *Code of Virginia* set out the following powers and duties of an operating or administrative policy CSB or a local government department with a policy-advisory CSB. The powers and duties of a behavioral health authority, set out in § 37.1-248 of the *Code of Virginia*, are similar to those listed below.

1. Review and evaluate all existing and proposed public community mental health, mental retardation, and substance abuse services and facilities available to serve the community and private services and facilities that receive funds through the CSB and advise the local governing body or bodies (city councils or county boards of supervisors) of the political subdivision (city or county) or subdivisions that established it as to its findings.
2. Submit to the governing body of each political subdivision that established it an annual performance contract for community mental health, mental retardation, and substance abuse services for its approval prior to submission of the contract to the Department.
3. Within amounts appropriated for this purpose, provide services authorized under the performance contract. Section 37.1-194 mandates provision of emergency services and case management services (for case management, subject to amounts of funds appropriated).
4. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or the operation of facilities.
5. In the case of an operating or administrative policy CSB, make rules, policies, or regulations about the delivery of services or the operation of facilities under its direction

or supervision, subject to applicable standards, policies, or regulations promulgated by the State Board.

6. In the case of an operating CSB, appoint an executive director, according to minimum qualifications established by the Department, and prescribe his duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewal contract that contains performance objectives and evaluation criteria. In the case of an administrative policy CSB, participate with local government in the appointment and annual performance evaluation of an executive director, according to minimum qualifications established by the Department, and prescribe his duties. In the case of a local government department with a policy-advisory CSB, the director of the local government department shall serve as the executive director. The policy-advisory CSB shall participate in the selection and annual performance evaluation of the executive director.
7. Institute a reimbursement system to maximize the collection of fees. All fees collected shall be included in the performance contract and shall be used only for community mental health, mental retardation, and substance abuse services.
8. Accept gifts, donations, bequests or grants of money or property from any source and use them as authorized by the governing body or bodies.
9. Seek and accept funds through federal grants. In accepting grants, the CSB shall not bind the governing body or bodies to any expenditures or conditions of acceptance without the prior approval of such governing body or bodies.
10. Disburse funds appropriated to it in accordance with such regulations as may be established by the governing body of each political subdivision that established the CSB.
11. Apply for and accept loans as authorized by the local governing body of each political subdivision that established the CSB.
12. Develop joint annual written agreements, consistent with policies and procedures established by the State Board, with local school divisions, health departments, boards of social services, housing agencies where they exist, courts, sheriffs, area agencies on aging, and regional Department of Rehabilitative Services offices.
13. Develop and submit to the local governing body of each political subdivision and to the Department the information needed to prepare the Comprehensive State Plan for mental health, mental retardation, and substance abuse services pursuant to § 37.1-48.1.
14. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.
15. Institute, singly or with other CSBs, a dispute resolution mechanism, approved by the Department, that enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB.
16. Release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of such information.

17. For an administrative policy CSB, carry out other duties and responsibilities as assigned by the governing body of each political subdivision that established it.
18. In order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care, function as the single point of entry into the publicly-funded mental health, mental retardation, and substance abuse services system.
19. Establish and coordinate the operation of a prescription team.
20. Provide prescreening services prior to admission to a state mental health facility for individuals who require emergency mental health services while in a city or county served by the CSB.
21. Provide, in consultation with the appropriate state mental health facility or training center, pre-discharge planning for any person who, prior to admission, resided in a political subdivision served by the CSB or who chooses to reside after hospitalization in a political subdivision served by the CSB, and is to be released from a state mental health facility or training center pursuant to § 37.1-98.
22. Submit an annual performance contract to the Department, in accordance with § 37.1-198.
23. Pursuant to § 37.1-197.2, conduct a criminal background check and obtain a search of the registry of founded complaints of child abuse and neglect on any applicant who accepts employment in any direct consumer care position with the CSB.
24. Assure the human rights, enumerated in § 37.1-84.1 of the *Code of Virginia* and the associated Human Rights Regulations, of consumers in its programs and services and comply with the other provisions of those regulations.
25. Satisfy the applicable licensing regulations, promulgated under § 37.1-179 et seq. of the *Code of Virginia*, for all services or programs that it operates.

Additional, more detailed information about CSBs is contained in the Community Services Overview, available on the Department's internet web site, www.dmhmrzas.state.va.us. Please contact Paul R. Gilding, the Department's Director of Community Contracting, at (804) 786-4982 or pgilding@dmhmrzas.state.va.us, with any questions about this CSB information.

Services System Accomplishments

Virginia's public mental health, mental retardation, and substance abuse services system has made significant progress in developing and expanding a community-based system of care and improving the quality of care in state mental health and mental retardation facilities.

The 15 Program of Assertive Community Treatment (PACT) teams, with mental health clinicians who respond quickly to consumers around the clock, at 12 CSBs are fully funded to serve communities with the highest historic utilization of state mental health facilities.

Admissions to state mental health facilities between FY 1998 and FY 2001 declined by 30 percent, from 7,431 to 5,223 admissions.

State facilities and CSBs significantly expanded their use of second generation anti-psychotic medications such as Clozril, Risperidone, and Olanzapine for individuals with the most serious mental illnesses. In the 2000-2002 biennium, funding for these new

medications totaled \$19.95 million (\$5.28 million to state facilities and \$14.67 million to CSBs), making Virginia a leader among the states in expanding access to these newer anti-psychotic medications.

In Central Virginia, a regional Acute Care Project was established in 1999 to provide community-based acute inpatient psychiatric care for individuals who would otherwise have been sent to Central State Hospital, allowing the hospital to close its 30 bed acute admissions unit for civil patients. This project uses a regional utilization management structure. Since its inception, it has increased the number of annual admissions to acute inpatient services provided by local hospitals in the region.

The Department's Discharge Assistance Project (DAP) has received targeted funds each year since 1998 to implement individualized services plans for long-term patients in state mental health facilities who had been identified as clinically ready for discharge but who had significant barriers to discharge. Each discharge is monitored by the Department to ensure successful community integration. Since 1998, \$12.7 million has been allocated annually to serve over 320 persons in community settings. Less than seven percent of these individuals have needed readmission to a state hospital.

Virginia's Medicaid Mental Retardation Home and Community-Based Waiver (MR waiver) program has been significantly expanded to provide community-based services to more individuals who meet Intermediate Care Facilities/Mental Retardation (ICF/MR) eligibility criteria and who have chosen community services. In the 2000-2002 biennium, an additional \$20 million was appropriated each year to expand access to this waiver. These funds supported MR waiver slots for an additional 1,448 individuals, including persons in the community and training center residents who chose to be discharged to community MR waiver services. The total number of individuals now served through the MR Waiver exceeds 5,200 annually.

The Department has implemented several community service initiatives that support the purchase of individualized services for individuals with more severe disabilities. These include the DAP, mental health services for children who have been determined to be not mandated for services under the Comprehensive Services Act, and mental retardation services for individuals who are not eligible for Medicaid MR waiver services.

Virginia has established a Mental Health Trust Fund to enable the proceeds from any future sale of vacant or surplus state facility capital resources to be used for the development of community services and to implement the restructuring of services provided by state facilities. This Trust Fund will allow for the retention and reinvestment of resources within the services system.

The Department has promulgated comprehensive human rights regulations and revised licensing regulations. The new human rights regulations enhance consumer protections and incorporate new statutory requirements. The revised licensing regulations reflect new statutory requirements for increased collaboration with the Department's human rights program and add new services to be licensed, including case management, PACT teams, and new gero-psychiatric residential services.

Community Services Performance Contract

Section 37.1-198.A of the *Code of Virginia* requires the Department to develop and negotiate the performance contracts through which it funds CSBs. It also requires the Department to make the standard contract form (the language in the contract body) available to the public six months before the start of the fiscal year and to solicit public comments for a period of 60 days.

Section 37.1-198.B requires the CSB to make its proposed performance contract available for public review and to solicit public comments for a period of 30 days before it is acted upon by the CSB's board of directors. This section also requires the governing body of each local government that established the CSB to approve the performance contract by formal vote before September 15 of each year.

Section 37.1-198.C of the *Code* states that the performance contract shall:

- ? delineate the responsibilities of the Department and the CSB;
- ? specify conditions that must be met for the receipt of state controlled funds by the CSB;
- ? identify the groups of consumers to be served with state-controlled funds;
- ? contain specific consumer outcome, provider performance, consumer satisfaction, and consumer and family member participation and involvement measures and state facility bed utilization targets that have been negotiated with the CSB;
- ? establish an enforcement mechanism should a CSB fail to comply with any provisions of its contract that includes a notice and appeal process and provisions for remediation, the withholding of funds, repayment of funds, and the Department's termination of the contract; and
- ? include reporting requirements and revenue, cost, service, and consumer information displayed in a consistent, comparable format determined by the Department.

This section also authorizes the Department to contract with an administrative services organization to determine whether CSBs are performing in accordance with the requirements of their performance contracts.

Section 37.1-198.D of the *Code* states that no CSB shall be eligible to receive state-controlled funds after September 15 of each year unless:

- ? its performance contract has been approved by the governing body of each local government that established the CSB;
- ? it provides service, cost, revenue, and aggregate and individual consumer data and information to the Department in a format prescribed by the Department; and
- ? it uses standardized cost accounting and financial management systems approved by the Department.

Section 37.1-198.E authorizes the Department to terminate all or a portion of a CSB=s performance contract, after unsuccessful use of a remediation process described in the contract and affording the CSB an adequate opportunity to use the appeal process in the contract, if the CSB remains in substantial noncompliance with its contract. After termination, the Department may use the state-controlled funds in that contract, after consulting with the local governing body of each local government that established the CSB, to negotiate a contract with another CSB or a private organization to obtain services that were the subject of the terminated contract.

July 2003

Virginia Department of Social Services Assisted Living and Adult Day Care

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Overview of Social Services System

Virginia is among the minority of states with a locally administered, state supervised social services system. The Virginia Department of Social Services directly administers some funding programs, such as Neighborhood Assistance and Family Violence Prevention grants and delivers two major services: child support enforcement and facility regulation of non-medical day and residential programs for children and adults. The Department supervises 121 local departments of social services that administer many familiar services such as: Child Protective Services, Adult Protective Services, Foster Care and Adoption Services, Temporary Assistance to Needy Families, Food Stamps, Auxiliary Grants, and casework services.

This article will focus on the activities most likely to be of interest to health attorneys: the regulation of assisted living facilities (ALFs) and services to consumers in these facilities. Key contact information appears at the end of the article.

The Department's Division of Licensing Programs regulates about 7,000 facilities, most of which offer child day care. On June 30, 2002, there were 657 licensed ALFs with a capacity to serve 34,177 adults who are elderly or who have disabilities. Additionally, there were 69 licensed Adult Day Care Centers (ADCCs) able to serve 2,227 such adults while their families work.

Statutory Base for Programmatic Regulation of Adult Care

Chapters 1, 17 and 18, Title 63.2, *Code of Virginia*, establish both the general contours for programmatic regulation of ALFs and ADCCs and some specific requirements, e.g., resident rights and criminal clearance requirements and "barrier crimes" that apply to the hiring of facility staffs. Additionally, §54.1-3408 requires the Board of Nursing to approve training methods and curriculum for facility staff who administer medications but who are not licensed health care professionals.

The law requires only for-profit Adult Day Care Centers to be licensed. Although the vast majority of ADCCs are non-profit organizations, nearly all are voluntarily licensed. Some licensed centers qualify for Medicaid waivers, designed to offer an alternative to nursing home placement, administered by the Virginia Department of Medical Assistance Services and/or

Child and Adult Care Food Program nutrition funds administered by the U.S. Department of Agriculture.

All ALFs providing care, maintenance, protection, and supervision to a total of four or more aged or disabled adults in one or more locations are required to be licensed, however, regardless of sponsorship or business type. The only exception is when all adults in care are relatives of the provider. A number of ALFs also voluntarily license portions of their facilities offering “independent living” quarters in order to offer convenient continuity of care when these consumers need higher levels of care.

Law does not require licensure of independent living facilities or “boarding houses” unless the operator assumes responsibility for the care and well-being of four or more tenants. If tenants appear to need care and oversight which the operator cannot or does not provide, referral to the local department of social services’ Adult Protective Services unit is appropriate. Housing developments for elderly and disabled tenants may become subject to licensure as ALFs if they begin to assume responsibility for tenants whose abilities to maintain independent living status have deteriorated. Licensing staff can assist housing operators either to achieve licensure, if that is their goal, or to design services so as to remain exempt from licensure.

Overview of the ALF Industry’s Development

The adult residential care industry, now known as ALFs, has been regulated in Virginia since the 1950’s. Facilities were often called “rest homes” or “retirement homes.” They offered personal care and the security of congregate living for elderly persons who did not need nursing home care. Virginia law formerly defined these facilities as “homes for adults.”

The first significant changes came in the 1970’s. Additional funding, including the “Auxiliary Grant Program,” came into existence to help persons who were elderly or disabled, and state mental health facilities began the process of “deinstitutionalization.” During the 1980’s, the industry broadened its market base again. Several converging trends contributed both to the use of the ALFs for more seriously health-impaired residents and to an increase in facilities catering to more affluent residents seeking greater continuity in residential services. These trends included: growing customer preference for social rather than medical models of care; expanded longevity and reduction in serious debilitation as the medical sciences made advances in the prevention and treatment of illnesses; similar advances in medical technology that led to proportionately less reliance on acute care and skilled-care long term facilities; the greater use of out-patient treatment and in-home health care; attempts by families, insurance carriers and public agencies to reduce health care costs by delaying or averting admissions to nursing facilities; and, the rise of the home-health care industry, which can provide services in ALFs.

Accordingly, the current ALF industry is diverse by any measure: characteristics of sponsors; facility size range; price range; income status of residents; whether the facility accepts auxiliary grants; caregiving services and amenities offered; types and severity ranges of care-needs admitted/retained; homogeneity or heterogeneity of residents; levels of care offered,

including some that offer progression from independent living to skilled nursing on the same site; and, the quality of care and services provided.

Licensing standards are designed to prevent or reduce ordinary risks to health, safety and general well-being in group care but do not assure quality beyond that minimal level. Quality care is encouraged through such strategies as training, consultation, and recognition of compliance achievement via differential licensure techniques related to the department's workload management system.

Recent Statutory Changes Affecting the Assisted Living Industry

A 1990-1991 Joint Legislative Audit and Review Commission study recommended altering the regulatory framework to address problems and accommodate changes in the industry. Statutory amendments enacted between 1991-1995 established a two-tiered level of licensure – *residential living* and *assisted living* levels, with the latter including some overlap in the usual nursing facility admission criteria. The goal of the legislation was to allow more latitude for residents to “age in place” and to choose an alternative to nursing home care, provided they do not have certain prohibited conditions spelled out in §63.2-1805. (During approximately the same time period, the Assembly considered consolidation of long term care and aging services currently provided by several state agencies and their local affiliates but took no action.)

Regulations for the two-tiered licensing system were implemented in 1996. The regulations attempt to offer protections commensurate with the needs of residents with more serious mental and physical disabilities now served in many ALFs without disrupting operations in ALFs opting to offer the more traditional, lower-acuity services.

Roles of the Department's Division of Licensing Programs

Staffs of the central office of the Division of Licensing Programs develop regulations under the promulgation authority of the State Board of Social Services, oversee operations in eight licensing offices, and develop provider and consumer support services. Different regulations establish the unique programmatic requirements for ALFs and ADCCs. A second applicable regulation implements statutory requirements for criminal records screening of adult care facility employees. A third applicable regulation covers all facilities, including child day and residential care facilities, and implements general licensing procedures. The general procedures regulation provides licensing information and establishes variance and enforcement procedures, including sanctions, as well as problem-solving and administrative appeal procedures, which follow the requirements of the Administrative Process Act.

Licensed facilities are also subject to applicable regulations developed through other agencies, such as building, fire safety, health and food service requirements, and, if applicable, vendor requirements. They are also subject to local zoning ordinances. Licensing staffs coordinate with relevant agencies at the state and local levels in the development and implementation of programmatic regulations.

Licensing staffs in the eight service offices: process applications; offer on-site consultation and assistance to comply with requirements; provide pre-licensure training that is statutorily mandated for new applicants for ALF licensure; act on requests for precedented waivers or variances; monitor continued compliance, usually through unannounced inspections that include structured risk assessments associated with violations; investigate and resolve complaints, in coordination with Adult Protective Services and/or Ombudsmen as appropriate; and recommend action in non-routine matters such as action on unprecedented variance requests, application of intermediate sanctions, and denial or revocation of licenses. Staffs may issue licenses for periods up to three years. License duration and assigned inspection frequency are geared to a facility's compliance history and profile; the relationship between license duration and inspection frequency is statutorily mandated for ALFs. Licensing staffs also help facilities to coordinate with local or area authorities or services, including mental health services since many ALF residents have been diverted or deinstitutionalized from acute care facilities within the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Staffs in licensing field offices are responsible for investigative actions associated with suppression of illegal operations. Confirmed allegations of illegal operations are resolved in one of three ways: persuading the facility to cease or reduce the scope of its operation to conform to law; assisting the facility to achieve prompt licensure; or preparing the case for approval to seek court action with the assistance of the Office of the Attorney General.

Staffs in field offices also respond to Freedom of Information Act requests concerning licensed facilities. Prospective consumers and their families often seek directories of licensed facilities as well as specific information about the licensing and complaint histories of particular facilities they may be considering. Licensing rules require that facilities post or otherwise make available their most recent inspection reports as a means to keep residents and their families informed. Facilities are also required to post resident rights and specified agency contact information regarding complaint-reporting.

Provider support services available through the Division of Licensing Programs' central office include: statewide provider training workshops and development and dissemination of technical assistance information and newsletters. The Division contracts with the Virginia Geriatric Education Center (VGEC) to maintain a medication management training system in accordance with requirements for facility staffs who are not personally licensed to administer medication. By contract, VGEC also develops most of the adult care provider training services, which, along with other adult care provider support activities, are funded primarily through a statutory provision that licensing fees be expended for training purposes.

Locally Administered Services

Local departments of social services administer a number of relevant programs for their adult populations. These include eligibility determination and payments, within limits established by the General Assembly in the Appropriations Act, for Auxiliary Grants to help eligible ALF residents afford *residential living care* as provided in §63.2-800. The previously mentioned tiered licensing system provides the basis for an additional per capita payment, administered through the Department of Medical Assistance Services (DMAS), for Auxiliary Grant-supported residents at the *assisted living care* level.

State law directs the use of the Uniform Assessment Instrument (UAI) by all public health and human resources agencies for consumers accessing publicly funded long-term care services. In ALFs, private-pay residents are assessed with a short form of the UAI to assure proper placement within the two-tiered licensure structure while the assessment of public assistance residents uses the complete assessment instrument to determine placement in the correct level of care (See §63.2-800). These assessments also permit community level assessment and case management services to determine if publicly funded consumers would more appropriately be directed into non-residential service options. Staffs of the Department's Division of Family Services are responsible for developing and overseeing the case management and Auxiliary Grants regulations.

Local departments of social services investigate all reports of adult abuse, neglect or exploitation, regardless of the individual's income or place of residence. They also provide services to those who are found to require services. The Virginia Department of Social Services maintains a 24-hour toll-free Protective Services Hotline for both child and adult Protective Services; the number is listed at the end of this article.

Some Area Agencies on Aging provide the Ombudsman service through a contract with the State Ombudsman's Office. Adult Protective Services (APS), Licensing and Ombudsman Programs have fundamentally different but complementary missions and legal mandates which require coordination in order to effectively serve consumers. APS is required by §63.2-1605 to receive and investigate reports of suspected abuse, neglect, and exploitation. The Ombudsman Program assists residents of long-term care services in dispute resolution and resolving complaints. If complaints allege abuse, neglect, or exploitation, Ombudsmen report to APS and in some situations participate in a joint investigation. In complaints against ALFs, Licensing staffs will also be involved in coordinated investigations in all APS complaints and most Ombudsman complaints (unless the dispute clearly does not involve a licensing rule). Licensing staffs' role in coordinated investigations is to determine whether licensing rules were violated, whether the entire group of residents is adequately protected and whether the licensure of the facility should continue. By policy, APS and Licensing staffs report to one another as required to carry out their mandates within regulated facilities.

By local option, social services departments approve adult foster family care homes serving fewer than four residents and regulated under programmatic standards promulgated by the State Board. Eligible adult foster family care residents may also access Auxiliary Grant funds. The provision of adult foster family care is authorized by §63.2-1601. In addition, §63.2-

1600 authorizes local boards of social services to provide home-based companion, chore and homemaker services to support clients and give them the ability and choice to remain in their homes.

Contact Information

Virginia Department of Social Services: General Information: 804-692-1900

- Website: <http://www.dss.state.va.us/>

To report suspected abuse, neglect or exploitation of an adult: 1-888-83-ADULT (1-888-832-3858)

Local Departments of Welfare/Social Services and Area Agencies on Aging: Consult local telephone directories.

Division of Family Services, Adult Services Unit: 804-692-1208

Division of Licensing Programs, central office: 804-692-1787

Western Region Licensing Office (Abingdon): 276-676-5490

- * Piedmont Region Licensing Office (Roanoke): 540-857-7920
- * Verona Licensing Office: 540-332-2330
- * Northern Regional Licensing Office (Warrenton): 540-347-6345
- * Fairfax Licensing Office: 703-934-1505
- * Central Region Licensing Office (Richmond): 804-662-9743
- * Peninsula Licensing Office (Newport News): 757-594-7594
- * Eastern Region Licensing Office (Virginia Beach): 757-491-3990

July 2003

Virginia Department for the Visually Handicapped*
W. Roy Grizzard, Jr., Commissioner
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(804) 371-3145
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The department was established by an act of the General Assembly in 1922, and its board is composed of seven members who are appointed by the Governor. Four of the seven members must be blind.

The mission of the department is to enable Virginians with visual disabilities to achieve their maximum level of independence and participation in society.

Strategic Plan 1998-2000

Critical Issue 1: Assist customers to obtain jobs that pay well.

Goal 1: Create better opportunities for job placement and retention in lucrative jobs.

Objective 1

Develop and provide local, state-of-the-art computer training for customers by 2001.

Strategies

- * Funds will be made available to provide adaptive technology training for service providers in localities where there is a serious unmet need for adaptive technology support identified by the regional manager beginning in 1/1/98. (Requiring reallocation of Federal dollars with no net change.)
- * Internet access will become a component of the adaptive technology evaluation/training program at VRCB for customers who are blind beginning in 3/1/98. (No impact on budgets or positions.)
- * Determine availability of VR funds to provide equipment and training to enhance braille captioning and Internet access for deaf or blind customers by 7/1/98. (No impact on budget or positions.)
- * Additional providers of adaptive technology services will be identified from the private sector in each region to meet hardware/software installation and training needs by 10/1/98. (No impact on budget or positions.)
- * The adaptive technology tutoring network will be expanded to all areas of the State by 10/1/99. (No impact on budget or positions.)

* Computer equipment and software in regional office computer labs will be updated and standardized by 10/1/99. (Requiring reallocation of Federal dollars with no net change.)

Objective 2

Establish formalized job preparation program for customers who do not have a work history by 2001.

Strategies

* Survey all regional offices to identify those programs/resources that have been utilized in the past and proven to be successful by 3/1/98. (No impact on budget or positions.)

* The successful resource information will be distributed to counselors and the VR manual will be updated with guidelines to enable counselors to utilize those resources by 6/1/98. (No impact on budget or positions.)

Objective 3

Expand opportunities for challenging jobs for Virginia Industries for the Blind (VIB) “excepted employees” in administrative and general office support services statewide.

Strategies

* Develop a focused segment in VIB’s business plan detailing actions (which will be implemented as identified where feasible), responsibilities and timing to achieve statewide skilled job growth by July, 1998. (No impact on budget or positions.)

Objective 4

Participate with the GETD’s job clearinghouse program.

Strategies

* DVH regional managers and VR counselors will attend meetings being conducted by GETD for input and participation with the new 1-Stop employment grant to be implemented by December, 1998. (No impact on budget or positions.)

* DVH will provide online access to VR counselors to the job information clearing house being developed by GETD by December, 1999. (No impact on budget or positions.)

* DVH will inform all VR customers of the option of using the online 1-Stop as a source for independently assisting in securing their own employment opportunities by July, 2001. (No impact on budget or positions.)

Objective 5

Establish four Rehabilitation Engineers assigned to Western, Northern, Tidewater, and Central Va. areas by 2001.

Strategies

- * Consider each agency position vacancy during the 1998-2000 biennium for reallocation as Rehabilitation Engineer. (No impact on budget or positions.)
- * Convert positions identified and approved by Commissioner for reallocation as Rehabilitation Engineers where Vocational Rehabilitation funds are available during the 1998-2000 biennium. (Requires reallocation of resources with no net change.)

Objective 6

Increase the number of vendors and vending facilities by 15% by 2002.

Strategies

- * Monthly, identify potential opportunities for developing new facilities through the exploration of publications such as the Commerce Business Daily on the Internet. (No impact on budget or positions.)
- * Quarterly, maintain contact with the traditional sources of vending opportunities such as the Federal entities of General Services Administration, Department of Defense, United States Postal Service, and State entities such as the Department of General Services, State Purchase and Supply as well as the Department of Corrections and the Community College System. (No impact on budget or positions.)
- * Continue to access the primary sources of referral, the vocational rehabilitation counselor, to ensure that adequate numbers of candidates for the position of licensed vendor are provided. (No impact on budget or positions.)
- * Train at least 6 blind customers per year with the objective of licensing 4 trainees per year to maintain satisfactory staffing levels in the Vending Program . (No impact on budget or positions.)

Goal 2: Develop and implement a program to enhance the customer's skills and abilities to be competitive in the job market.

Objective 1

Assist customers with understanding and enhancing their pre-vocational and vocational skills required for success.

Strategies

- * Collect and distribute to counselors and work evaluators current labor market information to be used as a tool in vocational planning with customers by 6/1/98. (No impact on budget or positions.)

- * Develop and use checklist of skills that are needed for success on the job by 7/1/98. (No impact on budget or positions.)
- * Train staff to enable them to utilize information from sources such as “Virginia View” regarding skills required by employers by 12/1/98. (No impact on budget or positions.)
- * Identify and develop resources to help customers fully access adult basic education programs by 10/1/99. (Reallocation of dollars or positions with no net change.)
- * Direct service staff and supervisors to be trained regarding the “importance of blindness skills” by 7/1/00. (Requiring a reallocation of resources.)

Critical Issue 2: Increasing elderly blind population. The incidence of blindness and deterioration of vision increases with age, and Virginia has a rapidly growing population of non-working citizens age 55 and older with visual impairments.

Goal 1: Maximize the independent living skills and functioning levels of older blind citizens so they may adjust to blindness and vision loss by becoming more autonomous in caring for their personal needs, live more unconstrained in their homes and communities, and avoid inappropriate institutionalization.

Objective 1

To supplement, expand, and enhance the local options for service delivery to DVH customers by the end of the 1998-2000 biennium.

Strategies

- * Establish a means for the 25 Area Agencies on Aging, in cooperation with the DVH, to screen customers for early signs of vision loss by 1/1/99. (No budget impact.)
- * Provide a simple vision screening questionnaire to AAA case managers to use as part of their intake process so they can appropriately refer to DVH or other vision professionals by 6/30/99. (No budget impact.)

Objective 2

Maintain the number of customers age 55 and older who achieve a majority of their independent living goals at closure at 85%.

Strategies

- * Increase cooperation and coordination with local senior centers so DVH customers will learn of and use their services and facilities early in the rehabilitation process and with greater frequency by 10/1/98. (No budget impact.)

* Create more efficient operations by implementing STARBASE and electronic case file recording techniques that will reduce staff time spent on paperwork by 10/01/99. (No budget impact.)

* DVH RT/IL staff will develop and implement local senior support groups for older blind customers who have achieved their IL goals and need ongoing contact by 1/1/00. (No budget impact.)

Critical Issue 3: Special education services for blind children and students.

Goal 1: Insure that the agency meets the expectations of blind students, their parents and school personnel in providing effective educational services in a timely manner within its resources.

Objective 1

To establish one joint educational or recreational program with the Virginia Schools for the Deaf and the Blind (VSDB) in each year of the 1998-2000 biennium.

Strategies

* Meet with appropriate staff from VSDB to establish the training that will be presented during the first year of the biennium by 3/31/98. (No impact on budget or positions.)

* Meet with appropriate staff from VSDB to establish the program that will be presented during the second year of the biennium by 3/31/99. (No impact on budget or positions.)

* Present the first year program by 6/30/99. (No impact on budget or positions.)

* Present the second year program by 6/30/00. (No impact on budget or positions.)

Objective 2

To present training programs for teachers of the visually handicapped and other school personnel during each year of the 1998-2000 biennium.

Strategies

* Determine if a non-DVH group is willing and able to offer a statewide training workshop for teachers of the visually handicapped, other school personnel and parents by 8/31/98. (No impact on budget or positions.)

* Establish a teacher-to-teacher support network by 6/30/99. (No impact on budget or positions.)

* In each year of the biennium offer two one-day training programs for teachers of the visually handicapped in each of the agency's regional offices. (No impact on budget or positions.)

Objective 3

To increase the number of blind youth who have the skills they need to successfully transfer from school to post secondary education or work.

Strategies

- * Review the draft transition process that has been developed by DVH staff by 12/31/98. (No impact on budget or positions.)
- * Redefine the agency's transition process to empower blind youth to prepare for work or post-secondary education with emphasis on developing pre-vocational and adjustment skill by 11/30/99. (No impact on budget or positions.)

Objective 4

To transfer both the responsibility for providing public school basic aid for visually handicapped children and the basic aid appropriation to the Department of Education for the 2000-2001 school year.

Strategies

- * Work with Department of Education staff to develop information about both state and national teacher-pupil ratios for teachers of the visually handicapped by 6/30/98. (No impact on budget or positions.)
- * Work with Department of Education staff to establish a pupil-teacher ratio for Virginia's teachers of the visually handicapped by 4/30/99. (No impact on budget or positions.)
- * Develop a state budget proposal to transfer the public school basic aid appropriation for visually handicapped children to the Department of Education for the 2000-2002 biennium by 8/31/99. (No impact on budget or positions.)

Critical Issue 4: Efficient use of the Library and Resource Center

Goal 1: Increase customer access to Library and Resource Center services.

Objective 1

Implement an on-line access to LRC collections by 9/30/00.

Strategies

- * Identify automated system with on-line capability for textbooks and adaptive equipment by 2/1/98. (No impact on budget or positions.)
- * Determine features that will be accessible for textbooks and adaptive equipment by 4/1/98. (No impact on budget or positions.)

- * Purchase and install new automated system for textbooks and adaptive equipment by 5/1/98. (No impact on budget or positions.)
- * Evaluate READS 2 Library system for on-line access and replacement of existing READS system by 1/1/00. (No impact on budget or positions.)
- * Plan to install READS 2, or modify existing system for on-line access by 7/1/00. (No impact on budget or positions.)
- * Install READS 2 or modify existing system for on-line access by 1/1/01. (No impact on budget or positions.)

Objective 2

Investigate the feasibility of implementing a dial-in access to Library collections.

Strategies

- * Incorporate into evaluation of READS 2 an assessment of establishing a dial-in access to the Library collection by 1/1/00. (No impact on budget or positions.)
- * Determine cost and benefit of providing a dial-in access to Library collections by 1/1/01. (No impact on budget or positions.)

Objective 3

Establish a receptionist/services consultant part-time position.

Strategies

- * Develop position description for a 30 hour per week receptionist/services consultant position by 3/1/98. (No impact on budget or positions.)
- * Request permission to establish a WE-14 position by 4/1/98. (No impact on budget or positions.)

Objective 4

Implement an LRC web page with newsletter updates.

Strategies

- * Develop text for web page by 2/1/98. (No impact on budget or positions.)
- * Work with DRS designee to establish web page by 5/1/98. (No impact on budget or positions.)

Objective 5

Pursue implementation of dial-in newsletter and information update access.

Strategies

- * Evaluate feasibility of dial-in information service by 1/1/01. (No impact on budget or positions.)
- * Assess cost of establishing dial-in information service by 5/1/01. (No impact on budget or positions.)

Objective 6

Establish evening and weekend hours and special programming.

Strategies

- * Review and update position descriptions of existing vacancies, and submit for permission to hire by 3/1/98. (No impact on budget or positions.)
- * Survey library users in Richmond metropolitan area regarding interest in extended hour usage by 6/1/98. (No impact on budget or positions.)
- * Develop staffing plan that allows for adequate coverage of all LRC functions and frees up some staff for extended hour coverage by 9/1/98. (No impact on budget or positions.)
- * Develop special adult programs for implementation by 1/1/99. (No impact on budget or positions.)
- * Develop special children's programs for implementation by 6/15/99. (No impact on budget or positions.)

Critical Issue 5: Capital Projects.

Goal: To provide for high quality, acceptable and secure facilities for customers and staff.

Objective 1

Provide for high quality and acceptable DVH facilities statewide.

Strategies

- * Review for continuation, the Memorandum of Understanding the agency has with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) for technical assistance for Capital Outlay planning, development and administration, and for the use of open-end contracts awarded by DMHMRSAS for professional

services and minor maintenance and construction by April 1 of each year. (No impact on budget or positions.)

* Review and identify office furnishings and equipment that are obsolete and need replacing during the summer of 1998. (No impact on budget or positions.)

* Update facility master plan every two years beginning in fiscal year 1999. (No impact on budget or positions.)

* Access agency owned buildings to identify items for inclusion in the agency's Maintenance Reserve budget by September of each year. (No impact on budget or positions.)

* Prepare and submit every two years a Capital Outlay Budget for the agency. (No impact on budget or positions.)

Objective 2

Provide security for staff , customers and clients at the Azalea Avenue Complex.

Strategies

* Identify security measures to safe guard staff, customers and clients at the Azalea Avenue Complex by April 1998. (No impact on budget or positions.)

* Cost out security measures identified by May 1998. (No impact on budget or positions.)

* Implement critical security measures that can be funded from operational budgets during fiscal year 1999. (No impact on budget or positions.)

* Include as part of the 2000 - 2002 Capital Outlay Budget a request for the remaining security measures. (No impact on budget or positions.)

Objective 3

Repair and Renovate the Rehabilitation Center for the Blind's Dorm building and Virginia Industries for the Blind facility in Charlottesville.

Strategies

* Complete all requests for information associated with the Capital Outlay requests for the two projects by Oct 24, 1997. (No impact on budget or positions.)

* Proceed on implementation of the projects upon receipt of written approval. (No impact on budget or positions.)

Critical Issue 6: Automation and Communication

Goal: Implement a fully automated data collection and information management system.

Objective 1

Implement the system for tracking and reporting client information database (STARBASE) by 6/30/98.

Strategies

- * DVH and DRS commissioners will assign top priority to STARBASE by January 1, 1998. (No impact on budget or positions.)
- * DRS IS department will have appropriate staff assigned to write code for STARBASE by January 1, 1998. (No impact on budget or positions.)

Objective 2

Implement a DVH Intranet for data warehousing and dissemination of information.

Strategies

- * Determine staff hardware and software requirements to access the internet by 7/1/98. (No impact on budget or positions.)
- * Identify the types of data to be available via the internet by 10/1/98. (No impact on budget or positions.)
- * Procure needed hardware and software by 1/1/99. (No impact on budget or positions.)
- * Complete construction of and test the internet by 1/1/99. (No impact on budget or positions.)
- * Employees have access to the internet by 4/1/99. (No impact on budget or positions.)

Critical Issue 7: Human resource structure and staffing requirements

Goal: Refinement of positions and functions.

Objective 1

Maximize Agency Staff Resources.

Strategies

- * Personnel Office will review position descriptions of all classified non-exempt DVH positions as part of the annual performance review process to ensure proper classification and qualifications. (No impact on budget or positions.)

* Personnel Office in conjunction with DVH administrative and program staff will review program staffing levels to determine if programs are appropriately staffed by 6/30/98. (No impact on budget or positions.)

* Develop and implement an agency Staff Recognition Program by 9/1/98. (No impact on budget or positions.)

* Update performance plans annually to include measures to achieve agency goals. (No impact on budget or positions.)

* Develop and Implement staff training program by December 1999. (No impact on budget or positions.)

* Expand recruitment efforts to the Internet, University programs and consumer organizations by July 2001. (No impact on budget or positions.)

February 1999

*We were unable to obtain updated information from this entity prior to publishing the Compendium. Please contact the entity directly for further information.

Health Practitioners' Intervention Program

In 1997, the Virginia General Assembly enacted legislation requiring the Director of the Department of Health Professions ("Director") to establish a Health Practitioners' Intervention Program (HPIP) by January 1, 1998. The program was created to provide intervention services to impaired practitioners who are regulated by a health regulatory board within the Department of Health Professions. Impairment is defined as a physical or mental disability that substantially alters the ability of a practitioner to practice his profession with safety to his patients and the public. (See Virginia Code § 54.1-2515 and 18 VAC 76-10-30).

One purpose of the HPIP is to encourage practitioners to seek assistance in addressing the causes of their impairment, as a non-punitive alternative or adjunct to traditional disciplinary action. Any impaired practitioner may voluntarily participate in the program regardless of whether his or her impairment constitutes grounds for disciplinary action. In addition, a practitioner may be ordered by a health regulatory board to participate in the HPIP following or in lieu of a disciplinary proceeding that otherwise could affect the participant's license. The over-riding goal of the program is to enhance public protection. The law establishing

The HPIP provides for an Intervention Program Committee ("Committee") appointed by the Director to supervise this program. The Committee, in accordance with the regulations, determines eligibility for participation in the HPIP, contracts with the impaired practitioners, and reports to the Director and the health regulatory boards on various matters.

Pursuant to 0 54. 1-25 16, under certain circumstances, disciplinary proceedings against an impaired practitioner may be stayed pending participation in HPIP. The conditions for staying disciplinary action are:

- i. no report of possible violation of law or regulation, other than impairment or the diversion of controlled substances for personal use so long as the personal use does not constitute a danger to patients or clients;
- ii. the practitioner must enter the program by written contract with the Intervention Program Committee;
- iii. disciplinary action against the practitioner has not previously been stayed in accordance with this action;
- iv. the practitioner remains in compliance with such terms, testing, treatment and other conditions as may be specified in the contract with the Intervention Program Committee;
- v. the Intervention Program Committee has consulted with a designated representative of the relevant health regulatory board to determine whether disciplinary action should be stayed.

Effective January 1, 2003, the Department of Health Professions entered into a five-year Memorandum of Agreement with Virginia Commonwealth University, Department of Psychiatry, Division of Addiction Psychiatry to provide all services for the HPIP.

July 2003

**Virginia Birth-Related Neurological Injury
Compensation Program
George Deebo
Executive Director
Virginia Birth-Related Neurological Injury Compensation Program
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(804) 330-3054 Fax
www.vabirthinjury.com**

Every year a small number of babies are born with serious birth-related neurological injuries.

Virginia has a program to help parents take care of these babies for life.

The program covers what insurance and other programs do not -- necessary medical expenses, hospital expenses, rehabilitation expenses, residential and custodial care and service expenses, special equipment or facilities expenses, and related travel expenses for eligible babies -- through infancy, through childhood, through adulthood, for a lifetime, it pays compensation for lost earnings between ages 18 and 65, reimburses costs of filing a claim, including reasonable attorneys' fees, works quickly, privately, confidentially. It's an exclusive remedy and it's no-fault. We hope your family never needs this program. But we also hope you'll find it reassuring to know that, if you ever should, it's there.

The Virginia Birth-Related Neurological Injury Compensation Fund is an example of a private-public partnership endeavor that is working. Known as the Birth Injury Fund, the Program provides a wide range of benefits to a child who is in need of permanent assistance in all activities of daily living, and who has sustained a brain or spinal cord injury caused by oxygen deprivation or mechanical injury during labor, delivery, or in the immediate post-delivery period in a hospital which renders the child permanently (1) motorically disabled, and (2) developmentally disabled or cognitively disabled.

A first of its kind nationally, the Program was initiated for two principal reasons: (1) to provide benefits to eligible children over their lifetime without having to resort to the tort law system for recovery and (2) to insure that the medical community would be able to continue to provide obstetric services within the Commonwealth.

The benefits of the Birth Injury Fund are limited to "medically necessary and reasonable expenses" of medical and hospital, rehabilitative, residential and custodial care and service, special equipment and facilities. The Birth Injury Fund is a payer of last resort; that is, the Fund pays after available insurance or governmental programs have paid. A unique feature of the Program provides for payments as "loss of earnings" to the child when he or she reaches the age of eighteen years based upon a formula set by law.

The Birth Injury Fund is financed by assessments, in varying amounts, upon hospitals that have obstetric units, licensed physicians who practice obstetrics or perform obstetrical services, including licensed nurse-midwives, all other licensed physicians, and the insurance industry within the Commonwealth.

A seven member Board of Directors manages the Fund, and they employ an Executive Director. They are assisted by a number of professionals to provide eligible children with medically necessary services. The Board meets regularly, and all meetings are open to the public.

Claims for compensation under the Fund are made to and awarded by the Virginia Workers' Compensation Commission. Once a claim has been awarded, the Program will communicate with the parents or caregivers of the child. A home visit will be made to determine the needs of the child and the family.

Counseling can be provided, initially and ongoing, and the Board strongly urges members of the family to avail themselves to this benefit. If the situation warrants, individual counseling will be considered.

The Program at A Glance

Repays Necessary

- Medical expenses
- Hospital expenses
- Rehabilitation expenses
- Residential and custodial care and service expenses
- Compensation for lost earnings, ages 18 to 65
- Special equipment or facilities expenses
- Reasonable claim-filing expenses
- Reasonable attorneys' fees
- Related travel expenses
- For all awarded claims

Does Not Repay

- Expenses covered by other government programs
- Expenses covered by prepaid health plans or HMOs
- Expenses covered by private insurance
- Maternal substance abuse

Eligibility

- Babies delivered by a participating doctor
- And/or at a participating hospital
- With serious birth-related neurological injury, as defined by Virginia law

Procedure

- Quick
- Private
- Confidential
- Exclusive remedy
- No-fault

For More Information

George Deebo
Executive Director
Virginia Birth-Related Neurological Injury Compensation Program
9100 Arboretum Parkway, Suite 365
Richmond, Virginia 23236
1-800-260-5352

Additional Information

Virginia law, §38-2-5001 et. seq., defines a birth-related neurological injury as:

- an injury to the brain or spinal cord of an infant caused by the deprivation of oxygen or mechanical injury,
- occurring in the course of labor, delivery or the immediate post-delivery period,
- in a hospital,
- which renders the infant permanently motorically disabled and
 - (i) developmentally disabled or
 - (ii) for infants sufficiently developed to be cognitively evaluated, cognitively disabled

In order to constitute a “birth-related neurological injury”, such disability shall cause the infant to be permanently in need of assistance in all activities of daily living.

July 2003

Virginia's Business Health Coalitions

HAMPTON ROADS HEALTH COALITION

Barbara Wallace, EdD, Executive Director
287 Independence Boulevard
Pembroke II, Suite 218
Virginia Beach, Virginia 23462
Phone: 757-552-0913
Fax: 757-497-5191
email: hrhealthc@aol.com
website: www.hrhc.org

PURPOSE: Founded in 1983, the Hampton Roads Health Coalition (HRHC) is a non-profit organization consisting of 80 member businesses committed to improving the value and quality of health care in the 16 cities and counties which represent the Hampton Roads community.

BLUE RIDGE HEALTH CARE COALITION

(Vacant), Executive Director
2727 Electric Road, Suite 200
Roanoke, Virginia 24018
Phone: 540-776-3240
Fax: 540-776-1058

PURPOSE: The Blue Ridge Regional Health Care Coalition (BRRHCC) was incorporated in 1984 as a not-for-profit organization when a group of Roanoke, Virginia employers joined together to create change in localized pricing and delivery of health care services. This local grassroots organization has grown and matured to become a regionally known force in health care reform using the concept of health care value based group purchasing (highest quality, delivered in the most cost-effective setting, at the lowest cost).

NORTHERN VIRGINIA GROUP HEALTH ALLIANCE

Jay Jarvis, Executive Director
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July 2003

Virginia Health Information

A nonprofit Virginia corporation (FEIN 54-1671355) established in 1993

CONTACT

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BOARD OF DIRECTORS

Executive Committee: Richardson Grinnan, MD, Anthem BlueCross BlueShield, *President*; Philip N. Reeves, DBA, *Past President*; Clifton L. Peay, MD, MBA, American Eye Center, *Vice President*; Harry T. Ambrose, *Secretary*; Novel Martin, Medical Facilities of America, *Treasurer*; **Directors:** Gerard Abate, MD; Paul Dillon, Mid-Atlantic Medical Services, Inc.; Stephen J. Enright, SJE Partners, LLC; Mark Finkel, Beth Sholom Home of Virginia; Peter F. Gallagher, Bon Secours Richmond Health System; Steve Jamison, American Electric Power; Gary Lewis, Northrup Grumman Newport News; Margaret Lewis, CJW Medical Center; Robert K. McRaney, HR Outsourcing; Kim Snead, Joint Commission on Health Care; Robert B. Stroube, MD, MPH, State Health Commissioner; Dennis E. Wright, Dominion Virginia Power

MISSION: EDUCATION AND RESEARCH

Since 1993, VHI's vision is an environment where credible, unbiased and timely information is readily available to consumers and purchasers to make informed health care decisions. Toward that goal, VHI's mission has been to create and disseminate health care information to promote informed decision making by Virginia consumers and purchasers and enhance the quality of health care delivery.

Pursuant to Virginia Code, Chapter 7.2, §32.1-276.2, whereas: "The General Assembly finds that the establishment of effective health care data analysis and reporting initiatives is essential to the improvement of the quality and cost of health care in the Commonwealth, and that accurate and valuable health care data can best be identified by representatives of state government and the consumer, hospital, nursing home, physician, insurance and business communities."

ACCOMPLISHMENTS

Under contract to the Department of Health, VHI is required to provide for the ". . . compilation, storage, analysis and evaluation of data submitted by health care providers" and is responsible ". . . for the development and administration of a methodology for the measurement and review of the efficiency and productivity of health care providers." VHI is also contracted to ". . . develop and disseminate other health care cost and quality information designed to assist businesses and consumers in purchasing health care and long-term care services" and to ". . . prepare and make public summaries, compilations or other supplementary reports based on the data provided by health care providers pursuant to this chapter."

- Develops, administers and distributes the patient level database (PLDB) on all licensed Virginia hospitals—an 800,000 record per year data set
- Collects, analyzes and disseminates patient level data from all state mental health hospitals

- Collects, analyzes and disseminates select outpatient procedures from all ambulatory surgical centers, hospitals and practitioner offices.
- Maintains the only financial and utilization database on hospitals, ambulatory surgical centers and nursing facilities; collects annual survey of hospitals, nursing facilities, ambulatory care and mental health facilities (EPICS)
- Collected consumer data on 32,000+ doctors and developed a consumer website for the Board of Medicine.
- Sorts, categorizes and groups valuable information on care received, patient outcomes and charges for services

Uses data as springboard to or foundation for various educational health-related publications

- [CARDIAC CARE MORTALITY INFORMATION](#)—on-line, interactive information comparing Virginia hospitals on their treatment of open heart surgery, invasive cardiology, and medical cardiology services
- [INDUSTRY REPORT ON VIRGINIA HOSPITALS AND NURSING FACILITIES](#)—Award winning report provides corporations and consumers with annual efficiency and productivity information; based on data collected for the Commonwealth of Virginia; books are presented in full-color and includes electronic data provided on CD-ROM
- [VHI ANNUAL REPORT AND STRATEGIC PLAN](#)—to Board of Health, Governor, and General Assembly; available upon request. Won award for best in state in 2002.
- [INSURANCE OPTIONS](#)—guide to understanding insurance options ranging from indemnity to managed care to government provided such as Medicare and Medicaid; first printing sold out, revised and expanded second printing
- [HMO PERFORMANCE DATA](#)—premiered in February 2002, VHI's newest addition to www.vhi.org details verified HMO information on enrollees, premiums, cities and counties served, national accreditation standings and other information; an interactive format allows consumers to obtain information on HMOs in their area; five years of data are valuable to employers and others interested in HMO trends
- [OBSTETRICAL SERVICES](#)—comparative hospital cost and services guide and physician directory; only statewide Virginia directory on delivering hospitals and physicians based on Virginia's PLDB
- [VIRGINIA HOSPITALS](#)—only guide that provides regional market share, charge and length of stay by specialty and demographic data and directory based on PLDB and EPICS
- [ANNUAL HOSPITAL LICENSURE SURVEY](#)---details on programs and capabilities of Virginia hospitals with more that 800 data elements in a series of easy-to-use spreadsheets. A must have for any serious analysis of hospitals and CON development.
- [LONG-TERM CARE](#)—includes a resource section and statewide directory of licensed/certified providers of home care, adult day care, continuing care retirement communities, assisted living and nursing facilities; believed to be the only comprehensive statewide publication of its type validated by Commonwealth of Virginia departments responsible for programs provided for the aging and disabled

- **BEING A SUCCESSFUL MANAGED CARE CONSUMER**—a video that helps consumers effectively use managed care plans. Common sense approach walks the viewer through real-life situations with practical advice for forming solutions to consumer concerns and questions. Situations include advice on accessing physician specialists, pharmacy benefits, and payment denials. Special attention is given to coverage of state laws that impact many of these subjects.

FUNDING

VHI has expanded revenue streams to minimize dependency on General Funds. During fiscal year 2002 revenues continued diversification with 36% from product sales, grants and partnerships; 32% general appropriations; and 32% provider fees supporting the EPICS system.

July 2003

Virginia Health Quality Center
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The Virginia Health Quality Center (VHQC) is a quality improvement organization that offers services to a wide range of clients to assess and improve the quality of health care for a variety of populations. Established in 1984, the VHQC partners with Virginia's health care community to improve patient care for the state's more than 900,000 Medicare beneficiaries in all settings, including hospitals, physician offices, nursing homes and home health agencies. VHQC also provides services to a variety of public and private sector organizations.

Through a contract with the Centers for Medicare & Medicaid Services (CMS), an arm of the U.S. Department of Health and Human Services, the VHQC serves as the federally designated quality improvement organization for the Commonwealth of Virginia. The VHQC has held the CMS contract to provide quality improvement and Medicare beneficiary outreach services in Virginia for 18 years.

The VHQC provides quality improvement assistance to Virginia's acute care hospitals and more than 700 physicians in a number of clinical topics such as heart failure, pneumonia, stroke, breast cancer and diabetes. In addition, the VHQC has implemented several local projects that take its quality improvement techniques into new arenas such as home health, mammography for at-risk populations and long-term care facilities.

The VHQC serves as an advocate for Virginia's Medicare beneficiaries, providing education and handling complaints.

Recent VHQC-initiated programs have improved the health and quality of care for a diverse cross-section of patients. The results include:

- a 26% increase in immunization rates for pneumonia in 15 participating nursing homes through a multi-month project that improved clinical procedures and standing orders;
- among patients suffering heart attacks, a more than 11% increase in patients receiving beta-blockers at discharge from the hospital to prevent future heart damage; and
- a more than 9% increase in the mammography rate for African-American women, and a reduction in the gap between African-American and Caucasian women receiving mammography screenings in the Tidewater area.

The VHQC is a 501(c)3 not-for-profit corporation with clients in both the public and private sectors. The VHQC has more than 60 employees, including physicians, nurses, biostatisticians, health educators and public relations professionals. It is the recipient of the 2002 U.S. Senate Productivity and Quality Award Plaque for Progress in Performance Excellence, the highest level award bestowed on an organization in Virginia during 2002.

July 2003