

**BOARD OF OPTOMETRY
BOARD MEETING
JANUARY 25, 2002**

TIME AND PLACE: The meeting was called to order at 1:30 p.m. on Friday, January 25, 2002, at the Department of Health Professions, 6606 West Broad Street, 5th Floor, Room 3, Richmond, Virginia.

PRESIDING OFFICER: Samuel C. Smart, O.D.

MEMBERS PRESENT: Thomas R. Cheezum, O.D.
Gary H. St. Clair, O.D.
Jeff Smith, Citizen Member
Roxann L. Robinson, O.D.
Paula H. Boone, O.D.

STAFF PRESENT: Howard M. Casway, Assistant Attorney General, Board Counsel
Elaine Yeatts, Policy Analyst
Elizabeth A. Carter, Ph.D., Executive Director
Carol Stamey, Administrative Assistant

OTHERS PRESENT: John Marshall, McSweeney & Crump

QUORUM: With six members of the Board present, a quorum was established.

PUBLIC COMMENT: No public comment was presented.

REVIEW AND APPROVAL OF AGENDA: The agenda was approved with the addition of CPT codes.

APPROVAL OF MINUTES: On properly seconded motion by Dr. Robinson, the Board voted unanimously to approve the minutes of the November 14, 2000 meeting.

REPORT FROM THE LEGISLATIVE/REGULATORY REVIEW COMMITTEE: **Legislative/Regulatory Review Committee**
Dr. Carter presented a summarized report of the Committee's proposed regulatory changes. The proposed regulatory changes along with the Board's recommended changes are incorporated into the minutes as Attachment 1.

On properly seconded motion by Dr. Cheezum, the Board voted unanimously to accept the Regulatory Report.

BOARD DISCUSSION: **Review of Legislation**
Ms. Yeatts overviewed various 2002 legislation bills.

CPT Codes

On properly seconded motion by Dr. Cheezum, the following CPT codes were approved for use by optometrists:
G 60117 (glaucoma screenings for high risk patients) and
G 60118 (glaucoma screenings for high risk patients furnished under direct supervision of a MD).

Letter from Jerry C. Elder, Optician, Contact Lens Fitting on Prescriptions

On properly seconded motion by Mr. Smith, the Board voted unanimously that Dr. Carter draft a letter thanking Mr. Elder for his comments.

Letter from Jonathan L. Warner, O.D., Mail Order Contacts

The Board agreed that Dr. Carter draft a letter to Dr. Warner informing him that the Board did not have jurisdiction over mail order contacts.

REQUEST FOR CE EXTENSION:

On properly seconded motion by Dr. Boone, the Board voted unanimously to grant a six month CE extension to Ralph Wogalter, O.D., License number 0601000310.

CLOSED SESSION:

On properly seconded motion by Dr. St. Clair, the Committee recessed Open Session and convened in Closed Session pursuant to § 2.1-344(A) (7) of the Code of Virginia for consultation with and the provision of legal advice by the Assistant Attorney General in the matter of the ramifications of the Attorney General's Opinion and impact on pending cases. Additionally, it was moved that Dr. Carter and Carol Stamey attend the closed meeting because their presence will aid the Board in its consideration of this matter.

OPEN SESSION:

On properly seconded motion by Dr. Cheezum, the Board moved to certify that only public business matters lawfully exempted from open meeting requirements and only such public business matters as were identified in the motion for Closed Session were heard, discussed or considered during the Closed Session.

PRESIDENT'S REPORT:

Dr. Smart did not present a report.

EXECUTIVE DIRECTOR'S REPORT:

Dr. Carter requested the approval of the Board to forward a formal response to the Commonwealth's Attorney regarding the sale/distribution of plano colored contact lenses from beauty parlors.

On properly seconded motion by Dr. St. Clair, the Board voted unanimously that Dr. Carter and Howard Casway,

Board Counsel, draft a letter of response for review by the Board members.

Dr. Carter reported that the Board had received a positive response regarding the survey conducted of the licensees regarding Board communication by electronic mail survey. Further, the next newsletter would be forwarded to the licensees who had responded to receive board communication by electronic mail.

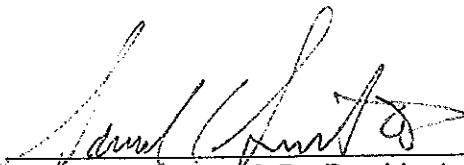
Dr. Carter also updated the Board on its statistical data and it is incorporated into the minutes as Attachment 2.

NEW BUSINESS:

Dr. Cheezum reported that he would be attending the Atlanta ARBO meeting in February and would report back to the Board in June.

ADJOURNMENT:

On properly seconded motion by Dr. Cheezum, the Board concluded its meeting at 2:00 p.m.



Samuel C. Smart, O.D., President



Elizabeth A. Carter, Ph.D., Executive Director

18 VAC 105-20-10. Licensure by examination.

A. The applicant, in order to be eligible for licensure by examination to practice optometry in the Commonwealth, shall:

1. Be a graduate of a school of optometry accredited by the Council on Optometric Education; have an official transcript verifying graduation sent to the board;
2. Request submission of an official report from the National Board of Examiners in Optometry of a score received on each required part of the examination of the National Board of Examiners in Optometry or other board-approved examination; and
3. Submit a completed application and the prescribed fee.

B. Applicants who passed the National Board Examination prior to ~~August 1993~~ May 1985 shall apply for licensure by endorsement as provided for in 18 VAC 105-20-15.

C. Required examinations.

1. For the purpose of § 54.1-3211 of the Code of Virginia, the board adopts all parts of the examination of the National Board of Examiners in Optometry as its written examination for licensure. After July 1, 1997, the board shall require passage as determined by the board of Parts I, II, and III of the National Board Examination.
2. As part of the application for licensure, an applicant must sign a statement attesting that he has read, understands, and will comply with the statutes and regulations governing the practice of optometry in Virginia.

18 VAC 105-20-15. Licensure by endorsement.

A. An applicant for licensure by endorsement shall pay the fee as prescribed in 18 VAC 105-20-20 and file a completed application that certifies the following:

1. The applicant has successfully completed a licensing examination or certification in optometry in any jurisdiction of the United States that is approximately comparable to the Virginia examination at the time of initial licensure;
2. The applicant has been engaged in active clinical practice for at least 36 months out of the last 60 months immediately preceding application;
3. The applicant is not a respondent in a pending or unresolved malpractice claim.
4. Each jurisdiction in which the applicant is currently licensed has verified that:
 - a. The license is full and unrestricted, and all continuing education requirements have been completed, if applicable;

- b. The applicant is not a respondent in any pending or unresolved board action;
 - c. The applicant has not committed any act which would constitute a violation of § 54.1-3204 or 54.1-3215 of the Code of Virginia;
 - d. The applicant has graduated from an accredited school or college of optometry.
- B. The applicant shall also provide proof of competency in the use of diagnostic pharmaceutical Agents (DPA's) which shall consist of a report from the National Board of passing scores on all sections of Parts I and II of the National Board Examination taken ~~August 1993~~ May 1985 or thereafter. If the applicant does not qualify through examination, he shall provide other proof of meeting the requirements for the use of DPA as provided in §§ 54.1-3220 and 54.1-3221 of the Code of Virginia.
- C. As part of the application for licensure, an applicant must sign a statement attesting that he has read, understands, and will comply with the statutes and regulations governing the practice of optometry in Virginia.
- D. In the case of a federal service optometrist, the commanding officer shall also verify that the applicant is in good standing and provide proof of credentialing and quality assurance review to satisfy compliance with applicable requirements of subsection A of this section.
- E. In the event the examinations for initial licensure are determined not comparable, the board may require the applicant to take and pass a regional or national practical examination.
- F. An optometrist previously licensed in Virginia is not eligible for licensure by endorsement but may apply for reinstatement of licensure under 18 VAC 105-20-60.

18 VAC 105-20-20. Fees.

A. Required fees.

Initial application and licensure	\$245
Endorsement of certification to use diagnostic pharmaceutical agents	\$100
Annual licensure renewal	\$150
Late renewal	\$100 <u>50</u>
Returned check	\$25
Professional designation application	\$100
Annual professional designation renewal (per location)	\$50

<u>Late renewal of professional designation</u>	<u>\$20</u>
Reinstatement application fee (<u>including renewal and late fees</u>)	<u>\$250 450</u>
Reinstatement application after disciplinary action	\$500
Continuing education review (per course)	\$25
Duplicate wall certificate	\$25
Duplicate license	\$10
<u>Licensure verification</u>	<u>\$10</u>

B. Unless otherwise specified, all fees are nonrefundable.

18 VAC 105-20-40. Unprofessional conduct.

It shall be deemed unprofessional conduct for any licensed optometrist in the Commonwealth to violate any statute or regulation governing the practice of optometry or to fail to:

1. Use in connection with the optometrist's name where it appears relating to the practice of optometry one of the following: the word "optometrist," the abbreviation "O.D.," or the words "doctor of optometry."
2. Maintain records on each patient for not less than five years from the date of the most recent service rendered.
3. Post in an area of the optometric office which is conspicuous to the public, a chart or directory listing the names of all optometrists practicing at that particular location.
4. Maintain patient records, perform procedures or make recommendations during any eye examination, contact lens examination or treatment as necessary to protect the health and welfare of the patient.
5. Notify patients in the event the practice is to be terminated, giving a reasonable time period within which the patient or an authorized representative can request in writing that the records or copies be sent to any other like-regulated provider of the patient's choice or destroyed.

18 VAC 105-20-50. Professional designations.

A. In addition to the name of the optometrist as it appears on the license, an optometrist may practice in an office that uses any only one of the following:

1. The name of an optometrist who employs him and practices in the same office;
 2. A partnership name composed of some or all names of optometrists practicing in the same office; or
 3. A professional designation, if the conditions set forth in subsection B of this section are fulfilled.
- B. Optometrists licensed in this Commonwealth who practice as individuals, partnerships, associations, or other group practices may use a professional designation for the optometric office in which they conduct their practices, provided the following conditions are met:
1. ~~Each~~ A professional designation shall be registered with the board by a licensed optometrist, who has an ownership or equity interest in the optometric practice and who must practice in any location with that registered designation and who must assume responsibility for compliance with this section and with the statutes and regulations governing the practice of optometry.
 2. ~~Each~~ A professional designation must be approved by the board and a fee must be paid as prescribed by board regulation prior to use of the name. Names which, in the judgment of the board, are false, misleading, or deceptive will be prohibited.
 - ~~2.~~ 3. No licensed optometrist may, at any time, register to practice optometry under more than one professional designation.
 - ~~3.~~ 4. All advertisements, including but not limited to signs, printed advertisements, and letterheads, shall contain the word "optometry" or reasonably recognizable derivatives thereof unless the name of the optometrist is used with the professional designation with the O.D. designation, Doctor of Optometry or optometrist.
 - ~~4.~~ 5. In the entrance or reception area of the optometric office, a chart or directory listing the names of all optometrists practicing at that particular location shall be kept at all times prominently and conspicuously displayed.
 - ~~5.~~ 6. The names of all optometrists who practice under the professional designation shall be maintained in the records of the optometric office for five years following their departure from the practice.
 - ~~6.~~ 7. The name of the licensed optometrist providing care shall appear on all statements of charges and receipts given to patients.
 - ~~7.~~ 8. An optometrist may use a professional designation which contains the name of an inactive, retired, removed, or deceased optometrist for a period of no more than one year from the date of succession to a practice and so long as he does so in conjunction with his own name, together with the words, "succeeded by" "succeeding," or "successor to."

18 VAC 105-20-60. Renewal of licensure; reinstatement; renewal fees.

- A. Every person authorized by the board to practice optometry shall, on or before ~~October~~ December 31 of every year, submit a completed renewal application and pay the prescribed annual licensure fee.
- B. It shall be the duty and responsibility of each licensee to assure that the board has the licensee's current address. All changes of mailing address or name shall be furnished to the board within 30 days after the change occurs. All notices required by law or by these rules and regulations are deemed to be validly tendered when mailed to the address given and shall not relieve the licensee of the obligation to comply.
- C. The license of every person who does not return the completed form and fee by ~~October~~ December 31 of each year may be ~~extended for 30 days until November 30 and may be renewed for up to one year by paying the prescribed renewal fee and late fee, postmarked no later than November 30, provided the requirements of 18 VAC 105-20-70 have been met. After November 30, an unrenewed license is invalid December 31st, a license that has not been renewed is lapsed. Failure to renew a license Practicing optometry in Virginia with a lapsed license may subject the licensee to disciplinary action and additional fines by the board.~~
- D. An optometrist whose license has been lapsed for more than one year and who wishes to resume practice in Virginia shall apply for reinstatement. The executive director may grant reinstatement provided that:
1. The applicant can demonstrate continuing competence;
 2. The applicant has satisfied current requirements for continuing education ~~during the lapsed period for the period in which the license has been lapsed, not to exceed two years;~~ and
 3. The applicant has paid the prescribed ~~late fee, the unpaid renewal fee for the previous year and the prescribed reinstatement application fee.~~
- D.E. The board may require an applicant who has allowed his license to expire and who cannot demonstrate continuing competency to pass all or parts of the board-approved examinations.

18 VAC 105-20-70. Requirements for continuing education.

- A. Each license renewal shall be conditioned upon submission of evidence to the board of ~~14~~ 16 hours of continuing education taken by the applicant during the previous license period.
1. Fourteen of the 16 hours shall pertain directly to the care of the patient. The 16 hours may include up to two hours of record-keeping for patient care and up to two hours of training in cardiopulmonary resuscitation (CPR).
 2. For optometrists who are certified in the use of therapeutic pharmaceutical agents, at least

two of the required continuing education hours shall be directly related to the prescribing and administration of such drugs.

3. Courses which are solely designed to promote the sale of specific instruments or products and courses offering instruction on augmenting income are excluded and will not receive credit by the board.

B. Each licensee shall attest to fulfillment of continuing education hours on the required annual renewal form. All continuing education shall be completed prior to ~~October~~ December 31 unless extension or waiver has been granted by the Continuing Education Committee.

C. All continuing education courses shall be offered by an approved sponsor listed in subsection G. Courses that are not approved by a board-recognized sponsor in advance shall not be accepted for continuing education credit. For those courses which have a post-test requirement, credit will only be given if the optometrist receives a passing grade as indicated on the certificate.

D. Licensees shall maintain continuing education documentation for a period of not less than three years. A random audit of licensees may be conducted by the board which will require that the licensee provide evidence substantiating participation in required continuing education courses.

E. Documentation of hours shall clearly indicate the name of the continuing education provider and its affiliation with an approved sponsor as listed in subsection G. Documents that do not have the required information shall not be accepted by the board for determining compliance. Correspondence courses shall be credited according to the date on which the post-test was graded as indicated on the continuing education certificate.

F. A licensee shall be exempt from the continuing competency requirements for the first renewal following the date of initial licensure by examination in Virginia.

~~C.~~ G. An approved continuing education course or program, whether offered by correspondence, electronically or in person, shall be sponsored by one of the following:

1. The American Optometric Association and its constituent organizations.
2. Regional optometric organizations.
3. State optometric associations and their affiliate local societies.
4. Accredited colleges and universities providing optometric or medical courses.
5. The American Academy of Optometry and its affiliate organizations.
6. The American Academy of Ophthalmology and its affiliate organizations.
7. The Virginia Academy of Optometry.

8. Council on Optometric Practitioner Education (C.O.P.E.)
 9. State or federal governmental agencies.
 10. College of Optometrists in Vision Development.
 11. Specialty organizations. The Accreditation Council for Continuing Medical Education of the American Medical Association for Category 1 credit.
 12. Journals or optometric information networks as recognized by the board. Providers of training in cardiopulmonary resuscitation (CPR).
 13. Optometric Extension Program.
- D. ~~For board approval of courses offered by other sponsors, the board will review courses for purposes of continuing education requirements if the course review fee as prescribed in 18 VAC 105-20-20 has been paid and the following is provided:~~
- ~~1. The title of the course;~~
 - ~~2. The sponsoring organization(s);~~
 - ~~3. The name of the lecturer;~~
 - ~~4. The qualifications of the lecturer;~~
 - ~~5. An outline of the course's content;~~
 - ~~6. The length of the course in clock hours;~~
 - ~~7. The method of certification of attendance or completion if offered as a correspondence course; and~~
 - ~~8. Number of credit hours requested.~~
- E. ~~Courses approved by the board will be kept on a list maintained by the board. All courses approved by the board shall pertain directly to the care of the patient. Courses excluded by the board shall include:~~
- ~~1. Courses which are solely designed to promote the sale of specific instruments or products;~~
 - ~~2. Courses offering instruction on augmenting income; and~~
 - ~~3. Courses which are neither advertised nor in fact available to all optometrists~~

**PART V.
RENEWAL OF CERTIFICATION.**

18 VAC 105-30-90. Renewal of certification.

Every optometrist TPA-certified by the board shall renew his certification with the annual renewal of his license to practice optometry. At least two of the continuing education hours required for renewal of an optometrist license shall be directly related to the prescribing and administration of therapeutic pharmaceutical agents.

18 VAC 105-30-100. Expiration of certification.

An optometrist who allows his certification to expire shall be considered not certified by the board. An optometrist who proposes to resume the treatment of certain diseases and administer certain therapeutic pharmaceutical agents shall ~~make a new application for certification and meet the requirements of 18 VAC 105-30-30~~ submit an application for reinstatement, pay the reinstatement fee and provide evidence of continued competency to resume such practice.

18 VAC 105-30-120. Fees required by the board.

A. The following fees are required by the board:

Application	\$200
Annual renewal	\$75
Penalty for late renewal	\$50 <u>25</u>
Verification letter to another jurisdiction	\$10
Returned check	\$15 <u>25</u>
<u>Duplicate wall certificate</u>	<u>\$25</u>
<u>Duplicate certification</u>	<u>\$10</u>
<u>Reinstatement</u>	<u>\$300</u>

B. All fees are nonrefundable.

11/14/2002 01

**BOARD OF OPTOMETRY
STATISTICS
JANUARY 25, 2002**

New Licensees

	Jan – Dec 2001	Jan – Dec 2000	Jan – Dec 1999
Optometrists	80 (-17%) (-30%)	96 (-16%)	113
TPA Certifications	94 (-28%) (-17%)	120 (+6%)	113
PDs	20 (285%).(+25%)	7 (-57%)	16

Disciplinary Activity

Closed Cases

FY 2002 to date: 29, 9 with violation, 17 with no violation, 1 undetermined, and 2 unlicensed cases.

Of those with a finding of violation,

Continuing Education	4
Compliance	2
Unlicensed Activity	2
Prescription Blanks	1

Calendar Year 2001: 70, 18 with violation

Calendar Year 2000: 52, 10 with violation

Open Cases

Currently 32 cases:

19 cases in Investigations (5- Business Practices, 6-Substandard Care-Treatment
3- Advertising/Deceptive Misleading, 1 -Substandard Care-
Diagnosis, 1- Substandard Care-Rx
1- Abandonment, 1 Drug-related Personal Use, 1 UL)

8 cases at Probable Cause

4 cases at APD

1 case Pending Closure

Case Flow

FY 2002 to date: Received 22 cases, Closed 29 Closed cases, 32 Open.

HB 1318 Volunteer services by certain providers of health care.Another bill?

Patron - Jackie T. Stump (all patrons) notes

Summary as passed: (all summaries)

Volunteer services by certain providers of health care. Exempts from the Virginia licensure or certification requirements of the Board for Opticians and the Boards of Dentistry, Medicine, Nursing, Optometry, Pharmacy, and Veterinary Medicine certain out-of-state practitioners who (i) do not regularly practice in Virginia, (ii) hold current valid licenses or certificates to practice in another state, territory, district or possession of the United States, (iii) volunteer to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all-volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world, (iv) file copies of the licenses or certificates issued in such other jurisdiction with the appropriate board, (v) notify the appropriate board, within 15 days prior to the voluntary provision of services of the dates and location of such services, and (vi) acknowledge in writing that such licensure exemption shall only be valid during the limited period that such free health care is made available on the dates and at the location filed with the various boards. Enactment clauses require emergency regulations and authorize the various boards to require the sponsoring organization to register and pay a fee prior to delivering services in Virginia.

Full text:

01/18/02 House: Presented & ordered printed 022087944 (impact statement)
02/08/02 House: Committee substitute printed 022105944-H1 (impact statement)
03/08/02 House: Bill text as passed House and Senate (HB1318ER) (impact statement)
04/08/02 Governor: Acts of Assembly Chapter text (CHAP0740)

Status:

01/18/02 House: Presented & ordered printed 022087944
01/25/02 House: Referred to Committee on Health, Welfare and Institutions
01/31/02 House: Fiscal impact statement from DPB (HB1318)
02/07/02 House: Reported from H. W. I. w/substitute (22-Y 0-N)
02/08/02 House: Committee substitute printed 022105944-H1
02/08/02 House: Read first time
02/09/02 House: Read second time
02/09/02 House: Committee substitute agreed to 022105944-H1
02/09/02 House: Engrossed by House - committee substitute 022105944-H1
02/11/02 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
02/11/02 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
02/11/02 House: Rec. of passage agreed to by House
02/11/02 House: Passed House BLOCK VOTE (100-Y 0-N)
02/11/02 House: VOTE: BLOCK VOTE PASSAGE #2 (100-Y 0-N)
02/11/02 House: Communicated to Senate
02/12/02 Senate: Constitutional reading dispensed
02/12/02 Senate: Referred to Committee on Education and Health
02/13/02 House: Fiscal impact statement from DPB (HB1318H1)
02/21/02 Senate: Reported from Education and Health (15-Y 0-N)
02/22/02 Senate: Const. reading disp., passed by for the day (40-Y 0-N)
02/22/02 Senate: VOTE: CONST. RDG. DISPENSED R (40-Y 0-N)
02/25/02 Senate: Read third time
02/25/02 Senate: Passed Senate (38-Y 0-N)
02/25/02 Senate: VOTE: PASSAGE R (38-Y 0-N)
03/08/02 House: Bill text as passed House and Senate (HB1318ER)

EMERGENCY REGULATIONS
HB1318

18 VAC 105-20-75. Registration for voluntary practice by out-of-state licensees.

Any optometrist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world shall:

1. File an application for registration on a form provided by the board at least 30 days prior to engaging in such practice;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of § 54.1-3202 (2) of the Code of Virginia.

Stamey, Carol S.

From: Casway, Howard (OAG)
Sent: Monday, December 17, 2001 11:36 AM
To: Stamey, Carol S.
Subject: RE: reinstatement w/o DPA

I don't remember if I did or not. Having said that, the Board can go either way on this issue. While DPA is not a requirement so long as the licensee maintains current licensure, once the license lapses, however, then a good argument can be made for requiring the applicant to satisfy current licensure requirements, including DPA certification in order to demonstrate continuing competency. The opposite argument can also be supported given the absence of any express provision one way or the other. Maybe the Board should discuss its policy in this matter.

-----Original Message-----

From: Stamey, Carol S. [mailto:Carol.Stamey@dhp.state.va.us]
Sent: Monday, December 17, 2001 9:01 AM
To: Casway, Howard (OAG)
Cc: Carter, Elizabeth A.
Subject: reinstatement w/o DPA

H:

I have a reinstatement application for licensure. Licensed in 1973 without DPA certification and also licensed in FL without DPA certification.

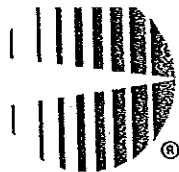
If I remember correctly, you had stated we could reinstate without DPA certification even though our current regulations require it.

Let me know.

Thanks

Carol

Accreditation Council on
Optometric Education



American Optometric Association

243 N. Lindbergh Blvd. • St. Louis, MO 63141 • (314) 991-4100

FAX: (314) 991-4101

March 8, 2002

Ms. Carol Griffiths, Chief
Accrediting Agency Evaluation
Accreditation and State Liaison
U.S. Department of Education
1990 K Street, Nw #7105
Washington, DC 20006-8509

RECEIVED

MAR 18 2002

BOARD OF OPTOMETRY

Dear Ms. Griffiths:

In accordance with USDE recognition criteria, attached is the report of the actions taken by the Accreditation Council on Optometric Education at its Winter Meeting on February 8-10, 2002 in Arlington, Virginia.

Also enclosed is an invitation for third party comments about programs with scheduled site visits. Recipients of this mailing should feel free to submit comments if desired. The list of upcoming site visits is posted on the ACOE's web site at www.aonet.org/students/accreditation.asp.

Sincerely,

Joyce L. Urbeck
Administrative Director

cc: American Council on Education Editor,
Higher Education Publications,
Chronicle of Higher Education,
Regional Accrediting Commissions,
Specialized Accrediting Agencies,
CHEA,
ASPA,
State Boards of Optometry

Invitation for third party comments:

The Accreditation Council on Optometric Education periodically evaluates accredited programs for compliance with ACOE standards. This process includes the consideration of third-party comments. The following special listing contains the accreditation status and the month and year of all site visits currently scheduled through December, 2002. For those programs that are seeking initial accreditation, the notation of "Initial" is listed.

Third party comments must address substantive matters relating to the quality of the program and the ACOE standards and should be addressed to the administrative director of the Council at ACOE, 243 N. Lindbergh Blvd., St. Louis, MO 63141. Comments must be received 30 days prior to the program's scheduled site visit date or by the first of the month preceding the month of the visit. All third party comments must be signed.

Comments will be forwarded to the evaluation team and to the appropriate program director for response during the evaluation visit process.

<i>Date</i>	<i>Institution</i>	<i>Accreditation Status</i>	<i>Program Type</i>
March, 2002	University of Missouri, St. Louis School of Optometry	<i>Initial Visit</i>	Residency in Contact Lens
	University of Missouri, St. Louis School of Optometry	<i>Initial Visit</i>	Residency in Pediatrics and Binocular Vision
	Illinois College of Optometry	Accredited	Professional OD Program
April, 2002	New England College of Optometry	<i>Initial Visit</i>	Residency in Cornea and Contact Lenses
	Dept. of the Air Force, Sheppard Air Force Base	Accredited	Optometric Apprentice Program (Technician)
	State University of New York, State College of Optometry	<i>Initial Visit</i>	Residency in Primary Eye Care
	University of Alabama at Birmingham School of Optometry	Accredited	Professional OD Program
	Ohio Eye Alliance affiliated with The Ohio State University, College of Optometry	Accredited	Residency in Ocular Disease
May, 2002	University of Alabama at Birmingham School of Optometry	Accredited	Residency in Contact Lens
	Fresno VA Medical Center affiliated with University of California, Berkeley, School of Optometry	Accredited with Conditions	Residency in Hospital-Based Optometry
	Battle Creek VA Medical Center affiliated with Ferris State University Michigan College of Optometry	Accredited	Residency in Ocular Disease
	West Los Angeles VA Medical Center affiliated with Southern California College of Optometry	Accredited	Residency in Primary Eye Care
	VA Los Angeles Ambulatory Care Clinic affiliated with Southern California College of Optometry	Accredited	Residency in Ocular Disease/ Low Vision Rehabilitation
	Fayetteville VA Medical Center affiliated with Northeastern State University College of Optometry	Accredited	Residency in Primary Eye Care
	West Haven VA Medical Center affiliated with New England College of Optometry	Accredited	Residency in Primary Eye Care/ Low Vision Rehabilitation



COMMONWEALTH of VIRGINIA

Robert A. Nebiker
Director

Department of Health Professions
6606 West Broad Street, Fourth Floor
Richmond, Virginia 23230-1717

<http://www.dhp.state.va.us/>
TEL (804) 662-9900
FAX (804) 662-9943
TDD (804) 662-7197

TO: Board Executives/Cost Center Managers

FROM: Wayne Mullins *WA*

SUBJECT: Cost Allocation

DATE: April 17, 2002

Please find the attached revised final cost allocation review prepared by Maximus. Their recommendations are scheduled for implementation on July 1, 2002.

***VIRGINIA DEPARTMENT
OF
HEALTH PROFESSIONS***

REVISED
FINAL

April 11, 2002

Prepared by
MAXIMUS, INC.
5102 W. Village Green Drive, Suite 109
Midlothian, Virginia 23112
(804) 744-2390 • Fax (804) 744-4511
©MAXIMUS, Inc. 2002

BACKGROUND

Section 54.1-2400 of the Code of Virginia gives the Department of Health Professions the authority "to levy and collect fees for the applications processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the Board of Health Professions and the health regulator boards." Section 54.1-113 implies that all Department Costs must be allocated to the health boards in order to set and adjust fees. To comply with this mandate the Department developed a methodology for allocating administrative, investigative, and inspection costs to the professions. The allocation process is performed monthly and cost reports are provided to each board.

The cost allocation methodology consists of identifying an allocation base for each administrative function. The allocation base should result in an allocation that approximates the services provided by the administrative function to the boards. Since the Department receives no general fund appropriation, all administrative costs must be allocated to the boards.

The Department of Health Professions (DHP) entered into an agreement with MAXIMUS to perform an evaluation of the Department's existing cost allocation plan and provide the Department with a report showing the results of the evaluation.

RESULTS OF REVIEW

In our opinion the Department of Health Profession's cost allocation methodology provides for a reasonable allocation of costs to the professional boards. The Department has established separate allocation bases for each administrative cost. Allocation data is accumulated from various sources and used by Finance to allocate administrative costs to the boards.

While MAXIMUS is not recommending major change to the Department's cost allocation methodology, we are recommending some changes in the way some costs are allocated in order to make the allocations more equitable and easier to explain to the boards. In the pages that follow is a discussion of the types of costs allocated, the allocation basis currently employed to allocate the cost, recommended changes in the allocation base, a discussion of the impact of the proposed changes, and schedules which compare allocated costs using the current method and the proposed new method.

A. General Fund Assessment

The General Fund Assessment or Statewide Cost Assessment represents reimbursement to the State general fund for services provided to the Department by other State agencies. Since most of the cost pools are small (\$20,000 and under) we recommend that the small cost pools be allocated together based on the salaries and wages of the boards. The Attorney General cost pool represents 74% of the total General Fund Assessment. MAXIMUS recommends allocating this cost pool separate from the others. This cost pool should be allocated based on Attorney General hours by Board.

B. Attorney General Costs Billed

The costs that the Attorney General bills the Department are allocated to boards based on the Attorney General's hours spent working for each board. We recommend no change in the allocation of this cost.

C. Board of Health Professions

The Board of Health Professions is the oversight board for the Department. Its duties include coordination of the health regulatory boards, review and comment on the Department budget, publicizing Department policies, review and comment on regulations proposed by health regulatory boards and evaluation of health care professions and occupations in the Commonwealth, including those regulated and those not regulated to consider whether each profession should be regulated.

The Department currently allocates forty percent of the cost of the Board of Health Professions based on the salaries and wages of the boards and sixty percent of the cost based on the number of licensees in each board. For the salary and wage allocation the allocated salaries of the Limited Allocation cost centers are added to the salaries and wages of the boards. We believe this methodology is reasonable based on the functions of the Board.

D. Director's Office and Finance

The costs of the Director's Office and Finance are currently allocated on the same basis as the Board of Health Professions which is forty percent of the cost is allocated based on salaries and wages of the boards and sixty percent of the cost is allocated based on the number of licensees in each board.

The Director's Office includes the Director, Deputy Director, Assistant Policy Administrator, an Administrative Assistant and a Policy and Planning Specialist. This type of cost is generally allocated based on the number of employees or the salaries and wages of the divisions. In this case department management believes that significant time is also spent working with licensees.

Since the Director's Office is a fixed cost and boards do not decide to use or not use the service, it is logical that the allocation basis for this service should also be evaluated on how well it allocates costs to boards with the greatest ability to pay. Although it is not appropriate to consider ability to pay in cost allocation plans for federal grants, we believe it

is an appropriate consideration here. Using salaries and wages as the only allocation base for the Director's Office shifts costs from large boards to smaller boards. The fees for small boards are already high because they have fewer licensees over which to spread fixed costs. For these reasons we recommend that the Department continue to allocate the Director's Office in the same manner as it has in the past.

The generally accepted allocation basis for Finance is number of accounting transactions. In most government agencies a count of expenditure transactions by division is a good measure of the effort accounting provides to operating divisions. However, in DHP revenue collections is also a major function of the Finance Division. For this reason we recommend that the Department continue to allocate the Finance Division in the same manner as it has in the past.

E. Human Resources

Human Resources is currently allocated based on the number of classified, limited allocated and P-14 employees working for each board. We recommend that the Department change the allocation basis for this service to salaries and wages of the boards. This change will not result in a significant change in the allocation to the boards but it is easier to obtain than the number of employees.

F. Information Systems

Information Systems is currently allocated to boards based on a multi-step allocation of Department workstations. The allocation begins with the number of workstations assigned to the boards then it allocates Human Resources, Finance, Director's Office, Board of Health Professions, and Impaired Practitioner workstations based on the percentage of board workstations. The current method then allocates the Enforcement and Administrative Proceedings workstations based on the percentage of Enforcement and Administrative Proceedings hours for each board. The four workstation numbers are then totaled and converted to a percentage to allocate the cost of Information Systems.

In our review of allocation methods for Information Systems we considered an allocation process that would recognize the cost of operating the AHLADIN system that handles all licensee records. In this process the cost of Information Systems is divided into two cost pools—Networking/Systems and AHLADIN. Networking/Systems would be allocated based on the number of work stations, AHLADIN would be allocated based on the number of licensees with each board. *Exhibit A* provides details of the alternative method and compares the results with the current method.

MAXIMUS recommends that the Department continue with its current methodology for allocating Information Systems. We believe that allocating the cost based on the number of work stations is a reasonable method. Breaking the division in to two cost centers adds complexity for the allocation process that is not justified by the small increase in accuracy.

**Dept. of Health Professions
Information Systems Division
EXHIBIT A**

Data #301			
Category	Fy-2002 Budget	Network/Systems	AHLADIN
Personnel	608,715	247,060	361,655
Contract Services	1,126,605	811,235	315,370
Supply & Material	10,500	10,500	
Continuous Charges	37,500	37,500	
Equipment	341,500	341,500	
TOTAL	\$2,124,820	\$1,447,795	\$677,025
	100.00%	68.14%	31.86%

Network/Systems Allocation-Number of Workstations

COST CTR	TOTAL BRD	ENFRGMT	ENFORCMT	APD	APD	TOTAL # ALL	TOTAL % ALL	FY-2002 Budget
	WRKST@ 8/00	%	WRKST BY %	%	WRKST BY %	WRKSTS	WRKSTS	
Nursing	12.7	18.97%	9.49	21.11%	2.74	24.93	20.55%	\$297,507
Medicine	17	33.44%	16.72	44.14%	5.74	39.46	32.52%	\$470,892
Dentistry	4	5.02%	2.51	3.48%	0.45	6.96	5.74%	\$83,062
Funeral	2	3.72%	1.86	2.23%	0.29	4.15	3.42%	\$49,495
Optometry	1.66	0.73%	0.37	2.35%	0.31	2.33	1.92%	\$27,833
Veterinary Med	1.66	6.78%	3.39	2.21%	0.29	5.34	4.40%	\$63,672
Pharmacy	5	17.68%	8.84	5.70%	0.74	14.58	12.02%	\$173,995
Psychology	1.99	0.89%	0.45	0.79%	0.10	2.54	2.09%	\$30,300
Professional Counselors	3.02	0.92%	0.46	0.91%	0.12	3.60	2.97%	\$42,956
Social Work	1.99	0.57%	0.28	0.92%	0.12	2.39	1.97%	\$28,673
Nursing Home Admin	1	0.88%	0.44	0.91%	0.12	1.56	1.28%	\$18,598
Audiology & Speech	1	0.19%	0.10	0.09%	0.01	1.11	0.91%	\$13,234
Physical Therapy	1	0.90%	0.45	2.21%	0.29	1.73	1.43%	\$20,704
CNA - State	0.93	1.27%	0.63	10.16%	1.32	2.88	2.38%	\$34,413
CNA - Federal	3.37	8.05%	4.02	2.79%	0.36	7.76	6.39%	\$92,561
Total	68.327%	100.00%	150.00%	100.00%	18.00%	121.32%	100.00%	\$1,447,795

AHLADIN Allocation-Number of Licenses

COST CTR	# Licensees	% of	FY-2002 Budget
	@ 8/00	Licensees	
Nursing	116,031	47.68%	\$322,873
Medicine	40,680	16.72%	\$113,198
Dentistry	8,700	3.58%	\$24,209
Funeral	2,504	1.03%	\$6,968
Optometry	2,290	0.94%	\$6,372
Veterinary Med	4,533	1.86%	\$12,614
Pharmacy	12,827	5.27%	\$35,693
Psychology	2,338	0.96%	\$6,506
Professional Counselors	5,534	2.27%	\$15,399
Social Work	4,304	1.77%	\$11,976
Nursing Home Admin	990	0.41%	\$2,755
Audiology & Speech	2,701	1.11%	\$7,516
Physical Therapy	5,235	2.15%	\$14,567
CNA - State	17,318	7.12%	\$48,190
CNA - Federal	17,318	7.12%	\$48,190
Total	243,303	100.00%	\$677,025

Exhibit A (Continued)

Compare Methods

	Alternative Method			Current Method	Difference
	Network/Systems	AHLADIN	Total		
COST CTR					
Nursing	297,507	322,873	\$620,379	\$441,535	\$178,844
Medicine	470,892	113,198	\$584,090	\$683,950	(\$99,860)
Dentistry	83,062	24,209	\$107,271	\$127,675	(\$20,404)
Funeral	49,495	6,968	\$56,463	\$71,665	(\$15,202)
Optometry	27,833	6,372	\$34,205	\$44,895	(\$10,690)
Veterinary Med	63,672	12,614	\$76,286	\$84,810	(\$8,524)
Pharmacy	173,995	35,693	\$209,688	\$230,220	(\$20,532)
Psychology	30,300	6,506	\$36,806	\$50,170	(\$13,364)
Professional Counselors	42,956	15,399	\$58,355	\$72,470	(\$14,115)
Social Work	28,573	11,976	\$40,550	\$48,090	(\$7,540)
Nursing Home Admin	18,598	2,755	\$21,353	\$29,230	(\$7,877)
Audiology & Speech	13,234	7,516	\$20,750	\$22,810	(\$2,060)
Physical Therapy	20,704	14,567	\$35,271	\$29,430	\$5,841
CNA - State	34,413	48,190	\$82,603	\$52,890	\$29,713
CNA - Federal	92,561	48,190	\$140,751	\$134,980	\$5,771
Total	\$1,447,795	\$1,507,025	\$2,954,820	\$2,124,820	\$830,000

G. Enforcement

The current allocation method for Enforcement allocates all enforcement costs by the number of hours spent by inspectors and investigators. MAXIMUS recommends that the methodology for Enforcement be continued.

As part of this analysis we looked at separate allocations for the Probation and Intake sections, but we determined that the resulting change in the allocation results were not material enough to justify the additional effort in the monthly cost allocation. As shown in *Exhibit B*, Enforcement costs were divided into three cost pools based on personnel costs for the three units. Each unit is allocated based on the most appropriate statistic. Investigation/Inspection was allocated based on number of hours by board. Probation was allocated on the number of cases on probation. Intake was allocated based on the number of cases handled by Enforcement. The largest change in the allocations was a six percent decrease in Enforcement costs allocated to the Pharmacy Board.

**Dept. of Health Professions
Enforcement
EXHIBIT B**

	Enforcement #305	Invest		
		Inspect	Probation	Intake
FY-2002 Budget				
Direct Personnel Cost	\$2,146,355	\$1,801,645	\$130,718	\$213,992
Percentage	100.00%	83.94%	6.09%	9.97%
Total to Allocate	\$3,400,940	\$2,854,741	\$207,125	\$339,074

Investigation/Inspection Allocation-Number of Hours

COST CTR	TOTAL HOURS EST. FOR 2002	%	FY-2002
			Budget
			\$2,854,741
Nursing	7,629	18.97%	\$541,586
Medicine	13,448	33.44%	\$954,680
Dentistry	2,017	5.02%	\$143,188
Funeral	1,494	3.72%	\$106,060
Optometry	295	0.73%	\$20,942
Veterinary Med	2,725	6.78%	\$193,449
Pharmacy	7,109	17.68%	\$504,671
Psychology	359	0.89%	\$25,486
Professional Counselors	371	0.92%	\$26,337
Social Work	229	0.57%	\$16,257
Nursing Home Admin	354	0.88%	\$25,131
Audiology & Speech	78	0.19%	\$5,537
Physical Therapy	360	0.90%	\$25,557
CNA - State	509	1.27%	\$36,134
CNA - Federal	3,236	8.05%	\$229,725
Total	30,213	100.00%	\$2,854,741

Probation Allocation-Number of Cases

COST CTR	TOTAL CASES NOV/DEC/01	%	FY-2002
			Budget
			\$207,125
Nursing	92	27.45%	\$56,892
Medicine	83	24.78%	\$51,318
Dentistry	42	12.54%	\$25,968
Funeral	7	2.09%	\$4,328
Optometry	12	3.58%	\$7,419
Veterinary Med	21	6.27%	\$12,984
Pharmacy	60	17.91%	\$37,097
Psychology	7	2.09%	\$4,328
Professional Counselors	5	1.49%	\$3,091
Social Work	5	1.49%	\$3,091
Nursing Home Admin	1	0.30%	\$618
Audiology & Speech		0.00%	\$0
Physical Therapy		0.00%	\$0
CNA - State		0.00%	\$0
CNA - Federal		0.00%	\$0
Total	335	100.00%	\$207,125

Exhibit B (Continued)

Intake Allocation-Number of Cases

	TOTAL CASES		FY-2002
	1/1/1999 TO		Budget
COST CTR	12/14/01	%	\$339,074
Nursing	1,761	18.36%	\$62,238
Medicine	3,559	37.10%	\$125,783
Dentistry	890	9.28%	\$31,455
Funeral	170	1.77%	\$6,008
Optometry	141	1.47%	\$4,983
Veterinary Med	340	3.54%	\$12,016
Pharmacy	629	6.56%	\$22,230
Psychology	108	1.13%	\$3,817
Professional Counselors	82	0.85%	\$2,898
Social Work	100	1.04%	\$3,534
Nursing Home Admin	66	0.69%	\$2,333
Audiology & Speech	10	0.10%	\$353
Physical Therapy	42	0.44%	\$1,484
CNA - State	848	8.84%	\$29,970
CNA - Federal	848	8.84%	\$29,970
Total	9,534	100.00%	\$339,074

Compare Methods

	<i>New Method</i>				<i>Current Method</i>	<i>Difference</i>
	Invest/Insp	Probation	Intake	Total		
COST CTR						
Nursing	541,586	56,882	62,238	\$660,706	\$645,260	\$15,446
Medicine	954,680	51,318	125,783	\$1,131,781	\$1,137,350	(\$5,569)
Dentistry	143,188	25,968	31,455	\$200,610	\$170,600	\$30,010
Funeral	106,060	4,328	6,008	\$116,356	\$126,355	(\$9,959)
Optometry	20,942	7,419	4,983	\$33,345	\$24,980	\$8,365
Veterinary Med	193,449	12,984	12,016	\$218,449	\$230,490	(\$12,041)
Pharmacy	504,671	37,097	22,230	\$563,999	\$601,250	(\$37,251)
Psychology	25,486	4,328	3,817	\$33,631	\$30,330	\$3,301
Professional Counselors	26,337	3,091	2,898	\$32,327	\$31,335	\$992
Social Work	16,257	3,091	3,534	\$22,882	\$19,365	\$3,517
Nursing Home Admin	25,131	618	2,333	\$28,082	\$29,895	(\$1,813)
Audiology & Speech	6,537	-	353	\$5,891	\$6,555	(\$664)
Physical Therapy	25,557	-	1,484	\$27,041	\$30,450	(\$3,409)
CNA - State	36,134	-	29,970	\$66,104	\$43,050	\$23,054
CNA - Federal	229,725	-	29,970	\$259,656	\$273,675	(\$13,979)
Total	\$2,854,741	\$207,125	\$339,074	\$3,400,940	\$3,400,940	\$0

The current allocation method for Enforcement allocates fiscal year-to-date costs by fiscal year-to-day hours. The current month cumulative allocated cost by board is then subtracted from the previous month cumulative cost to arrive at the current month charge. This method has presented problems for the Department since it can create negative current-month costs for some boards. To rectify this problem MAXIMUS recommends that current month costs for Enforcement be allocated based on a three month rolling average of hours by board. The three-month average is recommended so boards that have cases in months where there is a large amount of leave taken by Inspectors and Investigators do not pay a significantly higher hourly rate in these months than normal months.

H. Administrative Proceedings

Administrative Proceedings is allocated based on the number of hours the staff spends on the licensees of each board. MAXIMUS recommends no change since this is the best allocation method for the service.

I. Impaired Practitioner

Impaired Practitioner is allocated based on the number of licensees of each board. MAXIMUS recommends no change since this is the best allocation method for the service.

J. Other Items

The Department anticipates having to reimburse the state general fund for fringe benefit and overhead cost savings resulting from budget cuts implemented by the state. MAXIMUS recommends that these costs be allocated based on the method that would cause the least harm to the individual boards and their professions. The method that would do the least harm is allocating the charge based on the total cost of each board.

The Department anticipates moving to new office space in the near future. This will result in one-time moving expenses. MAXIMUS recommends that the moving expenses be allocated to boards based on occupied square footage at the new location.

K. Conclusions

In general we found the cost allocation methodology employed by the Department of Health Professions to be logical and reasonable for the types of costs allocated. Our major recommended change is for Enforcement costs to be allocated based on a three month rolling average of enforcement hours so that boards which receive services in months that inspectors and investigators take leave do not pay a higher rate than in normal months.