



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DEC 1 9 2017

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #17-0068

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #17-0068 to the Title XIX (Medicaid) State Plan effective December 1, 2017 (Appendix I).

A summary of the plan amendment is provided in Appendix II. Copies of pertinent sections of enacted legislation are enclosed for your information (Appendix III).

In keeping with our continued agreement, this amendment is being sent to you prior to the end of the fourth quarter.

If you or your staff have any questions or need further assistance, please do not hesitate to contact Regina Deyette of my staff at (518) 473-3658.

Sincerely,

Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0068	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE December 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3		7. FEDERAL BUDGET IMPACT: (<i>in thousands</i>) a. FFY 10/01/17-09/30/18 \$ 0 b. FFY 10/01/18-09/30/19 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: APB 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): APB 5	
10. SUBJECT OF AMENDMENT: Alternative Benefit Plan (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: DEC 19 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2017 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: New York
Transmittal Number: NY-17-0068

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

NY ABP - Alternative Benefit Plan

Description:

Describes NY's Alternative Benefit Plan including populations, benefit packages, enrollment assurances, cost-sharing, service delivery systems, insurance and payment premiums and payment methodology.

- Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.***
- The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. *If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.***
- The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.***

- Enrollment is mandatory for some or all participants. *If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.*

Specify the number of **benchmark** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP4, ABP5, and ABP8 for each benchmark benefit package.*

1

Specify the number of **benchmark-equivalent** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.*

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: New York
Transmittal Number: NY-17-0068

Form Code	Form Name	Uploaded Form Count
ABP1	Alternative Benefit Plan Populations	1
ABP2a		1

Form Code	Form Name	Uploaded Form Count
	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0
ABP2c	Enrollment Assurances - Mandatory Participants	0
ABP3	Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package	1
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Form
Please provide a short description of this ABP1 form: NY SPA 13-60 re: Alternative Benefit Plan Populations Uploaded Form Name: <input type="text" value="ABP1_04282014.pdf"/>
Date Uploaded: <input type="text"/>

Support Documents

Document
Please provide a short description of this support document: Original public notice for ABP. Uploaded Document Name: <input type="text" value="FPN - ABP 10-23-13.pdf"/>
Date Uploaded: <input type="text"/>
Please provide a short description of this support document: Clarification notice for ABP. Uploaded Document Name: <input type="text" value="FPN - ABP Clarification 5-21-14.pdf"/>
Date Uploaded: <input type="text"/>

Form ABP2a: Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a Forms List

Form	
Please provide a short description of this ABP2a form: NY SPA 13-60 re: Alternative Benefit Plan - Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	
Uploaded Form Name:	Date Uploaded:
ABP2a_04282014.pdf	

Support Documents

Document

Form ABP2b: Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2b Forms List

Form

Support Documents

Document

Form ABP2c: Enrollment Assurances - Mandatory Participants

ABP2c Forms List

Form

Support Documents

Document

Form ABP3: Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3 Forms List

Form	
Please provide a short description of this ABP3 form: NY SPA 13-60 re: Alternative Benefit Plan - Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package	
Uploaded Form Name:	Date Uploaded:
ABP3Benchmark Benefit Package_04282014.pdf	

Form

Support Documents

Document

Form ABP4: Alternative Benefit Plan Cost-Sharing

ABP4 Forms List

Form
Please provide a short description of this ABP4 form: NY SPA 13-60 re: Alternative Benefit Plan - Alternative Benefit Plan Cost-Sharing
Uploaded Form Name: Date Uploaded:
ABP4 ABP Cost Sharing_04282014.pdf

Support Documents

Document

Form ABP5: Benefits Description

ABP5 Forms List

Form
Please provide a short description of this ABP5 form: NY SPA 17-0068 re: Alternative Benefit Plan - Benefits Description
Uploaded Form Name: Date Uploaded:
ABP5 Description 11-08-17.pdf

Support Documents

Document

Form ABP6: Benchmark-Equivalent Benefit Package

ABP6 Forms List

Form

Support Documents

Document

Form ABP7: Benefits Assurances

ABP7 Forms List

Form	
Please provide a short description of this ABP7 form: NY SPA 13-60 re: Alternative Benefit Plan - Benefits Assurances	
Uploaded Form Name:	Date Uploaded:
ABP7 Benefit Assurances_04282014.pdf	

Support Documents

Document

Form ABP8: Service Delivery Systems

ABP8 Forms List

Form	
Please provide a short description of this ABP8 form: NY SPA 13-60 re: Alternative Benefit Plan - Service Delivery Systems	
Uploaded Form Name:	Date Uploaded:
ABP8 Service Delivery_04282014-1.pdf	

Support Documents

Document

Form ABP9: Employer Sponsored Insurance and Payment of Premiums

ABP9 Forms List

Form	
Please provide a short description of this ABP9 form: NY SPA 13-60 re: Alternative Benefit Plan - Employer Sponsored Insurance & Payment of Premiums	
Uploaded Form Name:	Date Uploaded:
ABP9 Employer Sponsored_04282014.pdf	

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">Form</th> </tr> <tr> <td style="padding: 2px;"> Please provide a short description of this ABP10 form: NY SPA 13-60 re: Alternative Benefit Plan - General Assurances Uploaded Form Name: Date Uploaded: </td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%; padding: 2px;">ABP10 General Assurances_04282014.pdf</td> <td style="border: none;"></td> </tr> </table> </td> </tr> </table>	Form	Please provide a short description of this ABP10 form: NY SPA 13-60 re: Alternative Benefit Plan - General Assurances Uploaded Form Name: Date Uploaded:	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%; padding: 2px;">ABP10 General Assurances_04282014.pdf</td> <td style="border: none;"></td> </tr> </table>	ABP10 General Assurances_04282014.pdf	
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Form ABP11: Payment Methodology											
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Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name: **New York**
 Transmittal Number: **NY-17-0068**

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.**

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Indian Tribes

Indian Tribes
Name of Indian Tribe:
Cayuga Nation

Indian Tribes	
<p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="Oneida Indian Nation"/></p> <p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="Onondaga Nation"/></p> <p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="Seneca Nation of Indians"/></p> <p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="Shinnecock Indian Nation Tribal Office"/></p> <p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="St Regis Mohawk Tribe"/></p> <p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="Tonowanda Seneca Nation Tribe"/></p> <p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="Tuscarora Indian Nation"/></p> <p>Date of consultation: <input type="text" value="11/30/2017"/> (mm/dd/yyyy)</p> <p>Method/Location of consultation: tribal consultation mailed, no comments received</p>	
<p>Name of Indian Tribe: <input type="text" value="Ukechange Indian Territory"/></p> <p>Date of consultation:</p>	

Indian Tribes	
11/30/2017	(mm/dd/yyyy)
Method/Location of consultation: tribal consultation mailed, no comments received	

Indian Health Programs

Indian Health Programs	
Name of Indian Health Programs: Health Clinic	
Date of consultation: 11/30/2017	(mm/dd/yyyy)
Method/Location of consultation: tribal consultation mailed, no comments received	

Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits
Summarize Comments

Summarize Response

Service delivery
Summarize Comments

Summarize Response

Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: New York

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Proposed Effective Date

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	<input type="text" value="2017"/>	<input type="text" value="\$0.00"/>
Second Year	<input type="text" value="2018"/>	<input type="text" value="\$0.00"/>

Subject of Amendment

- (ABP1) ABP Populations;
- (ABP2a) Voluntary Benefit Pkg Selection Assurance-Elig Group; (ABP3) Selection of Benchmark Benefit Pkg or Benchmark-Equiv Benefit Pkg;
- (ABP4) ABP Cost-Sharing;
- (ABP5) Benefits Description;
- (ABP7) Benefits Assurances;
- (ABP8) Service Delivery Systems;

(ABP9) Employer Sponsored Ins & Pymt of Premiums;
(ABP10) General Assurances; and
(ABP11) Payment Methodology.

Governor's Office Review

- Governor's office reported no comment**
- Comments of Governor's office received**

Describe:

- No reply received within 45 days of submittal**
- Other, as specified**

Describe:

Signature of State Agency Official

Submitted By:	Regina Gallagher
Last Revision Date:	Dec 19, 2017
Submit Date:	Dec 19, 2017

Appendix II
2017 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #17-0068

This amendment proposes to revise the State Plan to expand family planning benefits in the Alternative Benefit Plan to match the proposed expansion of these services in New York Medicaid State Plan under the categorically needy population designation (3.1A). The benefit expansion includes coverage of a set of services to ensure improved outcomes of women who are in the process of ovulation enhancing drugs, limited to the provision of such treatment, office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing; services shall be limited to those necessary to monitor such treatment.

Appendix III
2017 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

SPA 17-0068

Paragraph (ee) of Subdivision 2 of section 365-a of the Social Services Law:

(ee) Medical assistance shall include the coverage of a set of services to ensure improved outcomes of women who are in the process of ovulation enhancing drugs, limited to the provision of such treatment, office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing; services shall be limited to those necessary to monitor such treatment.

**Appendix IV
2017 Title XIX State Plan
Fourth Quarter Amendment
Public Notice**

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for December 2017 will be conducted on December 12 and December 13 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at: www.cs.ny.gov/commission/

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. 1, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Division of Criminal Justice Services
Youth Justice Advisory Group

Pursuant to Public Officer Law § 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Juvenile Justice Advisory Group:

Date: December 6, 2017
Time: 10:00 a.m. - 3:00 p.m.
Place: Division of Criminal Justice Services
80 S. Swan St., 3rd Fl., Rm. 348
Albany, NY 12210
Video Confer-
ence with: Empire State Development Corp.
633 Third Ave., All attendees must come to the 37th
Fl. [the meeting will be in the 36A conference room]
New York, NY 10007

For further information contact: LaTrenda Buchanon, Secretary, Office of Youth Justice Policy, Division of Criminal Justice Services,

80 S. Swan St., 8th Fl., Albany, NY 12210,
LaTrenda.Buchanon@dcjs.ny.gov, (518) 457-3670, Fax: (518) 457-7482

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health (The Department) hereby gives public notice of the following:

The Department proposes to amend the Title XIX (Medicaid) State Plan for the Medicaid Alternative Benefit Plan (ABP). The ABP includes all mandatory and optional benefits defined in the New York Medicaid State Plan under the categorically needy population designation (identified in State Plan Attachment 3.1-A). Effective on and after December 1, 2017, the Department is proposing an expansion of family planning benefits in the ABP to match proposed expansion of these services in New York Medicaid State Plan under the categorically needy population designation (3.1A). The benefit expansion includes coverage of a set of services to ensure improved outcomes of women who are in the process of ovulation enhancing drugs, limited to the provision of such treatment, office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing; services shall be limited to those necessary to monitor such treatment. The Department assures access to early and periodic screening, diagnostic and treatment (EPSDT) services will continue unchanged.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the proposed amendment.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:

Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State
F-2017-0988 (DA)

Date of Issuance – November 29, 2017

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

A federal agency has determined that the proposed activity complies with and will be conducted in a manner consistent to the maximum extent practicable with the approved New York State Coastal Management Program. The agency's consistency determination and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2017-0988 (DA), The U.S. Army Corps of Engineers, Buffalo District, (Corps) is proposing Maintenance Dredging of the Dunkirk Harbor Federal Navigation Project (FNP) in Lake Erie, City of Dunkirk, Chautauqua County, New York.

The Corps' proposed 2018 dredging operation at Dunkirk Harbor is tentatively scheduled to be performed during the period between the period between 15 May and 15 October. Sediments will be removed from the channel bottom by a mechanical or hydraulic dredge and placed into hoppers aboard ship or scow for transport to the designated dredged sediment placement areas. In 2018, an estimated total of 150,000 cubic yards (CY) of sediment is proposed to be dredged from the federal navigation project. Approximately 45,000 CY of coarse-grain sediment dredged from the Outer Channel are proposed to be discharged as littoral nourishment at an existing, authorized nearshore area in Lake Erie located directly northeast of the harbor and the remaining sediment dredged (approximately 105,000 CY of predominantly fine-grain sediment) is proposed to be discharged at the existing, authorized open-lake placement area in Lake Erie, located one statute mile due north from the West Pierhead Light.

Additional information regarding the Corps' proposal can be found at: [www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2017-0988\(DA\)CELRBDDunkirkHarborCD.pdf](http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2017-0988(DA)CELRBDDunkirkHarborCD.pdf)

Third parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or by December 14, 2017.

Comments should be addressed to the Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464.

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2017-0989 (DA)

Date of Issuance – November 29, 2017

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

A federal agency has determined that the proposed activity complies with and will be conducted in a manner consistent to the maximum extent practicable with the approved New York State Coastal Management Program. The agency's consistency determination and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2017-0989 (DA), The U.S. Army Corps of Engineers, Buffalo District, (Corps) is proposing Maintenance Dredging of the Great Sodus Harbor Federal Navigation Project (FNP) in Lake Ontario, Town of Sodus, Wayne County, New York. The Corps is proposing maintenance dredging of an estimated 95,000 cubic yards of sediment from the authorized federal navigation channel of Great Sodus Bay Harbor, with placement of the associated dredged sediment at a proposed nearshore placement area to the east of the jetties, or the existing open lake site in Lake Ontario.

Additional information regarding the Corps' proposal can be found at: [www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2017-0989\(DA\)CELRBGreatSodusBayFNPCD.pdf](http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2017-0989(DA)CELRBGreatSodusBayFNPCD.pdf)

Third parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or by December 14, 2017.

Comments should be addressed to the Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464.

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Susquehanna River Basin Commission

Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: October 1-31, 2017

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel, 717-238-0423, ext. 1312, joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22(e) and § 806.22 (f) for the time period specified above:

Approvals By Rule Issued Under 18 CFR 806.22(e):

1. Panda Patriot, LLC, ABR-201301006.1, Clinton Township, Lycoming County, Pa.; Modification of Consumptive Use of Up to 0.2000 mgd; Approval Date: October 5, 2017.

2. Panda Liberty, LLC, ABR-201301007.1, Asylum Township, Bradford County, Pa.; Modification of Consumptive Use of Up to 0.2000 mgd; Approval Date: October 5, 2017.

Approvals By Rule Issued Under 18 CFR 806.22(f):

1. Chesapeake Appalachia, LLC, Pad ID: Jes, ABR-201303008.R1, Wilmot Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: October 2, 2017.

2. SWN Production Company, LLC, Pad ID: Bolles South Well Pad, ABR-201210017.R1, Franklin Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: October 4, 2017.

3. SWN Production Company, LLC, Pad ID: SHELDON EAST PAD, ABR-201211013.R1, Thompson Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: October 4, 2017.

4. SWN Production Company, LLC, Pad ID: LOKE PAD, ABR-201211014.R1, New Milford Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: October 4, 2017.

5. SWN Production Company, LLC, Pad ID: Mordovancey Well Pad, ABR-201209023.R1, Choconut Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: October 16, 2017.