



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Mr. Ray Halbritter
Nation Representative
Oneida Indian Nation
528 Patrick Road
Verona, NY 13478

Dear Mr. Halbritter:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

https://www.health.ny.gov/regulations/state_plans/tribal/

We appreciate the opportunity to share this information with you and if there are any comments or concerns please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Chief Sidney Hill
Onondaga Nation Territory –
Administration
Hemlock Road, Box 319-B
Nedrow, NY 13120

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



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

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

November 30, 2018

Bryan Polite
Council of Trustees Chairman
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Polite:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Tonawanda Seneca Indian Nation
Chief Roger Hill, Council Chairman
Administration Office
7027 Meadville Road
Basom, NY 14013

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Tuscarora Indian Nation
Chief Leo Henry, Clerk
2006 Mount Hope Road
Lewiston, NY 14092

Dear Chief Henry:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Tuscarora Indian Nation
Chief Kenneth Patterson
1967 Upper Mountain Road
Lewiston, NY 14092

Dear Chief Patterson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Unkechaug Indian Territory
Chief Harry Wallace
207 Poospatuck Lane
Mastic, NY 11950

Dear Chief Wallace:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

DS

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Cayuga Nation
Mr. Clinton Halftown
Nation Representative
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Halftown:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Saint Regis Mohawk Tribe
Chief Ronald Lafrance, Jr.
412 State Route 37
Akwesasne, NY 13655

Dear Chief Lafrance:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

St. Regis Mohawk Tribe
Chief Beverly Cook
412 State Route 37
Akwesasne, NY 13655

Dear Chief Cook:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Saint Regis Mohawk Tribe
Chief Eric Thompson
412 State Route 37
Akwesasne, NY 13655

Dear Chief Thompson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Unkechaug Indian Territory
Latasha Austin
Keeper of Records
P.O. 86
Mastic, NY 11950

Dear Ms. Austin:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Eugene E. Cuffee II
Sachem
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Cuffee:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Cayuga Nation
Tim Twoguns
Nation Representative
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Twoguns:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

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

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

November 30, 2018

Cayuga Nation
Gary Wheeler
Nation Representative
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Wheeler:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

151

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

Seneca Nation of Indians
Maurice A. John Sr.
President
P.O. Box 231
Salamanca, NY 14779

Dear Mr. John Sr.:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Regina Bryde
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 30, 2018

American Indian Community House
Ben Geboe
Interim Executive Director
39 Eldridge Street, 4th Floor
New York, NY 10002

Dear Mr. Geboe:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Karina Aguilar
US Dept. of Health and Human Services

Regina Bryde
NYSDOH American Indian Health Program

SUMMARY
SPA #18-0042

This State Plan Amendment proposes to clarify rates of payment for LTC bed reservation.

DRAFT

PAYMENT FOR RESERVED BEDS IN MEDICAL INSTITUTIONS**LIMITATIONS**

A. RESERVED BEDS DURING LEAVES OF ABSENCE (Defined to mean overnight absences including visits with relatives/friends, or leaves to participate in medically acceptable therapeutic or rehabilitative plans of care).

When patient's/resident's plan of care provides for leaves of absence:

General Hospital Patients

Eligibility restricted to patients receiving care in certified psychiatric or rehabilitation units, without consideration of any vacancy rate. A psychiatric patient must be institutionalized for 15 days during a current spell of illness; a rehabilitation patient must be institutionalized for 30 days. Leaves must be for therapeutic reasons only and carry a general limitation of no more than 18 days in any 12 month period, and 2 days per any single absence. Broader special limits are possible when physicians can justify them, subject to prior approval.

Nursing Facility (NF) Patients

A reserved bed day is a day for which a governmental agency pays a residential health care facility to reserve a bed for a person eligible for medical assistance while he or she is temporarily hospitalized or on leave of absence from the facility. All such reserve bed days during leaves of absences shall be pursuant to the residents' plan of care.

All recipients are eligible after 30 days in the facility, subject to a facility vacancy rate, on the first day of the patient's/resident's absence of no more than 5%.

Effective July 1, 2012, for reserved bed days provided on behalf of persons 21 years of age or older:

- (i) payments for reserved bed days related to hospitalization will be made at 50% of the Medicaid rate, and payments for reserved bed days related to non-hospitalization leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided to such person;
- (ii) payment to a facility for reserved bed days provided for such person for hospitalizations and therapeutic leave that is consistent with a plan of care ordered by the patient's treating health care professional for visits to a health care professional that is expected to improve the patients' physical condition or quality of life may not exceed 14 days in any 12-month period; and
- (iii) payment to a facility for reserved bed days for patients on leave for purposes other than hospitalization or eligible therapeutic leave may not exceed 10 days in any 12-month period.
- (iv) Broader special limits are possible when physicians can justify them, subject to prior approval.

The above payment methodology will sunset effective December 31, 2018.

[Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

In computing reserved bed days, the day of discharge from the residential health care facility shall be counted, but not day of readmission.]

TN #18-0042

Approval Date _____

Supersedes TN #12-0024

Effective Date _____

New York
Page 1.1

Effective January 1, 2019, for reserved bed days provided on behalf of persons 21 years of age or older:

(i) payments for reserved bed days for patients on hospice will be made at 50% of the Medicaid rate otherwise payable to the facility for the services provided to such person.

(a) payment to a facility for reserved bed days provided on behalf of such person for leaves of absences may not exceed 14 days in any 12 – month period.

(ii) payments for reserved bed days related to therapeutic leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided to such person.

(a) payment to a facility for reserved bed days provided on behalf of such person for therapeutic leaves of absences may not exceed 10 days in any 12-month period.

Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

In computing reserved bed days, the day of discharge from the residential health care facility shall be counted, but not day of readmission.

DRAFT

TN # 18-0042 _____

Approval Date _____

Supersedes TN NEW _____

Effective Date _____

New York
110(d)(23)

Per Diem Reduction to all qualified facilities.

- (a) Qualified facilities are residential health care facilities other than those facilities or units within facilities that provide extensive nursing, medical, psychological and counseling support services solely to children.
- (b) Effective January 1, 2013, all qualified residential health care facilities will be subject to a per diem adjustment that is calculated to reduce Medicaid payments by \$24 million for the period January 1, 2013 through March 31, 2013.

Effective April 1, 2013, all qualified residential health care facilities will be subject to a per diem adjustment that is calculated to reduce Medicaid payments by \$19 million for each state fiscal year beginning April 1, 2013.

- (c) An interim per diem adjustment for each facility will be calculated as follows:
 - (1) For each such facility, facility Medicaid revenues, calculated by multiplying each facility's promulgated rate in effect for such period by reported Medicaid days as reported in a facility's most recently available cost report, will be divided by total Medicaid revenues of all qualified facilities. The result will be multiplied by the amount of savings identified above for each such fiscal year, and divided by each facility's most recently reported Medicaid days.
 - [(2) Following the close of each fiscal year, the interim per diem adjustment effective January 1, 2013 through March 31, 2013, and April 1, 2013 through March 31, 2014 and in each state fiscal year thereafter will be reconciled using actual Medicaid claims data to determine the actual combined savings from the per diem adjustment and from the reduction in the payment for reserve bed days for hospitalizations from 95% to 50% of the Medicaid rate for such fiscal year. To the extent that such interim savings is greater than or less than \$40 million, the per diem adjustment for each eligible provider in effect during such prior fiscal year will be adjusted proportionately such that \$40 million in savings is achieved.]

TN # 18-0042 _____

Approval Date _____

Supersedes TN #12-0024 _____

Effective Date _____

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 April 2017 will be conducted on April 11 and April 12 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 <https://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 Commission on Forensic Science

Pursuant to Public Officers Law section 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Commission on Forensic Science to be held on:

Date: April 12, 2017
Time: 9:00 a.m.-1:00 p.m.
Place: Division of Criminal Justice Services
Alfred E. Smith Office Bldg.
CrimeStat Rm. 118
80 S. Swan St.
Albany, NY

Video Conference with:
Empire State Development Corporation
(ESDC)

633 3rd Ave.
37th Fl./Conference Rm.
New York, NY

*Identification and sign-in is required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, contact:* Catherine White, Division of Criminal Justice Services, Office of Forensic Services, 80 S. Swan St., Albany, NY 12210, (518) 485-5052

PUBLIC NOTICE

Division of Criminal Justice Services DNA Subcommittee

Pursuant to Public Officers Law section 104, the Division of Criminal Justice Services gives notice of a meeting of the DNA Subcommittee to be held on:

Date: March 27, 2017
Time: 8:30 a.m.-1:00 p.m.
Place: Empire State Development Corporation
(ESDC)
633 3rd Ave.
37th Fl. Board Rm.
New York, NY

Identification and sign-in are required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, contact:* Catherine White, Division of Criminal Justice Services, Office of Forensic Services, 80 S. Swan St., Albany, NY, (518) 485-5052

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional, long term care, and prescription drug services to comply with proposed statutory provisions. The following changes are proposed:

All Services

- Effective on and after April 1, 2017, no greater than zero trend factors attributable to services through March 31, 2020 pursuant to the provisions of Public Health Law § 2807-c(10)(c) to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law, except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age, certified home health agencies, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is

established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

The annual decrease in gross Medicaid expenditures for state fiscal year 2017/2018 is (\$208.8) million.

Institutional Services

- For the state fiscal year beginning April 1, 2017 through March 31, 2018, continues specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- Extends current provisions for services on and after April 1, 2017 through March 30, 2020, the reimbursable operating cost component for general hospital inpatient rates will be established with the 2006 final trend factor equal to the final Consumer Price Index (CPI) for all urban consumers less 0.25%.

The estimated annual net decrease in gross Medicaid expenditures attributable to these cost containment initiatives contained in the budget for state fiscal year 2017/2018 is (\$114.5) million.

- Effective April 1, 2017, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

- Capital related costs of a general hospital excluding 44% of the major movable costs and excluding staff housing costs will continue effective April 1, 2017 through March 31, 2020.

The estimated gross annual decrease in Medicaid expenditures for state fiscal year 2017/2018 for this initiative is (\$48.4) million.

- Budgeted capital inpatient costs of a general hospital applicable to the rate year will be decreased to reflect the percentage amount by which the budget for the base year two years prior to the rate year for capital related inpatient expenses of the hospital exceeded actual expenses will continue effective April 1, 2017 through March 31, 2020.

The estimated gross annual decrease in Medicaid expenditures for state fiscal year 2017/2018 for this initiative is (\$15.9) million.

Long Term Care Services

- For state fiscal year beginning April 1, 2017, continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2014 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

- The quality incentive program for non-specialty nursing homes will continue for the 2017 rate year to recognize improvement in performance as an element in the program and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2017/2018.

- **This proposal eliminates the reimbursement to Nursing Homes for bed hold days through the repeal of PHL § 2808(25).**

- **The estimated annual net decrease in gross Medicaid expenditures attributable to these cost containment initiatives contained in the budget for state fiscal year 2017/2018 is (\$22) million.**

- Continues, effective for periods on and after April 1, 2017, the

total reimbursable state assessment on each residential health care facility's gross receipts received from all patient care services and other operating income on a cash basis for inpatient or health-related services, including adult day service, but excluding gross receipts attributable to payments received pursuant to Title XVIII of the federal Social Security Act (Medicare), at six percent. The extent to which a facility is reimbursed for the additional cost of the assessment is dependent upon Medicaid volume of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2017/2018 is \$513 million.

- The following is notice of the continuation of the Advanced Training Program (ATI). First introduced in State fiscal year 2015/2016, ATI is a training program aimed at teaching staff to detect early changes in a resident's physical, mental, or functional status that could lead to hospitalization. Clinical findings show early detection of patient decline by front line workers, couple with clinical care models aimed at fostering consistent and continuous care between care givers and patients results in better care outcomes.

Training programs and their curricula from the previous ATI program may be used by facilities, new training programs will be submitted for Department review. In addition to offering a training program, eligible facilities must also have direct care staff retention above the statewide median. Hospital-based facilities and those receiving VAP funds will not be eligible to participate.

The estimated net aggregate cost contained in the budget for the continuation of the ATI program for 2017/2018 is \$46 million.

- The rates of payment for RHCFS shall not reflect trend factor projections or adjustments for the period April 1, 1996 through March 31, 1997 and continues the provision effective on and after April 1, 2017 through March 31, 2020.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2017/2018 is (\$12,749,000) million.

- Extends current provisions to services on and after April 1, 2017, the reimbursable operating cost component for RHCFS rates will be established with the final 2006 trend factor equal to the final Consumer Price Index (CPI) for all urban consumers less 0.25%.

The estimated annual net decrease in gross Medicaid expenditures attributable to these cost containment initiatives contained in the budget for state fiscal year 2017/2018 is (\$15,355,637) million.

Non-Institutional Services

- For state fiscal year beginning April 1, 2017 through March 31, 2018, continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Payments may be added to rates of payment or made as aggregate payments.

- For the state fiscal year beginning April 1, 2017 through March 31, 2018, continues upon the election of the social services district in which an eligible diagnostic and treatment center (DTC) is physically located, up to \$12.6 million in additional annual Medicaid payments may be paid to public DTCs operated by the New York City Health and Hospitals Corporation. Such payments will be based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible DTCs.

- For the state fiscal year beginning April 1, 2017 through March 31, 2018, continues up to \$5.4 million in additional annual Medicaid payments may be paid to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those

provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

- Effective on or after April 1, 2017, eliminates supplemental medical assistance payments of up to \$6 million annually made to providers of emergency medical transportation.

- Continues, effective for periods on and after April 1, 2017, funds to certified home health agencies, AIDS home care providers, and hospice service providers for the purpose of improving recruitment, training, and retention of home health aides or other personnel with direct patient care responsibility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2017/2018 is \$26 million.

- Extends current provisions to services on and after April 1, 2017 through March 30, 2020, the reimbursable operating cost component for general hospital outpatient rates and adult day health care services provided by RHCs rates will be established with the final 2006 trend factor equal to the final consumer price index (CPI) for all urban consumers less 0.25%.

- Extends current provisions for certified home health agency administrative and general cost reimbursement limits for the periods April 1, 2017 through March 31, 2020.

- Effective April 1, 2017, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

- Capital related costs of a general hospital excluding 44% of the major movable costs and excluding staff housing costs will continue effective April 1, 2017 through March 31, 2020.

The estimated gross annual decrease in Medicaid expenditures for state fiscal year 2017/2018 for this initiative is (\$35.1) million.

Prescription Drugs:

- Effective April 1, 2017, in an effort to mitigate high drug costs, the Department proposes to establish requirements for manufacturers to pay a penalty in the form of a rebate, as well as impose a surcharge on wholesalers and manufacturers for certain high priced drugs.

- o The Department will collect confidential information from drug manufacturers related to drug costs and prices, and with the assistance of the drug utilization review board (DURB), identify for review drugs which: are first introduced to market at prohibitively expensive prices, experience a large increase in price not explained by a relevant factor, or are priced disproportionately given limited therapeutic benefits. If a manufacturer's price exceeds the reasonable value of the drug, as determined by the DURB, the Board would recommend that a benchmark price be established and the excess amount would be subject to a Medicaid rebate and a surcharge.

- o A list of such designated high priced drugs shall be published on the Department's website, along with the date on which each drug first appeared on the list, and its associated benchmark price.

- o A surcharge of 60% shall be imposed on the excess charge amount of the gross receipt from the first in-state sale of a high priced drug. The surcharge shall be deposited into a designated High Priced Drug Reimbursement Fund, and paid out through the Department of Financial Services to health insurers and the Medicaid program in proportion to their respective costs attributable to the drug.

The estimated annual aggregate decrease in Medicaid expenditures for state fiscal year 2017/2018 for this initiative is \$110 million.

- The Department proposes to amend the reimbursement for prescription drugs dispensed, effective April 1, 2017. These changes will bring the reimbursement methodology into compliance with Federal regulations.

- o Reimbursement for prescribed drugs will be the lower of ingredient cost (plus a professional dispensing fee when a covered outpatient drug), or the billing pharmacy's usual and customary charge.

- o For brand name drugs, the ingredient cost will be the National Average Drug Acquisition Cost (NADAC); or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC) less 3.3%.

- o For generic drugs, ingredient cost will be the lower of NADAC; or the Federal Upper Limit (FUL); or the State Maximum Acquisition Cost (SMAC). In the event of no NADAC pricing available, ingredient cost is the lower of WAC less 17.5%; or the FUL; or SMAC.

- o For over-the-counter drugs, ingredient cost will be the lower of NADAC; or FUL; or SMAC. In the event of no NADAC pricing available, ingredient cost is the lower of WAC; FUL; or SMAC.

- o The professional dispensing fee for brand name, generic, and OTC covered outpatient drugs will be \$10.00.

The estimated annual aggregate increase in Medicaid expenditures for state fiscal year 2017/2018 for this initiative is \$11 million.

- Effective July 1, 2017, the co-pay for over-the-counter (OTC) non-prescription drug/items will be increased from \$0.50 to \$1.00. In addition, modifications to the list of covered drug/items in this category may be filed as regulations by the commissioner of health without prior notice and comment.

The estimated annual aggregate decrease in Medicaid expenditures for state fiscal year 2017/2018 for this initiative is \$12.6 million.

- Effective July 1, 2017, the Department proposes to amend the copayment for brand name prescription drugs dispensed in order to eliminate the difference in co-pay between a preferred drug and a non-preferred drug, in accordance with federal requirements:

- o The co-pay for brand-name prescription drugs will be changed to \$2.50, regardless of their status on or off the preferred drug list; provided, however, that the copayments for brand name prescriptions drugs in the Fee-for-Service Brand Less Than Generic program will continue to be \$1.00.

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

The overall estimated annual net aggregate decrease in gross Medicaid expenditures attributable to reform and other initiatives contained in the budget for state fiscal year 2017/2018 is \$282,506,637 million; and the estimated annual net aggregate increase in gross Medicaid expenditures attributable to an extension of upper payment limit (UPL) payments for state fiscal year 2017/2018 in \$2.5 billion.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 1460, Albany, NY,
 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Non-Institutional Services to comply with Section 5006 of the American Recovery and Reinvestment Act of 2009. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2017, in accordance with Section 5006 of the American Recovery and Reinvestment Act of 2009 which amended the Social Security Act to provide Indian health care providers that are not FQHCs with the right to wrap around payments from the State, in the event that the amount paid by a managed care plan is less than what is due to the Indian health care provider as stated in the State Plan, the difference will be provided.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2017/2018 is approximately \$450,000.

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 http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011, are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

City of Oswego

The City of Oswego is soliciting proposals from Administrative Service Agencies, Trustees, and Financial Organizations for services in connection with a Deferred Compensation Plan that will meet the

requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Nancy C. Sterio, Personnel Director, nsterio@oswegony.org

All proposals must be submitted not later than 30 days from the date of publication in the New York State Register.

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: February 1-28, 2017.

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

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: 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(f) for the time period specified above:

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

1. Chesapeake Appalachia, LLC, Pad ID: Maple Ln Farms, ABR-20120201.R1, Athens Township, Bradford County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 6, 2017.

2. SWEPI, LP, Pad ID: My TB INV LLC 6076, ABR-201702001, Deerfield Township, Tioga County, PA; Consumptive Use of Up to 4.0000 mgd; Approval Date: February 6, 2017.

3. Range Resources – Appalachia, LLC, Pad ID: Bobst Mtn Hunting Club 30H-33H, ABR-201202017.R1, Cogan House Township, Lycoming County, PA; Consumptive Use of Up to 1.0000 mgd; Approval Date: February 8, 2017.

4. Range Resources – Appalachia, LLC, Pad ID: Bobst A Unit 25H-27H, ABR-201202018.R1, Cogan House Township, Lycoming County, PA; Consumptive Use of Up to 1.0000 mgd; Approval Date: February 8, 2017.

5. SWN Production Company, LLC, Pad ID: HEBDA-VANDEMARK, ABR-201201025.R1, Stevens Township, Bradford County, PA; Consumptive Use of Up to 4.9990 mgd; Approval Date: February 10, 2017.

6. Cabot Oil & Gas Corporation, Pad ID: Jeffers Farms P2, ABR-201702002, Harford Township, Susquehanna County, PA; Consumptive Use of Up to 4.2500 mgd; Approval Date: February 14, 2017.

7. Cabot Oil & Gas Corporation, Pad ID: FoltzJ P2, ABR-201702003, Brooklyn Township, Susquehanna County, PA; Consumptive Use of Up to 4.2500 mgd; Approval Date: February 14, 2017.

8. Carrizo (Marcellus), LLC, Pad ID: EP Bender B (CC-03) Pad (2), ABR-201201030.R1, Reade Township, Cambria County, PA; Consumptive Use of Up to 2.1000 mgd; Approval Date: February 14, 2017.

9. EXCO Resources (PA), LLC, Pad ID: Warner North Unit Pad, ABR-201202001.R1, Penn Township, Lycoming County, PA; Consumptive Use of Up to 8.0000 mgd; Approval Date: February 14, 2017.

10. Inflection Energy, (PA), LLC, Pad ID: Eichenlaub B Pad, ABR-201206013.R1, Upper Fairfield Township, Lycoming County, PA; Consumptive Use of Up to 4.0000 mgd; Approval Date: February 16, 2017.

11. Chief Oil & Gas, LLC, Pad ID: Boy Scouts Drilling Pad, ABR-201207023.R1, Elkland Township, Sullivan County, PA; Consumptive Use of Up to 2.0000 mgd; Approval Date: February 17, 2017.

12. Cabot Oil & Gas Corporation, Pad ID: ManzerA P1, ABR-201203013.R1, Gibson Township, Susquehanna County, PA; Consumptive Use of Up to 3.5750 mgd; Approval Date: February 20, 2017.

13. Cabot Oil & Gas Corporation, Pad ID: MackeyR P1, ABR-201203015.R1, Lathrop Township, Susquehanna County, PA; Consumptive Use of Up to 3.5750 mgd; Approval Date: February 20, 2017.

14. Cabot Oil & Gas Corporation, Pad ID: TeddickM P1, ABR-201203016.R1, Brooklyn Township, Susquehanna County, PA; Consumptive Use of Up to 3.5750 mgd; Approval Date: February 20, 2017.

15. SWN Production Company, LLC, Pad ID: Conklin South Pad, ABR-201204018.R1, New Milford Township, Susquehanna County, PA; Consumptive Use of Up to 4.9990 mgd; Approval Date: February 20, 2017.

16. EXCO Resources (PA), LLC, Pad ID: Budman Well Pad, ABR-201201015.R1, Franklin Township, Lycoming County, PA; Consumptive Use of Up to 8.0000 mgd; Approval Date: February 23, 2017.

17. Chesapeake Appalachia, LLC, Pad ID: SGL289C, ABR-201201034.R1, West Burlington Township, Bradford County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 24, 2017.

18. Chief Oil & Gas, LLC, Pad ID: SGL 12 K UNIT PAD, ABR-201702004, Leroy Township, Bradford County, PA; Consumptive Use of Up to 2.5000 mgd; Approval Date: February 24, 2017.

19. Inflection Energy (PA) LLC, Pad ID: Nature Boy, ABR-201111035.R1, Upper Fairfield Township, Lycoming County, PA; Consumptive Use of Up to 4.0000 mgd; Approval Date: February 24, 2017.

20. SWN Production Company, LLC, Pad ID: Conigliaro Pad, ABR-201204016.R1, New Milford Township, Susquehanna County, PA; Consumptive Use of Up to 4.9990 mgd; Approval Date: February 24, 2017.

21. Chesapeake Appalachia, LLC, Pad ID: Nina, ABR-201208003.R1, Asylum Township, Bradford County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 27, 2017.

22. Chesapeake Appalachia, LLC, Pad ID: Stethers, ABR-201208004.R1, Wyalusing Township, Bradford County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 27, 2017.

23. Chesapeake Appalachia, LLC, Pad ID: Harlan, ABR-201208005.R1, Overton Township, Bradford County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 27, 2017.

24. Chesapeake Appalachia, LLC, Pad ID: BKT, ABR-201208012.R1, Wilmot Township, Bradford County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 27, 2017.

25. Chesapeake Appalachia, LLC, Pad ID: Ronmary, ABR-201208013.R1, Elkland Township, Sullivan County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 27, 2017.

26. Chesapeake Appalachia, LLC, Pad ID: Tufano, ABR-201208020.R1, Overton Township, Bradford County, PA; Consumptive Use of Up to 7.5000 mgd; Approval Date: February 27, 2017.

27. Repsol Oil & Gas USA, LLC, Pad ID: ALDERFER (03 109) H, ABR-201203007.R1, Columbia Township, Bradford County, PA; Consumptive Use of Up to 6.0000 mgd; Approval Date: February 27, 2017.

28. SWEPI, LP, Pad ID: Barner 709, ABR-201201013.R1, Liberty Township, Tioga County, PA; Consumptive Use of Up to 4.0000 mgd; Approval Date: February 27, 2017.

29. SWEPI, LP, Pad ID: Tolbert 263, ABR-201201022.R1, Jackson Township, Tioga County, PA; Consumptive Use of Up to 4.0000 mgd; Approval Date: February 27, 2017.

30. SWN Production Company, LLC, Pad ID: GOOD, ABR-201201027.R1, Jackson and Cogan House Townships, Lycoming County, PA; Consumptive Use of Up to 4.9990 mgd; Approval Date: February 28, 2017.

31. SWN Production Company, LLC, Pad ID: McNamara Well Pad, ABR-201203011.R1, Silver Lake Township, Susquehanna County, PA; Consumptive Use of Up to 4.0000 mgd; Approval Date: February 28, 2017.

32. SWEPI, LP, Pad ID: Jones 276, ABR-201201021.R1, Jackson Township, Tioga County, PA; Consumptive Use of Up to 4.0000 mgd; Approval Date: February 28, 2017.

AUTHORITY: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 10, 2017.

Stephanie L. Richardson,
Secretary to the Commission.

- 2-14197 Commercial and Residential Real Estate Agents and Brokers and Property Management Services Policies covering the liability of real estate agents and brokers and property managers who are engaged in large commercial and residential real estate projects. The policies would include, but are not limited to, liability coverage for acts arising out of the brokerage of sales and lease of real estate, property management, construction management and consulting, general consulting, franchising, joint ventures, mortgage brokering, appraisals, auction, referrals, business brokerage activities and the development of owned commercial and residential real estate.
- 2-22002 [Automobile] Motorsports Racing Liability Liability coverage for owners or lessors of motorsports racing venues (e.g. race tracks for oval track events, drag races, monster truck rallies, motocross, motorcycle, boat or snowmobile racing, and other types of motorized vehicle competitive events).
- 2-22003 [Auto] Motorsports Racing and [Automobile Race Track] Motorsports Liability Coverage for claims of spectators, participants or other third parties in connection with the operation of [an automobile race track or drag strip] motorsports venues, or the staging or conduct of [an automobile race] motorsports events or participation therein by teams and individuals.
- 2-02038 Television Broadcast Interruption [Breakdown-Closed Circuits] Covers the reduction in gross admission fees caused by interruption by breakdown, failure, malfunctioning or any disorder of equipment lines and appurtenances thereto, which prevents presentation of the audio or showing of [the] a telecast.

For further information you may contact: Hoda Nairooz by email at hoda.nairooz@dfs.ny.gov, by mail at Department of Financial Services, Property Bureau, One State St., New York, NY 10004, or by calling (212) 480-5595

PUBLIC NOTICE

Department of Health

The New York State Department of Health (DOH) is required by the provisions of the federal Beaches Environmental Assessment and Coastal Health (BEACH) Act to provide for public review and comment on the Department's beach monitoring and notification plan. The BEACH Act (Section 406(b) of the Clean Water Act) enacted a federal Environmental Protection Agency grant program available to states, such as New York, with coastal recreational waters. Coastal recreational waters include the Great Lakes and marine coastal waters that are designated for swimming, bathing, surfing, or similar water contact activities. The Act is not applicable to inland waters or waters upstream of the mouth of a river or stream having an unimpaired natural connection with the open sea.

The beach monitoring and public notification plan also includes information on the beach evaluation and classification process, including a list of waters to be monitored and beach ranking. Also included in this plan, is the sampling design and monitoring plan, including sampling location and sampling frequency. Lastly, the plan contains information on procedures for public notification and risk communication, including methods to notify the public of a swimming advisory or beach closure.

Any interested parties and/or agencies desiring to review and/or comment on the beach monitoring and notification plan for coastal recreational waters may do so by writing to: Timothy M. Shay, Assistant Bureau Director, Department of Health, Center for Environmental Health, Bureau of Community Environmental Health and Food Protection, Empire State Plaza, Corning Tower Bldg., Rm. 1395, Albany, NY 12237, Fax: (518) 402-7609

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional, long term care, and prescription drug services to comply with enacted statutory provisions. The following changes are proposed:

All Services

- Payments to Critical Access Hospitals based on criteria as determined by the Commissioner of Health.

The estimated annual increase in gross Medicaid expenditures for this initiative is \$20 million.

Institutional Services

- Payments to hospitals that meet the criteria as an enhanced safety net hospital. The criteria are as follows: In any of the previous three calendar years, the hospital has had not less than fifty percent of the patients it treats receive Medicaid or be medically uninsured; not less than forty percent of its inpatient discharges are covered by Medicaid; twenty-five percent or less of its discharged patients are commercially insured; not less than three percent of the services are attributed to the care of uninsured patients; it provides care to uninsured patients in its emergency room, hospital based clinics and community based clinics, including the provision of important community services such as dental care and prenatal care.

The estimated annual increase in gross Medicaid expenditures for this initiative is \$20 million.

Long Term Care Services

- The Enacted Budget limits reimbursement to Nursing Homes for bed hold days to therapeutic leaves of absence.

The estimated annual net decrease in gross Medicaid expenditures attributable to this cost containment initiative contained in the budget for state fiscal year 2017/2018 is (\$20) million.

Non-Institutional Services

- The initiative previously noticed regarding the elimination of supplemental medical assistance payments of up to \$6 million annually made to providers of emergency medical transportation was not included in the Enacted Budget for state fiscal year 2017/2018.

Prescription Drugs:

- The initiative previously noticed regarding the co-pay for over-the-counter (OTC) non-prescription drug/items increased from \$0.50 to \$1.00 was eliminated from the budget for state fiscal year 2017/2018.

Effective April 1, 2017, to mitigate high drug costs, the Department will establish a Medicaid prescription drug cap as a separate component of the Medicaid global cap with year to year spending targets. Drug expenditures will be reviewed quarterly. If it is determined that expenditures will exceed annual growth limitation, the Commissioner may identify and refer drugs to the Drug Utilization Review Board (DURB) for a recommended target supplemental rebate. The Department shall notify affected manufacturers prior to referring drug(s) to DURB, and attempt to reach a rebate agreement.

When determining whether to recommend a drug to the DURB for a target supplemental rate, the department shall consider the actual cost of a drug to the state, including current rebate amounts, taking into consideration whether the drug manufacturer provides significant discounts relative to other covered drugs. When considering whether to recommend a target supplemental rate for a drug, the DURB shall consider the actual cost of the drug to the Medicaid program including state and federal rebates, and may consider:

- o Impact on spending target, capitation rates and affordability and value to the program;
- o Significant and unjustified price increases;
- o Whether the drug may be priced disproportionately to its therapeutic benefits.

If a target rebate is recommended by the DURB, and the department is unable to negotiate a rebate of at least 75% of the target rebate

amount with the manufacturer(s), the “prescriber prevails” provision (if applicable), may be waived for the target drug(s).

If a target rebate is recommended by the DURB, and the department is unable to negotiate a rebate which it deems satisfactory, the Department may collect additional cost information from the manufacturer.

If, regardless of rebates, total Medicaid drug expenditures are still projected to exceed the prescription drug cap, the department may invoke prior authorization on the targeted drug(s) or other drugs made by the same manufacturer, direct Medicaid managed care plans to remove the target drug(s) from their formularies, or promote the use of alternative cost and clinically effective drugs.

The estimated annual aggregate decrease in Medicaid expenditures for state fiscal year 2017-18 for this initiative is \$110 million.

The overall estimated annual net aggregate increase in gross Medicaid expenditures attributable to reform and other initiatives contained in the budget for state fiscal year 2017/2018 is \$233,906,637.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department’s website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 1460, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to section 14.07 of the Parks, Recreation and Historic Preservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives notice of the following:

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Thursday, June 15, 2017 at Peebles Island State Park, 1 Delaware Avenue, Cohoes, NY 12188.

The following properties will be considered:

1. Delaware Avenue Baptist Church, Buffalo, Erie County
2. Newberry Building, Batavia, Genesee County

3. Linde Air Products Factory, Buffalo, Erie County
4. Springville Baptist Church (Boundary Expansion), Springville, Erie County
5. Allegany Council House, Jimmersontown, Allegany Indian Territories (AIR), Cattaraugus County
6. Morgan Dunne House, Syracuse, Onondaga County
7. West High School, Auburn, Cayuga County
8. Congregation Ohab Zedek, New York County
9. Swan River Schoolhouse, East Patchogue, Suffolk County
10. Second & Ostrander Historic District, Riverhead, Suffolk County
11. Charles & Anna Bates House, Greenport, Suffolk County
12. 390 Ocean Avenue, Massapequa, Nassau County
13. George Sumner Kellogg House, Baldwin, Nassau County
14. Oak Hill Historic District, Durham, Greene County
15. Gumaer Cemetery, Deerpark, Orange County
16. Crandell Theatre, Chatham, Columbia County
17. Phillipsport Methodist Church and Phillipsport District 16 Schoolhouse, Phillipsport, Sullivan County
18. Oneida Downtown Commercial Historic District, Oneida, Madison County
19. Sagamore Apartment House, Syracuse, Onondaga County
20. Oswego & Syracuse Railroad Freighthouse, Oswego, Oswego County
21. First Lewis County Clerk’s Office, Martinsburg, Lewis County
22. Lady Tree Lodge, Saranac Inn, Franklin County
23. Stillwater Fire Observation Station, Webb, Herkimer County
24. St. Matthew’s Episcopal Church, Horseheads, Chemung County
25. House at 5680 Seneca Point Rd., South Bristol vic., Ontario County
26. Coeymans Landing Historic District, Coeymans, Albany County

To be considered by the board, comments may be submitted to Michael F. Lynch, P.E., A.I.A., Deputy State Historic Preservation Officer and Director, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, New York 12188-0189, no later than Wednesday, June 14, 2017 or may be submitted in person at the meeting by contacting Michael F. Lynch at the same address no later than June 14.

For further information, contact: Michael F. Lynch, P.E., A.I.A., Deputy State Historic Preservation Officer and Director, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, NY 12188-0189, (518) 268-2130

PUBLIC NOTICE
County of Seneca

The County of Seneca is requesting proposals from qualified administrative service agencies, and/or financial organizations relating to administration, trustee services and/or funding of a deferred compensation plan for employees of The County of Seneca meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Kathy Corona, Personnel Officer, Seneca County Personnel Office, One DiPronio Dr., Waterloo, NY 13165, (315) 539-1712, Fax (315) 539-1658, e-mail: kcorona@co.seneca.ny.us

All proposals must be submitted no later 30 days from the date of publication in the New York State Register no later than 4:30 p.m.

PUBLIC NOTICE
Department of State
F-2016-0130

Date of Issuance – May 10, 2017

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities

SUMMARY
SPA #18-0062

This State Plan Amendment proposes to revise the State Plan to modify the listing of residential health care facilities (RHCs) previously approved to receive temporary rate adjustments under the closure, merger, consolidation, acquisition, or restructuring of a health care provider. The additional providers for which approval is being requested are Baptist Nursing and Rehabilitation and Concord Nursing Home.

DRAFT

**New York
47(aa)(5)**

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Amsterdam Nursing Home Corp (Amsterdam House)*	\$1,430,938	01/01/2015 – 03/31/2015
	\$1,450,213	04/01/2015 – 03/31/2016
	\$1,447,006	04/01/2016 – 03/31/2017
Baptist Nursing and Rehabilitation	\$935,000	10/01/2018 - 03/31/2019
	\$910,000	04/01/2019 - 03/31/2020
	\$347,500	04/01/2020 – 03/31/2021
Beth Abraham Health Services*	\$2,460,249	01/01/2015 – 03/31/2015
	\$2,493,389	04/01/2015 – 03/31/2016
	\$2,487,874	04/01/2016 – 03/31/2017
Bronx-Lebanon Special Care Center*	\$788,294	01/01/2015 – 03/31/2015
	\$798,912	04/01/2015 – 03/31/2016
	\$797,146	04/01/2016 – 03/31/2017
Brooklyn United Methodist Church Home*	\$702,169	01/01/2015 – 03/31/2015
	\$707,212	04/01/2015 – 03/31/2016
	\$706,273	04/01/2016 – 03/31/2017
Buena Vida Continuing Care & Rehab Ctr*	\$970,765	01/01/2015 – 03/31/2015
	\$983,841	04/01/2015 – 03/31/2016
	\$981,665	04/01/2016 – 03/31/2017
Cabrin Center for Nursing*	\$1,130,860	01/01/2015 – 03/31/2015
	\$1,146,093	04/01/2015 – 03/31/2016
	\$1,143,558	04/01/2016 – 03/31/2017
Carmel Richmond Healthcare and Rehabilitation Center*	\$1,084,185	01/01/2015 – 03/31/2015
	\$1,098,790	04/01/2015 – 03/31/2016
	\$1,096,359	04/01/2016 – 03/31/2017
Center For Nursing & Rehabilitation Inc*	\$1,179,939	01/01/2015 – 03/31/2015
	\$1,195,833	04/01/2015 – 03/31/2016
	\$1,193,189	04/01/2016 – 03/31/2017
Chapin Home for the Aging*	\$771,403	01/01/2015 – 03/31/2015
	\$781,794	04/01/2015 – 03/31/2016
	\$780,065	04/01/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.

TN #18-0062

Approval Date _____

Supersedes TN #15-0030

Effective Date _____

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 Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

Effective for days of service on or after October 1, 2018, The Department of Health will adjust inpatient psychiatric per diem rates of reimbursement for Art 28 exempt psychiatric hospitals and Article 28 exempt hospital distinct units by increasing the case mix neutral psychiatric statewide per diem base price by 5.22 percent. This State Plan Amendment is necessary to adequately reimburse hospitals for providing these services and better meet the community's mental health needs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$30,000,000. Funds for this increase are contained in the State budget beginning in state fiscal year 2018/19.

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 http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by Section 2826 of the New York Public Health Law.

The temporary rate adjustments have been reviewed and approved for the following two nursing homes with aggregate payment amounts totaling up to \$2,946,962 for the period October 1, 2018 through March 31, 2019, \$2,921,962 for the period April 1, 2019 through March 31, 2020 and \$347,500 for the period April 1, 2020 through March 31, 2021. The approved providers along with their individual estimated aggregate amounts include:

1. Concord Nursing Home, Inc., up to \$2,011,962 for SFY 18/19 and \$2,011,962 for SFY 19/20;

2. Baptist Health Nursing and Rehabilitation Center, Inc., up to \$935,000 for SFY 18/19, \$910,000 for SFY 19/20, and \$347,500 for SFY 20/21;

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 1460, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Livingston County Water and Sewer Authority

The Livingston County Water & Sewer Authority is soliciting proposals from qualified administrative service agencies and/or financial organizations relating to administration and/or funding of an “eligible” Internal Revenue Code (IRC) Section 457 deferred compensation plan under the New York Codes, Rules and Regulations and the Model Plan and an IRC Section 401(a) matching deferred compensation plan.

The Livingston County Water and Sewer Authority deferred compensation plan and matching deferred compensation plan are start-up plans that will initially cover a maximum of eleven employees.

A copy of the proposal questionnaire is available on-line at: <http://www.co.livingston.state.ny.us/lcwsa.htm>

All proposals must be received no later than Friday, October 19, 2018 at 4:00 pm.

PUBLIC NOTICE

Department of State
F-2018-0442

Date of Issuance – September 26, 2018

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.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant’s consistency certification 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. Electronic copies of the submission can also be downloaded at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0442ForPN.pdf>

Nancy Stocker is proposing to add a row or armor stone lakeward of approximately 280 linear feet of existing gabion baskets and concrete blocks. The work is proposed at the applicant’s property at 7957 Muson Road in the Town of Sodus, Wayne County.

The stated purpose of the proposal is to stop and minimize erosion of the property from high waters.

Any interested 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 October 11, 2018.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning and Development, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2018-0890 (DA)

Date of Issuance – September 26, 2018

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.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent to the maximum extent practicable with the federally approved New York State Coastal Management Program (NYSCMP). The federal 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-2018-0890 (DA), the applicant, U.S. National Park Service (NPS) proposes, through a Cooperative Management Agreement and long-term lease, to authorize the development and operation of a new unit of the State Parks system – Penn and Fountain State Park – by the New York State Office of Parks, Recreation, and Historic Preservation (NYS OPRHP) at the Gateway National Recreation Area, Jamaica Bay Unit, Brooklyn, New York. Penn and Fountain are located adjacent to each other on the north shore of Jamaica Bay.

The proposed new State park location is the site of the former Pennsylvania and Fountain Avenue landfills and including fill areas which were historically tidal marsh. Landfill operations ended in 1980 and 1983 at Penn and Fountain, respectively. Site remediation has been accomplished to establish native grasslands and a system of trails. Planned site improvements in association with establishment of the State park will allow for the provision of public access to 407 acres of open space. The purpose of the project is to create new public park space, allowing public access to this area for opportunities such as hiking, wildlife viewing, fishing, kayaking, bicycling, picnicking, and other recreational uses. The rehabilitated former landfill areas will continue to be monitored annually, per environmental consent order, for groundwater quality and migration of landfill gases.

The project site is located immediately upland of a State-designated Significant Coastal Fish and Wildlife Habitat (SCFWH) –Jamaica Bay – which is protected as biologically productive and valuable habitat area for an abundance of fish and wildlife species. Several streams which cross the project area are hydrologically connected to the Jamaica Bay. More information regarding this designation and the specific habitat values may be found at: <https://www.dos.ny.gov/opd/programs/consistency/scfwhabitats.html>

https://www.dos.ny.gov/opd/programs/consistency/Habitats/nyc/Jamaica_Bay.pdf

Any interested 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 October 11, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail to: CR@dos.ny.gov

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

SUMMARY
SPA #18-0063

This State Plan Amendment proposes to adjust the operating component of the rates of reimbursement for nursing homes, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed one and a half percent effective for dates of service on and after November 1, 2018.

DRAFT

New York
A.1

Across the Board Nursing Home Investment

- (1) For dates of service on and after November 1, 2018, the operating component of the rates of reimbursement for Article 28 nursing homes, as calculated pursuant to Part 1 of this Attachment, will be adjusted to reflect an across the board investment not to exceed one and one-half percent (1.5%).
- a. Sections in this Attachment subject to the maximum one and one-half percent (1.5%) nursing home investment are as follows:
- i. Nursing Home Reimbursement
 - ii. Specialty care facilities
 - iii. Adult Day Health Care programs
- b. The capital component of the nursing home rates are not subject to the maximum one and one-half percent (1.5%) nursing home investment.

TN # 18-0063 _____

Approval Date _____

Supersedes TN #NEW _____

Effective Date _____

state annulled in the manner prescribed by Section 203-b of the Tax Law, have complied with the provisions of subdivision (7) of Section 203-b of the Tax Law, annulling all of the proceedings theretofore taken for the annulment of authority of each such corporation. The appropriate entries have been made on the records of the Department of State.

COUNTY: ALBANY

ENTITY NAME: MESSAGE CENTER MANAGEMENT, INC.
 JURIS: DELAWARE
 REINSTATE: 12/23/16
 ANNUL OF AUTH: 06/26/02

ENTITY NAME: TOUTON U.S.A. LIMITED
 JURIS: INDIANA
 REINSTATE: 10/17/16
 ANNUL OF AUTH: 08/31/16

COUNTY: MONROE

ENTITY NAME: MIDWEST FINANCIAL ACCEPTANCE CORPORATION
 JURIS: MISSOURI
 REINSTATE: 11/17/16
 ANNUL OF AUTH: 10/28/09

COUNTY: NEW YORK

ENTITY NAME: BNN GROUP, INC.
 JURIS: NEW JERSEY
 REINSTATE: 12/05/16
 ANNUL OF AUTH: 07/27/11

ENTITY NAME: BRATTFORD INVESTMENTS LIMITED
 JURIS: ALL OTHERS
 REINSTATE: 12/08/16
 ANNUL OF AUTH: 10/26/11

ENTITY NAME: BUJEON ELECTRONICS CO., LTD.
 JURIS: KOREA
 REINSTATE: 11/23/16
 ANNUL OF AUTH: 07/27/11

ENTITY NAME: MEDIANEWS GROUP, INC.
 JURIS: DELAWARE
 REINSTATE: 11/04/16
 ANNUL OF AUTH: 08/31/16

ENTITY NAME: MONTROSE SECURITIES INTERNATIONAL
 JURIS: CALIFORNIA
 REINSTATE: 10/19/16
 ANNUL OF AUTH: 06/25/03

ENTITY NAME: ONB INSURANCE GROUP, INC.
 FICT NAME: ONB INSURANCE GROUP AGENCY
 JURIS: INDIANA
 REINSTATE: 12/02/16
 ANNUL OF AUTH: 10/27/10

ENTITY NAME: QUOVERA, INC.
 JURIS: CALIFORNIA
 REINSTATE: 10/03/16
 ANNUL OF AUTH: 10/26/11

ENTITY NAME: R2 SYSTEMS, INC.
 JURIS: CALIFORNIA
 REINSTATE: 12/28/16
 ANNUL OF AUTH: 06/29/16

ENTITY NAME: TRIPLE CANOPY, INC.
 JURIS: ILLINOIS
 REINSTATE: 12/09/16
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: UJA, INC.
 JURIS: NEW JERSEY
 REINSTATE: 12/06/16
 ANNUL OF AUTH: 01/26/11

COUNTY: SUFFOLK

ENTITY NAME: PRECISION TIME SYSTEMS, INC.
 JURIS: PENNSYLVANIA
 REINSTATE: 11/10/16
 ANNUL OF AUTH: 04/27/11

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 November 2018 will be conducted on November 13 and November 14 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 <https://www.cs.ny.gov/commission/>.

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

PUBLIC NOTICE

Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.120, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.49± vacant land parcel, as surplus and no longer useful or necessary for state program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE

Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.200, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.449± vacant land parcel, as surplus and no longer useful or necessary for state program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Long Term Care and Institutional services. The following changes are proposed:

Long Term Care Services

Effective on or after November 1, 2018, the Department of Health will adjust the operating component of rates of reimbursement for nursing homes, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed one and one-half percent (1.5%).

Institutional Services

Effective on or after November 1, 2018, the Department of Health will adjust the operating component of inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed two percent (2%).

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 http://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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to section 14.07 of the Parks, Recreation and Historic Preservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives notice of the following:

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Thursday, December 6th, 2018 at the New York State Museum, Seventh Floor, 222 Madison Avenue, Empire State Plaza, Albany, NY 12230.

The following properties will be considered:

1. Monarch Knitting Company Factory, Buffalo, Erie County
2. Payne Avenue High School, North Tonawanda, Niagara County
3. Buildings at Niagara and Seventh Streets, Niagara Falls, Niagara County
4. First Presbyterian Church of Lewiston and Lewiston Village Cemetery, Lewiston, Niagara County

5. Schoharie Village Historic District, Schoharie, Schoharie County
6. Robinwood Historic District, Ossining, Westchester County
7. Rensselaer Society of Engineers House, RPI, Troy, Rensselaer County
8. Hotel Saranac, Saranac Lake, Franklin County
9. Col. Peter B. Vrooman House, Schoharie, Schoharie County
10. Dresden School No. 2, Dresden, Washington County
11. Rockefeller Pocantico Hills Estate Historic District, Pocantico Hills, Westchester County
12. Ashokan Field School, Olive Bridge, Ulster County
13. Richmond Hill Historic District, Queens County
14. German Evangelical Lutheran Church, Brooklyn, Kings County
15. Triboro Hospital for Tuberculosis, Jamaica, Queens County
16. St. Anthony of Padua Church Complex, Syracuse, Onondaga County
17. McNaught Family Farm, Bovina Center Vicinity, Delaware County
18. Hazard Wilcox Jr. Farm, Smyrna Vicinity, Chenango County
19. St. Johnsville Historic District (Boundary Correction), St. Johnsville, Montgomery County

To be considered by the board, comments may be submitted to Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, New York 12188-0189, no later than Wednesday, December 5th or may be submitted in person at the meeting by contacting Daniel Mackay at the same address no later than December 5th.

For further information, contact: Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, NY 12188-0189, (518) 268-2171

PUBLIC NOTICE

Department of State
Proclamation

Revoking Limited Liability Partnerships

WHEREAS, Article 8-B of the Partnership Law, requires registered limited liability partnerships and New York registered foreign limited liability partnerships to furnish the Department of State with a statement every five years updating specified information, and

WHEREAS, the following registered limited liability partnerships and New York registered foreign limited liability partnerships have not furnished the department with the required statement, and

WHEREAS, such registered limited liability partnerships and New York registered foreign limited liability partnerships have been provided with 60 days notice of this action;

NOW, THEREFORE, I, Rossana Rosado, Secretary of State of the State of New York, do declare and proclaim that the registrations of the following registered limited liability partnerships are hereby revoked and the status of the following New York foreign limited liability partnerships are hereby revoked pursuant to the provisions of Article 8-B of the Partnership Law, as amended:

DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIPS

A
ARMAO LLP (13)

B
BALLARD SPAHR STILLMAN & FRIEDMAN, LLP (13)
BEATTY HARVEY COCO ARCHITECTS, LLP (98)
BELFORD & NORNES, LLP (13)
BSD MEDICAL LLP (08)

C
CHENG & FASANYA, LLP (03)
COLLERAN, O’HARA & MILLS, L.L.P. (03)

SUMMARY
SPA #18-0064

This State Plan Amendment proposes to adjust the operating component of the inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed two percent effective for dates of service on and after November 1, 2018.

DRAFT

New York
A(1)(c)

Across the Board Hospital Inpatient Investment

- (1) For dates of service on and after November 1, 2018, the operating component of the inpatient rates of reimbursement for Article 28 hospitals, as calculated pursuant to Part 1 of this Attachment, will be adjusted to reflect an across the board investment not to exceed two percent (2%).
- a. Sections in this Attachment subject to the maximum two percent (%) hospital inpatient investment are as follows:
 - i. Hospital Inpatient Acute Reimbursement
 - ii. Exempt units and hospitals
 - iii. Graduate Medical Education – Medicaid Managed Care Reimbursement
 - iv. Alternate level of care payments (ALC)
 - b. The capital component and minimum wage add-ons of the hospital inpatient rates are not subject to the maximum two percent (%) hospital inpatient investment.

TN #18-0064

Supersedes TN #NEW

Approval Date _____

Effective Date _____

state annulled in the manner prescribed by Section 203-b of the Tax Law, have complied with the provisions of subdivision (7) of Section 203-b of the Tax Law, annulling all of the proceedings theretofore taken for the annulment of authority of each such corporation. The appropriate entries have been made on the records of the Department of State.

COUNTY: ALBANY

ENTITY NAME: MESSAGE CENTER MANAGEMENT, INC.
 JURIS: DELAWARE
 REINSTATE: 12/23/16
 ANNUL OF AUTH: 06/26/02

ENTITY NAME: TOUTON U.S.A. LIMITED
 JURIS: INDIANA
 REINSTATE: 10/17/16
 ANNUL OF AUTH: 08/31/16

COUNTY: MONROE

ENTITY NAME: MIDWEST FINANCIAL ACCEPTANCE CORPORATION
 JURIS: MISSOURI
 REINSTATE: 11/17/16
 ANNUL OF AUTH: 10/28/09

COUNTY: NEW YORK

ENTITY NAME: BNN GROUP, INC.
 JURIS: NEW JERSEY
 REINSTATE: 12/05/16
 ANNUL OF AUTH: 07/27/11

ENTITY NAME: BRATTFORD INVESTMENTS LIMITED
 JURIS: ALL OTHERS
 REINSTATE: 12/08/16
 ANNUL OF AUTH: 10/26/11

ENTITY NAME: BUJEON ELECTRONICS CO., LTD.
 JURIS: KOREA
 REINSTATE: 11/23/16
 ANNUL OF AUTH: 07/27/11

ENTITY NAME: MEDIANEWS GROUP, INC.
 JURIS: DELAWARE
 REINSTATE: 11/04/16
 ANNUL OF AUTH: 08/31/16

ENTITY NAME: MONTROSE SECURITIES INTERNATIONAL
 JURIS: CALIFORNIA
 REINSTATE: 10/19/16
 ANNUL OF AUTH: 06/25/03

ENTITY NAME: ONB INSURANCE GROUP, INC.
 FICT NAME: ONB INSURANCE GROUP AGENCY
 JURIS: INDIANA
 REINSTATE: 12/02/16
 ANNUL OF AUTH: 10/27/10

ENTITY NAME: QUOVERA, INC.
 JURIS: CALIFORNIA
 REINSTATE: 10/03/16
 ANNUL OF AUTH: 10/26/11

ENTITY NAME: R2 SYSTEMS, INC.
 JURIS: CALIFORNIA
 REINSTATE: 12/28/16
 ANNUL OF AUTH: 06/29/16

ENTITY NAME: TRIPLE CANOPY, INC.
 JURIS: ILLINOIS
 REINSTATE: 12/09/16
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: UJA, INC.
 JURIS: NEW JERSEY
 REINSTATE: 12/06/16
 ANNUL OF AUTH: 01/26/11

COUNTY: SUFFOLK

ENTITY NAME: PRECISION TIME SYSTEMS, INC.
 JURIS: PENNSYLVANIA
 REINSTATE: 11/10/16
 ANNUL OF AUTH: 04/27/11

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 November 2018 will be conducted on November 13 and November 14 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 <https://www.cs.ny.gov/commission/>.

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

PUBLIC NOTICE

Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.120, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.49± vacant land parcel, as surplus and no longer useful or necessary for state program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE

Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.200, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.449± vacant land parcel, as surplus and no longer useful or necessary for state program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Long Term Care and Institutional services. The following changes are proposed:

Long Term Care Services

Effective on or after November 1, 2018, the Department of Health will adjust the operating component of rates of reimbursement for nursing homes, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed one and one-half percent (1.5%).

Institutional Services

Effective on or after November 1, 2018, the Department of Health will adjust the operating component of inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed two percent (2%).

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 http://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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to section 14.07 of the Parks, Recreation and Historic Preservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives notice of the following:

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Thursday, December 6th, 2018 at the New York State Museum, Seventh Floor, 222 Madison Avenue, Empire State Plaza, Albany, NY 12230.

The following properties will be considered:

1. Monarch Knitting Company Factory, Buffalo, Erie County
2. Payne Avenue High School, North Tonawanda, Niagara County
3. Buildings at Niagara and Seventh Streets, Niagara Falls, Niagara County
4. First Presbyterian Church of Lewiston and Lewiston Village Cemetery, Lewiston, Niagara County

5. Schoharie Village Historic District, Schoharie, Schoharie County
6. Robinwood Historic District, Ossining, Westchester County
7. Rensselaer Society of Engineers House, RPI, Troy, Rensselaer County
8. Hotel Saranac, Saranac Lake, Franklin County
9. Col. Peter B. Vrooman House, Schoharie, Schoharie County
10. Dresden School No. 2, Dresden, Washington County
11. Rockefeller Pocantico Hills Estate Historic District, Pocantico Hills, Westchester County
12. Ashokan Field School, Olive Bridge, Ulster County
13. Richmond Hill Historic District, Queens County
14. German Evangelical Lutheran Church, Brooklyn, Kings County
15. Triboro Hospital for Tuberculosis, Jamaica, Queens County
16. St. Anthony of Padua Church Complex, Syracuse, Onondaga County
17. McNaught Family Farm, Bovina Center Vicinity, Delaware County
18. Hazard Wilcox Jr. Farm, Smyrna Vicinity, Chenango County
19. St. Johnsville Historic District (Boundary Correction), St. Johnsville, Montgomery County

To be considered by the board, comments may be submitted to Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, New York 12188-0189, no later than Wednesday, December 5th or may be submitted in person at the meeting by contacting Daniel Mackay at the same address no later than December 5th.

For further information, contact: Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, NY 12188-0189, (518) 268-2171

PUBLIC NOTICE

Department of State
Proclamation

Revoking Limited Liability Partnerships

WHEREAS, Article 8-B of the Partnership Law, requires registered limited liability partnerships and New York registered foreign limited liability partnerships to furnish the Department of State with a statement every five years updating specified information, and

WHEREAS, the following registered limited liability partnerships and New York registered foreign limited liability partnerships have not furnished the department with the required statement, and

WHEREAS, such registered limited liability partnerships and New York registered foreign limited liability partnerships have been provided with 60 days notice of this action;

NOW, THEREFORE, I, Rossana Rosado, Secretary of State of the State of New York, do declare and proclaim that the registrations of the following registered limited liability partnerships are hereby revoked and the status of the following New York foreign limited liability partnerships are hereby revoked pursuant to the provisions of Article 8-B of the Partnership Law, as amended:

DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIPS

- A
- ARMAO LLP (13)
- B
- BALLARD SPAHR STILLMAN & FRIEDMAN, LLP (13)
- BEATTY HARVEY COCO ARCHITECTS, LLP (98)
- BELFORD & NORNES, LLP (13)
- BSD MEDICAL LLP (08)
- C
- CHENG & FASANYA, LLP (03)
- COLLERAN, O’HARA & MILLS, L.L.P. (03)

SUMMARY
SPA #18-0066

This State Plan Amendment proposes to increase reimbursement for Article 28 hospital inpatient psychiatric services to better meet community mental health needs.

DRAFT

**New York
117(k)**

- ix. For dates of service beginning on or after July 1, 2014, an additional ten percent increase will be applied for hospitals located in an upstate region as defined in subdivision (l) of this section.
- x. For dates of service on or after October 1, 2018, an additional increase of 5.22 percent will be applied to the current statewide per diem rate.
- e. The first day of a patient’s readmissions to the same hospital within 30 days of discharge will be treated as day four for purposes of the variable payment factor computed as aforementioned, with subsequent days treated in a conforming manner with the provisions.
- f. Reimbursement for physician services will not be included in rates and such services may be billed on a fee-for-services basis pursuant to the Hospital Physician Billing Section in Attachment 4.19-B.
- g. Reimbursement for electroconvulsive therapy will be established at a statewide fee of \$281, as adjusted for each facility’s WEF, for each treatment during a patient’s stay.
- h. New inpatient psychiatric exempt hospitals or units established pursuant to Article 28 of the Public Health Law will be reimbursed at the statewide price plus budgeted capital and Direct GME. Budgeted capital will be adjusted as described in this section and will be adjusted to actual costs in future years. Direct GME will be adjusted to actual costs based upon the first twelve months reporting following the calendar year after the opening of the new unit.
- i. The base period costs and statistics used for inpatient psychiatric per diem rate setting operating cost components including the weights assigned to diagnostic related groups (DRG) designated as psychiatric DRGs for per diem reimbursement, will be updated as soon as is practical at which time the State will submit a state plan amendment for the implementation of rebasing. The payment factors for rural designation, age, certain defined comorbidities, and the presence of mental retardation may also be updated to reflect more current data.
- j. For rate periods through December 31, 2014, reimbursement will include transition payments of \$25 million on an annualized basis, which will be distributed as follows:

TN #18-0066 _____

Approval Date _____

Supersedes TN #14-0029 _____

Effective Date _____

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 Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

Effective for days of service on or after October 1, 2018, The Department of Health will adjust inpatient psychiatric per diem rates of reimbursement for Art 28 exempt psychiatric hospitals and Article 28 exempt hospital distinct units by increasing the case mix neutral psychiatric statewide per diem base price by 5.22 percent. This State Plan Amendment is necessary to adequately reimburse hospitals for providing these services and better meet the community's mental health needs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$30,000,000. Funds for this increase are contained in the State budget beginning in state fiscal year 2018/19.

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 http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by Section 2826 of the New York Public Health Law.

The temporary rate adjustments have been reviewed and approved for the following two nursing homes with aggregate payment amounts totaling up to \$2,946,962 for the period October 1, 2018 through March 31, 2019, \$2,921,962 for the period April 1, 2019 through March 31, 2020 and \$347,500 for the period April 1, 2020 through March 31, 2021. The approved providers along with their individual estimated aggregate amounts include:

1. Concord Nursing Home, Inc., up to \$2,011,962 for SFY 18/19 and \$2,011,962 for SFY 19/20;

2. Baptist Health Nursing and Rehabilitation Center, Inc., up to \$935,000 for SFY 18/19, \$910,000 for SFY 19/20, and \$347,500 for SFY 20/21;

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 1460, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Livingston County Water and Sewer Authority

The Livingston County Water & Sewer Authority is soliciting proposals from qualified administrative service agencies and/or financial organizations relating to administration and/or funding of an “eligible” Internal Revenue Code (IRC) Section 457 deferred compensation plan under the New York Codes, Rules and Regulations and the Model Plan and an IRC Section 401(a) matching deferred compensation plan.

The Livingston County Water and Sewer Authority deferred compensation plan and matching deferred compensation plan are start-up plans that will initially cover a maximum of eleven employees.

A copy of the proposal questionnaire is available on-line at: <http://www.co.livingston.state.ny.us/lcwsa.htm>

All proposals must be received no later than Friday, October 19, 2018 at 4:00 pm.

PUBLIC NOTICE

Department of State
F-2018-0442

Date of Issuance – September 26, 2018

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.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant’s consistency certification 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. Electronic copies of the submission can also be downloaded at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0442ForPN.pdf>

Nancy Stocker is proposing to add a row or armor stone lakeward of approximately 280 linear feet of existing gabion baskets and concrete blocks. The work is proposed at the applicant’s property at 7957 Muson Road in the Town of Sodus, Wayne County.

The stated purpose of the proposal is to stop and minimize erosion of the property from high waters.

Any interested 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 October 11, 2018.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning and Development, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2018-0890 (DA)

Date of Issuance – September 26, 2018

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.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent to the maximum extent practicable with the federally approved New York State Coastal Management Program (NYSCMP). The federal 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-2018-0890 (DA), the applicant, U.S. National Park Service (NPS) proposes, through a Cooperative Management Agreement and long-term lease, to authorize the development and operation of a new unit of the State Parks system – Penn and Fountain State Park – by the New York State Office of Parks, Recreation, and Historic Preservation (NYS OPRHP) at the Gateway National Recreation Area, Jamaica Bay Unit, Brooklyn, New York. Penn and Fountain are located adjacent to each other on the north shore of Jamaica Bay.

The proposed new State park location is the site of the former Pennsylvania and Fountain Avenue landfills and including fill areas which were historically tidal marsh. Landfill operations ended in 1980 and 1983 at Penn and Fountain, respectively. Site remediation has been accomplished to establish native grasslands and a system of trails. Planned site improvements in association with establishment of the State park will allow for the provision of public access to 407 acres of open space. The purpose of the project is to create new public park space, allowing public access to this area for opportunities such as hiking, wildlife viewing, fishing, kayaking, bicycling, picnicking, and other recreational uses. The rehabilitated former landfill areas will continue to be monitored annually, per environmental consent order, for groundwater quality and migration of landfill gases.

The project site is located immediately upland of a State-designated Significant Coastal Fish and Wildlife Habitat (SCFWH) –Jamaica Bay – which is protected as biologically productive and valuable habitat area for an abundance of fish and wildlife species. Several streams which cross the project area are hydrologically connected to the Jamaica Bay. More information regarding this designation and the specific habitat values may be found at: <https://www.dos.ny.gov/opd/programs/consistency/scfwhhabitats.html>

https://www.dos.ny.gov/opd/programs/consistency/Habitats/nyc/Jamaica_Bay.pdf

Any interested 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 October 11, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail to: CR@dos.ny.gov

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

SUMMARY
SPA #18-0067

This State Plan Amendment proposes to revise the State Plan to provide additional payments to Medicaid safety net diagnostic and treatment centers (DTCs), excluding Federally Qualified Health Centers (FQHCs), to sustain access to services.

DRAFT

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 2018 will be conducted on December 11 and December 12 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 <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Division of Criminal Justice Services
Law Enforcement Agency Accreditation Council

Pursuant to Public Officers Law § 104, the Division of Criminal Justice Services gives notice of a meeting of the Law Enforcement Agency Accreditation Council to be held on:

Date: Thursday, December 13, 2018
Time: 10:00 a.m.
Place: Division of Criminal Justice Services
Alfred E. Smith Office Bldg.
80 S. Swan St.
CrimeStat Rm. (Rm. 118)
Albany, NY 12210

Identification and sign-in are required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, please contact:* Division of Criminal Justice Services,

Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, (518) 457-2667

Live Webcast will be available as soon as the meeting commences at: <http://www.criminaljustice.ny.gov/pio/openmeetings.htm>

PUBLIC NOTICE

Division of Criminal Justice Services
Municipal Police Training Council

Pursuant to Public Officers Law § 104, the Division of Criminal Justice Services gives notice of a meeting of the Municipal Police Training Council to be held on:

Date: Wednesday, December 12, 2018
Time: 10:00 a.m.
Place: Division of Criminal Justice Services
Alfred E. Smith Office Bldg.
80 S. Swan St.
CrimeStat Rm. (Rm. 118)
Albany, NY 12210

Identification and sign-in are required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, please contact:* Division of Criminal Justice Services, Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, (518) 457-2667

Live Webcast will be available as soon as the meeting commences at: <http://www.criminaljustice.ny.gov/pio/openmeetings.htm>

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of Comprehensive diagnostic and treatment centers Indigent Care program. The following changes are proposed:

Non-Institutional Services

Effective on or after December 1, 2018, and for each State Fiscal Year thereafter, the State proposes to provide additional payments of up to \$17,350,000 annually to Medicaid safety net non-FQHC clinics to sustain access to services. Eligible facilities must meet the following criteria: deliver comprehensive range of health care or mental health services; provide at least 5% of their annual visits/services to uninsured individuals; and have a process in place to collect payment from third party payers. The proposed distribution methodology will qualify facilities into tiers on their percentage of uninsured visits. An Add-on amount will be established for each tier and each facility's proportion of Medicaid services will then be used to arrive at a final safety net payment. Payment made to each facility may be added to rates of payment or made as lump sum.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is \$17,350,000.

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 http://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, access 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

Village of Rockville Centre

Pursuant to Section 120-w of the New York State General Municipal Law, the Village of Rockville Centre (Nassau County) hereby gives notice that on November 16, 2018 it is issuing a Draft Request for Proposals for Solid Waste Disposal Services. Interested companies may access the Draft RFP at www.rvcny.us. A pre-proposal conference and site visit will be conducted at 3 p.m. on December 19, 2018. Comments on this Draft RFP must be submitted in writing to the contact person identified below, no later than 3:00 p.m. on February 1, 2019. Subsequent to review of all comments, a Final RFP is expected to be issued on or about February 15, 2019. Written proposals submitted in response to that Final RFP are expected to be required to be received from interested contractors no later than March 4, 2019. These dates may be changed in the Final RFP. A separate public notice will be disseminated with respect to the Final RFP prior to its issuance.

Contact person: Gwynne Feiner, Director of Public Works Administration, 10 Sunrise Hwy., Rockville Centre, NY 11570, (516) 678-9267, Fax: (516) 766-0879, e-mail: gfeiner@rvcny.us

PUBLIC NOTICE

Department of State F-2018-0735

Date of Issuance - November 28, 2018

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.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification 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, and are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0735_Application.pdf

In F-2018-0735, Maspeth Recycling, Inc., is proposing to construct a barge mooring facility along Newtown Creek at 58 08 48th Street, in the Borough of Queens, Queens County. The facility would include a new 402-linear foot steel sheetpile bulkhead installed waterward of the existing shoreline and backfilled with approximately 3,500 cubic yards of acceptable fill below the spring high water elevation. This would result in a loss of approximately 34,272 square feet (0.79 acres) of tidal wetlands. An area of approximately 26,225 square feet (0.60 acres) would be dredged on the waterward side of the proposed bulkhead to establish a depth of -10 feet. The initial dredging volume is estimated at approximately 3,900 cubic yards, and maintenance dredging of approximately 300 cubic yards is proposed every two years. The stated purpose of the project is to allow for the transport of demolition and recycled materials via the waterway in lieu of overland transport via truck.

The proposed activities would be undertaken within the New York City Waterfront Revitalization Program (WRP) area and is subject to consistency with the WRP policies. The WRP can be reviewed at: <https://waterfrontnavigator.nyc.gov/agency-contacts-information/nyc-dcp/>

Any interested 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., 30 days from the date of publication of this notice, or, December 28, 2018.

Comments should be addressed to the Consistency Review Unit, 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. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State F-2018-0841

Date of Issuance – November 28, 2018

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.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0841MadlinDock&Deck.pdf>

In F-2018-0841, or the "Madlin Seasonal Dock & Permanent Deck", the applicant – Patrick Madlin – proposes to build a 10 foot long by 10 foot wide deck on top of the existing 8 foot long by 8 foot wide crib on the eastern dock. In addition, the applicant proposes to install a 36 long foot by 4 foot wide aluminum rollout dock with two 28 foot long by 4 foot wide extensions perpendicular to the rollout dock. Between the fingers, the applicant proposes to install a 12 foot by 8 foot boat hoist. The rollout dock, fingers and boat lift will be seasonal. The application states purpose of the project is to reach a sufficient water depth for the applicant's boat.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, December 28, 2018.

Comments should be addressed to the Consistency Review Unit, Department of State, Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

SUMMARY
SPA #19-0003

This State Plan Amendment proposes to revise provisions of Early & Periodic Screening, Diagnostic & Treatment Services (EPSDT) related to the expansion of behavioral health services provided to individuals under age 21 on and after January 1, 2019 by adding the following services:

- Other Licensed Practitioner
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Family Peer Support

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New York
3

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Optometrists' services.

Provided: No limitations With limitations *

c. Chiropractors' services. (EPSDT only.)

Provided: No limitations With limitations *

Not Provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

e. Other Licensed Practitioner services. (EPSDT only.)

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations *

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations *

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations *

* Description provided on attachment.

New York
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[Reserved]

6e. **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York, operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.

Non-physician licensed behavioral health practitioners (NP-LBHPs) will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Assurances:

The State assures that all NP-LBHP services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that NP-LBHP services do not include and FFP is not available for any of the following.

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR § 435.1010;
- E. services to individuals residing in institutions for mental diseases as describe in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

New York
3b-13

[Reserved]

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services

1905(a) (13)
42 CFR 440.130(d)

Item 4.b, EPSDT services - Rehabilitative Services: 42 CFR 440.130(d)

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Family Peer Support

Assurances:

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902 (a) (10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR §435.1010;
- E. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
- F. recreational and social activities; and-
- G. services that must be covered elsewhere in the state Medicaid plan.

New York
3b-20
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST)

Description: Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner qualifications: CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners may include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.

TN #19-0003
Supersedes TN #18-0053

Approval Date _____
Effective Date _____

New York
3b-21

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description
(Continued)
Practitioner Qualifications (Continued)

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a professional meeting the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

Service Planning (Strengths-based treatment planning):

Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

New York
3b-22

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):

Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):

Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):

Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner qualifications:

Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

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Effective Date _____

New York
3b-23

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Individual, family and Group Counseling/Therapy (Rehabilitative Supports)
(Continued):
Practitioner Qualifications (Continued):

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative psychoeducation):

Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Practitioner qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR amaster's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative supports in the community):

Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner qualifications: Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

New York
3b-24

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Crisis Intervention (Intermediate term crisis management):

Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation

Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

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Effective Date _____

New York
3b-25

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued)

Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

- 1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.
- 2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes development of constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.
- 3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care.

New York
3b-26

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

New York
3b-31

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):

Family Peer Support:

Description: Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. FPSS is a face-to-face intervention, a group face-to-face intervention. A group is a composition of members should share common characteristics, such as related experiences, developmental age, chronological age, challenges or treatment goals. The Service is directed to the child, and includes contacts necessary for treatment with the family/caregiver or other collateral supports. FPSS is recommended by a licensed practitioner of the healing arts including: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner, operating within the scope of their practice. FPSS can be provided through individual and group face-to-face work and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Components of FPSS include:

- Engagement, Bridging and Transition Support: Provide a bridge between families and service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Parent Skill Development: Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being.
- Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities.]

New York
3b-32

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA); FPA with a provisional credential; or a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

- **FPA Credential-** To be eligible for the FPA Credential, the individual must:
 - Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
 - Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates approved comparable training.
 - Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
 - Documented 1000 hours of experience providing Family Peer Support services.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.
 - Completed 20 hours of continuing education and renew their FPA certification every two years.

- **A provisional FPA credential:**
 - Demonstrated 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
 - Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
 - Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). The provisional FPA must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.

New York
3b-33
[Reserved]

**13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):**

Certified Recovery Peer Advocate (CRPA) with a Family Specialty:

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree; Are certified by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or Completed the 30-Hour Recovery Coach Academy training.
- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan.

Supervisor Qualifications: FPA's will be supervised by:

- 1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
- 2) A "qualified mental health staff person" with a) training in FPSS and the role of FPA's b) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by experienced credentialed FPA within the organization OR
- 3) From a competent behavioral health professional meeting the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
- 4) A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.

New York
3b-34
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Supervisor Qualifications: (Continued) The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 12 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.

New York
3b-35

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Limitations:

- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

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New York
3

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Optometrists' services.

Provided: No limitations With limitations *

c. Chiropractors' services. (EPSDT only.)

Provided: No limitations With limitations *

Not Provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

e. Other Licensed Practitioner services. (EPSDT only.)

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations *

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations *

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations *

* Description provided on attachment.

New York
2(xv)(1)

[Reserved]

6e. **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York, operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.

Non-physician licensed behavioral health practitioners (NP-LBHPs) will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Assurances:

The State assures that all NP-LBHP services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that NP-LBHP services do not include and FFP is not available for any of the following.

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR § 435.1010;
- E. services to individuals residing in institutions for mental diseases as describe in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

New York
3b-13

[Reserved]

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services

1905(a) (13)
42 CFR 440.130(d)

Item 4.b, EPSDT services - Rehabilitative Services: 42 CFR 440.130(d)

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Family Peer Support

Assurances:

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902 (a) (10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR §435.1010;
- E. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
- F. recreational and social activities; and-
- G. services that must be covered elsewhere in the state Medicaid plan.

New York
3b-20
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST)

Description: Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner qualifications: CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners may include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.

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Effective Date _____

New York
3b-21

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description
(Continued)
Practitioner Qualifications (Continued)

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a professional meeting the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

Service Planning (Strengths-based treatment planning):

Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

New York
3b-22

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):

Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):

Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):

Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner qualifications:

Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

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New York
3b-23

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Individual, family and Group Counseling/Therapy (Rehabilitative Supports)
(Continued):
Practitioner Qualifications (Continued):

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative psychoeducation):

Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Practitioner qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR amaster's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative supports in the community):

Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner qualifications: Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

New York
3b-24

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Crisis Intervention (Intermediate term crisis management):

Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation

Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

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New York
3b-25

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued)

Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

- 1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.
- 2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes development of constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.
- 3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care.

New York
3b-26

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

New York
3b-31

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):

Family Peer Support:

Description: Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. FPSS is a face-to-face intervention, a group face-to-face intervention. A group is a composition of members should share common characteristics, such as related experiences, developmental age, chronological age, challenges or treatment goals. The Service is directed to the child, and includes contacts necessary for treatment with the family/caregiver or other collateral supports. FPSS is recommended by a licensed practitioner of the healing arts including: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner, operating within the scope of their practice. FPSS can be provided through individual and group face-to-face work and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Components of FPSS include:

- Engagement, Bridging and Transition Support: Provide a bridge between families and service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Parent Skill Development: Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being.
- Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities.]

New York
3b-32

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA); FPA with a provisional credential; or a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

- **FPA Credential-** To be eligible for the FPA Credential, the individual must:
 - Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
 - Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates approved comparable training.
 - Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
 - Documented 1000 hours of experience providing Family Peer Support services.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.
 - Completed 20 hours of continuing education and renew their FPA certification every two years.

- **A provisional FPA credential:**
 - Demonstrated 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
 - Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
 - Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). The provisional FPA must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.

**New York
3b-33
[Reserved]**

**13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):**

Certified Recovery Peer Advocate (CRPA) with a Family Specialty:

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree; Are certified by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or Completed the 30-Hour Recovery Coach Academy training.
- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan.

Supervisor Qualifications: FPA's will be supervised by:

- 1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
- 2) A "qualified mental health staff person" with a) training in FPSS and the role of FPA's b) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by experienced credentialed FPA within the organization OR
- 3) From a competent behavioral health professional meeting the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
- 4) A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.

New York
3b-34
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Supervisor Qualifications: (Continued) The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 12 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.

**New York
3b-35**

[Reserved]

**13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):**

Limitations:

- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

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Page 1(a)(i)

[Reserved]

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

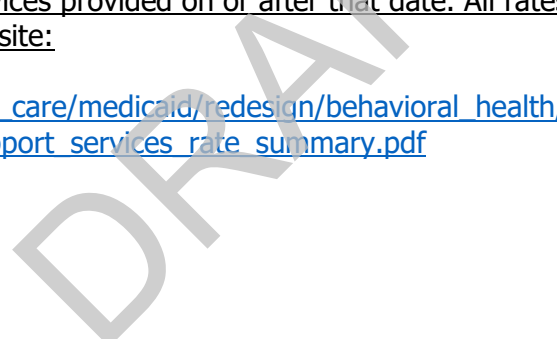
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates is the same for both governmental and private providers. The agency’s rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Additionally, the agency’s rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/children_and_family_treatment_support_services_rate_summary.pdf



TN # #19-0003

Approval Date _____

Supersedes TN # 18-0052

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York

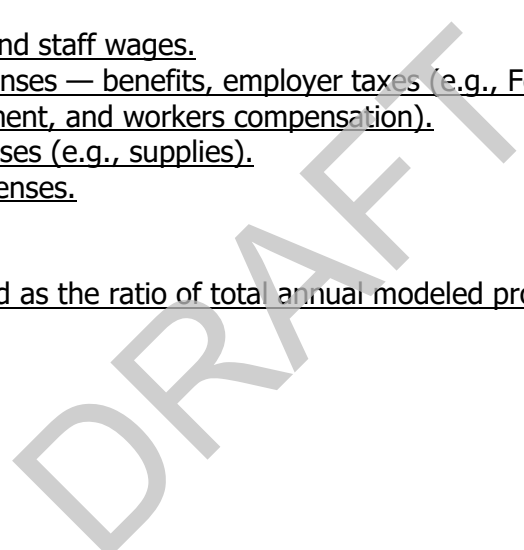
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only - cont.)

The rate development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies and cost data. Rates from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.



TN # #19-0003 _____

Approval Date _____

Supersedes TN # 18-0052 _____

Effective Date _____

[Reserved]

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates is the same for both governmental and private providers and the rates. The agency’s rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Additionally, the agency’s rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/children_and_family_treatment_support_services_rate_summary.pdf

The rate development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies and cost data. Rates from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN # #19-0003

Approval Date _____

Supersedes TN # 18-0053

Effective Date _____

- ESG U.S. equity strategies using the Russell 3000, Russell 1000 or S&P 500 as their primary benchmark will be considered. Strategies with an extreme style bias, sector focus or small cap orientation will not be considered.

The RFP process for both the Opportunistic Growth and ESG options is open to evaluating mutual funds, CIT's, or other daily valued, daily liquid pooled vehicles that are funded and able to accept NYSDC participant assets. Separate accounts and unfunded commingled vehicles will not be considered for these RFPs.

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

The following clarification to the April 29, 2015, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after July 1, 2018.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports
- Family Peer Support Services, and
- Youth Peer Support and Training

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 http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

Effective on or after October 1, 2017, the Commissioner of Health will amend the State Plan for Health Home services to reduce the per member per month (pmpm) "outreach" payment for members in the case finding group that have been assigned to a Health Home from \$135 (pmpm) to a rate no less than \$100. In addition, the billing cycles applicable to outreach will be modified, and may include limiting payments for outreach to two consecutive months and requiring a face-to-face meeting in the second month.

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 http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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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 Health

The New York State Department of Health is submitting a request to the federal Centers for Medicare and Medicaid Services (CMS) to amend New York State's Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver.

Beginning no earlier than January 1, 2018, New York is seeking approval with this demonstration amendment to:

- Expand the 1115 benefit package to include those OPWDD Medicaid services targeted for individuals with intellectual and developmental disabilities not previously included in the waiver benefit package.

- Transition coverage under the Office for People with Development Disabilities (OPWDD) 1915(c) Comprehensive Home and Community Based Services (HCBS) waiver to the 1115 demonstration.

- Remove the exemption from mandatory enrollment into Medicaid Managed Care (MMC) for Medicaid eligible persons who have an intellectual and/or developmental disability (IDD) as defined in Mental Hygiene Law 1.03, unless the individual is otherwise excluded from enrollment, i.e., available comprehensive Third Party Health Insurance and/or Medicare. Individuals who have an intellectual and/or

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 Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.120, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.49± vacant land parcel, as surplus and no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

The following clarification to the June 14, 2017, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after January 1, 2019.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports

- Family Peer Support Services, and
- Youth Peer Support and Training

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 http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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114 Willoughby Street
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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-2018-0034

Date of Issuance – November 7, 2018

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 (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification 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, and are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0034ForPN>

In F-2018-0034, Carver Realty, LLC proposes to stabilize ~490 linear feet of Coeymans Creek shoreline using heavy armor stone and plantings. When complete the bank will have a 2:1 to 3:1 slope. A portion of the proposed work would be conducted below the Mean High Tide Line. The activity is proposed along the southern shoreline of Coeymans Creek near the creek's confluence with the Hudson River. The property is owned by the applicant and is operated as the Coeymans Landing Marina.

The stated purpose of the proposed activity is to provide bank stabilization along the bank of Coeymans Creek and reduce further erosion of the stream bank.

Any interested 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 November 22, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2018-0736

Date of Issuance – November 7, 2018

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.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification 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 and are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0736_Application.pdf

In F-2018-0736, Ciarletta Enterprises, LLC, is proposing waterfront enhancements in the Great South Bay at 32 Unqua Place, Village of Amityville, Nassau County. The applicant proposes to install a boat ramp, reconstruct a 119-linear foot vinyl bulkhead landward of the existing concrete rip-rap shoreline, replace the existing concrete debris seaward of the bulkhead with native stone/boulder, and install a fixed pier (30 feet by 4 feet), offshore deck (12 feet by 12 feet), and a ramp (15 feet by 3 feet) to a float (20 feet by 6 feet) in a similar location as a prior dock that was damaged by Hurricane Sandy. A boat lift and jet ski lift would be affixed to the proposed offshore deck. Access stairs to the water that were damaged by Hurricane Sandy would also be constructed.

Any interested 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 November 22, 2018.

Comments should be addressed to: Consistency Review Unit, 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. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2018-0757

Date of Issuance – November 7, 2018

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.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification 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-2018-0757, the applicant, Village of Kings Point, proposes to remove invasive vegetation at several locations immediately east of and along the East Shore Road (approximately 620 feet north of the intersection of Ravine Road and East Shore Road) in Kings Point, Nassau County. The project area borders the Manhasset Bay and all property is owned by the Village of Kings Point. Invasive species targeted include several invasive trees, shrubs, and vines as well as invasive common reed or Phragmites. Mechanical and chemical treatment with EPA approved herbicide glyphosate is proposed and long-term management of the various species will be employed as well as planting of the areas with native vegetation. Mechanical means will be employed to the maximum extent practicable. A 32+/- linear foot root barrier at the southern portion of the site will be installed to prevent further Phragmites spreading. Best management practices include use of coir matting and silt fencing as needed. Native trees and plants will be protected during the treatment of invasive target species. All work is to be completed in one phase.

Any interested 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 November 22, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail to: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2018-0777

Date of Issuance – November 7, 2018

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.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0777GosierCantileverSystem.pdf>

In F-2018-0777, or the "Gosier Cantilever System", the applicant – Mary Gosier – proposes to construct a cantilever system at ground level. The proposed cantilever system includes a 300 square foot composite deck built on steel super structure. The project includes steel stairs from the steel structure to the water. The steel beam structure will be a total of 37 feet long by 11 feet-eight inches wide. The project is located at 20849 Hess Shore Drive in the Town of Hounsfield, Jefferson County, New York on Black River Bay. The application states purpose of the project is "to provide stairs for access to the water from the property. To also provide a deck and means to pull a boat out of the water."

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, December 7, 2018.

SUMMARY
SPA #19-0007

This State Plan Amendment proposes to provide transitional Health Home payments to a transitioning provider who will be providing Health Home care management services to a child and who is currently providing Health Care Integration (HCI) or Individualized Care Coordination (ICC) under the current approved 1915c Waiver. Those providers will be entitled to bill the transition rate for up to 2 years. A transitional rate will only be allowed to be billed if there is a corresponding Health Home enrolled child with the appropriate documented Health Home required core service(s) provided to bill the Health Home acuity rate. During this period from January 1, 2019 through December 31, 2020, the provider would continue to bill for the Health Home rate.

DRAFT

CMS-10434 OMB 0938-1188

Package Information

Package ID NY2018MS00080
Program Name NYS Health Home Program
SPA ID NY-19-0007
Version Number 1

Submission Type Official
State NY
Region New York, NY
Package Status Pending

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS00080	SPA ID NY-19-0007
Submission Type Official	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS00080	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NY-19-0007

Reviewable Unit

Proposed Effective Date

Superseded SPA ID

No items available

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS00080	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Effective January 1, 2019, the State will provide transitional health home payments to a transitioning provider who will be providing Health Home care management services to a child and who is currently providing Health Care Integration (HCI) or Individualized Care Coordination (ICC) under the current approved 1915c Waiver. Those providers will be entitled to bill the transition rate for up to 2 years. A transitional rate will only be allowed to be billed if there is a corresponding Health Home enrolled child with the appropriate documented Health Home required core service(s) provided to bill the Health Home acuity rate. During this period from January 1, 2019 through December 31, 2020, the provider would continue to bill for the Health Home rate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$38926
Second	2020	\$43976

Federal Statute / Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
Fiscal Calculations (19-0007) (11-08-18)	11/8/2018 2:02 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS00080	SPA ID NY-19-0007
Submission Type Official	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

DRAFT

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Benefits and Payments

Health Homes Program

Create new Health Homes program

Amend existing Health Homes program

Terminate existing Health Homes program

NYS Health Home Program

Health Homes SPA - Reviewable Units

•

Reviewable Unit Name

Source Type

Included in Another Submission Package

Health Homes Intro

APPROVED

Health Homes Geographic Limitations

APPROVED

Health Homes Population and Enrollment Criteria

APPROVED

Health Homes Providers

APPROVED

Health Homes Service Delivery Systems

APPROVED

Health Homes Payment Methodologies

APPROVED

Health Homes Services

APPROVED

Health Homes Monitoring, Quality Measurement and Evaluation

APPROVED

DRAFT

Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS0008O	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Name of Health Homes Program

NYS Health Home Program

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

Date of Publication: Nov 7, 2018

Upload copies of public notices and other documents used

Name	Date Created
FPN (19-0007)(11-14-18 NYS Register)	11/26/2018 10:51 AM EST

Upload with this application a written summary of public comments received (optional)

Name	Date Created
------	--------------

No items available

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS00080	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Name of Health Homes Program

NYS Health Home Program

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

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Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS00080	SPA ID NY-19-0007
Submission Type Official	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

SAMHSA Consultation

Name of Health Homes Program

NYS Health Home Program

Date of consultation

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

No items available

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Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS00080	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Payment Methodology

The State's Health Homes payment methodology will contain the following features

Fee for Service

Individual Rates Per Service

Per Member, Per Month Rates

Fee for Service Rates based on

Severity of each individual's chronic conditions

Capabilities of the team of health care professionals, designated provider, or health team

Other

Describe below

see text box below regarding rates

Comprehensive Methodology Included in the Plan

Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below

PCCM (description included in Service Delivery section)

Risk Based Managed Care (description included in Service Delivery section)

Alternative models of payment, other than Fee for Service or PMPM payments (describe below)



Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS00080	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

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Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS00080	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy, and quality of care. Within your description, please explain: the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Provider Type

NYS Medicaid providers eligible to become health homes include managed care plans; hospitals; medical, mental and chemical dependency treatment clinics; primary care practitioner practices; PCMHs; FQHCs; Targeted Case Management (TCM) providers; certified home health care agencies and any other Medicaid enrolled providers that meet health home provider standards.

Care Management Fee

Health Homes meeting State and Federal standards will be paid a per member per month care management fee that is adjusted based on region and case mix method for adults, or the Child and Adolescent Needs and Strength Assessment of New York (CANS-NY) for children age 0 through 20). The total cost relating to a care manager (salary, fringe benefits, non-personal services, capital and administration costs) in conjunction with caseload assumptions were used to develop the Health Home rates. The state periodically reviews the Health Home payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services.

Effective May 1, 2018, the per member per month care management fee for adults will be based on region and case mix defined by populations as indicated below. Health Home rates for children will continue to be determined by an algorithm applied to the CANS-NY assessment. The risk adjusted payments will allow providers to receive a diverse population of patients and assign patients to various levels of care management intensity without having to meet preset standards for contact counts. Providers will be able to respond to and adjust the intensity and frequency of intervention based on patient's current condition and needs (from tracking to high touch). All rates will be published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. Rates for Health Home services to children are effective October 1, 2016 and apply to services furnished on and after October 1, 2016.

For dates of service beginning June 1, 2018 through December 31, 2018, the per member per month care management fee for Health Homes that are, as of June 1, 2018, designated to serve children only, or designated to serve children in 43 counties and adults and children in one county, shall be adjusted to provide \$4 million in payments to supplement care management fees. The supplemental payments shall be paid no later than March 31, 2019 and will be allocated proportionately among such Health Homes based on services provided between June 1, 2018 and December 1, 2018. The supplement shall be a lump sum payments.

Rates for Health Home services furnished to other populations are effective as noted below and apply to services furnished on and after such dates.

State Health Home Rates and Rate Codes Effective October 1, 2017 can be found at:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_effective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective May 1, 2018 can be found at:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_effective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective October 1, 2018 can be found at:
https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_october_2018.xlsx

Population Case Mix Definitions for Health Home Adult Rates

Health Home Plus/Care Management Rates include adults with active AOT order or expired AOT order within last year; adults stepping down from State PC and ACT; Health and Recovery Plan (HARP) members that meet high risk criteria (recent incarceration, homelessness, multiple hospital admissions, etc.); and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home High Risk/Need Care Management Rates, include adults that are HARP enrolled members not included in the Health Home Plus/Care Management; any adult member meeting high risk criteria based on the high, medium and low, Clinical and Functional Assessment; and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home Care Management Rates, include all other adults not meeting criteria for Health Home Services Adult Home Transition Rates, Health Home Plus/Care Management or High Risk /High Need Care Management Rates.

Health Home Services Adult Home Transition Rates apply to individuals, under the terms of a Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, that are Adult Home Residents with serious mental illness (SMI) that are required to transition from Adult Homes located in New York City to the community.

The care management fee will be paid in two increments based on whether a patient was in 1) the case finding group or 2) the active care management group. Effective October 1, 2017, the case finding group will receive a PMPM for two consecutive months after a patient has been assigned or referred to the health home. The consecutive second month must be documented by a face-to-face contact. Two additional months of the case finding PMPM may be billed with a rolling 12 month period. Effective October 1, 2018, the PMPM will be reduced as indicated in the State Health Home Rates and Rate Codes posted to the State's website as indicated above. This PMPM is intended to cover the cost of outreach and engagement.

A unit of service will be defined as a billable unit per service month. In order to be reimbursed for a billable unit of service per month health home providers must, at a minimum, provide one of the core health home services per month. The monthly payment will be paid via the case finding and active care management PMPM. To bill the active case management fee, the patient must have: consented to receive services, been assigned to a care manager and be enrolled in the health home program. Care managers must document all services provided to the member in the member's care plan.

Managed Care Considerations:

Similar to the NY patient centered Medical Home program, it is the intention of the State to coordinate and pay for health home services through health plans but at State set rates for the service. The State will address any existing care management resources in the current plan premium for health home enrollees under CMS guidelines (bring this resource out of the capitation and create federal matching for those resources under the health home payment). Plans will pay health home providers State set rates when providers are contracted to provide all health home services. In the case where the plan does a portion of the health home service (e.g. telephonic post discharge tracking) and downstream providers do a separate portion (e.g. face to face care management) the plan will then split the State generated PMPM proportional to the contracted effort.

The Medicaid/FHP Model Contract has been modified to include language similar to that outlined below which addresses any duplication of payment between the MCO capitation payments and health home payments. The delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care.

- The managed care plan is not required to provide services that would duplicate the CMS reimbursed Health Home services for members participating in the State's Health Home program.
- The managed care organization will be informed of members assigned to a Health Home or will assign its members to a Health Home for health home services. Plans may need to expand their networks

- to include additional State designated health home providers to ensure appropriate access.
- Plans will need to have signed contracts including clearly established responsibilities with the provider based health homes.
- The managed care plan will be required to inform either the individual's Health Home or the State of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services.
- Plans will assist State designated Health Home providers in their network with coordinating access to data, as needed.
- Plans will, as appropriate, assist with the collection of required care management and patient experience of care data from State designated Health Home providers in its' network.

The State has a health home advisory committee of providers and managed care plans through which any issues with payment would be raised and addressed. Directions have been given to health plans to match health home payment to providers based on relative health home care management effort. Further information on specific construction on health home rates includes specific administration compensation to guide rate differential construct.

Targeted Case Management (TCM) Conversion Considerations:

The State envisions that eventually all targeted case management programs operating in New York will convert to or become part of health homes, and these providers will require time to meet State and Federal health home standards. The State will allow TCM providers that can meet health home standards to convert to health homes or join with larger health homes. TCM providers that convert to health homes will be governed under NYS Health Home Provider Qualification Standards, not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new Health Home payment structure. Effective January 1, 2015 TCM programs for adults will be paid their existing TCM rates until November 30, 2016. Effective October 1, 2016 through September 30, 2018 TCM programs for children will be paid a transitional rate that is as financially equivalent as practicable to their current rate.

Health Home care management services may be provided to children that are eligible and enrolled in both the Early Intervention Program and Health Home, and will meet and fulfill the requirements of the ongoing service coordination required to be provided to children enrolled in the Early Intervention Program.

All payments will be made under the health home payment detailed above in the care management fee section if they convert to or become part of a health home. Effective October 1, 2017, the case finding PMPM will be paid under the provisions described in the care management fee section.

Children's Transitional Rates

Providers delivering Individualized Care Coordination (ICC) under the 1915c SED or Health Care Integration (HCI) under the 1915-B2H waivers, who shall provide Health Home Care Management services in accordance with this section effective on January 1, 2019, shall be eligible for a transition rate add-on for two years to enable providers to transition to Health Home rates. Health Home Care Management Services eligible for the transition rate add-on shall be limited to services provided to the number of children such providers served as of December 31, 2018. Services provided to a greater number of children than such providers served as of December 31, 2018 shall be reimbursed the Health Home rate without the add-on. The transition methodology is set forth in the transitional rate chart.

Children's Health Home Transition Rates

January 1, 2019 through June 30, 2019								
Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$948.00	\$992.00	SED (L)	\$1,173.00	\$1,232.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$723.00	\$753.00	SED (M)	\$1,173.00	\$1,232.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$423.00	\$433.00	SED (H)	\$1,173.00	\$1,232.00

July 1, 2019 through December 31, 2019								
Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$711.00	\$744.00	SED (L)	\$936.00	\$984.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$542.00	\$565.00	SED (M)	\$992.00	\$1,044.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$317.00	\$325.00	SED (H)	\$1,067.00	\$1,124.00

January 1, 2020 through June 30, 2020								
Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$474.00	\$496.00	SED (L)	\$699.00	\$736.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$362.00	\$377.00	SED (M)	\$812.00	\$856.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$212.00	\$217.00	SED (H)	\$962.00	\$1,016.00

July 1, 2020 through December 31, 2020

Health Home	Add-On		Transitional Rate	
	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	7926: SED (L) \$237.00	\$248.00
1870: Medium	\$450.00	\$479.00	7925: SED (M) \$181.00	\$188.00
1871: High	\$750.00	\$799.00	7924: SED (H) \$106.00	\$108.00

January 1, 2019 through June 30, 2019

Health Home	Add-On		Transitional Rate	
	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	8002: B2H (L) \$925.00	\$960.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M) \$700.00	\$721.00
1872: High	\$750.00	\$799.00	8000: B2H (H) \$400.00	\$401.00

July 1, 2019 through December 31, 2019

Health Home	Add-On		Transitional Rate	
	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	8002: B2H (L) \$694.00	\$720.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M) \$525.00	\$541.00
1871: High	\$750.00	\$799.00	8000: B2H (H) \$300.00	\$301.00

January 1, 2020 through June 30, 2020

Health Home	Add-On		Transitional Rate	
	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	8002: B2H (L) \$463.00	\$480.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M) \$350.00	\$361.00
1871: High	\$750.00	\$799.00	8000: B2H (H) \$200.00	\$201.00

July 1, 2020 through December 31, 2020

Health Home	Add-On		Transitional Rate	
	Upstate	Downstate	Upstate	Downstate
1869: Low	\$225.00	\$240.00	8002: B2H (L) \$231.00	\$240.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M) \$175.00	\$180.00
1871: High	\$750.00	\$799.00	8000: B2H (H) \$100.00	\$100.00

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Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS00080 | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS00080	SPA ID	NY-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services. http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/rate_information.htm.

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created
Standard Funding Questions (19-0007) (11-07-18)	11/26/2018 11:01 AM EST



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PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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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 Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019, the State will provide transitional health home payments to a transitioning provider who will be providing Health Home care management services to a child and who is currently providing Health Care Integration (HCI) or Individualized Care Coordination (ICC) under the current approved 1915c Waiver. Those providers will be entitled to bill the transition rate for up to 2 years. A transitional rate will only be allowed to be billed if there is a corresponding Health Home enrolled child with the appropriate documented Health Home required core service(s) provided to bill the Health Home acuity rate. During this period from January 1, 2019 through December 31, 2020, the provider would continue to bill for the Health Home rate.

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

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 http://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

New York State and Local Retirement System

Pursuant to Retirement and Social Security Law, the New York State and Local Employees' Retirement System hereby gives public notice of the following:

The persons whose names and last known addresses are set forth below appear from records of the above named Retirement System to be entitled to accumulated contributions held by said retirement system whose membership terminated pursuant to Section 517-a of the Retirement and Social Security Law on or before September 30, 2018. This notice is published pursuant to Section 109 of the Retirement and Social Law of the State of New York.

A list of the names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at the 110 State St., in the City of Albany, New York. At the expiration of six months from the date of the publication of this notice. The accumulated contributions of the persons so listed shall be deemed abandoned and shall be placed in the pension accumulation fund to be used for the purpose of said fund. Any accumulated contributions so deemed abandoned and transferred to the pension accumulation fund may be claimed by the persons who made such accumulated contributions or, in the event of his death, by his estate or such person as he shall have nominated to receive such accumulated contributions, by filing a claim with the State Comptroller in such form and in such a manner as may be prescribed by him, seeking the return of such abandoned contributions. In the event such claim is properly made the State Comptroller shall pay over to the person or persons or estate making the claim such amount of such accumulated contributions without interest.

Buono, Joseph A - New Hampton, NY
Cruz, Noemi - Jamaica, NY
De La Cruz, Raymond A - Utica, NY
Gorski, Amanda L - Buffalo, NY
James, Nichole I - Bronx, NY

Smith, Brandon - Wilson, NY
 Talma, Peter E - Sauquoit, NY

For further information contact: Kimberly Zeto, New York State Retirement Systems, 110 State St., Albany, NY 12244, (518) 474-3502

PUBLIC NOTICE

New York State and Local Retirement System

Pursuant to Retirement and Social Security Law, the New York State and Local Employees' Retirement System hereby gives public notice of the following:

The persons whose names and last known addresses are set forth below appear from records of the above named Retirement System to be entitled to accumulated contributions held by said retirement system whose membership terminated pursuant to Section 613 of the Retirement and Social Security Law on or before September 30, 2018. This notice is published pursuant to Section 109 of the Retirement and Social Security Law of the State of New York. A list of the names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at the 110 State St., in the City of Albany, New York. At the expiration of six months from the date of the publication of this notice. The accumulated contributions of the persons so listed shall be deemed abandoned and shall be placed in the pension accumulation fund to be used for the purpose of said fund. Any accumulated contributions so deemed abandoned and transferred to the pension accumulation fund may be claimed by the persons who made such accumulated contributions or, in the event of his death, by his estate or such person as he shall have nominated to receive such accumulated contributions, by filing a claim with the State Comptroller in such form and in such a manner as may be prescribed by him, seeking the return of such abandoned contributions. In the event such claim is properly made the State Comptroller shall pay over to the person or persons or estate making the claim such amount of such accumulated contributions without interest.

Abraham, Arun B - Floral Park, NY
 Aceto, Antonio P - Herkimer, NY
 Adkison, Waheedah Z - Syracuse, NY
 Aguila, Anne G - Fords, NJ
 Albee, Ann M - Pine City, NY
 Allen, Brandy S - Port Byron, NY
 Allen, Noah S - Jamestown, NY
 Alli, Bebi R - Queens Vlg, NY
 Allport, Tara M - New York
 Almeida, Michelle E - Rochester, NY
 Alvarado Chang, Elizabeth - Mahopac, NY
 Anastasi, Louis M - N Tonawanda, NY
 Anderson, Jocelyn J - Buffalo, NY
 Anderson, Kelsey S - Penfield, NY
 Andrews, Megan C - Horseheads, NY
 Anfossi, John A - Long Beach, NY
 Antos, Timothy A - Marcellus, NY
 Arlotta, Mary Lynn - North Tonawanda, NY
 Armida, Jaime L - Stony Point, NY
 Auguste, Marie C - Spring Valley, NY
 Avery, Nicholas P - Ronkonkoma, NY
 Azadi, Michelle - Selden, NY
 Baideme, Talena M - Westfield, NY
 Bailey, Brittny P - Hempstead, NY
 Bailie, Eric M - Rensselaer, NY
 Baranava, Valiantsina A - Astoria, NY
 Barclay, Deborah L - Buffalo, NY
 Barrett, Cailie A - Delmar, NY
 Bassett, Amanda J - Menands, NY

Bast, Andrew - Carmel, NY
 Bates, Timothy - Massapequa, NY
 Batt, Barbara A - Bolton Lndg, NY
 Battaglia, Joseph A - Youngstown, NY
 Bauer, Cathryn J - Honolulu, HI
 Baynes, Thea E - Delmar, NY
 Bazoge, Allie C - Medford, NY
 Bean, Kevin L - Kings Park, NY
 Beckman, Aiesha L - Buffalo, NY
 Bennett, Mackenzie R - Fort Johnson, NY
 Benvenuto, Michael P - Brewster, NY
 Berezney, Kayley A - Portland, OR
 Berryann, Audra L - Dorchester, MA
 Besner, Beverly S - Cayuga, NY
 Bessette, Scott J - Ticonderoga, NY
 Bifulco, Danielle D - Sorrento, FL
 Bird, Robert J - Latham, NY
 Bishop, Marc D - Lisbon, NY
 Bitterman, Samantha M - Lancaster, NY
 Blaustein, Spencer A - East Hills, NY
 Bliss, Amanda C - Marcellus, NY
 Bocchino, Brittany M - Centereach, NY
 Boeltz, Megan E - Greene, NY
 Bongiorno, John T - New City, NY
 Botting, Eric M - Oswego, NY
 Boyzuck, Heather E - Mexico, NY
 Bracey, Karla C - Mt Vernon, NY
 Bradley, Jessica L - Pavilion, NY
 Brass, Ruth A - Buffalo, NY
 Brassard, Michael A - Oswego, NY
 Brockway, Luke A - Stamford, NY
 Brody, Kyle E - Brentwood, TN
 Bronson, Kayla B - Herkimer, NY
 Brooks, Daniel A - Seminole, FL
 Brown, George E - White Plains, NY
 Browning, Melanie I - Floral Park, NY
 Brunick, Kaytlynn M - Wynantskill, NY
 Brunson, Debra R - Bronx, NY
 Bryant, Jodie L - Elmira, NY
 Bucchino, John P - Floral Park, NY
 Buckleystein, Rebecca A - Bakersfield, CA
 Bunce, Wesley T - Herkimer, NY
 Bunzey, Linda E - Vestal, NY
 Burdick, Shawn L - Coxsackie, NY
 Burns, Stephen E - Baiting Hollow, NY
 Burris, LeVonne A - Syracuse, NY
 Burt, Ethan J - Almond, NY
 Burton, Keisha N - Rochester, NY
 Butski, Alexis A - Lewiston, NY
 Byrne, Devin W - Northport, NY
 Caldwell, Cassandra L - Frankfort, NY
 Cameron, Jodi L - Ctr Moriches, NY
 Campbell, Caitlin E - Brooklyn, NY
 Campbell, Jacob E - Fremont, OH
 Capellan, Anthony - New York, NY
 Cappellano, Michele S - Rye, NY
 Card, Russell L - Chenango Forks, NY
 Carlson, Samuel A - Altamont, NY
 Carr, Katelyn A - Cheektowaga, NY

Cassidy,Brendon J - Babylon, NY
 Castiglie,Alison M - Middle Island, NY
 Cavallari,Donna M - E Amherst, NY
 Cereo,Raymond J - Port Byron, NY
 Cervenak,Elizabeth A - Jersey City, NJ
 Cervený,Meghan E - Santa Rosa,CA
 Chacon,Katherine W - Peekskill, NY
 Chamberlin,Lisa M - Southwick,MA
 Champlain,Jason E - Queensbury, NY
 Charlton,Emily E - Buffalo, NY
 Chesner,Michael O - Massapequa, NY
 Chester,Robert M - East Greenbush, NY
 Chestnut,Brianna S - Whitney Point, NY
 Christensen,Brian S - Penn Yan, NY
 Clair,Jonathan P - Slingerlands, NY
 Clark,Jill A - Chestertown, NY
 Clark,Roberta S - Webster, NY
 Clarkson,Wayne B - Bayshore, NY
 Coffman,Ryan A - Honeoye Falls, NY
 Collins,John F - Huntington Station, NY
 Conklin,Andrew B - Albany, NY
 Constantino,David J - Tonawanda, NY
 Conte,Giacomo J - Johnstown, NY
 Cooley,Edward W - Sayville, NY
 Cordeiro,Ryan T - Middletown, NY
 Corteville,Elizabeth A - Craryville, NY
 Costa,Lisa A - Getzville, NY
 Couch,Dianne M - Kendall, NY
 Cox,Xavier P - Rochester, NY
 Cramer,Shane A - Scotia, NY
 Criscione,Kelly A - Albany, NY
 Cross,Alexander J - Boulder,CO
 Cruz,Andre J - West Haverstraw, NY
 Culhane,Thomas A - Astoria, NY
 Cumm,Nicole R - Dolgeville, NY
 Cunningham,Ciarra T - Patchogue, NY
 Curry,Matthew - Congers, NY
 Curtis,Lindsey R - Holtsville, NY
 Cutter,Kimberly A - Rochester, NY
 Daley,Dennis F - North Collins, NY
 Darcangelo,Thomas H - Rochester, NY
 Darling,Barb'ry A - Greene, NY
 Dayton,Kathleen M - Troy, NY
 De Bell,Zachary A - Ghent, NY
 De Boy,Randi L - Salamanca, NY
 De Forest-Stalls,Margaret A - Denver,CO
 De Fruscio,Kathleen H - Cobleskill, NY
 De Mass,Heather D - Kula,HI
 De Vellis,Pat A - Geneva, NY
 Dean,Rebecca E - Falconer, NY
 Decena,Lorelei A - Huntington, NY
 Dennis,Dustin A - Hartwick, NY
 Derouin,Troy R - Ballston Lake, NY
 Devito,Adam - Cold Spring Harbor, NY
 Di Donato,Peter T - Yonkers, NY
 Dicky,Leah C - North Tonawanda, NY
 Discepolo,Kevin - Merrick, NY
 Djossa,Christina A - Greenlawn, NY
 Dolan,Christine M - East Rockaway, NY

Doll,Alexandria E - Port Jefferson Sta, NY
 Domingo,Ashley - Massapequa, NY
 Donahue,John I - Webster, NY
 Donnelly,Krystyn A - Greenwood Lake, NY
 Doran,Kirsten L - Chazy, NY
 Dorr,Andrew J - Waterville, NY
 Dowd,Robert E - Aurora, NY
 Downie,Lindsey A - Chazy, NY
 Drake,Stephanie M - Ilion, NY
 Drozdowski,Anna M - Glens Falls, NY
 Dubovsky,Liza B - Roslyn Hts, NY
 Dugan,Michael M - East Northport, NY
 Dumary,Gerald J - Ballston Spa, NY
 Dunne,Jennifer A - Long Beach, NY
 Durkin,Caitlin M - Buffalo, NY
 Eck,Mertina A - New Woodstock, NY
 Edwards,John R - Hampton,VA
 Eggers,Zechariah E - Baldwin, NY
 Eggleton,Andrew L - Concord,NH
 Eiber,Alec - Albertson, NY
 Eichas,Amy B - Hilton, NY
 Elethorp,Amber L - Germantown, NY
 Ellerson,Cody D - Cincinnatus, NY
 Ellis,Dean - Saugerties, NY
 Endlich-Frazier,Ariel C - Clarksburg,MD
 Enja,Emiru Y - Rochester, NY
 Fenton,Daniel J - Penfield, NY
 Ferguson,Conor P - Buffalo, NY
 Ferguson,Matthew C - Verplanck, NY
 Fish,Matthew K - Malone, NY
 Fisher,Amy - Pine City, NY
 Fittry,Andrew M - Tonawanda, NY
 Fitzgerald,Robert J - Miller Place, NY
 Forney,Danita D - Rochester, NY
 Foster,William J M - Minoa, NY
 Fournier,Amy K - Plattsburgh, NY
 Franco,Paul E - Long Beach, NY
 Franger,William M - Lancaster, NY
 Friedman,Keith E - Albany, NY
 Frisina,Barbara A - Pittsford, NY
 Fultz,Amber K - Penn Yan, NY
 Funigiello,Jamie J - Elmsford, NY
 Fusco,Kimberly M - Ridge, NY
 Gaddy,Darryl J - Saint Albans, NY
 Galban,Ann Marie - Commack, NY
 Garguilo,Frank T - Fonda, NY
 Garrett,Michael L - Uniondale, NY
 Gates,Jeanine J - Constantia, NY
 Gattuso,John J - Mount Kisco, NY
 Gentile,Katie E - Manorville, NY
 Germain,Rachel - Bay Shore, NY
 Gilbert,Elijah R - Herkimer, NY
 Gioseffi,Alex - Congers, NY
 Gioseffi,Eric - Congers, NY
 Gleeson,Amanda A - Sag Harbor, NY
 Goldych,Lorraine M - Syracuse, NY
 Gollop,Bruce C - Bayside, NY
 Goodman,Laura S - Meherrin,VA
 Gras,Alicia M - Amsterdam, NY

Greco,Anthony G - Kenmore, NY
Greenburg,Jessica - Ithaca, NY
Gregory,Gary N - Baldwinsville, NY
Grewell,Jane E - Siletz,OR
Griffin,Mark T - Penn Yan, NY
Gross,Edward M - Massapequa Park, NY
Guiler,Thomas A - Rochester, NY
Gurecki,Michael A - Oriskany, NY
Guzman,Richard - Bayshore, NY
Hadcock,Catherine A - Burnt Hills, NY
Hall,Lisa L - Syracuse, NY
Hall,Morgan P - Mohawk, NY
Halpin,Kelsey L - Syracuse, NY
Hamann,Lindsay E - Camillus, NY
Harkins,David J - Holland, NY
Harr,Jaclyn M - Fairport, NY
Harrington,Scott D - Oneonta, NY
Harrington,Wayne - Westfield, NY
Harris,Melanie D - Dix Hills, NY
Harris,Nicole M - Liverpool, NY
Hartman,Nicholas A - Queensbury, NY
Hartnett,Terence C - Cazenovia, NY
Hassan,Hawa R - Syracuse, NY
Hassell,Andrese O - Watervliet, NY
Hassett,Ryan - Lido Beach, NY
Hatfield,Raymond K - Geneseo, NY
Hathaway,Michael G - Washington,DC
Hedlund,Samantha M - Clymer, NY
Heffernan,Robert J - Watervliet, NY
Heffron,Sandra L - Ithaca, NY
Helmer,Meredith L - Le Roy, NY
Hemsley,Alison J - Sharpsburg,GA
Henaghan,Johanna M - Islip Terrace, NY
Henderson,Alixandria D - Massapequa, NY
Henne,Michael P - Hempstead, NY
Hepner,Katy S - Ronkonkoma, NY
Hepworth,A J - Huntington, NY
Herrick,Kelly S - Sayre,PA
Hess,Matthew P - Oswego, NY
Hidalgo,Douglas E - East Meadow, NY
Higgins,Colette J - Port Jefferson, NY
Hight,Danielle M - Mohawk, NY
Hopkins,Aaron M - Silver Spgs, NY
Howden,Spenser T - Rochester, NY
Hughes,Ashley A - Far Rockaway, NY
Hughes,Christopher J - Stony Point, NY
Hutcherson,Jeremy A D - Hempstead, NY
Hutchings,Andrew F - Binghamton, NY
Hutchins,Amanda E - Holbrook, NY
Hyde,Erin C - Binghamton, NY
Iannello,Leonard - Batavia, NY
Iardi,Joseph A - Patterson, NY
Imbornoni,John T - Garden City, NY
Irminger,Xiaoqin Sun - Ithaca, NY
James,Shonika T - Bronx, NY
Jarrett,Karlton - Jamaica, NY
Jayaraman,Priya A - Niskayuna, NY
Jenvy,Anthony C - Valley Stream, NY
Jett,Corwin M - Syracuse, NY
Joanette,Thomas S - Ogdensburg, NY
Johnson,Bradley J - Merrick, NY
Johnson,Bryan W - Merrick, NY
Johnson,Sabrina K - Catskill, NY
Johnston,Amanda M - Troy, NY
Johnston,Margo M - Norwood, NY
Jones,Allen L - Kissimmee,FL
Jones,Doreen Angela - Bronx, NY
Jones,Julie A - Poughkeepsie, NY
Judd,Douglas F - Winter Haven,FL
Juliano,Kyle M - Frankfort, NY
Juliano,Stephen M - Mechanicsburg,PA
Jurkowicz,Hannah B R - New York, NY
Kaminsky,Erich M - Gansevoort, NY
Kammerer,Denise A - Merrick, NY
Kane,Caitlin M - Hamburg, NY
Kane,Patrick A - West Seneca, NY
Kane,Shaun P - Greenwood Lake, NY
Kapral,Brenton M - Mountain View,CA
Kasak,Thomas S - Floral Park, NY
Katsaitis,Demetrios D - Highland, NY
Kearns,Kathryn - Shelburne Fls,MA
Keating,Michael C - Whitesboro, NY
Kebea,Lorri B - Willow Grove,PA
Kelly,Tracy M - Oyster Bay, NY
Kemoh,John S - Yonkers, NY
Kendall,Paul C - Syracuse, NY
Kiehn,Alexander L - Munnsville, NY
King,Cathleen M - Clifton Park, NY
King,Eric R - Croton On Hudson, NY
Kirsch,Monica - Lewiston, NY
Kleinberger,Paulina E - Charlotte,NC
Kline,Byron - Irvington, NJ
Klopp,Joseph D - Derby, NY
Knight,Monika A - Blossvale, NY
Knoop,Janice L - Odenton,MD
Koesling,Jessica A - Patchogue, NY
Kohl,Sarah D - Corfu, NY
Kolanda,Patricia J - Greene, NY
Kotwicki,Kellie M - Sierra Vista,AZ
Kovalevich,Samantha L - Islip Terrace, NY
Kravitz,Jordan M - New York, NY
Kroh,Christopher R - Attica, NY
Kumar,Rajesh - Elmsford, NY
Kupferman,Sarah B - Saratoga Spgs, NY
La Gasse,Ashley M - San Antonio,TX
La Medica,Erin A - Yonkers, NY
La Pointe,Kara L - Massena, NY
La Row,Paul M - Cayuta, NY
Laclare Mceneany,Valentina E - Geneseo, NY
Lake,Thomas M - Rochester, NY
Lallier-Barron,Megan K - Eugene,OR
Lamantia,Maria T - West Babylon, NY
Lame,Maria - Woodside, NY
Lamphier,Ethan J - Scio, NY
Larsen,Samuel G - Southampton, NY
Lassick,Kathleen L - Buffalo, NY
Lau,Kristen H - Yonkers, NY
Lauricella,Alicia M - Secaucus, NJ

Lawrence,Michael D - Downsville, NY
 Lee,Chelsea E - Mohawk, NY
 Lensbouer,Joshua J - Abingdon,MD
 Leon,Brett J - Ilion, NY
 Leonard,Jodi A - Fort Edward, NY
 Lewis,Cherina L - Orlando,FL
 Li,Jinghong - Flushing, NY
 Lieberth,Kevin - Ausable Forks, NY
 Lieberth,Shane P - Au Sable Forks, NY
 Lindquist,James C - Patchogue, NY
 Lindsay,Marie A - Ilion, NY
 Lizzi,Emily A - Rensselaer, NY
 Loftus,William F - South Nyack, NY
 Lomot,Christopher T - Baldwin, NY
 Long,David C - Mineola, NY
 Lowery,Travis M - Fayetteville,NC
 Lu,Nancy - Staten Island, NY
 Lynch,Caitlin - Dix Hills, NY
 Lynch,Laura T - Pearl River, NY
 Lyons,John P - Buffalo, NY
 Lyons,Vincent A - Baldwinsville, NY
 Mac Donald,John A - Orchard Park, NY
 Madero,Marie P - Syracuse, NY
 Magwood,Jaclyn C - Newburgh, NY
 Mahmud,Syed Z - Potomac,MD
 Maier,David E - New Hartford, NY
 Malican,Timothy P - East Aurora, NY
 Maniscalco-Smith,Katina M - Latham, NY
 Manno,Emma M - Hankins, NY
 Manzek,Glenn L - Rochester, NY
 Marano,Victoria M - Long Is City, NY
 Marchesane,Alyssa J - Rome, NY
 Mason,Bobbi E - New York, NY
 Massaria,Andrew C - New Hyde Park, NY
 Mathias,NYongale E - Kansas City,MO
 Matican,Bradlyn J - Monticello, NY
 Matrician,Elizabeth E - Carmel, NY
 Matthews,Rachel A - Dexter, NY
 Matthews,Thomas J - Delmar, NY
 Mayes,Branden M - Levittown, NY
 Mazzella,Monica I - North Salem, NY
 Mc Aloon,Sarah L - Madrid, NY
 Mc Carthy,Celynn A - Aurora,CO
 Mc Clellan,Kenya N - Spring Valley, NY
 Mc Coy,Maureen - Syosset, NY
 Mc Donald,Montana G - Romulus, NY
 Mc Evoy,Andrew L - Saratoga Spgs, NY
 Mc Farley,Michael L - Rochester, NY
 Mc Garrell,John J - Selden, NY
 Mc Goldrick,Liam T - Garden City, NY
 Mc Kee,Ryan P - Arkport, NY
 Mc Keon,Margaret Kelly - Darien,CT
 Mc Kernan,Cortland J - Olcott, NY
 Mc Kinley,Lillian - Hammond,LA
 Mc Laughlin,Abby R - East Quogue, NY
 MCGovern,Jaime L - Salem,OR
 Mcwatters,Caitlin Kennedy - Loudonville, NY
 Meadows,Ryan P - Wantagh, NY
 Mehlenbacher,Melissa S - Winter Garden,FL

Mello,Sean P - Watertown, NY
 Meredith,Kaylee A - West Monroe, NY
 Mesch,Shannon M - Collins, NY
 Mesick,Annmarie M - Utica, NY
 Messinetti,Margaret C - Rocky Piont, NY
 Milczakowskyj,Demetrius G - Auburn, NY
 Milham,Carrie Anne N - Clifton Park, NY
 Miller,Ashley M - Herkimer, NY
 Miller,Jonathan M - West Seneca, NY
 Miller,Meghan J - Plattsburgh, NY
 Milligan,Sarah A - West Seneca, NY
 Mininsky,Andrew J - Long Beach, NY
 Mirro,Kathleen T - Centereach, NY
 Mitrea,Diana M - Memphis,TN
 Monast,Michelle V - Melrose, NY
 Moore,Jordan S - Canandaigua, NY
 Moreno,Amanda C - Uniondale, NY
 Moritz,Jennifer M - Athens, NY
 Muller,Peter W - Stony Point, NY
 Murray,Thomas P - Patchogue, NY
 Musaji,Yusufali F - Short Hills, NJ
 Nash,Danielle M - Deer Park, NY
 Nellis,Anne S - Clifton Park, NY
 Nelson,Imani N Y - Freeport, NY
 Nieves,Lirsaj N - Denton,TX
 Nilubol,Chanigan - Bethesda,MD
 Nolan,Emily R - Springville, NY
 Norton,Rachael E - Homer, NY
 Notar,Michael J - Schenectady, NY
 O'Leary,John J - North Bellmore, NY
 O'Leary,Michael D - Huntington St, NY
 O'Malley,Bryan C - Northport, NY
 O'Sullivan,Traci L - Brockport, NY
 Orr,Richard D - Southampton, NY
 Osborn,Amanda D - East Jewett, NY
 Palmerini,Louis D - Suffield,CT
 Paone,Amanda M - Cohoes, NY
 Parsons,Sarah E - Greeneville,TN
 Partridge,Amanda - Cobleskill, NY
 Pasa,Hailee E - Davenport, NY
 Patrie,Thomas C - Setauket, NY
 Payne,Zachary W - Ransomville, NY
 Pecan,Adam - Massapequa, NY
 Pecherski,Danielle M - Oak Ridge, NJ
 Peck,Christopher L - Batavia, NY
 Pelaez,Jennifer L - Chicago,IL
 Pelletier,Rebecca L - Poland, NY
 Penny,Christina S - Morris, NY
 Pepe,Ralph A - Lake Grove, NY
 Perry,Robyn N - Frankfort, NY
 Personale,Stephen J - Canandaigua, NY
 Petersen,Diana L - Poughkeepsie, NY
 Petkovsek,Adam N - Dolgeville, NY
 Philippen,Kristina N - Massapequa, NY
 Pignatello,Susan - Newburgh, NY
 Pike,Caitlin A - Oswego, NY
 Pisanello,Nick S - Albany, NY
 Pisapia,John J - Medford, NY
 Podlasek,Stacy L - Mattituck, NY

Pollock, Theodore C - Saratoga Springs, NY
Porpora, Gabriela I - East Northport, NY
Portmore, Nancy E - E Northport, NY
Potts, James R - Silver Spring, MD
Powell, Franklin D - Myrtle Beach, SC
Proukou, Alexander M - Henrietta, NY
Putnam, Wendell C - Theresa, NY
Quarantillo, Nicholas R - North Tonawanda, NY
Quinn, Colin G - Garden City, NY
Quinones, Ruben J - Massena, NY
Rabal, John J - Nesconset, NY
Radley, Brooke A - Pulaski, NY
Ramdass, Nalini - Richmond Hill, NY
Ramlochan, Theresa D - Albany, NY
Ranalli, Andrew A - Niskayuna, NY
Rarick, Amanda P - Palmyra, ME
Reil, Anastasia Y - Saranac, NY
Renz, Jordan R - Gilboa, NY
Reynolds, Lewis H - Enola, PA
Reynolds, Richelle R - Rome, NY
Rhodafer, La Shawn D - Syracuse, NY
Rich, Sandra L - Lockport, NY
Richardson, Jennifer K - Altamont, NY
Riedesel, Catherine M - Ripley, NY
Riendeau, Colin L - Watertown, NY
Riordan, Jenelle E - Rensselaer Falls, NY
Ritz, Kevin W - Selkirk, NY
Rivera-Cash, Edgar E - Poughkeepsie, NY
Rivera, Dennis A - Poughkeepsie, NY
Rivera, Laina M - Dobbs Ferry, NY
Rivera, Sarai - Spring Valley, NY
Rizzo, Christina M - Cutchogue, NY
Roberti, Luke W - Merrick, NY
Roberts, Fred - Wellsville, NY
Robertson, Gary M - Albany, NY
Robinson, Thomas L - Ronkonkoma, NY
Rodriguez, Marilyn - Rochester, NY
Rodriguez, Pamela J - Hicksville, NY
Roller, Jennifer C - Shirley, NY
Rourke, Kelsey L - Swan Lake, NY
Rowe, Dymanaisa T S - Jacksonville, FL
Ruoff, Bernard P - Levittown, NY
Rutnik, Joshua - Delmar, NY
Ryan, Taylor R - St Petersburg, FL
Sage, Kristen L - Rochester, NY
Sagginario, Nicholas - Bellport, NY
Salice, Dominique F - Washington, DC
Salman, Moneer I - Clifton, NJ
Sanford, Grant D - Lake Placid, NY
Sartoris, Kate E - Salem, NY
Scalia, Katherine A - Gainesville, FL
Scavelli, Anthony - Levittown, NY
Scheller, Roberta - Woodbury, CT
Schreiber, Kristen E - Ballston Lake, NY
Schultz, James M - Tonawanda, NY
Schumer, Elizabeth A - Buffalo, NY
Scoggins, Sean M - Camden, NY
Sears, Glenna S - Farmington, NY
Seifried, Derek J - West Winfield, NY
Seitz, Sharon E - Caledonia, NY
Selenow, Christopher T - Irvington, NY
Senick, Bethany R - Binghamton, NY
Seufert, Dylan R - Buffalo, NY
Sferlazza, Nicholas R - Southold, NY
Sheedy, Elizabeth M - Halfmoon, NY
Sheppard, Chessa L - Hampton Bays, NY
Shubinsky, Paul S - Jericho, NY
Sitton, Philip A - Warrior, AL
Skagias, Constantine - Orchard Park, NY
Smith, Ashanti D - Freeport, NY
Smith, Dayvon D - Elmsford, NY
Smith, Lindsay V - West Seneca, NY
Smith, Zachary J - Newport News, VA
Snedeker, James M - Callicoon, NY
Soehren, Kevin J - Woodside, NY
Sorenson, Mary E - Lewiston, NY
Sorrento, Sylvia A - Troy, NY
Soukup, Bryan J - Poquott, NY
Spierer, Joshua A - Islandia, NY
Spitz, Jessica J - Setauket, NY
St Denis, Margaret E - Floral Park, NY
St Mary, Ryan L - Bangor, NY
Stafford, Caitlin R - Fairport, NY
Staneck, Julie E - Islip, NY
Stebbins, Mark W - Skaneateles, NY
Steinberger, Sarah A - Ballston Lake, NY
Stephens, Garrett J - Fort Myers, FL
Stevenson, Mae H - Rochester, NY
Stowell, Gregory S - Auburn, NY
Strusienski, Shannon A - W Henrietta, NY
Sukarat, Linda A - Endicott, NY
Sullivan, Mary F - Johnson City, NY
Suna, Theresa V - Island Park, NY
Suter, Michael J - Lynbrook, NY
Syme, Rachel E - Brooklyn, NY
Symons, Michael S - Auburn, NY
Szymanski, Julia O - Louisburg, NC
Tappan, Christopher J - Horseheads, NY
Tarity, Emily D - Ballston Spa, NY
Taylor-Sholes, Eva M - Weedsport, NY
Taylor, Tanzea - New York, NY
Taylor, Tiffany - Honeoye Falls, NY
Terry, Erin A - Morrisonville, NY
Testa, Samantha M - Riverview, FL
Thamsen, Michael W - Albany, NY
Theofan, Henry C - West Roxbury, MA
Thiel, Michael C - N Royalton, OH
Thomas, Andrew R - Ilion, NY
Thomas, Anthony - New Hyde Park, NY
Thompson, Nia - Freeport, NY
Thurber, Steven N - Cobleskill, NY
Tierney, Marjorie A - Gansevoort, NY
Tighe, Erin P - Northport, NY
Todorov, Anthony - Hamburg, NY
Tomaselli, Elizabeth C - Huntington Station, NY
Torres, Eries A - Bronx, NY
Trocchio, Jennifer A - Lindenhurst, NY
Trumble, Ralph E - Logan, UT

Tucci,Kaitlin D - Wantagh, NY
 Tudisco,Christina M - Massapequa, NY
 Tuttle,Kalyn M - Alexandria,VA
 Tyler-Brown,Elijah - Coram, NY
 Vachher,Anju - Saint Paul,MN
 Valenti,Dominick P - Lee Center, NY
 Valerio,Robert J - Clay, NY
 Van Meter,Nicole - Little Falls, NY
 Vasquez,Desi - Amityville, NY
 Volmar,Dadelie - Brentwood, NY
 Waczkowski,Lisa H - Mesa,AZ
 Waldby,Joshua L - Camillus, NY
 Wall,Brandon L - Mc Donough, NY
 Wallace,Chelsea L - Syracuse, NY
 Walsh,David M - Congers, NY
 Walsh,Janine C - Long Beach, NY
 Walter Baskin,Benjamin J - Ballston Spa, NY
 Walton,Meghan K - Seaside,CA
 Warchocki,Christian D - North Tonawanda, NY
 Weaver,Harry N - San Francisco,CA
 Weinstein,Eric D - Ardsley, NY
 Weiss,Robert M - Medford, NY
 Weisz,Jeffrey M - Plainview, NY
 Weller,Kimberly L - Dexter, NY
 Whaley,Dawne M - Stony Point, NY
 Whelan,Katelyn M - Smithtown, NY
 White,Arianna C R - Norfolk,VA
 White,Deonna R - Austin,TX
 Whitten,Jennifer L - Otego, NY
 Wieland,Jaelyn V - Scarsdale, NY
 Wilcox,Kiel J - Schenectady, NY
 Wood,Zachary C - East Amherst, NY
 Woodbury,Jesse C - Spencer, NY
 Wooden,Tyler A - Marion, NY
 Yelder,Willie V - Brooklyn, NY
 Yzquierdo,Susan M - Mechanicville, NY
 Zajac,Richard - Long Beach, NY
 Zdrojeski,Maria R - Prt Washingt, NY
 Zielewicz,Sarah M - Endicott, NY

For further information contact: Kimberly Zeto, New York State Retirement Systems, 110 State St., Albany, NY 12244, (518) 474-3502

PUBLIC NOTICE

New York State and Local Retirement System

Pursuant to Retirement and Social Security Law, the New York State and Local Employees’ Retirement System hereby gives public notice of the following:

The persons whose names and last known addresses are set forth below appear from records of the above named Retirement System to be entitled to accumulated contributions held by said retirement system whose membership terminated pursuant to Section 340, Subdivision f, of the Retirement and Social Security Law on or before September 30, 2018. This notice is published pursuant to Section 109 of the Retirement and Social Security Law of the State of New York. A list of the names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at the 110 State St., in the City of Albany, New York. At the expiration of six months from the date of the publication of this notice. The accumulated contributions of the persons so listed shall be deemed abandoned and shall be placed in the pension accumulation fund to be used for the purpose of said fund. Any ac-

cumulated contributions so deemed abandoned and transferred to the pension accumulation fund may be claimed by the persons who made such accumulated contributions or, in the event of his death, by his estate or such person as he shall have nominated to receive such accumulated contributions, by filing a claim with the State Comptroller in such form and in such a manner as may be prescribed by him, seeking the return of such abandoned contributions. In the event such claim is properly made the State Comptroller shall pay over to the person or persons or estate making the claim such amount of such accumulated contributions without interest.

Miller, Joseph W - Olean, NY
 Towers, Ty H - Oxford, NY

For further information contact: Kimberly Zeto, New York State Retirement Systems, 110 State St., Albany, NY 12244, (518) 474-3502

PUBLIC NOTICE

Department of State
 F-2018-0816

Date of Issuance – November 14, 2018

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 (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant’s consistency certification 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-2018-0816, The City of Peekskill is proposing to remove and replace the existing Fleischmann Pier within the Hudson River at Charles Point Park, City of Peekskill, Westchester County. The City’s consistency certification and supporting materials can be downloaded at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0816-C.PeekskillConsCert>

The City has proposed that the new pier will be 487 feet long by 11 feet (ft) wide and will be located 25 to 34 ft north of the existing pier. A dolphin is proposed on the north side of the pier at its western terminus. About 90 ft from the end of the pier, there will be a 16-ft-wide boarding ramp area to accommodate large tour vessels, which will accommodate ADA-compliant gangways for boarding and disembarking passengers. There will be 10-ft-wide double gates at this boarding ramp area, on either side of the pier, and at the end of the pier. In addition to a new pier running parallel to the position of the existing one (to be removed), there will be three floating docks that will be accessed by gangways running northward from the pier. These docks will be used for short-term mooring of smaller boats and launching of small watercraft. Two aluminum frame docks for smaller boats will each measure 8 ft by 50 ft [400 square (sq) ft] and be connected to the pier by a 4 ft by 30 ft (120 sq ft) gangway connecting each to the pier. A third ADA-compliant kayak launch will measure 12 ft by 18 ft (216 sq ft), and be connected to the pier by a 6 ft by 12 ft (72 sq ft) floating dock and a 4 foot by 50 foot (200 sq ft) aluminum gangway. All of the pier components, including floating docks, have a collective area of 7,058 square feet.

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- City of Peekskill Local Waterfront Revitalization Program: https://www.dos.ny.gov/opd/programs/WFRvitalization/LWRP_status.html;
- Hudson Highlands Significant Coastal Fish and Wildlife Habitat: https://www.dos.ny.gov/opd/programs/consistency/scfw_habitats.html;
- Hudson Highlands (HH-14) Scenic Area of Statewide Significance: <https://www.dos.ny.gov/opd/programs/consistency/scenicass.html>;

Any interested 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 Thursday, November 29, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
Uniform Code Regional Boards of Review

Pursuant to 19 NYCRR 1205, the petition below has been received by the Department of State for action by the Uniform Code Regional Boards of Review. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2018-0475 Matter of Timothy Lener, 75 Cooley Street, Pleasantville, NY, 10570, for a variance concerning safety requirements, including ceiling height, at a dwelling located at Five Silkman Road, Town of Lewisboro, NY.

PUBLIC NOTICE

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2018-0518 Matter of Louis Campano, 108 North Road, Eastchester, NY 10707 seeking a variance concerning the height of a pipe exposed in basement at the dwelling as mentioned which is below the required height of 6'4" owned by Leonard Carraturo.

2018-0521 Matter of KTM Architects, Kimberly Martelli seeking a variance concerning ceiling height at a dwelling located at 81 Seaview Avenue, New Rochelle, NY 10801 owned by Teresa Cotterall-Lagana.

2018-0522 Matter of Clem McCann for a property located at 83 Bridle Path, Ossining, NY 10562 owned by Ann H. Obuck seeking a variance concerning stair width.

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2018-0525 Patricia Graham, 15 N. Dutcher Street, Irvington, NY 10533 matter of a variance concerning required height below a beam and ceiling height in bathroom for the dwelling as mentioned at 15 N. Dutcher Street, Irvington, NY.

2018-0526 Craig Garrow, PO Box 786, Malone, NY 12953 matter of a variance concerning multiple codes for ceiling height and room area for a dwelling located at 13 Cedar Street, Malone, NY 12953.

2018-0527 Jane and George Davidson, 131 Crane Street, Scotia NY 12302 matter of a variance for multiple dwelling MRL (30) for a dwelling located at 1138-40 Glenwood Blvd., Schenectady, NY.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2018-0519 In the matter of James Lane, Dryden Apartment Company, LLC, 11 South Street, P.O. Box 322, Dryden, NY 13053 for Wayne Woodward, 169 Blakeslee Hill Road, Newfield, NY concerning safety requirements including a variance for reduction in required height of existing exterior and interior handrails and guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 110 North Geneva Street, City of Ithaca, County of Tompkins, New York.

2018-0523 In the matter of Henry Hansteen, 374 Van Dorn Road South, Ithaca, NY 14850 concerning safety requirements including a variance for reduction in required height of existing exterior porch guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 128 Farm Street, City of Ithaca, County of Tompkins, New York.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

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2018-0524 In the matter of Jeremy Thompson, 408 Madison Street, Ithaca, New York 14850 concerning safety requirements including a variance for reduction in required height of existing interior handrails and guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 408 Madison Street, City of Ithaca, County of Tompkins, New York.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual

notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2018-0531 In the matter of Moll Properties, Inc., Monica Moll, 44 Dart Drive, Ithaca, NY 14850 concerning safety requirements including a variance for reduction in required height of existing handrails and guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 519 East Buffalo Street, City of Ithaca, County of Tompkins, New York.

PUBLIC NOTICE

**Department of Taxation and Finance
Interest Rates**

The Commissioner of Taxation and Finance hereby sets the interest rates for the months of January, February, and March 2019 pursuant to sections 697(j) and 1096(e) of the Tax Law, as follows:

For purposes of section 697(j) the overpayment rate of interest is set at 5 percent per annum, and the underpayment rate of interest is set at 8.5 percent per annum. For purposes of section 1096(e), the overpayment rate of interest is set at 5 percent per annum, and the underpayment rate of interest is set at 10 percent per annum. (The underpayment rates set pursuant to sections 697(j) and 1096(e) may not be less than 7.5 percent per annum.) Pursuant to section 1145(a)(1) of the Tax Law, the underpayment rate for State and local sales and use taxes administered by the Commissioner of Taxation and Finance is 14.5 percent per annum. The underpayment rate for the special assessments on hazardous waste imposed by section 27-0923 of the Environmental Conservation Law is 15 percent.

For the interest rates applicable to overpayments (refunds) and underpayments (late payments and assessments) of the following taxes administered by the Commissioner of Taxation and Finance for the period January 1, 2019 through March 31, 2019, see the table below:

1/1/19 - 3/31/19
Interest Rate Per
Annum
Compounded Daily

Commonly viewed tax types	Refunds	Late Payments & Assessments
Income **	5%	8.5%
Sales and use	5%	14.5% *
Withholding	5%	10%
Corporation **	5%	10%
All other tax types	Refunds	Late Payments & Assessments
Alcoholic Beverage	5%	10%
Authorized Combative Sports	5%	10%
Beverage Container Deposits	5%	10%
Cigarette	NA	10%
Congestion Surcharge	5%	10%
Diesel Motor Fuel	5%	10%
Estate	5%	8.5%
Fuel Use Tax	***	***
Generation-Skipping Transfer	5%	8.5%
Hazardous Waste	5%	15%
Highway Use	5%	10%
Medical Marihuana	5%	10%
New York City Taxicab and Hail Vehicle Trip Tax	5%	10%
Metropolitan Commuter Transportation Mobility Tax	5%	8.5%
Mortgage Recording	5%	10%

Motor Fuel	5%	10%
Petroleum Business	5%	10%
Real Estate Transfer	5%	10%
Tobacco Products	NA	10%
Transportation Network Company Assessment	5%	10%
Waste Tire Fee	5%	10%
Wireless Communications Surcharge	5%	14.5%

* The Tax Law requires the interest rate on sales tax assessments or late payments to be set at 14-1/2% for this quarter. However, if the Commissioner determines that the failure to pay or the delay in payment is due to reasonable cause and not willful neglect, the Commissioner may impose interest at the corporation tax late payment and assessment rate. That rate is 10% for this quarter.

** There are a number of state and local governmental bodies that have interest rates tied to the overpayment and underpayment rates contained in either section 697(j) (Income Tax) or section 1096(e) (Corporation Tax) of the Tax Law. For purposes of section 697(j) and section 1096(e) of the Tax Law, the overpayment rate for this period is 5%. For purposes of section 697(j) of the Tax Law, the underpayment rate for this period is 8.5%. For purposes of section 1096(e) of the Tax Law, the underpayment rate for this period is 10%.

*** Under section 527(f) of the Tax Law, the interest rates relating to the Fuel Use tax are set pursuant to the International Fuel Tax Agreement (IFTA). For more information regarding IFTA interest rates, see www.iftach.org.

For further information contact: Kathleen Chase, Office of Counsel, Department of Taxation and Finance, W. A. Harriman Campus, Albany, NY 12227, (518) 530-4153

For rates for previous periods, visit the Department of Taxation and Finance website: www.tax.ny.gov/taxnews/int_curr.htm