

# MISCELLANEOUS NOTICES/HEARINGS

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## 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 7:00 a.m. to 5:00 p.m., at:

1-800-221-9311 (In New York State)  
(518) 270-2200 (Outside New York State)

or visit our web site at:  
[www.osc.state.ny.us](http://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

## NOTICE OF PUBLIC HEARING Long Island Power Authority

Pursuant to Public Authorities Law Section 1020 – f (z) and (u), the Long Island Power Authority hereby gives notice of a public hearing:

Time and Date: 10:30 a.m., April 12, 2006  
Place: Huntington Town Hall, 100 Main Street, Huntington, NY  
Purpose: Public hearing concerning a proposal involving the recovery of fuel and purchased power costs for the year 2006 and future years (I.D. No. LPA-04-06-00005-P).

The Authority will hold an additional public hearing on April 12, 2006, at 10:30 a.m. concerning a proposal involving the recovery of fuel and purchased power costs for the year 2006 and future years (I.D. No. LPA-04-06-00005-P). Public comment concerning the proposal will be received until Monday, April 17, 2006.

The public hearing has been scheduled at a place reasonably accessible to persons with a mobility impairment. Interpreter services will be made available to deaf persons, at no charge, upon written request submitted within reasonable time prior to the scheduled public hearing. The written request must be addressed to the agency representative designated below. Text of the proposed rule and any required statements and analyses may be obtained from the agency representative.

*For further information contact:* Richard M. Kessel, Long Island Power Authority, 333 Earle Ovington Blvd., Uniondale, NY 11553, (516) 222-7700

## NOTICE OF PUBLIC HEARING Long Island Power Authority

Pursuant to Public Authorities Law Section 1020 – f (z) and (u), the Long Island Power Authority hereby gives notice of a public hearing:

Time and Date: 10:30 a.m., April 12, 2006  
Place: Huntington Town Hall, 100 Main Street, Huntington, NY  
Purpose: Public hearing concerning a proposal to adopt provisions of a ratepayer protection plan (I.D. No. LPA-04-06-00007-P).

The Authority will hold an additional public hearing on April 12, 2006, at 10:30 a.m. concerning a proposal to adopt provisions of a ratepayer protection plan (I.D. No. LPA-04-06-00007-P). Public comment concerning the proposal will be received until Monday, April 17, 2006.

The public hearing has been scheduled at a place reasonably accessible to persons with a mobility impairment. Interpreter services will be made available to deaf persons, at no charge, upon written request submitted within reasonable time prior to the scheduled public hearing. The written request must be addressed to the agency representative designated below. Text of the proposed rule and any required statements and analyses may be obtained from the agency representative.

*For further information contact:* Richard M. Kessel, Long Island Power Authority, 333 Earle Ovington Blvd., Uniondale, NY 11553, (516) 222-7700

## ERRATUM Department of Health

The following public notice was erroneously omitted from the hard copy issue of the March 29, 2006 State Register. The notice does appear in the March 29, 2006 electronic Register posted on the Department of State's web site at [www.dos.state.ny.us](http://www.dos.state.ny.us) and in a Special Issue to the NYS Register dated March 31, 2006. The Department of Health and the Department of State apologize for any inconvenience this may have caused.

## PUBLIC NOTICE Department of Health

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

The Department of Health intends to amend the Title XIX (Medicaid) State Plan for inpatient hospital, long-term care and non-institutional services to comply with proposed State legislation now under consideration and current statutory provisions. The following significant changes are proposed:

**Inpatient Hospital Services:**

- For periods beginning on and after April 1, 2006, the methodology for the previously approved rate adjustment, effective April 1, 2004, for purposes of reimbursing graduate medical education costs, will be revised as follows: the hold harmless provision prohibiting rate decreases will be eliminated; public general hospitals will receive an adjustment for rate decreases only; and, the 75% limitation will not apply to rate decreases.
- For inpatient services provided on and after April 1, 2006, the case based payment rates will not contain adjustments to volume attributable to rate periods 2004 and forward, reflecting a reduction to a hospital's case mix adjusted length of stay (non-Medicare) from the base year to the rate year.
- For periods on or after April 1, 2006, the Commissioner, with the approval of the Director of the Budget, may increase the rates for public general hospitals, including those operated by public benefit corporations, to reflect the difference between the fair market value of the fixed capital assets held by such hospitals, and the capital cost reimbursement for those assets as computed in accordance with the methodology provided in PHL 2807-c.
- Payments to general hospitals for inpatient services provided to patients discharged on and after April 1, 2006, who are eligible for payments made by state governmental agencies and who are determined to be in diagnosis-related groups numbered 743, 745, 746, 748, 749 or 751 (detoxification services) shall be made in accordance with the following: for the period April 1, 2006-December 31, 2006, payment rates will be the higher of: (A) the sum of 75% of the operating component of the case based rate per discharge, as adjusted by the applicable service intensity weights, plus capital cost reimbursement and other applicable rate add-ons; or, (B) the sum of an amount equal to 120% of the fees paid in the same locality pursuant to §43.02 of the Mental Hygiene Law for community based detoxification services provided in facilities licensed pursuant to Article 32 of the Mental Hygiene Law, plus applicable rate add-ons.

For the period January 1, 2007 thru December 31, 2007, the above rate payment formula will be adjusted to include 50% of the operating component of the case based rate per discharge.

For periods on and after January 1, 2008, the Commissioner of Health shall develop, in consultation with the Commissioner of the Office of Alcoholism and Substance Abuse Services, appropriate per diem payment amounts.

- For periods on and after April 1, 2006, the Commissioner of Health shall establish a demonstration program to provide for enhanced discharge planning for patients at risk for multiple re-admissions to detoxification services, for the purpose of ensuring transition of these patients to community-based chemical dependence programs, and reducing the rate of chemical dependence related re-admissions to hospitals. Reimbursement for the cost of the enhanced discharge planning shall be made as adjustments to general hospital inpatient rates.
- For inpatient hospital services on and after April 1, 2006, the reimbursable operating cost component for general hospital inpatient rates will be established by the Commissioner of Health without trend factor projections attributable to the period January 1, 2006, through December 31, 2006.
- As a condition for participation in Indigent Care Pool and High Need Indigent Care Pool distributions for periods on and after January 1, 2009, general hospitals shall, effective for periods on and after January 1, 2007, establish financial aid policies and procedures for reducing charges otherwise applicable to low-income individuals without health insurance, or who have exhausted their health insurance benefits and who can demon-

strate an inability to pay full charges, and also for reducing or discounting the collection of co-pays and deductible payments from those individuals who can demonstrate an inability to pay such amounts.

- If a hospital provider fails to file required financial and statistical reports or data related to the rate setting process, by the filing due date, effective on or after April 1, 2006, the Commissioner of Health shall reduce the current payment rate for the facility by 10%. This rate reduction will apply for the period beginning on the first day of the calendar month following the original due date of the required report and/or data and continue until the last day of the calendar month in which the applicable reports or data are filed.
- For state fiscal years beginning April 1, 2006, and thereafter, additional medical assistance payments for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, counties which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance and uninsured patient losses after all other medical assistance, including disproportionate share payments to such general hospitals. For state fiscal years beginning on and after April 1, 2006, initial payments will be based on reported 2000 reconciled data and be further reconciled to actual reported data for 2006 and to actual reported data for each respective succeeding year. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.
- For state fiscal years beginning April 1, 2006, and thereafter, additional medical assistance payments for inpatient hospital services may be made to public general hospitals, other than those operated by the State of New York or the State University of New York, that are located in a city with a population over one million. Additional medical assistance payments for inpatient hospital services of up to \$120 million may be made during each state fiscal year beginning April 1, 2006 and each state fiscal year thereafter based on the relative share of each such non-state operated public general hospital's medical assistance and uninsured losses after all other medical assistance payments including disproportionate share payments. For state fiscal years beginning on and after April 1, 2006, initial payments will be based on reported 2000 reconciled data and be further reconciled to actual reported data for 2006 or 2007, and to actual reported data for each respective succeeding year. Payments to eligible public general hospitals may be added to rates of payments or made as aggregate payments.
- For state fiscal years beginning April 1, 2006 and thereafter, 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, are authorized to receive additional disproportionate share payments of up to \$210 million annually, allocated in accordance with the previously approved methodology. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.
- For state fiscal years beginning April 1, 2006 and thereafter, continues specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2006, 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 pursuant to Part 86-1.57 of 10NYCRR, of up to \$286 million

annually. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- For state fiscal years beginning April 1, 2006 and thereafter, continues additional specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2006, to public general hospitals, other than those operated by the State of New York or the State University of New York, receiving reimbursement pursuant to part 86-1.57 of 10NYCRR and located in a city with a population of over one million, of up to \$794 million annually. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.
- Continues, April 1, 2006 and thereafter, holding the operating component of rates of payment for patients assigned to one of the twenty most common non-Medicare diagnosis-related groups (DRGs) to the lower of the facility specific blended operating cost component or the group average operating cost price for all hospitals assigned to the same peer group.
- Continues, effective April 1, 2006 and thereafter, the 3.33% reduction to the average reimbursable operating costs per discharge of a general hospital, excluding the costs of graduate medical education, to encourage improved productivity and efficiency.
- Continues, effective April 1, 2006 and thereafter, an \$89 million reduction per year in inpatient rates of payment for general hospital services to encourage improved productivity and efficiency.
- Continues, effective April 1, 2006 and thereafter, to allow an annual increase in the statewide average case mix of one percent per year in general hospital inpatient rates of payment. The increase in the statewide average case mix in the period January 1, 2000 through December 31, 2000, from the statewide average case mix for the period January 1, 1996 through December 31, 1996, shall not exceed 4% plus an additional 1% per year thereafter. This increase continues to be based on a comparison of data only for patients that are eligible for medical assistance including those patients enrolled in health maintenance organizations.
- Continues to the extent funds are available, for periods beginning on and after April 1, 2006, increases to rates of payment for hospital inpatient services by an amount not to exceed \$48 million annually in the aggregate. Such amounts shall be allocated among those voluntary non-profit and private proprietary general hospitals, which continue to provide inpatient services as of April 1, 2006, under a previous or new name or which qualified for a similar rate adjustment as in effect for the period July 1, 1995 through June 30, 1996, provided however that amounts allocable to previously but no longer qualified hospitals shall be proportionately reallocated to the remaining qualified hospitals. These payments may be made as rate adjustments or aggregate payments.
- Effective April 1, 2006 and thereafter, continues the provision that rates of payment for inpatient hospital services shall reflect no trend factor projections or adjustments for the period of April 1, 1996 through March 31, 1997.
- Effective April 1, 2006 and thereafter, the State proposes to extend certain cost containment initiatives that were enacted in Chapter 81 of the Laws of 1995 and extended by subsequent legislation. The extended provisions are as follows: (1) hospital short stay adjustment factor remains at 100%; (2) hospital long stay adjustment factor remains at 50%; (3) hospital capital costs shall exclude forty-four percent of major moveable equipment costs; (4) elimination of reimbursement of staff housing operating and capital costs; (5) capital costs will be

allocated between Medicare and non-Medicare payers based on the proportion of total days for these payers; (6) budgeted capital inpatient costs of a general hospital applicable to the rate year shall be decreased to reflect the percentage amount by which the budgeted costs for capital related inpatient costs of the hospital for the base year two years prior to the rate year exceeded actual costs; (7) reimbursement of base year inpatient administrative and general costs of a general hospital are limited to the statewide average of total reimbursable base year inpatient administrative and general costs; and, (8) elimination of NYPHRM rate enhancements for new technology and universal precautions.

**Long Term Care Services:**

- Effective January 1, 2007 and for periods thereafter, the allowable operating component of the residential health care facility (RHCF) rates, except where noted otherwise, will be calculated using a five year phase-in of the 2003 base year cost data, trended to the applicable rate year, and adjusted for case mix. The phase-in is to be implemented using a combination of base year operating costs from each facility's current 2005 rate, and certified 2003 base year operating costs. Beginning with the 2007 rate year and ending with the 2011 rate year, the percentage of a facility's base year operating cost used in the current 2005 rate to the 2003 base year operating costs will be as follows: 80%/20% for 2007, 60%/40% for 2008, 40%/60% for 2009, 20%/80% for 2010, and finally 100% of the 2003 base year operating costs effective for 2011.
- Exceptions to the phase-in of the 2003-operating base are:
  - Facilities with rates based on allowable operating costs for a period subsequent to the 2003 base year will remain on that base;
  - Specified services, as listed below, at a facility, or in a discrete unit of a facility, if the application of the phase-in to the 2003 base year results in a lesser rate of payment:
    - 1) Provision of care to AIDS patients;
    - 2) Provision of long term rehabilitation for traumatic brain injury patients;
    - 3) Long term care for ventilator dependent patients;
    - 4) Provision of specialized programs for residents requiring behavioral interventions; and
    - 5) Provision of extensive nursing, medical, psychological, and counseling support solely to children.
- Effective January 1, 2007 and thereafter, RHCF rates shall be adjusted based upon the case mix of Medicaid residents only, except for the establishment of any statewide or peer group base, mean, or ceiling prices per day as related to the calculation of regional prices.
- Effective January 1, 2007 and thereafter, the indirect cost component of rates for hospital-based RHCFs will be the determined using the indirect peer group prices for freestanding RHCFs.
- Effective January 1, 2007 and thereafter, the indirect cost component of rates for RHCFs licensed to operate 300 or more beds will be computed using the indirect prices for all RHCFs with less than 300 beds.
- For services on and after April 1, 2006, the reimbursable operating cost component for RHCFs rates will be established by the Commissioner of Health without trend factor projections attributable to the period January 1, 2006 through December 31, 2006, but shall include the retroactive impact of final trend factor adjustments for prior periods for which a trend factor was included.
- Effective on and after October 1, 2006, rates for adult day health care services provided by a RHCF for registrants with

AIDS or other human immunodeficiency virus (HIV) related illnesses will be calculated using annual trend factor adjustments attributable to periods on and after October 1, 2006 and through December 31, 2009.

- For periods on and after April 1, 2006, the RHCF rates will not include a payment factor for interest expense on current debt if within the same cost report period the facility reports a withdrawal of equity, transfer of assets, or a positive net income.
- If the operating costs reported by a RHCF beginning with the 2005 cost report, and for each subsequent report year, are less than 90% of the trended operating costs used to calculate the facility's existing rate of payment, the rate will be revised based on the lower, more recent costs. This provision will be effective beginning April 1, 2006 and for periods thereafter.
- Effective on and after April 1, 2006, the operating component of the rate for any RHCF that did not or does not achieve 90% or greater occupancy within 5 calendar years from the date of commencing operation, will be recalculated using the RHCF's most recent available reported allowable costs divided by patient days imputed at 90% occupancy. The rate revision will be effective January 1 of the sixth calendar year following the date the facility began operations, or April 1, 2006, whichever is later.
- The reimbursement of the current assessment of 6% on nursing home gross receipts from patient care services and other operating income on a cash basis, due to expire on March 31, 2007, is continued for periods beginning April 1, 2007 and thereafter.
- For adult day health care services provided by RHCFs, effective April 1, 2006 and thereafter, the operating component of the rates for ADHC programs which achieve an occupancy of 90% or greater for a calendar year prior to April 1, 2006, will be calculated using allowable costs for 2003, 2004, or 2005, whichever is the earliest calendar year of achieving the 90% occupancy, except that for programs receiving rates of payment based on allowable costs for a period prior to April 1, 2006, the rates will remain based on that period.

For ADHC programs, which achieved 90% or greater occupancy prior to calendar year 2003, but did not maintain the 90% occupancy in 2003, 2004, or 2005, the operating component of the rates will be calculated using allowable costs for calendar year 2003, divided by visits imputed at 90% occupancy.

For ADHC programs which have not achieved 90% or greater occupancy for a calendar year prior to April 1, 2006, the operating component will be calculated using allowable costs from the first calendar year after 2005 in which 90% or greater occupancy is achieved, effective January 1, of such year, except for 2006 where the effective date will be no earlier than April 1. If the program has not achieved 90% or greater occupancy by January 1, 2008, the operating component of the ADHC rate effective for 2008, will be calculated using the allowable costs from the 2008 cost report, divided by actual visits or imputed at 90% occupancy, whichever is greater.

- For new ADHC programs approved for operation by a RHCF on or after April 1, 2006, the payment rates will be calculated based on annual budgeted allowable costs and estimated visits of no less than 90% of the licensed occupancy. Multiple ADHC programs operated by the same RHCF will be required to submit a separate budget and will have separate rates. The budget-based rates will be in effect for no longer than two calendar years from either the date of commencing operations, or the date the sponsoring RHCF submits a full calendar year cost report in which the ADHC achieves 90% occupancy, whichever is earlier. If such a cost report is submitted within two years of commencing operations, the rates will be calcu-

lated using that report. In the event that the ADHC program fails to achieve 90% or greater occupancy within two calendar years, the rate will be calculated utilizing allowable costs reported for the second calendar year divided by visits imputed at 90% occupancy.

- Effective January 1, 2007, the rates of payment for adult day health care services operated by RHCFs will not include the costs of transportation.
- Effective April 1, 2006 and thereafter, the maximum daily rate of payment for ADHC services provided by RHCFs which undergo a change of ownership subsequent to 1990, will be determined using the RHCF inpatient rate of the prior operator as in effect as of January 1, 1990.

In the event an offsite ADHC program is established outside the regional input price adjustment region in which the RHCF is located, the maximum daily rate of payment will be determined using a weighted average of inpatient rates in effect on January 1, 1990 for the RHCFs in the region the ADHC is located.

- If a long term care provider fails to file required financial and statistical reports or data related to the rate setting process, by the filing due date, effective on or after April 1, 2006, the Commissioner of Health shall reduce the current payment rate for the facility by 10%. This rate reduction will apply for the period beginning on the first day of the calendar month following the original due date of the required report and/or data and continue until the last day of the calendar month in which the applicable reports or data are filed.
- For state fiscal years beginning April 1, 2006 and thereafter, additional medical assistance payments will be made to non-state 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 an aggregate amount of up to \$150.0 million. The amount allocated to each eligible public RHCF shall be in accordance with the previously approved methodology except that patient days utilized in the calculation shall reflect actual reported data for 2004 and each representative succeeding years as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.
- Continues, effective April 1, 2006 and thereafter, the provision that rates of payment for RHCFs shall not reflect trend factor projections or adjustments for the period April 1, 1996 through March 31, 1997.
- Continues effective April 1, 2006 and thereafter, certain cost containment initiatives currently in effect for rates of payment for RHCFs. These are as follows: annual aggregate reduction of \$56 million dollars to encourage improved productivity and efficiency; RHCF administrative and fiscal services reimbursement limits including the provisions to address RHCFs with low patient acuity levels; and long-term care Medicare maximization initiatives which shall be prorated for the period April 1, 2006 through March 31, 2007 and each respective year thereafter.
- Continues, effective April 1, 2006 and thereafter, Medicaid reimbursement to RHCFs for the cost of fees for obtaining the criminal history record checks from the United States Attorney General and the facility costs associated with obtaining fingerprint cards. Reimbursement will be in accordance with the previously noticed and approved methodology.

#### **Non-Institutional Services:**

- Effective April 1, 2006 and thereafter, specialty outpatient services for which the Commissioner of Health may waive the allowable payment and limitations on the rate of payment shall

not include those for which the payment rate is established by the Office of Mental Health pursuant to §43.02 of the Mental Hygiene Law.

- For periods on or after April 1, 2006, the Commissioner, with the approval of the Director of the Budget, may increase the rates for public general hospitals, including those operated by public benefit corporations, to reflect the difference between the fair market value of the fixed capital assets held by such hospitals, and the capital cost reimbursement for those assets as computed in accordance with the methodology provided in PHL 2807-c.
- For services on and after April 1, 2006, the reimbursable operating cost component for general hospital outpatient rates will be established by the Commissioner of Health without trend factor projections attributable to the period January 1, 2006 through December 31, 2006.
- Effective on and after October 1, 2006 rates for adult day health care services provided by a diagnostic and treatment center for registrants with AIDS or other human immunodeficiency (HIV) virus related illnesses will be calculated using annual trend factor adjustments attributable to periods on and after October 1, 2006 and through December 31, 2009.
- If a non-institutional provider fails to file required financial and statistical reports or data related to the rate setting process, by the filing due date, effective on or after April 1, 2006, the Commissioner of Health shall reduce the current payment rate for the facility by 10%. This rate reduction will apply for the period beginning on the first day of the calendar month following the original due date of the required report and/or data and continue until the last day of the calendar month in which the applicable reports or data are filed.
- Continues, effective April 1, 2006 and thereafter, certain cost containment initiatives currently in effect for Medicaid rates of payment. These are as follows: diagnostic and treatment center rate freeze, including products of ambulatory care; diagnostic and treatment center and certified home health agency administrative and general cost reimbursement limits; home health care Medicare maximization initiatives; hospital outpatient and emergency department reimbursement reductions attributable to exclusion of 44% of major moveable equipment capital costs and elimination of staff housing costs; and adult day health care reimbursement caps.
- For state fiscal years beginning April 1, 2006 and thereafter, continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency department services 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 eligibility criteria remain unchanged. The amount to be paid will be up to \$287 million annually. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.
- Continues, effective October 1, 2006 and thereafter, the provision that payments for hospital-based and freestanding ambulatory surgery services will be at the rates in effect as of March 31, 2003.
- Continues, effective April 1, 2006 and thereafter, Medicaid reimbursement to certified home health care agencies, long term home health care programs, personal care services agencies, and AIDS home care programs for the cost of fees for obtaining the criminal history record checks from the United State Attorney General and the facility costs associated with obtaining fingerprint cards. Reimbursement will be in accordance with the previously noticed and approved methodology.

- Effective for Adult Day Health Care services rendered on or after April 1, 2006, the maximum daily rate of payment may not exceed 65% of the RHCF's per diem rate established on a regional basis.
- Effective for rate years 2006 and thereafter, the annual reconciliation of the State share savings in excess of or lower than \$1,500,000 attributed to the implementation of the ceiling on administrative and general costs in the calculation of payment rates for certified home health agency providers is no longer required.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to these proposed initiatives for state fiscal year 2006/2007 are \$632.8 million.

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

The public is invited to review and comment on these proposed state plan amendments.

*For further information and to review and comment, please contact:* William Johnson, Department of Health, Division of Legal Affairs, Office of Regulatory Reform, Corning Tower, Rm. 2415, Empire State Plaza, Albany, NY 12237, (518) 473-7488, fax: (518) 486-4834, e-mail: regsqa@health.state.ny.us

## PUBLIC NOTICE

County of Cattaraugus

The County of Cattaraugus is soliciting 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 Cattaraugus 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:* David R. Moshier, Human Resources Director, County of Cattaraugus, 303 Court St., Little Valley, NY 14755

All proposals must be submitted not later than 30 days from the date of publication in the New York *State Register* by 4:30 p.m.

## PUBLIC NOTICE

Division of Criminal Justice Services

Juvenile Justice Advisory Group

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

Date: April 11, 2006  
 Time: 10:30 am - 2:30 pm  
 Place: Colonie Public Safety Building  
 Colonie, NY

*For further information or if you need assistance in accommodation arrangements to attend this meeting, contact: Anne Cadwallader, Bureau of Justice Funding, Division of Criminal Justice Services, Four Tower Place, Albany, NY 12203, Phone: (518) 457-6892, Fax: (518) 485-0909*

**PUBLIC NOTICE**  
 Office of Labor Relations  
 City of New York

The City of New York Office of Labor Relations (OLR) is seeking proposals from qualified international equity index fund vendors to provide investment management services for the International Equity Index Fund investment option of the City of New York Deferred Compensation Plan. The Request for Proposals will be available beginning on Monday, April 10, 2006. Responses are due no later than 4:30 p.m. Eastern Time on Monday, May 22, 2006. To obtain a copy of the RFP, please visit the Plan's web site at: <http://nyc.gov/html/olr/html/rfp/dcrprfs.html>

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

**PUBLIC NOTICE**  
 Department of State  
 F-2006-0176 (DA)  
 Date of Issuance -April 5, 2006

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

The National Park Service has determined that the proposed activity complies with and will be conducted in a manner consistent to the maximum extent practicable with the approved New York State Coastal Management Program. The consistency determination and accompanying public information and data is available for inspection at the New York State Department of State offices located at 41 State Street in Albany, New York.

**In F-2006-0176 (DA), The National Park Service, Fire Island National Seashore, 120 Laurel Street, Patchogue, New York,** is proposing the construction of a new West End Entrance Station at Fire Island National Seashore. The project will consist of a new building not to exceed 2000 square feet that will provide needed office space for Park personnel, an information station for Park visitors, and public restrooms. A total of 8 parking spaces will be available at the site. Pedestrian connections will be incorporated to existing walkways from the beach and from Robert Moses State Park Field 5. The stated purpose of the project is to provide for the safe entrance of visitors to the Seashore.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activity 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 April 20, 2006.**

Comments should be addressed to the Division of Coastal Resources and Waterfront Revitalization, New York State Department of State, 41 State Street, Albany, New York 12231. Telephone (518) 474-6000; Fax (518) 473-2464.

This notice is promulgated in accordance with Section 306(d)(14) of the Federal Coastal Zone Management Act of 1972, as amended.

**PUBLIC NOTICE**  
 Department of State  
 F-2006-0183 (DA)  
 Date of Issuance -April 5, 2006

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

The Corps of Engineers, New York District has determined that the proposed activity complies with and will be conducted in a manner consistent to the maximum extent practicable with the approved New York State Coastal Management Program. The consistency determination and accompanying public information and data is available for inspection at the New York State Department of State offices located at 41 State Street in Albany, New York.

**In F-2006-0183 DA, the Corps of Engineers, New York District** is proposing the maintenance dredging of the Federal navigation channel and deposition basins in East Rockaway Inlet, in the City of New York, Queens County. The proposed maintenance dredging would involve the removal of approximately 220,000 cubic yards of material, which would be used as beach nourishment along the Rockaway Beach shoreline. The channel and deposition basins will be dredged to a depth of 14 feet plus 2 feet allowable overdepth.

The purpose of the proposed work is to alleviate the effects of shoaling and maintain the authorized project dimensions. The maintenance dredging of the channel and deposition basins at East Rockaway Inlet will be accomplished by pipeline dredge, hopper dredge, or similar plant. No work will occur during the environmental window for roseate tern and piping plover (April 1 to September 30).

Any interested parties and/or agencies desiring to express their views concerning the above proposed activity 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 April 20, 2006.**

Comments should be addressed to the Division of Coastal Resources and Waterfront Revitalization, New York State Department of State, 41 State Street, Albany, New York 12231. Telephone (518) 474-6000; Fax (518) 473-2464.

This notice is promulgated in accordance with Section 306(d)(14) of the Federal Coastal Zone Management Act of 1972, as amended.

**PUBLIC NOTICE**  
 Uniform Code Regional Boards of Review

Pursuant to 19 NYCRR 1205, the petitions below have 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 Roy Scott, Codes Division, Department of State, 41 State Street, Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2006-0193 Matter of Elmo Accetta 15 Belari Road, Selden, NY 11784 for an appeal and or variances concerning fire-safety requirements, including the need for a 1 hour fire separation between dwelling units.

Involved is the alteration of a two family dwelling of frame construction, located at 15 Belair Road, Town of Brookhaven, County of Suffolk, State of New York.

2006-0146 Matter of Eyai & Roni Yaari 17 Saratoga Avenue, East Northport, NY 11731 for an appeal and or variances concerning fire-safety requirements, including the space requirements for a finished basement.

Involved is the alteration of an existing one family dwelling of frame construction, located at 17 Saratoga Avenue, Town of Huntington, County of Suffolk, State of New York.

