

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 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

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 §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. The following significant changes are proposed:

Inpatient Hospital Services:

- Effective April 1, 2007, the Commissioner shall adjust medical assistance payments for inpatient hospital services for those public general hospitals that meet the targeted Medicaid discharge percentage. Targeted Medicaid discharge percentage shall mean that 35% of the hospital's total discharges were patients eligible for Medicaid, enrolled in Medicaid HMOs or enrolled in Family Health Plus as reported in the 2004 Institutional Cost Report filed with the Department of Health as of November 1, 2006. The aggregate amount of rate adjustments shall not exceed \$48 million in total and will be allocated on a per Medicaid discharge basis among qualifying public hospitals. Such allocated amounts to eligible public hospitals will be included as an add-on to inpatient rates of payment, excluding

exempt units, and shall not be reconciled to reflect utilization changes between 2004 and the current year.

- The current authority to adjust Medicaid rates of payment for non-public general hospitals, to include an adjustment for recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility will be extended through March 31, 2008. Aggregate payments for the period January 1, 2007 through March 31, 2007, will be \$65.55 million; and for the period April 1, 2007 through March 31, 2008, \$243.5 million. For periods on and after April 1, 2007, such increases shall be allocated proportionally based on a ratio of each hospital's total reported Medicaid inpatient discharges, as reported in the 2004 institutional cost report submitted prior to November 1, 2006, to the total of such reported Medicaid inpatient discharges for all non-public general hospitals. These amounts shall be included as a reimbursable cost add-on to inpatient rates of payment for non-public hospitals based on Medicaid utilization data in each hospital's annual cost report submitted for the year two years prior to the rate year. Payments shall be reconciled to reflect changes in Medicaid utilization between the year two years prior to the rate year and the rate year based on data reported in each hospital's cost report for the respective rate year.
- Continues, effective for periods through December 31, 2007, Medicaid disproportionate share payments to eligible major public general hospitals based on the existing formula. For rate periods through December 31, 2007, each eligible major public general hospital shall receive an annual allocation equal to the amount allocated to each major public hospital for the period January 1, 1996 through December 31, 1996. Such payments shall be subject to all applicable federal disproportionate share limitations.
- Continues high need indigent care adjustment distributions to general hospitals, excluding major public general hospitals, from the Indigent Care Pool for periods through December 31, 2007 based on the existing formula. From funds in the Indigent Care Pool, each year, \$36 million will be reserved on an annual basis through December 31, 2007 for these distributions. Such payments shall be subject to all applicable federal disproportionate share limitations.
- Effective for periods through December 31, 2007, continues indigent care pool disproportionate share payments of \$27 million on an annualized basis distributed to each eligible facility in an amount related to such facility's reduced distributions from the non-supplemental portion of the professional education pool for the applicable year. Such payments shall be subject to all applicable federal disproportionate share limitations.

- For informational notice only, effective for periods on and after January 1, 2008, indigent care payments and high need indigent care payments will reflect a new distribution methodology in accordance with regulations to be adopted. Further notice detailing the methods and standards of the new methodology will be forthcoming.
 - Continues, effective for periods through December 31, 2007, additional disproportionate share payments not to exceed \$82 million on an annual basis to be made as follows:
 - 1) Certain hospitals determined to be rural pursuant to state statute shall each receive \$140,000 annually. Further, these hospitals will be ranked according to a weighted statistic consisting of bad debt and charity care need and bed size. Such ranking shall determine additional distributions based on a targeted coverage of bad debt and charity care need incremental scale.
 - 2) Hospitals eligible for distributions pursuant to high need provisions of Public Health Law §2807-k shall receive an additional \$36 million on an annualized basis pursuant to such formula.
 - 3) Remaining monies shall be distributed based on the non-high need, non-major public hospital provisions of Public Health Law §2807-k.
- Such payments shall be subject to all applicable federal disproportionate share imitations.
- For inpatient hospital services on and after April 1, 2007, 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, 2007 through December 31, 2007.
 - The current authority to adjust Medicaid rates of payment for general hospitals, to include an adjustment for additional support of recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility will be extended effective for periods April 1, 2007 through December 31, 2007, and each calendar year thereafter. Aggregate payments for the period April 1, 2007 through December 31, 2007, and for each calendar year thereafter may not exceed \$121 million. For periods on and after April 1, 2007, such increases shall be allocated proportionally, based on a ratio of each hospital's total reported Medicaid inpatient discharges, as reported in the 2004 Institutional Cost Report submitted prior November 1, 2006, to the total of such reported Medicaid inpatient discharges for all general hospitals. These amounts shall be included as a reimbursable cost add-on to Medicaid inpatient rates for general hospitals based on the Medicaid utilization data in each hospital's annual cost report submitted two years prior to the rate year and reconciled to the respective rate year. Payments may be added to rates of payment or made as aggregate payments.
 - Continues the authority effective April 1, 2007 through December 31, 2007 and for each calendar year thereafter, for the adjustment to inpatient medical assistance rates of payment for rural hospitals for purposes of supporting critically needed health care services in rural areas in the aggregate amount of \$7 million for the effective period and \$7 million for each calendar year thereafter. These monies will be allocated and paid in accordance with the previously approved methodology.
 - For periods April 1, 2007 and thereafter, 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 rate periods on and after January 1, 2008, the service intensity weights used in the calculation of hospital inpatient rates shall be based on 2004 costs and statistics from a representative sample of general hospitals. Further, the calculation used for group average arithmetic inlier length-of-stays shall use 2004 reported data, and the short-stay and long-stay length-of-stay trimpoints shall be calculated using 2004 reported data based on a representative sample of general hospitals.
 - The case mix adjustment to the operating component of exempt unit or exempt hospital per diem rates shall, for periods on and after January 1, 2008, be computed utilizing the diagnosis-related group classification system in effect for the rate year and the related per day service intensity weights calculated using 2004 data.
 - Adjustments to Medicaid rates for hospital inpatient services effective January 1, 2008 and thereafter, related to the update of service intensity weights and length of stay parameters using 2004 data can not result in an aggregate increase to Medicaid expenditures. Proportional adjustments to rates of payment will be made to ensure aggregate payments reflect no such increase.
 - For state fiscal years beginning April 1, 2007, 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, or by a county 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, 2007, initial payments will be based on reported 2000 reconciled data and be further reconciled to actual reported data for 2007, 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, 2007, 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 medical inpatient hospital services of up to \$120 million may be made during each state fiscal year beginning April 1, 2007 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, 2007, initial payments will be based on reported 2000 reconciled data and be further reconciled to actual reported data for 2007 or 2008, 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, 2007 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, 2007 and thereafter, continues specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2007, 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, 2007 and thereafter, continues additional specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2007, 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 \$794 million annually. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.
- The State proposes to extend, effective April 1, 2007 and thereafter, 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 44% 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.
- Continues, effective April 1, 2007 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, 2007 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, 2007 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, 2007 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.

- Effective April 1, 2007 and thereafter, continues the provision that rate of payment for inpatient hospital services shall reflect no trend factor projections or adjustments for the period April 1, 1996 through March 31, 1997.
- Continues to the extent funds are available, for periods beginning on and after April 1, 2007, increases to rates of payment for hospital inpatient services by an amount not to exceed \$48 million annually in the aggregate. For rate periods on and after April 1, 2007 through March 31, 2008, such amounts shall be allocated among voluntary non-profit and private proprietary general hospitals, which continue to provide inpatient services as of April 1, 2007, and which have Medicaid inpatient discharges percentages equal to or greater than 35%. This percentage shall be based upon reported data in each hospital's 2004 Institutional Cost Report submitted on or before January 1, 2007. These adjustments shall be subject to reconciliation to ensure each hospital receives in the aggregate its proportionate share of full allocation to the extent allowable under federal law. Payments may be made as a rate adjustment or aggregate payments.

Long-Term Care Services:

- The current authority to adjust Medicaid rates of payment for non-public residential health care facilities (RHCs) to include an adjustment for recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility has been extended through March 31, 2009. Aggregate payments for the period April 1, 2007 through March 31, 2008, may not exceed \$77.25 million, and for the period April 1, 2008 through March 31, 2009, \$38.6 million. For periods on and after July 1, 2007, such increases shall be allocated proportionally based on a ratio of each such non-public facility's reported days of care to patients eligible for medical assistance, as reported in the 2004 cost report submitted prior to November 1, 2006, to the total of such reported Medicaid days by all non-public facilities. For periods on and after July 1, 2007, facilities that have not submitted 2004 cost reports shall have distributions allocated based on imputed days of care to patients eligible for medical assistance, reflecting the average of such Medicaid days of care in the region in which they are located.
- For services on or after April 1, 2007, the reimbursable operating cost component for RHCs rates will be established by the Commissioner of Health without trend factor projections attributable to the period January 1, 2007 through December 31, 2007, but shall include the retroactive impact of final trend factor adjustments for prior periods for which a trend factor was included.
- Effective April 1, 2007 and thereafter, RHC 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 April 1, 2007 through December 31, 2008, RHCs may request an adjustment to their rates of payment to reflect an increase in case mix equal to or greater than .05 based only on data from Medicaid patients properly assessed and reported in each patient classification group.
- 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, is continued for periods April 1, 2009 and thereafter.

- Effective, for rate periods on and after January 1, 2009, the regional input price adjustment factors shall be based on the case mix predicted staffing for RNs, licensed practical nurses, nurses' aides, licensed therapists and therapist aides. For the rate period January 1, 2009 through December 31, 2009, the regional direct and indirect price adjustment factors applied to a facility's rate shall be based upon the 2002 financial and statistical data. Such methodology shall utilize 2002 regional direct and indirect price adjustment factor percentages calculated in the same manner as the 2001 percentages in existence on December 31, 2006 except every region shall receive a corridor to reflect the region's actual variation without regard to any maximum statewide average variable corridor percentage. For rate periods beginning January 1, 2010 through December 31, 2011, regional direct and indirect price adjustment factors shall be applied to a facility's rate based on the utilization of 2008 financial and statistical data and using 2008 corridor percentages calculated in the same manner as the 2002 corridor percentages. For the rate period beginning January 1, 2012 through December 31, 2015, the regional direct and indirect price adjustment factors and the corridor percentages shall be based on financial and statistical data from the base period used for the operating component of rates for the 2012 rate period.
- For state fiscal years beginning April 1, 2007 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 aggregate annual amounts of up to \$150 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 2005 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.
- Continues, effective April 1, 2007 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, 2007 and thereafter, long-term care Medicare maximization initiatives, which shall be prorated for the period April 1, 2007 through March 31, 2008 and each respective year thereafter.

Non-Institutional Services:

- The current authority to establish programs to provide additional knowledge and experience in mechanisms to provide, maintain or subsidize health insurance coverage for certified home health agencies and personal care providers who employ personal care workers and home health workers has been extended for the period July 1, 2007 through March 31, 2008. Gross Medicaid rates of payment will increase by no more than \$122.3 million, in the aggregate, for the period. For periods on and after July 1, 2007, an adjustment to rates of payments shall be made for certified home health agencies and providers of personal care services who are located in a city with a population of over one million persons if such county is located within the metropolitan commuter transportation district; provide more than 50% of their total annual hours of home care services to recipients of medical assistance; and contribute, as of July 1, 2007, to a group health insurance plan or employer based group health plan on behalf of their employees. Payments shall be added to rates of payment to eligible providers and allocated proportionally based on a each eligible provider's most currently reported available total annual hours of home care services provided to recipients of medical assistance. Eligible providers shall use such funds solely for the purpose of supporting health insurance coverage for their employees and are prohibited from using such funds for any other purpose. The Commissioner of Health is authorized to audit providers to ensure compliance with these provisions and shall recoup any funds determined to have been used for purposes other than those authorized.
- The current authority to adjust Medicaid rates of payment for freestanding diagnostic and treatment centers to include an adjustment for recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility has been extended for the period July 1, 2007 through March 31, 2008. Aggregate payments may not exceed \$9.75 million for such period. Effective for periods on and after July 1, 2007, such adjustments shall be allocated proportionally, based on a ratio of each diagnostic and treatment center's total reported Medicaid visits, as reported in each diagnostic and treatment center's 2004 cost report submitted prior to January 31, 2007, to the total of such reported Medicaid visits for all diagnostic and treatment centers.
- The current authority to adjust Medicaid rates of payment for personal care services provided in local social services districts which include a city with a population of over one million persons and distributed in accordance with memorandums of understanding entered into between the State and such local districts for purpose of supporting the recruitment and retention of personal care service workers or any worker with direct patient care responsibility has been extended for the period July 1, 2007 and thereafter. Payments shall not exceed, in aggregate, \$255 million for the period beginning July 1, 2007 through March 31, 2008.
- The current authority to adjust Medicaid rates of payment for personal care services, provided in local social services districts which shall not include a city with a population of over one million persons, for the purpose of supporting the personal care services worker recruitment and retention program has been extended for the period July 1, 2007 through March 31, 2008. Payments for this period shall not exceed, in the aggregate, \$22.4 million. Adjustments to rates will be done in accordance with the previously approved methodology.
- The current authority to adjust Medicaid rates of payment for certified home health agencies, long term home health care programs, AIDS home care programs, hospice programs, and managed long term care plans for the purposes of supporting recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility has been extended for the period July 1, 2007 through March 31, 2008. Payments shall not exceed, in the aggregate, \$100 million and shall be calculated in accordance with the previously approved methodology.
- For services on and after April 1, 2007, the reimbursable operating cost component for general hospital outpatient rates and adult day health care services provided by RHCFs will be established by the Commissioner of Health without trend factor projections attributable to the period January 1, 2007 through December 31, 2007.
- Continues, effective April 1, 2007 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 adminis-

trative 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.

- Continues, effective October 1, 2007 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.
- 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 departments 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.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to these proposed initiatives for state fiscal year 2007/2008 is \$1.76 billion.

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 R. Johnson, Department of Health, Bureau of House Counsel, Regulatory Affairs Unit, Corning Tower Bldg., Rm. 2415, Empire State Plaza, Albany, NY 12237, (518) 473-7488, (518) 486-4834 (FAX), REGSQNA@health.state.ny.us

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, Lorraine A. Cortés-Vázquez, 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

ADVANCE PHYSICAL THERAPY LLP (01)
ALLEN, MORRIS, TROISI & SIMON LLP (96)
ANTIN, EHRlich & EPSTEIN, LLP (01)

B

BAY RIDGE ANIMAL HOSPITAL, LLP (01)
BEEBE, GROSSMAN & BERGINS, LLP (96)
BELAIR & EVANS LLP (96)
BELL & COMPANY LLP (96)
BORIS BENIC AND ASSOCIATES LLP (01)
BROWN & BROWN, LLP (96)

C

CASEY MAHON & ROONEY, LLP (96)

D

DANA & KAPLAN, L.L.P. (01)
DAVIDSON & LOPRESTI, LLP (01)

F

FOOTE & ASSOCIATES LLP (96)
FRANCHINO & MAZZARELLI, LLP (01)
FREEMAN & FORREST LLP (96)

G

GAGE SPENCER & FLEMING LLP (01)
GOLDBERG WEPRIN & USTIN LLP (96)

K

KROLL, RUBIN & FIORELLA LLP (96)
KUCKER & BRUH, LLP (96)

L

LIDDLE & ROBINSON LLP (96)

M

MANGAL & PROMILA THAKKER, MD, LLP (96)
MANHATTAN DENTAL ASSOCIATES, LLP (96)
MANHATTAN HEALTH ASSOCIATES, L.L.P. (96)
MARIN GOODMAN, LLP (01)
MARKOVITS & KENIRY, LLP (01)
MCCARTHY & KELLY LLP (96)
MEADOWLANDS ORTHOPAEDICS, L.L.P. (96)
MEYER & SPENCER LLP (01)
MIRABELLA & SMITH LLP (01)
MUHLSTOCK, HOLZWANGER, L.L.P. (01)
MURRAY & HOLLANDER LLP (96)

N

NORTHEASTERN MEDICAL ASSOCIATES LLP (01)
 NOTARO & LAING LLP (96)

O

O'HARA, HANLON, KNYCH & POBEDINSKY, LLP (96)

P

PANORAMA INTERNAL MEDICINE GROUP LLP (96)
 POPICK, RUTMAN & JAW, L.L.P. (96)

Q

Q, LLP (01)

R

RICHARD L. MARCUS, DDS & STEPHEN I. SHORE, DMD,
 LLP (96)
 RICOTTA & PERSONIUS, LLP (01)
 ROSENZWEIG & MAFFIA LLP (96)
 ROSSILLO & LICATA, LLP (01)
 RUBENSTEIN AND SCHERER, LLP (01)
 RUBIN & WEISSMAN, LLP (01)

S

SCHNEIDER, SCHECTER & YOSS LLP (01)
 SCHWARZ & DEMARCO LLP (96)
 SCIBILIA, POLACCO & ALEDORT LLP (96)
 SEHAM, SEHAM, MELTZ & PETERSEN, LLP (96)
 SELBACH & VIENCEK, LLP (96)
 SHEA & NORNES, LLP (96)
 SMALL & MILLER, CPA, LLP (01)
 SOUNDVIEW PEDIATRIC ASSOCIATES, LLP (96)
 SOUTH SHORE PEDIATRIC PHYSICAL THERAPY, LLP
 SURIS & NOFI, LLP (01)

T

THE LIEB GROUP, LLP (01)
 TONELLI & LEVINE, LLP (01)

W

WOJTAN VALLONE GAGOLA & BRENNAN, LLP (96)

Y

YOHALEM GILLMAN & COMPANY, LLP (96)

FOREIGN REGISTERED LIMITED
 LIABILITY PARTNERSHIPS

E

EVENCHICK & SCHREIBER LLP (01) (NJ)

F

FOWLER, RODRIGUEZ, KINGSMILL, FLINT, GRAY &
 CHALOS, LLP (01) (LA)

O

ORRICK, HERRINGTON & SUTCLIFFE LLP (96) (CA)

Q

QUINN EMANUEL URQUHART OLIVER & HEDGES, LLP
 (01) (CA)

S

STEINHART & FALCONER LLP (01) (CA)

WITNESS my hand and the official seal of the Department of State at
 its office in the City of Albany this twenty-eighth day of March in the
 year two thousand seven.

[SEAL]

LORRAINE A. CORTÉS-VÁZQUEZ
Secretary of State

PUBLIC NOTICE

Department of State

Notice of a 60-Day Review and Comment Period for the
 Chautauqua Lake Inter-Municipal
 Draft Local Waterfront Revitalization Program

A major component of New York State's Coastal Management Program (CMP) is the provision that local governments be allowed to prepare Local Waterfront Revitalization Programs, which further detail and make geographically specific the State's Coastal Policies. Pursuant to Article 42 of the New York State Executive Law and 19 NYCRR Part 601, the New York State Department of State has received and accepted a Draft Local Waterfront Revitalization Program (LWRP) from the nine municipalities that jointly prepared the Chautauqua Lake Draft LWRP.

To approve the Chautauqua Lake Draft LWRP, the Secretary of State must find that it is consistent with Article 42 of the NYS Executive Law and that it does not conflict with existing State programs and policies. Since State agency actions must be consistent with an approved LWRP, Article 42 requires that any potentially affected State agency be given the opportunity to comment on the proposed program.

The Towns of Chautauqua, Ellery, Ellicott, Busti, and North Harmony; and the Villages of Mayville, Bemus Point, Celoron, and Lakewood have jointly completed preparation of a Draft Local Waterfront Revitalization Program (LWRP). The Chautauqua Lake Draft LWRP is a locally prepared, comprehensive land and water use plan for the Lake's natural, public, and developed waterfront resources. The LWRP was prepared with assistance from the Chautauqua County Planning and Economic Development Department and the New York State Department of State, in accordance with the New York State Waterfront Revitalization of Coastal Areas and Inland Waterways Act and the New York State Coastal Management Program. The Chautauqua Lake Draft LWRP is a comprehensive inland coastal management program that is based on the policies of the New York State Coastal Management Program. It provides a comprehensive framework within which critical waterfront issues can be addressed and waterfront improvement projects can be pursued and implemented.

Because a Local Waterfront Revitalization Program (LWRP) is an official document and program with provisions that are binding on numerous local and State agencies for a broad range of activities, it is necessary to have a thorough process of local, State, and Federal review of the LWRP prior to local adoption and Department of State approval of each LWRP.

The nine participating municipalities accepted their Draft LWRP as complete and ready for public review. Similarly, the Chautauqua Lake Draft LWRP was then accepted by the New York State Department of State as complete and ready for public review and the following New York State required official 60-day review period dates have been established: March 14, 2007 to May 14, 2007. At the close of the required 60-day review period, the Department of State and Chautauqua County Planning and Economic Development Department will coordinate responses to comments received with the nine Chautauqua Lake municipalities, and appropriate modifications to the LWRP document will be made to address comments.

Copies of the Chautauqua Lake Draft LWRP have been distributed to local, regional, State, and Federal agencies for review during this 60-day review period and may also be viewed and downloaded from the following Department of State website: www.nyswaterfronts.com. Copies of the Chautauqua Lake LWRP are also available for review at the office of the Division of Coastal Resources, Department of State, 41 State Street, Albany, NY; and the office of the Chautauqua County

Planning and Economic Development Department located at 200 Harrison Street, Jamestown, NY.

Comments on the Chautauqua Lake Draft LWRP should be submitted by May 14, 2007 to: Jeffrey Beach, LWRP Processing Coordinator, Department of State, Division of Coastal Resources, 41 State St., Albany, NY 12231-0001, (518) 473-2472, e-mail: jbeach@dos.state.ny.us

PUBLIC NOTICE

Department of State
F-2006-1072

Date of Issuance - March 28, 2007

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 41 State Street in Albany, New York.

In F-2006-1072, BITI Development (c/o Robert Antonucci), Jericho Atrium, 500 N. Broadway, Suite 221, Jericho, NY, 11753, is proposing to construct 80 townhouse units with associated parking, stormwater containment structures, public promenade, plaza and elevated walkway/non-motorized boat access on an 11.7 acre site. The site will be serviced by sewer and public water. Improvements proposed seaward of high water are shoreline revegetation, a stormwater discharge swale, and a rip rap underdrain discharge, a portion of a non-motorized boat launch/waterfront pedestrian access point and replacement of approximately 94 linear feet of existing bulkhead. The project site is located at Old Northern Boulevard, Rosly, NY, on Hempstead Harbor Creek.

The Purpose of the Proposed Action is to provide NYARNG units assigned to Camp Smith with adequate administrative, academic, storage, and equipment maintenance facilities. This action is needed to serve the missions of the assigned units and to ensure military readiness. The overall mission and types of activities that occur at the installation would not change under the Proposed Action. The new readiness center would consolidate all NYARNG units in Westchester County into one central facility, and the CSMS would consolidate most regional maintenance functions. Authorized full-time staff would increase by no more than 100 from 125-225 personnel. The authorized strength of units assigned to Camp Smith would increase from approximately 200 guardsmen to no more than 350 to 400 guardsmen. A majority of the additional full-time staff and Guardsmen are currently assigned to the Valhalla Readiness Center/Organizational Maintenance Shop (OMS) 8 and Peekskill Readiness Center in Westchester County, which would close following the relocation. The Proposed Action is the NYARNG's preferred alternative.

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 12, 2007.

Comments should be addressed to the Division of Coastal Resources and Waterfront Revitalization, Department of State, 41 State St., Albany, NY 12231, (518) 474-6000; fax (518) 473-2464.

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

**SALE OF
FOREST PRODUCTS
NOTICE OF SALE**

Broome Reforestation Area No. 9
Contract No. X006512

Pursuant to section 9-0505 of the Environmental Conservation Law, the Department of Environmental Conservation hereby gives public notice of the following:

Sealed bids for 55.8 MBF more or less of white ash, 42.9 MBF more or less of black cherry, 23.7 MBF more or less of soft maple, 7.9 MBF more or less of hard maple, 4.8 MBF more or less of red oak, 2.3 MBF more or less of basswood, 0.5 MBF more or less of black birch, 27 cords more or less of hardwood firewood and 134 tons more or less of red pine pulpwood located on Broome Reforestation Area No. 9; Stand(s) 14, 16 & 20, will be accepted at the Department of Environmental Conservation, Contract Unit, 625 Broadway, Albany, NY 12233-5027 until 11:00 a.m., Thursday, April 12, 2007.

For further information contact: Robert Slavicek, Supervising Forester, Department of Environmental Conservation, Division of Lands and Forests, Region 7, 2715 State Hwy. 80, Sherburne, NY 13460-4507, (607) 674-4036

**SALE OF
FOREST PRODUCTS
NOTICE OF SALE**

Chenango Reforestation Area Nos. 18 and 20
Contract No. X006511

Pursuant to section 9-0505 of the Environmental Conservation Law, the Department of Environmental Conservation hereby gives public notice of the following:

Sealed bids for 125.8 MBF more or less of norway spruce, 635 tons more or less of red pine, 240 tons more or less of larch, 4.1 MBF more or less of black cherry, 0.6 MBF more or less of hard maple, 0.3 MBF more or less of white ash, 0.2 MBF more or less of red maple, 20 cords more or less of hardwood firewood and 150 cords more or less of red pine/hardwood pulpwood located on Chenango Reforestation Area No. 20; Stands C-1 & 3, and Chenango Reforestation Area No. 18; Stand C-39, will be accepted at the Department of Environmental Conservation, Contract Unit, 625 Broadway, Albany, NY 12233-5027 until 11:00 a.m., Thursday, April 12, 2007.

For further information contact: Robert Slavicek, Supervising Forester, Department of Environmental Conservation, Division of Lands and Forests, Region 7, 2715 State Hwy. 80, Sherburne, NY 13460-4507, (607) 674-4036

**SALE OF
FOREST PRODUCTS
NOTICE OF SALE**

Delaware Reforestation Area No. 9
Contract No. X006524

Pursuant to section 9-0505 of the Environmental Conservation Law, the Department of Environmental Conservation hereby gives public notice of the following:

Sealed bids for 94.2 MBF more or less of softwood and hardwood sawtimber and 235.8 cords more or less of hardwood firewood and softwood pulp located on Delaware Reforestation Area No. 9, Stand A-

21, will be accepted at the NYS Department of Environmental Conservation, Bureau of Procurement and Expenditure Services, 625 Broadway, 10th Fl., Albany, NY 12233-5027 until 11:00 a.m., Thursday, April 12, 2007.

For further information contact: Ben Peters, Senior Forester, Department of Environmental Conservation, Division of Lands and Forests, Region 4, 65661 State Hwy. 10, Suite 1, Stamford, NY 12167-9503, (607) 652-7365