

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 Town of Big Flats

The Town of Big Flats, NY is soliciting proposals from administrative service agencies relating to trust service, managed account service, administration and/or funding of a Deferred Compensation Plan for the employees of Big Flats, NY. They must 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 proposed questionnaire may be obtained from: Town of Big Flats, Attn: Linda Cross, Town Clerk, 476 Maple St., P.O. Box 449, Big Flats, NY 14814, (607) 562-8443, ext. 201

All proposals must be received no later than 30 days from the date of publication in the New York *State Register*.

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 inpatient hospital, long-term care, and non-institutional services to comply with recently enacted statutory provisions. The following provides notification of new significant changes and clarification to previously noticed provisions:

Inpatient Hospital Services

- Effective for periods on or after August 1, 2010, the Commissioner of Health is authorized to seek federal approval to utilize certified public expenditures (CPE) with regard to Medicaid payments made to or on behalf of non-state-owned general public hospitals located in a city of more than one million persons in order to recognize otherwise un-reimbursed allowable medical assistance costs related to hospital inpatient services. General public hospitals seeking to utilize CPEs for Medicaid payment

purposes shall provide documentation and supporting data as the Commissioner of Health deems necessary to further such utilization. The federal matching funds received for approved CPEs shall be remitted to the general public hospital whose expenditures formed the basis for such CPE. Further, the amount of such CPEs shall be excluded from all calculations used to determine the amount the Department of Health is obligated to reimburse social services districts for medical assistance for needy persons and the administration thereof.

- The social services district in which an eligible public general hospital is physically located shall be responsible for payments for all services provided by such public general hospital for furnishing medical assistance to the eligible persons receiving such services.
- Social services district funding of the non-federal share of these payment increases shall be deemed to be voluntary for purposes of the increased Federal Medical Assistance Percentage (FMAP) provisions of the American Recovery and Reinvestment Act (ARRA) of 2009. If the Centers for Medicare and Medicaid Services determine that such non-federal share payments are not voluntary or otherwise disallows federal financial participation in such payments, these provisions shall be null and void and payments made pursuant to these provisions shall be recouped by the Commissioner of Health.

Indigent Care

- As noticed on June 30, 2010, additional inpatient hospital payments made to eligible general hospitals, including safety net hospitals but not major public general hospitals, which provide emergency room services, shall be made as upper payment limit (UPL) payments in aggregate monthly payments. However, such UPL payments are no longer conditioned upon the availability of enhanced FMAP payments.
- The authority to reserve, set-aside and distribute 10 percent of the aggregate distributions from the general hospital indigent care pool to each general hospital, in accordance with PHL sections 2807-k and 2807-w, shall be extended indefinitely.
- Extends through March 31, 2011, the authorization to distribute Indigent Care and High Need Indigent Care disproportionate share payments in accordance with the approved methodology.

Long Term Care Services

- The nursing home rebasing of base year costs provisions have been extended through June 30, 2011, as previously noticed on December 9, 2009 and March 31, 2010.
- Effective for periods on and after July 1, 2011, the operating cost component of the rates, for the following categories of facilities shall reflect the rates in effect for such facilities on June 30, 2011, as adjusted for inflation in accordance with statutory provisions:
 - AIDS facilities or discrete AIDS units;
 - discrete units for residents receiving care in a long-term inpatient rehabilitation program for traumatic brain injury;
 - discrete units providing specialized programs for residents requiring behavioral interventions;
 - discrete units for long-term ventilator dependent residents; and
 - facilities or discrete units that provide extensive nursing, medical, psychological and counseling support services solely to children.

Non-institutional Services

- Effective for the period August 1, 2010 through March 31, 2011, and annually thereafter, 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.
 - The social services district in which an eligible public DTC is physically located shall be responsible for any payment increases for such public DTC services provided regardless of whether another social services district or the Department of Health may otherwise be responsible for furnishing medical assistance to eligible persons receiving such services.
 - Any payment increases for DTC services shall be effective for purposes of determining payments for public DTCs contingent on receipt of all approvals required by federal law or regulations for federal financial participation. If federal approvals are not granted for payment increases for DTC services, payments to eligible public DTCs shall be determined without consideration of such amounts or such components. In the event of federal disapproval, public DTCs shall refund to the State, or the State may recoup from prospective payments, any payment received, including those based on a retroactive reduction in the payments. Any reduction related to federal upper payment limits shall be deemed to apply first to these payments.
 - Reimbursement by the State for payments made for services provided by public DTCs shall be limited to the amount of federal funds properly received or to be received on account of such expenditures. Further, payments shall be excluded from all calculations determining the amount the Department of Health is obligated to reimburse social services districts for medical assistance for needy persons and the administration thereof.
 - Social services district funding of the non-federal share of payment increases for DTCs shall be deemed to be voluntary for purposes of the increased FMAP provisions of the ARRA of 2009. If the Centers for Medicare and Medicaid Services determine that such non-federal share payments are not voluntary or otherwise disallows federal financial participation in such payments, these provisions shall be null and void and payments made pursuant to these provisions shall be recouped by the Commissioner of Health.
 - Effective for the period August 1, 2010 through March 31, 2011, and annually thereafter, 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.
 - Local social services districts may decline increased payments to their sponsored DTCs and free-standing clinics, provided they provide written notification to the Commissioner of Health, within 30 days following receipt of notification of a payment.
 - The social services district in which an eligible public DTC is physically located shall be responsible for any payment increases for such public DTC for all DTC services provided regardless of whether another social services district or the Department of Health may otherwise be responsible for furnishing medical assistance to the eligible persons receiving such services.
 - Any payment increases for DTC services shall be effective for purposes of determining payments for public DTCs contingent on receipt of all approvals required by federal law or regulations for federal financial participation. If federal approvals are not granted for payment increases for DTC services, payments to eligible public DTCs shall be determined without consideration of such amounts or such components. In the event of federal disapproval, public DTCs shall refund to the State, or the State may recoup from prospective payments, any payment received, including those based on a retroactive reduction in the payments. Any reduction related to federal upper payment limits shall be deemed to apply first to amounts provided pursuant to these provisions.
 - Reimbursement by the State for payments made for services provided by public DTCs shall be limited to the amount of federal funds properly received or to be received on account of such expenditures. Further, payments shall be excluded from all calculations determining the amount the Department of Health is obligated to reimburse social services districts for medical assistance for needy persons and the administration thereof.
 - Social services district funding of the non-federal share of payment increases for DTCs shall be deemed to be voluntary for purposes of the increased FMAP provisions of the ARRA of 2009. If the Centers for Medicare and Medicaid Services determine that such non-federal share payments are not voluntary or otherwise disallows federal financial participation in such payments, these provisions shall be null and void and payments made pursuant to these provisions shall be recouped by the Commissioner of Health.
 - Effective for periods on or after August 1, 2010, the Commissioner of Health is authorized to seek federal approval to utilize certified public expenditures (CPE) with regard to Medicaid payments made to or on behalf of non-state-owned general public hospitals located in a city of more than one million persons in order to recognize otherwise un-reimbursed allowable medical assistance costs related to hospital outpatient services. General public hospitals seeking to utilize CPEs for Medicaid payment purposes shall provide documentation and supporting data as the Commissioner of Health deems necessary to further such utilization. The federal matching funds received for approved CPEs shall be remitted to the general public hospital whose expenditures formed the basis for such CPE. Further, the amount of such CPEs shall be excluded from all calculations used to determine the amount the Department of Health is obligated to reimburse social services districts for medical assistance for needy persons and the administration thereof.
 - The social services district in which an eligible public general hospital is physically located shall be responsible for payments for all services provided by such public general hospital for furnishing medical assistance to the eligible persons receiving such services.
 - Social services district funding of the non-federal share of these payment increases shall be deemed to be voluntary for purposes of the increased Federal Medical Assistance Percentage (FMAP) provisions of the American Recovery and Reinvestment Act (ARRA) of 2009. If the Centers for Medicare and Medicaid Services determine that such non-federal share payments are not voluntary or otherwise disallows federal financial participation in such payments, these provisions shall be null and void and payments made pursuant to these provisions shall be recouped by the Commissioner of Health.
- The following is a clarification to a previously noticed provision for long term care services:
- Effective for periods April 1, 2010 through June 30, 2011, regarding inpatient rates of payment for RHCs, if it is determined by the Commissioner of Health and the Director of the Budget, that rates computed pursuant to applicable provisions of PHL section 2808(2-b)(b) shall, prior to the application of any applicable adjustment for inflation, result in an aggregate increase in such rates from the prior year's rates, proportional adjustments to such rates will be made as are necessary to ensure there is no such aggregate increase or decrease. Additionally, the case mix adjust-

ments scheduled for January of 2011 will not be made. Adjustments made will not be subject to subsequent correction or reconciliation.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to these proposed initiatives for state fiscal year 2010/2011 is \$45.9 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 this proposed state plan amendment.

For further information and to review and comment, please contact: Philip N. Mossman, Department of Health, Bureau of HCRA Operations & Financial Analysis, Corning Tower Bldg, Rm. 984, Empire State Plaza, Albany, NY 12237, (518) 474-1673, (518) 473-8825 (FAX), PNM01@health.state.ny.us

PUBLIC NOTICE

Monroe County Water Authority

Monroe County Water Authority is requesting proposals from qualified administrative services agencies, and/or financial organizations relating to administration, trustee services and/or funding of a deferred compensation plan for employees of the Monroe County Water Authority 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 proposed questionnaire may be obtained, by e-mail request, from: diane.hendrickson@mcwa.com, Diane Hendrickson, Human Resources, 475 Norris Dr., Rochester NY 14610

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

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, 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**

REGISTERED LIMITED LIABILITY PARTNERSHIP REVOCATION OF REGISTRATION A 1

A

ANDREOZZI & FICKESS, LLP (04)
ATKINSON & HEFFRON, LLP (05)

B

BLATT & DAUMAN LLP (04)
BRAND BRAND NOMBERG & ROSENBAUM, LLP (04)

C

CAMPBELL & SHELTON LLP (04)
CARABBA, LOCKE LLP (99)
CARLOS M. VELAZQUEZ & ASSOCIATES, LLP (05)
CLARK, CUYLER, MAFFEI & MEDEROS, LLP (05)
COFFINAS & COFFINAS, LLP (00)
CONDOR ROCK CONSULTING, LLP (04)
CRONIN & VRIS, LLP (00)
CROTON MEDICAL ASSOCIATES, LLP (00)

E

EISENBERG & MARGOLIS, LLP (05)
ELHILOW & MAIOCCHI, LLP (95)

F

FARUQI & FARUQI, LLP (95)
FLANAGAN, COOKE & FRENCH, LLP (00)
FRANK & ZIMMERMAN & COMPANY, LLP (95)

G

GARGUILO & ORZECOWSKI LLP (99)
GAUTHIER & MARTIAN LLP (00)
GENSER, DUBOW, GENSER & CONA LLP (99)
GOLDBERG AND WEINBERGER LLP (00)
GREENFIELD IMAGING ASSOCIATES WEST LLP (00)

H

H. BRADLEY DAVIDSON, D.D.S. AND MICHAEL K. KEATING, D.D.S., (95)
HIRSCH, LEVINE, GREENE, INDRIOLO & HISIGER, L.L.P. (99)

J

JOSEPH, RENNIE & ASSOCIATES, LLP (05)

K

KARASYK AND MOSCHELLA, LLP (04)
KILLIAN, LEGAKIS & VETERE LLP (99)

L

LAW OFFICES OF BROGDON & BUNCH, LLP (04)
LENSON LAW GROUP, LLP (04)
LEVINE SAMUEL, LLP (95)
LONG ISLAND NEUROSCIENCE SPECIALISTS, L.L.P.
(04)
LUTHRA AND GUPTA, M.D., LLP (04)

M

MAYER & COMPANY LLP (04)
MEDINA & KETOVER, LLP (05)
MENTZER & HIGGINS, LLP (99)
MONTEVERDE & AMARI CPA'S, LLP (04)

N

NASSAU NEPHROLOGY LLP (99)
NEW YORK GROUP FOR PLASTIC SURGERY, LLP (95)
NEW YORK MEDICAL MASSAGE PRACTICE L.L.P.
(99)

P

PEDIATRIC ASSOCIATES OF BATAVIA, LLP (04)
PELAGALLI, WEINER, RENCH & THOMPSON, LLP
(95)
POWERS SHAPIRO STEIN LLP (05)

R

REAVIS LLP (05)

S

SAGA SPORTS MEDICINE CENTER LLP (99)
SCARCELLA AND LA TORRE, LLP (04)
SCHNEIDER & PFAHL, LLP (99)
SCHRADER & ISRAELY, LLP (04)
SCHUYLER EMERGENCY PHYSICIANS ASSOCIATES,
RLLP (05)
SESSLER & CHILEWICH, L.L.P. (99)
SIEGEL, SOMMERS & SCHWARTZ, LLP (95)
SIX CENTURY HILL PARTNERSHIP, L.L.P. (99)
SOTO, SANCHEZ & NEGRON, LLP (04)
SPORTS MEDICINE ARTHROSCOPIC RECONSTRUCTIVE
JOINT AND TRAUMA (95)

T

TAYLOR & MRSICH, LLP (05)
THE LAW OFFICES OF KRAUSE & MAUSER, LLP (05)
THE MEDICAL'S CONCIERGE, LLP (05)
TILEM & CAMPBELL, LLP (04)
TRATNER, MOLLOY & GOODSTEIN LLP (05)

W

WALLACH & ELEFANT, LLP (00)
FOREIGN REGISTERED LIMITED
LIABILITY PARTNERSHIPS
NY REGISTERED FOREIGN LIMITED LIABILITY PARTNER-
SHIP REVOCATION OF REGISTRATION L 1

L

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP (05)
(TX)

M

MATSON, DRISCOLL & DAMICO, LLP (00) (GA)

R

RAICE, PAYKIN, GREENBLATT, LESSER & KRIEG,
LLP (05) (NJ)

[SEAL]

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 July in the year two thousand ten.
LORRAINE A. CORTÉS-VÁZQUEZ
Secretary of State

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 Steven Rocklin, Codes Division, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2010-0312 Matter of Canaseraga Properties, LLC, c/o Pat Ripkin, P.O. Box 431, 2420 CR 15A, Canaseraga, NY 14822, for a variance concerning safety requirements, including required accessible bathroom, working space in front of electrical panels, and minimum door heights in a building located at 18-20 Main Street, Village of Canaseraga, County of Allegany, State of New York.

2010-0318 Matter of Elisabeth Straus, Openfield Farm, LLC, 346 Clinton Avenue, Salt Point, NY 12578 for a variance concerning fire safety requirements including the maximum size of a U-occupancy, riding arena.

Involved is the proposed construction of a new building, of type V-b, wood frame construction, with a gross area of 23,616 square feet, to be located at 348 Clinton Avenue, Salt Point, Town of Clinton, County of Dutchess, State of New York

2010-0327 Matter of George Mercado, 1328 Lincoln Ave., Utica, NY 13502 for a variance related to fire retardant of cellar ceiling in accordance with the New York State Multiple Residence Law.

Involved is an existing three-story three-family dwelling, located at 1328 Lincoln Avenue, City of Utica, County of Oneida, State of New York.

2010-0329 Matter of Dr. Anthony D'Amico, 2289 NYS Route 14, Lyons, New York 14489, for a variance concerning Uniform Code requirements including relief from provisions that require building sprinklers and from provisions that require a properly constructed fire

apparatus access road. The subject building is classified as an R1 (multi-residential occupancy) camp with three main buildings, one story in height, of Type 5B (unprotected wood frame) construction, and approximately 3,600 square feet in gross area of all buildings. The buildings are located at 2289 NYS Route 14, in the Town of Lyons, Wayne County, State of New York.

2010-0330 Matter of Stephen Yaussi, PE, for Symo, PC, 220 Sterling, Watertown, New York 13601, for a variance concerning Uniform Code requirements including relief from provisions that require additional exits on certain existing buildings undergoing a change in use and alteration. The subject building is classified as M (mercantile occupancy) retail/R2 (multiple residency) apartments, and is located at 101 Public Square, in the City of Watertown, Jefferson County, State of New York.

2010-0331 Matter of Peter Steer, AIA, 203 South Glen Avenue, Watkins Glen, New York 14891, for a variance concerning Uniform Code requirements including relief from provisions that require sprinklers in assembly occupancies. The subject property is classified as A2 (assembly occupancy) / F2 (factory occupancy) winery and is located at Knapp Vineyards Winery and Restaurant, 2770 Ernsberger Road, in the Town of Romulus, Seneca County, State of New York.

