

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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

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

Institutional Services

- Effective for services rendered on and after April 1, 2010, rates of payment for inpatient hospital services will reflect zero trend factor projections attributable to calendar year 2010.
- General hospital inpatient rates will be adjusted, effective April 1, 2010, to incorporate quality related measures that pertain to potentially preventable complications and re-admissions. Such rate adjustments will be made in accordance with current methodology and will result in an aggregate reduction in Medicaid payments, net any reinvestment for hospitals with improved or continued high performance with respect to established readmission benchmarks and initiatives for behavioral health admission diversion and post-discharge linkage payments. The aggregate reduction in Medicaid payments for the period of April 1, 2010 through March 31, 2011, will be no less than \$49 million, and for the period of April 1, 2011 through March 31, 2012, no less than \$108 million.

Indigent Care

- Effective for the period April 1, 2010 through December 31, 2010, distributions to hospitals for indigent care pool disproportionate share (DSH) payments will reflect an aggregate reduction of \$140 million. For the period January 1, 2011 through December 31, 2011, and each calendar year thereafter, payments will reflect an aggregate reduction of \$186.5 million. Such reduction will be based on the proportion of each hospital's indigent care allocation to the total allocations of all hospitals'

indigent care allocation prior to application of such reduction. Such reductions will not be applied to distributions to major public general hospitals, including those operated by public benefit corporations, and distributions pursuant to Public Health Law (PHL) section 2807-k 5-b(b)(ii), (iii) and (iv).

- For state fiscal years beginning April 1, 2010, additional medical assistance DSH 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 will 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 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, 2010, initial DSH payments will be based on reported reconciled data from the base year two years prior to the payment year, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and further reconciled to actual reported data from such payment year, 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.
- 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 of over one million may receive additional medical assistance DSH payments for inpatient hospital services. For the state fiscal year beginning April 1, 2010 through March 31, 2011, additional medical assistance payments for inpatient hospital services will be in the amount of \$420 million, as further increased by up to the maximum payment amounts permitted under sections 1923(f) and (g) of the federal Social Security Act. Additional medical assistance payments for inpatient hospital services for the state fiscal year beginning April 1, 2011, and annually thereafter, will be in the amount of up to \$120 million, as further increased by up to the maximum payment amounts permitted under sections 1923(f) and (g) of the federal Social Security Act, as determined by the commissioner of health after application of all other disproportionate share hospital payments.
 - For state fiscal years on and after April 1, 2010, initial payments will be based on reported reconciled data from the base year two years prior to the payment year, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and further reconciled to actual data reported from such payment year and to actual reported data for each respective succeeding year.
 - Payments to eligible public general hospital may be added to rates of payments or made as aggregate payments.
- For state fiscal years beginning on and after April 1, 2010, the Disproportionate Share Hospital (DSH) base year for DSH payments to the Office of Mental Health (OMH) and Office of Alcoholism and Substance Abuse Services (OASAS) will initially be based on reported reconciled data from the base year two years prior to the payment year, and further reconciled to

actual reported data from such payment year. Payments may be made as quarterly aggregate payments to an eligible general hospital.

Long Term Care Services

- Effective for services rendered on and after April 1, 2010, rates of payment for residential health care facilities, except for facilities that provide extensive nursing, medical, psychological and counseling support services to children, will reflect zero trend factor projections attributable to calendar year 2010.
- Effective April 1, 2010, for residential health care facilities (RHCs) a “reserved bed day” will be defined as a day for which a governmental agency pays a RHC to reserve a bed for a person eligible for medical assistance while such person is temporarily hospitalized or on leave of absence from the facility.
- Payments for a reserved bed day will be provided on behalf of persons 21 years of age or older. Such payments, provided on behalf of such person, will be made at 95% of the Medicaid rate otherwise payable to the facility for such services. Payments for a reserved bed day on account of temporary hospitalizations may not exceed 14 days in any 12-month period; and on account of non-hospitalization leaves of absence may not exceed 10 days in any 12-month period.
- The nursing home rebasing of base year costs provisions have been extended through February 28, 2011, as previously noticed on December 9, 2009.
- Implementation of regional pricing is delayed from April 1, 2010 to March 1, 2011. Effective March 1, 2011, the operating cost component of payment rates for inpatient services provided by residential health care facilities will be computed on a regional basis, and will reflect allowable operating costs as reported in each facility’s 2007 cost reports, adjusted for inflation calculated in accordance with current statutory provisions.
- Effective for periods on and after March 1, 2011, the operating component of payment rates, for the following categories of facilities will reflect the rates in effect for such facilities on February 28, 2011, as adjusted for inflation in accordance with current 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 program 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 to children.
 Such rates will remain in effect until the Department, in consultation with representatives of the nursing home industry, develops a regional pricing or alternative methodology for determining such rates.
- For periods on and after April 1, 2010, a quality care incentive pool will be established for eligible residential health care facilities (RHCs) in order to increase Medicaid rates of payment for such eligible facilities. Aggregate payments will be made in an amount of up to \$50 million for state fiscal year beginning April 1, 2010 and within amounts appropriated for each state fiscal year thereafter. Such payments will be determined by applying criteria, including, but not limited to, the quality components of the minimum data set required under federal law, survey and staffing information, and other facility data. Facilities that fall within one or more of the following categories during a review period will be excluded from award eligibility:
 - any RHC that is currently designated by the federal Centers for Medicare and Medicaid Services as a “special focus facility”;
 - any RHC for which the Department has issued a finding of immediate jeopardy during the most recently completed federal fiscal year;
 - any RHC that has received a citation for substandard quality

of care in the areas of quality of life, quality of care, resident behavior, and/or facility practices during the most recently completed federal fiscal year;

- any RHC that is a part of a continuing care retirement community;
- any RHC that operates as a transitional care unit; and
- any other exclusion deemed appropriate by the Commissioner.
- Effective for periods April 1, 2010 through March 31, 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 Public Health Law section 2808 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, make such proportional adjustments to such rates as are necessary to ensure that there is no such aggregate increase. Additionally, the case mix adjustments scheduled for January of 2011 will not be made. Adjustments made will not be subject to subsequent correction or reconciliation.
- Effective for rate periods on or after April 1, 2010, residential health care facility Medicaid rates of payment will not include reimbursement for the cost of prescription drugs.
- Effective April 1, 2010 and thereafter, a residential health care facility (RHC), may apply to temporarily decertify or permanently convert a portion of its existing certified beds to another type of program or service under the voluntary RHC rightsizing program. The Commissioner may approve temporary decertifications and permanent conversions of beds totaling no more than 5,000 RHC beds on a statewide basis under the program. Such approvals will reflect, to the extent practicable, participation by a variety of RHCs based on geography, size and other pertinent factors.
- The Long-term Care Financing Demonstration Program is an alternative method through which up to five thousand persons will qualify for participation in the medical assistance program. An individual who is eligible to participate in the demonstration will be required to disclose his or her household’s resources and income to the local social services district. He or she will also be required to enter into an agreement with such district that obligates him or her to pay a defined private contribution toward the cost of institutional or non-institutional long term care. Once the individual satisfies his private contribution obligations, he or she can then apply for medical assistance.
 - The Commissioner of Health is authorized to enter into a contract with a private entity to assist in the administration of the demonstration program.
 - The Commissioner will submit a report that will discuss the implementation of this demonstration program to the Governor by November 1, 2015. This discussion will include a description of the extent to which individuals have opted to participate in the demonstration, an analysis of the impact of the demonstration on medical assistance program long-term care costs, any recommendations for legislative action, and such other matters as may be pertinent.
- The County Long-term Care Financing Demonstration Program will enable a participating county to either reduce its county nursing home bed capacity or close a county nursing home. The county may then invest any resulting demonstrated savings in programs or services that will encourage the use of community based long-term care alternatives to institutional care. Participation will be limited to up to five counties.
 - A county wishing to participate in the demonstration program will develop a plan and submit an application of participation to the Commissioner of Health.
 - The Director of the Division of Budget is authorized to adjust a district’s cap amount to account for changes in the non-federal share of medical assistance resulting from any approved demonstration plan.
 - The Commissioner of Health is also authorized to submit any

amendments to the state plan for medical assistance or any waivers of the federal Social Security Act that are deemed necessary to obtain federal financial participation in the costs of services provided by this demonstration program.

- The Commission of Health will submit a report discussing the implementation of this demonstration program to the Governor by November 1, 2015. The report will include identification of the counties approved to participate in the demonstration, a description of such counties' approved demonstration plans, an analysis of the impact of the demonstration on long-term care costs and service delivery, any recommendations for legislative action, and any other pertinent matters.

Non-Institutional Services

- Effective for the period April 1, 2010 through March 31, 2011, personal care services, including personal emergency response services, shared aid and individual aide for individuals 21 years of age or older will not exceed an average of 12 hours per day in any authorization period. This limitation is applicable to individuals for whom personal care services are prescribed by a physician and who are not inpatients or residents of a hospital, nursing facility, intermediate care facility for the mentally retarded or institution for mental disease.
- Medically necessary personal care services that exceed an average of 12 hours per day in any authorization period may be provided to an individual who is enrolled in the Consumer Directed Personal Assistance Program or is enrolled in the AIDS Home Care Program in accordance with the terms of such programs.
- Effective for services rendered on and after April 1, 2010, rates of payment for hospital outpatient services; home health services, including services provided to home care patients diagnosed with AIDS; personal care services, including those social services districts whose rates of payment for such services are issued by such social services districts pursuant to a rate-setting exemption; adult day health care services; and assisted living services will reflect zero trend factor projections attributable to calendar year 2010.
- Effective January 1, 2012, payments for services provided by certified home health agencies, except for such services provided to children under 18 years of age and other discrete groups, will be based on episodic payments. Such payments will be established using a base price for each episode of care, adjusted by a wage index factor and an individual patient case mix index. Such episodic payments may be further adjusted for low and high-utilization cases that exceed outlier thresholds of such payments. Base year episodic payments will be further adjusted to the applicable rate year, adjusted for inflation. The Commissioner may require agencies to collect and submit any data required to implement this mechanism.
- Within amounts appropriated, the Commissioner will establish an incentive pool for rate adjustments to eligible agencies that meet established quality measures. Such payments will be made in the form of adjustments to Medicaid rates of payment for services provided by agencies meeting such quality measures.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this proposed initiative for state fiscal year 2010/2011 is \$560.8 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 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), e-mail: PNM01@health.state.ny.us

PUBLIC NOTICE

City of New York Office of Labor Relations

The City of New York Office of Labor Relations (OLR) is seeking proposals from qualified vendors to provide Discretionary Investment Management of Traditional and Insurance Company Separate Account Guaranteed Synthetic Investment Contracts for the Stable Income Fund. The Request for Proposals will be available beginning on Tuesday, March 30, 2010. Responses are due no later than 4:30 p.m. Eastern Time on Tuesday, May 18, 2010. To obtain a copy of the RFP, please visit the OLR web site at: <http://nyc.gov/html/olr/html/requests/rfp.shtml> If you have any questions, please submit them by fax to Georgette Gestely, Director, New York City Deferred Compensation Plan, at (212) 306-7376.

PUBLIC NOTICE

City of Long Beach

Draft Notice of Issuance of Request for Proposals for On-Site Container Storage, Transport, and Disposal of Recyclable Materials
Dated: Thursday, March 18, 2010

Please take notice, that pursuant to, and in accordance with, Section 120-(w)(4)(e)(2)(i) of the New York State General Municipal Law, the City of Long Beach has issued a Draft Request for Proposals (DRFP) for the purpose of soliciting comments from prospective proposers and the public, with respect to the above specified Contract, prior to the issuance of a Final Request for Proposals. Said comments are to be made in writing and submitted to the City of Long Beach Department of Public Works, One West Chester Street, Room 404, Long Beach, New York 11561, no later than the close of business on Thursday, May 20, 2010, at 5:00 p.m. Upon receipt of all comments, the City of Long Beach may issue a Final Request for Proposals. Do not submit costs with the comments on this Draft Request for Proposals.

The Draft Request for Proposal is on file, and may be obtained (except Saturday, Sunday, and Holidays) on or after Thursday, March 18, 2010 between the hours of 9:00 a.m. and 5:00 p.m. at the City of Long Beach City Clerk's Office, City Managers Office, and Department of Public Works, at City Hall, One West Chester Street, Long Beach, New York 11561. There is no fee associated with obtaining this document.

City of Long Beach
Kevin C. Mulligan, P.E.
Commissioner of Public Works

**SALE OF
FOREST PRODUCTS**

Chenango Reforestation Area Nos. 1 and 35
Contract No. X007783

Pursuant to Section 9-0505 of the Environmental Conservation Law, the Department of Environmental Conservation hereby gives Public Notice for the following:

Sealed bids for Norway spruce-313.1 MBF +/-, black cherry-5.7 MBF +/-, white ash-2 MBF +/-, red maple-1.4 MBF +/-, sugar maple-0.3 MBF +/-, red oak-0.3 MBF +/-, aspen-0.2 MBF +/-, red pine-16 tons +/-, larch-8 tons +/-, white pine-<0.1 MBF, firewood-68 cords +/-, located on Chenango Reforestation Area No. 1, Stands E-8, 9, 11, 12 and 13, and Chenango Reforestation Area No. 35, Stands A-53.1, 53.2, C-31, 34, 35, 46 & 47, will be accepted at the Department of Environmental Conservation, Contract Unit, 625 Broadway, 10th Fl., Albany, NY 12233-5027 until 11:00 a.m. on Thursday, April 15, 2010.

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**

Chenango Reforestation Area No. 15
Contract No. X007782

Pursuant to Section 9-0505 of the Environmental Conservation Law, the Department of Environmental Conservation hereby gives Public Notice for the following:

Sealed bids for 115.4 MBF more or less of red oak, 24.9 MBF more or less of chestnut oak, 6.7 MBF more or less of white oak, 16.5 MBF more or less of aspen, 6.5 MBF more or less of red maple, 0.8 MBF more or less of white ash, 0.8 MBF more or less of white pine, 0.2 MBF more or less of black birch, 0.1 MBF more or less of hemlock, 554 cords more or less of firewood located on Chenango Reforestation Area No. 15, Stand A-2.10, will be accepted at the Department of Environmental Conservation, Contract Unit, 625 Broadway, 10th Fl., Albany, NY 12233-5027 until 11:00 a.m. on Thursday, April 15, 2010.

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**

Cortland Reforestation Area No. 3
Contract No. X007808

Pursuant to Section 9-0505 of the Environmental Conservation Law, the Department of Environmental Conservation hereby gives Public Notice for the following:

Sealed bids for 471.1 MBF more or less of mixed softwood/hardwood and 423.0 cords more or less of pulpwood located on Cortland Reforestation Area No. 3, James D. Kennedy State Forest, Stands C-2, 7, 13, 24 and 28, will be accepted at the Department of Environmental Conservation, Contract Unit, 625 Broadway, 10th Fl., Albany, NY 12233-5027 until 11:00 a.m. on Thursday, April 15, 2010.

For further information, contact: Henry C. Dedrick, Jr., Senior Forester, Department of Environmental Conservation, Division of Lands and Forests, Region 7, 1285 Fisher Ave., Cortland, NY 13045, (607) 753-3095 x218

**SALE OF
FOREST PRODUCTS**

Madison Reforestation Area No. 1
Contract No. X007796

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 2,852 tons more or less of red pine, 9.7 MBF more or less Norway spruce, 0.2 MBF more or less black cherry, 0.2 MBF more or less white ash, 0.1 MBF more or less red maple, 9 cords more or less hardwood firewood, located on Madison Reforestation Area No. 1, Stands A-42 & F-77, will be accepted at the Department of Environmental Conservation, Contract Unit, 625 Broadway, 10th Fl., Albany, NY 12233-5027 until 11:00 a.m., Thursday, April 15, 2010.

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