

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 Village of Geneseo

The Village of Geneseo is soliciting proposals for a full financial statement audit. The Village's annual operating budget amounts to \$5,036,673 and encompasses general, water and sewer funds. A trust and agency payroll account exists as well as several reserve and capital project funds. We would request that the court records are also audited in compliance with Section 2019-a of the Uniform Justice Court Act.

Please submit proposals to the Village of Geneseo, Marsha Merriker, Village Clerk/Treasurer, 119 Main St., Geneseo, NY 14454. Questions may be directed to 585-243-1177 or emailed to village@geneseony.org.

All proposals must be received no later than December 28, 2012. The goal is to review those proposals and select a firm in January 2013.

PUBLIC NOTICE Department of Health

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

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

General

- Consistent with Section 1202 of the Affordable Care Act, certain primary care providers (e.g., physicians, physician's assistants and nurse practitioners) will be reimbursed at the Medicare rate for Medicaid primary care services furnished in calendar years 2013 and 2014 in institutional and non-institutional settings. This provision applies to evaluation and management (E&M) and vaccine administration services when delivered by a physician with a specialty designation of family medicine, general internal

medicine, or pediatric medicine. The purpose of this provision is to encourage more physicians to participate in Medicaid, and thereby promote access to primary care services for current and new Medicaid beneficiaries to be served via coverage expansion in 2014. It is estimated that this provision will infuse \$11 billion into Medicaid primary care nationally and is 100 percent funded by the federal government through an enhanced federal financial participation (FFP) rate. The rate increase will significantly bolster the primary care delivery system, potentially increasing access for current and new Medicaid beneficiaries and reducing unnecessary visits to the emergency department.

The State is currently developing the impact to the provider community and will issue a clarification notice once such impact has been determined.

Institutional Services

- For the period effective January 1, 2013 through December 31, 2015, indigent care pool payments will be made using an uninsured units methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;

- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year;

- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and

- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionately allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:

\$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and

\$994.9 million to general hospitals, other than major public general hospitals.

This initiative will be transitioned in over three years from the existing methodology to the uninsured units methodology.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2013/14.

- For eligible public general hospitals effective beginning January 1, 2013 and subsequent calendar years, the Indigent Care Adjustment will be allocated proportionately based on each eligible hospital's Medicaid and uninsured losses to the total of such losses for eligible hospitals. The Medicaid and uninsured losses will be determined based on the latest available data reported to the Department of Health as required by the Commissioner on a specified date through the Data Collection Tool.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2013/14.

- Extends effective beginning April 1, 2013 and for each state fiscal year thereafter, Intergovernmental Transfer Payments to eligible major public general hospitals run by counties and the State of New York.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2013/14.

- Effective beginning April 1, 2013 and for state fiscal years thereafter, the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals, increases to \$339 million annually.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2013/2014 is \$25 million.

Long Term Care Services

- Effective with the 2013 rate year, the Department of Health will implement quality measures and benchmarks and against those parameters make payments related to the implementation of a Quality Pool for non-specialty residential health care facilities (i.e., non-specialty nursing homes). The quality measures and benchmarks used to score and measure nursing home quality will include the following three categories.

1) Quality MDS Measures - will be calculated using data from MDS 3.0 data, New York State employee flu vaccination data, and the Centers for Medicare & Medicaid Services (CMS) 5-Star staffing measure;

2) Compliance Measures - will be calculated using data from the CMS' 5-Star Rating for health inspections, the timely filing of certified nursing home cost reports, and the timely filing of employee flu immunization data; and

3) Avoidable hospitalizations - will be calculated using MDS 3.0 data, and will be based upon a potentially preventable hospitalization quality indicator for short and long stay hospitalizations.

The scores will be based upon performance in the current year (as defined by the measures and the time period for which data is available) and improvements from the prior year. Certain nursing homes, including those which receive a survey outcome of immediate jeopardy, or substandard quality of care, a J, K, or L deficiency will be not be eligible for quality payments. Funding for the quality payments will be made from a redistribution of existing resources paid through the nursing home pricing methodology to non-specialty nursing homes, and as a result, the Quality Pool will not have an impact on annual gross Medicaid expenditures.

Non-Institutional Services

- Effective January 1, 2013, the State will be adding a new reimbursement methodology for providers who are participating in a Medicaid program integrating the delivery of physical and behavioral health services at a single clinic site.

The goal of this program is to improve the quality and coordination of care provided to individuals who have multiple physical and behavioral health needs. Presently, individuals with serious mental illness and/or addictions often receive regular care in specialized behavioral health settings. The specific clinic site in which these services are provided is licensed to provide such services by the Office of Mental Health (OMH) or the Office of Alcohol and Substance Abuse Services (OASAS) and is not licensed or authorized to provide physical/medical care under Article 28 of the Public Health Law. Patients receiving treatment in these clinics may therefore forgo primary care or, when they do receive physical/medical health care from an Article 28 Department of Health (DOH) certified clinic, the DOH certified clinic site is separate and distinct from the behavioral health clinic site. This leads to fragmented care, poorer health outcomes, and higher rates of emergency room and inpatient services. The goal of this program is to facilitate and promote the availability of both physical and behavioral health services at the site where that individual receives their regular care. For example, if an individual receives regular care in a mental health or substance abuse clinic, that clinic will now be authorized to provide both the physical/medical as well as behavioral health services required by that individual.

A number of steps will be undertaken by DOH, OMH and OASAS

to facilitate and streamline this health care delivery model. DOH, OMH and OASAS will work together to:

- Provide an efficient approval process to add new services to a site that is not licensed for those services;
- Establish a single set of administrative standards and survey process under which providers will operate and be monitored; and
- Provide single state agency oversight of compliance with administrative standards for providers offering multiple services at a single site.

To insure quality and coordination of care provided to people with multiple needs, DOH, OMH and OASAS will:

- Ensure appropriate compliance with applicable federal and State requirements for confidentiality of records;
- Work with providers to ensure optimal use of clinical resources jointly developed by OASAS and OMH that support evidence based approaches to integrated dual disorders treatment; and
- Provide an opportunity for optimal clinical care provided in a single setting creating cost efficiencies and promoting quality of care.

Providers eligible to participate in the program include those with two or more licenses at different physical locations, providers who have co-located clinics (i.e., two separately licensed clinics that operate in the same physical location) and providers who are licensed by one State agency but choose to provide an array of services that would fall under the license or certification of another State agency.

Participating providers will be paid through the Ambulatory Patient Group (APG) reimbursement methodology when offering integrated services at an authorized clinic site. Recognizing that integration of physical and behavioral services may result in lower clinic patient billing volume, OMH and OASAS providers will have their APG payment blend accelerated so that they will now receive a 100% calculated APG payment instead of a blended payment - 25% or 50% of existing payment for blend/75% or 50% of APG payment (Note: DOH clinics are already receiving 100% APG payment with no blend). Additionally, the overall APG calculated payment for all providers will be increased by 5%.

The DOH projects that the new payment methodology will be cost neutral.

- The Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weights that will become effective on or after January 1, 2013.

There is no estimated annual change to gross Medicaid expenditures attributable to this initiative in state fiscal year 2013/14.

- Effective January 1, 2013, Medicaid will provide reimbursement to hospital and diagnostic and treatment center physicians for providing home visits to chronically ill patients.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2013/14.

Pharmacy

- The Department of Health proposes to remove coverage of benzodiazepines as well as barbiturates used in the treatment of epilepsy, cancer, or a chronic mental health disorder for dually eligible beneficiaries, effective January 1, 2013.

Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) amended section 1860D-2(e)(2)(A) of the Act to include barbiturates "used in the treatment of epilepsy, cancer, or a chronic mental health disorder" and benzodiazepines in Part D drug coverage, effective as of January 1, 2013. Currently, barbiturates and benzodiazepines are among the excluded drugs covered for all Medicaid beneficiaries.

Since the coverage of barbiturates under Part D is limited to the treatment of epilepsy, cancer or a chronic mental health disorders, New York State (NYS) proposes to continue to cover barbiturates for conditions other than the three covered by Part D. The coverage of benzodiazepines under Part D is inclusive of all indications, so NYS proposes to provide coverage for only non-dually eligible beneficiaries.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative for state fiscal year 2013/2014 is (\$1,983,863).

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

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

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

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

The public is invited to review and comment on this proposed State Plan Amendment.

For further information and to review and comment, please contact: Department of Health, Bureau of HCRA Operations & Financial Analysis, 99 Washington Ave. - One Commerce Plaza, Suite 810, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), e-mail: spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Office for People with Developmental Disabilities and Department of Health

Pursuant to 42 CFR Section 447.205, the New York State Office for People With Developmental Disabilities (OPWDD) and the New York State Department of Health hereby give notice of the following:

The State proposes to make the following changes effective February 1, 2013. The State will expand the applicability of the reporting and audit requirements in OPWDD regulations to cover Medicaid Service Coordination (MSC), Home and Community Based Services Waiver services (HCBS Waiver services), and clinic treatment facilities ("Article 16 clinics") provided under the auspices of OPWDD. Additionally, the State proposes to reduce the number of cost report filing deadline extensions from two thirty-day extensions to one thirty-day extension. The State proposes to change the penalty for failure to file a cost report on time from a 5 percent penalty imposed at the discretion of the State and levied against the operating portion of existing rates, prices or fees, to a 2 percent mandatory reduction in reimbursements.

Another proposed change will require OPWDD to give the provider written notice that it missed the cost report deadline or that it must submit a revised cost report. This notice will give the provider a final opportunity to submit the cost report or explain that it cannot submit it because of unforeseeable factors beyond its control. If the provider submits the cost report or shows that there were unforeseeable factors beyond its control that prevented it from submitting on time, it will

avoid the penalty. However, the penalty will be imposed if the provider submits an explanation of the unforeseeable factors and OPWDD sets a new deadline for the cost report, but the provider misses this new deadline.

The State would also change the procedures in cases where it is the provider that discovers that a cost report is incomplete, inaccurate or incorrect, and where the provider makes this discovery before receiving its new base period rate, fee or price. The change will eliminate the requirement that the provider first give OPWDD notice and then follow up with a revised cost report within 30 days. Instead, the provider will simply submit a revised cost report. Also, the change will eliminate the penalty in this situation, but keep the provision that allows, rather than requires, that OPWDD revise the rate, fee or price based on the revised cost data, and then only if and when OPWDD receives the revised cost report.

Finally, the State is proposing to clarify that service-specific records of expenditures and revenues must be kept at the program or site level, that providers must maintain underlying records which formed the basis for or which support the cost, budget and other reports and data submitted to OPWDD, that reports and records that were not used to establish a rate, price or fee must be kept until the later of six years from the due date or date of submission, and that reports and records that were used to establish a rate, price or fee must be kept for six years after the rate, price or fee was set.

The State does not expect this change to result in any aggregate increases or decreases in Medicaid expenditures.

The reasons for the proposed changes are as follows. The State is proposing to expand the reporting and audit requirements to MSC, HCBS Waiver services and Article 16 clinics because the State's regulations governing financial reporting, record keeping and audit requirements were promulgated in 1998. Since then, OPWDD has developed new services and existing services have been substantially changed.

The State is proposing to reduce the number of cost report deadline extensions from two to one to bring regulations in line with actual OPWDD practices.

The State is proposing the changes on sanctions for providers which fail to meet the deadlines because the current discretionary penalty has not been imposed and as a result, late filers do exist. Not only does this disrupt the efficient flow of rate setting operations, but providers need to examine the financial results of their operations at least on an annual basis to measure, assess and react to the factors influencing their financial health and to forge budgets and define their fiscal direction. OPWDD wants to assure that the compilation and submission of financial data occurs on a timely basis.

The State is proposing to apply the percentage reduction to reimbursements because this will not require that prices, rates and/or fees be recalculated and reissued. In contrast, the current system of applying reductions to a rate, price or fee requires that the State recalculate and reissue rates.

The State is proposing that OPWDD give the provider notice that it missed the cost report deadline or that it must submit a revised cost report, and that the provider have a final opportunity to submit the cost report or explain why it cannot submit it, because this will be both a fair and effective way of ensuring that penalties are imposed only on those providers that are truly at fault.

The State is proposing to change the procedures when the provider discovers that a cost report is incomplete, inaccurate or incorrect to increase efficiency. The State is proposing to eliminate the penalty in this situation in the interests of fairness.

The State is proposing the clarifications to requirements for the records that providers must keep so that these requirements will be better understood and so that there will be adequate records for the State to exercise necessary oversight of Medicaid funding.

Outside New York City, a detailed description of the changes is available for public review at the following addresses:

Albany
Albany County Department of Mental Health

175 Green St.
Albany NY 12202

Allegany
Allegany County Mental Health Department
45 North Broad St.
Wellsville NY 14895

Broome
Broome County Mental Health Department
229-231 State St., Fl 4
Binghamton NY 13901-6635

Cattaraugus
Cattaraugus County Community Services
1 Leo Moss Dr., Suite 4308
Olean NY 14760

Cayuga
Cayuga County Mental Health Department
146 North St.
Auburn NY 13021

Chautauqua
Chautauqua County Mental Health Services
HRC Bldg., 7 N. Erie St., 1st Floor
Mayville NY 14757

Chemung
Chemung County Mental Health Hygiene Department
425 Pennsylvania Ave.
Elmira NY 14902

Chenango
Chenango County Mental Hygiene Services
County Office Bldg., 5 Court St., Ste. 42
Norwich NY 13815

Clinton
Clinton County Mental Health/Addictions Services
16 Ampersand Dr.
Plattsburgh NY 12901

Columbia
Columbia County Department of Human Services
325 Columbia St.
Hudson NY 12534

Cortland
Cortland County Community Services
7 Clayton Ave.
Cortland NY 13045

Delaware
Delaware County Mental Health Clinic
1 Hospital Rd.
Walton NY 13856

Dutchess
Dutchess County Department of Mental Hygiene
82 Washington St.
Poughkeepsie NY 12601

Erie
Erie County Department of Mental Health
95 Franklin St., Rm. 1237
Buffalo NY 14202

Essex
Essex County Mental Health Services
7513 Court St.
Elizabethtown NY 12932

Franklin
Franklin County Community Services
70 Edgewood Rd., PO Box 1270
No. Saranac Lake NY 12983

Fulton
Fulton County Mental Health Clinic
57 E. Fulton St., Rm. 106
Gloversville NY 12078

Genesee
Genesee County Mental Health Services
5130 E. Main Rd., Suite 2
Batavia NY 14020

Greene
Greene County Department of Mental Health
905 Greene County Office Bldg.
Cairo NY 12413

Hamilton
Hamilton County Community Services
83 White Birch Lane
Indian Lake NY 12842

Herkimer
Herkimer County Mental Health Services
301 North Washington St., Ste. 2470
Herkimer NY 13350

Jefferson
Jefferson County Community Services
175 Arsenal St.
Watertown NY 13601

Lewis
Lewis County Mental Hygiene Department
7714 Number Three Rd.
Lowville NY 13367

Livingston
Livingston County Community Services
4600 Millennium Dr.
Geneseo NY 14454

Madison
Madison County Mental Health Department
Veterans' Memorial Bldg.
Wampsville NY 13163

Monroe
Monroe County Office of Mental Health
1099 Jay St., Bldg. J, Ste. 201A
Rochester NY 14611

Montgomery
Montgomery County Department of Community Services
St. Mary's Hospital, 427 Guy Park Ave.
Amsterdam NY 12010

Nassau
Nassau County Department of Mental Health, Chemical Dependency

and Developmental Disabilities Services
60 Charles Lindberg Blvd., Ste. 200
Uniondale NY 11553

Niagara
Niagara County Department of Mental Health
5467 Upper Mountain Rd., Ste. 200
Lockport NY 14094

Oneida
Oneida County Department of Mental Health
235 Elizabeth St.
Utica NY 13501

Onondaga
Onondaga County Department of Mental Health
421 Montgomery St., 10th Fl.
Syracuse NY 13202

Ontario
Ontario County Mental Health Department
3019 County Complex Dr.
Canandaigua NY 14424

Orange
Orange County Department of Mental Health
30 Harriman Dr.
Goshen NY 10924-2410

Orleans
Orleans County Mental Health/Community Services
14014 Route 31 West
Albion NY 14411

Oswego
Oswego County DSS, Division Mental Hygiene
100 Spring St.
Mexico NY 13114

Otsego
Otsego County Mental Health Clinic
242 Main St.
Oneonta NY 13820

Putnam
Putnam County Department of Social Services/Mental Health
110 Old Route 6
Carmel NY 10512

Rensselaer
Rensselaer County Department of Mental Health
1600 7th Av. Rensselaer Co. Off. Bldg., 3rd Fl.
Troy NY 12180

Rockland
Rockland County Department of Mental Health
50 Sanatorium Rd., Bldg. F
Pomona NY 10970

Saratoga
Saratoga County Mental Health Center
211 Church St., Cramer House
Saratoga Springs NY 12866

Schenectady
Schenectady County Mental Health Dept.
797 Broadway, Ste. 304
Schenectady NY 12305

Schoharie
Schoharie County Community Service and MH
113 Park Pl., Ste. 1, Co. Annex Bldg.
Schoharie NY 12157-0160

Schuyler
Schuyler County Community Services
Mill Creek Ctr., 106 S. Perry St., Ste. 4
Watkins Glen NY 14891

Seneca
Seneca County Mental Health Department
31 Thurber Dr.
Waterloo NY 13165

St. Lawrence
St. Lawrence County Mental Health Clinic
80 State Hwy. 310, Ste. 1
Canton NY 13617-1493

Steuben
Steuben County Community Mental Health Center
115 Liberty St.
Bath NY 14810

Suffolk
Suffolk County Community Mental Hygiene
No. County Complex, Bldg. C-928
Hauppauge NY 11788

Sullivan
Sullivan County Department of Community Services
P.O. Box 716
Liberty NY 12754

Tioga
Tioga County Department of Mental Hygiene
1062 State Rt. 38
Owego NY 13827

Tompkins
Tompkins County Mental Health Department
201 E. Green St.
Ithaca NY 14850

Ulster
Ulster County Mental Health Department
239 Golden Hill La.
Kingston NY 12401

Warren
Warren County Community Services
230 Maple St., Suite 1
Glens Falls NY 12801

Washington
Washington County Community Services
230 Maple St., Suite 1
Glens Falls NY 12801

Wayne
Wayne County DMH/Behavior Health Network
1519 Nye Rd.
Lyons NY 14489
Westchester
Westchester County Community Mental Health Department

112 E. Post Rd., 2nd Fl.
White Plains NY 10601

Wyoming
Wyoming County Mental Health Department
338 North Main St.
Warsaw NY 14569

Yates
Yates County Community Services
417 Liberty St., Ste. 2033
Penn Yan NY 14527

In New York City, a detailed description of the changes is available for public review at the following OPWDD Office locations:

Metro New York
75 Morton Street
New York, New York 10014

Bernard M. Fineson
80-45 Winchester Blvd.
Administration Building 80-00
Queens Village, New York 11427

Brooklyn
888 Fountain Avenue
Brooklyn, New York 11208

Metro New York
2400 Halsey Street
Bronx, New York 10461

Staten Island DDSO
1150 Forest Hill Road
Staten Island, New York 10314

The text of the regulations may also be found on the OPWDD internet website at http://www.opwdd.ny.gov/regulations__guidance/opwdd__regulations/proposed or at the NYS Department of State website.

The public is invited to review and comment on these proposed changes. Notice of public hearings on these changes was given in the October 24, 2012 State Register.

For further information and to review and comment, please contact: Barbara Brundage, Regulatory Affairs Unit, Office of Counsel, Office for People With Developmental Disabilities, 44 Holland Ave., Albany, NY 12229, (518) 474-1830, e-mail: barbara.brundage@opwdd.ny.gov

PUBLIC NOTICE

Department of State
F-2012-0950 (DA)

Date of Issuance - December 26, 2012

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 United States Coast Guard, Department of Homeland Security, 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 One Commerce Plaza, 99 Washington Avenue in Albany, New York.

In F-2012-0950 DA, the U.S. Coast Guard, Department of Homeland Security, has applied to the U.S. Army Corps of Engineers, New York District, for the renewal of their permit to perform maintenance

dredging of the navigation channel at Eaton's Neck, Huntington Bay, Town of Huntington, Suffolk County.

The proposed dredging will remove approximately 6,000 cubic yards of sand, to be placed at one of three designated beach nourishment sites. The disposal sites are at the following locations: The Eaton's Neck Coast Guard Station property along the shoreline of Long Island Sound, the Town of Huntington owned property known as North Creek along the shoreline of Huntington Bay, and the Town of Huntington owned property located at Essex Drive along the shoreline of Huntington Bay. The disposal site selected for the 2013 dredging cycle will be along the shoreline at the Eatons Neck Station.

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 January 10, 2013.

Comments should be addressed to the Division of Coastal Resources and Waterfront Revitalization, New York State Department of State, One Commerce Plaza, Albany, New York 12231. Telephone (518) 474-6000; Fax (518) 473-2464. Electronic submissions will be accepted at: CR@dos.ny.gov.

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