

# 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](http://www.osc.state.ny.us)

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

## PUBLIC NOTICE Brighton Fire District

The Brighton Fire District is soliciting proposals from administrative service agencies relating to trust service, and administration and/or funding of a Deferred Compensation Plan for the employees of Brighton Fire District. 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 proposal questionnaire may be obtained from:* Brighton Fire District, Attn: Lawrence M. Howk, Treasurer, 3100 East Ave., Rochester, NY 14610, (585) 389-1551

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:

Effective on or after April 1, 2015, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan by revising both the reimbursement and coverage sections of the Plan as part of a corrective action to address policy requirements identified in the Plan related to comprehensiveness as a requirement of section 1902 of the Social Security Act. The following services will be included, but not limited to:

- Home health services;
- Private duty nursing services;
- Therapies;
- Rehabilitative services;
- Case management services; and
- Payment rate methodologies.

As part of such corrective action plan, the State will: revise units of

service for reimbursement rates; provide more complete descriptions of the reimbursement of such services, remove any services/methodologies related to managed care arrangements; amend payment methodologies so that they are for, and correspond to, a recognized 1905(a) service; and provide a comprehensive description of the services and the payment rates and methodologies for such services.

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](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

*For further information and to review and comment, please contact:* Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, e-mail: [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

## 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 and prescription drugs to comply with recently proposed statutory provisions. The following significant changes and clarifications are proposed:

### Institutional Services

- For the state fiscal year beginning April 1, 2015 through March 31, 2016, continues specialty hospital adjustments for hospital

inpatient services provided on and after April 1, 2012, 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 of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments, which shall be reconciled to the final adjustment determinations after the disproportionate share hospital payment adjustment caps have been calculated for such period under sections 1923(f) and (g) of the federal Social Security Act. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- Effective April 1, 2015, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals of \$339 million annually.

- Extends effective beginning April 1, 2015 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 2015/2016.

- Continues, effective April 1, 2015, and thereafter, 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.

- Extends current provisions for services on and after April 1, 2015, the reimbursable operating cost component for general hospital inpatient rates will be established with the 2006 final trend factor equal to the final Consumer Price Index (CPI) for all urban consumers less 0.25%.

The estimated annual net decrease in gross Medicaid expenditures attributable to these cost containment initiatives contained in the budget for state fiscal year 2015/2016 is \$114.5 million.

- Effective April 1, 2015, authorizes the Commissioner of Health to establish a general hospital quality pool for the purpose of incentivizing and facilitating quality improvements. Payments for the period April 1, 2015 through March 31, 2016 will total \$90.8 million gross and \$87.8 million gross for the period April 1, 2016 through March 31, 2017.

- Effective June 1, 2015, provides that sole community hospitals, as defined in accordance with Title XVIII of the Federal Social Security Act, are eligible for enhanced payment and/or reimbursement for inpatient and/or outpatient services for the purpose of promoting patient access and improving quality of care. Payments for the period April 1, 2015 through March 31, 2016 will total \$9.0 million gross and \$12 million for each state fiscal year thereafter.

- Effective April 1, 2015, the amount allocated for Essential Community Provider Network and Vital Access Provider initiatives for Critical Access Hospital (CAHs) will be no less than \$7.5 million annually. In addition, the Department of Health will provide a report to the Governor and legislature no later than June 1, 2015 providing recommendation on how to ensure the financial stability of, and preserve patient access to, CAHs, including an examination of permanent Medicaid rate methodology changes.

- Effective April 1, 2015, the amount allocated for Essential Community Provider Network and Vital Access Provider initiatives for essential community providers serving rural areas, including but not limited to hospitals; residential health care facilities; diagnostic and treatment centers; ambulatory surgery centers and clinics will be no less than \$10 million. Payments will be made under a supplemental rate methodology for the purpose of promoting access and improving the quality of care. Such payments may include, but not be limited to, temporary rate adjustments; lump sum Medicaid payments; supplemental rate methodologies and any other payment as determined by the Commissioner.

- Effective April 1, 2015, any amount provided to public general

hospitals related to payments for the hospital quality pool; sole community hospitals; and essential community provider network and vital access provider initiatives where the federal approvals for such payments on amounts or components thereof are not granted, such payments to public general hospitals shall be determined without consideration of such amounts or components. Public general hospitals shall refund to the State, or the State may recoup from prospective payments, any overpayment received, including those based on a retroactive reduction in the payments. Any reduction in the federal share related to federal upper payment limits applicable to public general hospitals other than those operated by the State University of New York shall apply first to amounts provided for such payments.

- Effective April 1, 2015, the \$19.2 million reduction to the statewide base price will be eliminated.

#### Indigent Care

- Continues, effective for the period January 1, 2016 through December 31, 2018, 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.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2015/2016.

- For eligible public general hospitals effective with calendar years beginning January 1, 2015 and subsequent calendar years, the Indigent Care Adjustment will be allocated proportionately by group with public hospitals under the New York City Health & Hospitals Corporation at \$376 million; State of New York or the State University of New York public hospitals at \$4 million; and County public hospitals at \$32 million and 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 2015/2016.

#### Long Term Care Services

- Effective April 1, 2015, medical assistance shall be furnished to applicants in cases where, although such applicant has a responsible relative with sufficient income and resources to provide medical assistance, the income and resources of the responsibility relative are not available to such applicant because of the absence of such relative and the refusal or failure of such absent relative to provide the necessary care and assistance. In such cases, however, the furnishing of such assistance shall create an implied contract with such relative, and the cost thereof may be recovered from such relative in accordance with Title 6 of Article 3 and other applicable provisions of law.

The estimated annual net aggregate decrease in gross Medicaid

expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$21.4 million.

- Continues, effective April 1, 2015, 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.

- Extends current provisions to services on and after April 1, 2015, the reimbursable operating cost component for RHCFS rates will be established with the final 2006 trend factor equal to the final Consumer Price Index (CPI) for all urban consumers less 0.25%.

- Continues, effective April 1, 2015, and thereafter, long-term care Medicare maximization initiatives.

The estimated annual net decrease in gross Medicaid expenditures attributable to these cost containment initiatives contained in the budget for state fiscal year 2015/2016 is \$117 million.

- Continues, effective for periods on and after April 1, 2015, the total reimbursable state assessment on each residential health care facility's gross receipts received from all patient care services and other operating income on a cash basis for inpatient or health-related services, including adult day service, but excluding gross receipts attributable to payments received pursuant to Title XVIII of the federal Social Security Act (Medicare), at six percent. The extent to which a facility is reimbursed for the additional cost of the assessment is dependent upon Medicaid volume of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$420 million.

- For state fiscal years beginning April 1, 2015, continues additional payments to non-state government 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 amounts of up to \$500 million. The amount allocated to each eligible public RHCFS will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2013 and each representative succeeding year as applicable. Payments to eligible RHCFS's may be added to rates of payment or made as aggregate payments.

- Effective with the 2013 rate year, the Department of Health provided a new incentive to improve quality for non-specialty nursing homes by linking incentive payments to quality. Under the program, nursing homes are scored and compared on a define set of quality measures. This amendment will maintain the quality incentive program into the 2015 rate year and will continue to recognize improvement in performance as an element in the program and provide for other minor modifications.

#### Non-Institutional Services

- For state fiscal year beginning April 1, 2015 through March 31, 2016, continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, 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 amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments, which shall be reconciled to the final adjustment determinations after the disproportionate share hospital payment adjustment caps have been calculated for such period under sections 1923(f) and (g) of the federal Social Security Act. Payments may be added to rates of payment or made as aggregate payments.

- Extends current provisions to services on and after April 1, 2013, the reimbursable operating cost component for general hospital outpatient rates and adult day health care services provided by RHCFS rates will be established with the final 2006 trend factor equal to the final consumer price index (CPI) for all urban consumers less 0.25%.

- Extends current provisions for certified home health agency administrative and general cost reimbursement limits for the periods April 1, 2015 through March 31, 2018.

- Continues, effective April 1, 2015, and thereafter, home health care Medicare maximization initiatives.

The estimated annual net decrease in gross Medicaid expenditures attributable to these cost containment initiatives contained in the budget for state fiscal year 2015/2016 is \$17.8 million.

- Effective April 1, 2015, in accordance with 42 CFR 447.56, "Limitations on Premiums and Cost Sharing", which requires that State Medicaid fee-for-service (FFS) co-payment policies have to be applied consistently across all Medicaid payers including managed care. The State Plan is being amended to expand Medicaid co-payment requirements to eligible Medicaid managed care (MMC) beneficiaries for eligible procedures, services and supplies. Specifically, the non-pharmacy services in which Medicaid managed care co-payments will apply include: clinic and non-urgent Emergency Department visits (\$3.00), lab tests (\$0.50), radiology (\$1.00), medical supplies (\$1.00), and inpatient hospitalizations (\$25.00). Consistent with the current co-payment policy, children under age 21; pregnant women; American Indians; and recipients with incomes at or below 100% of the Federal Poverty Level (FPL) will not be subject to co-payments. Additionally, the \$200 Medicaid cap that limits the total co-payment amount a recipient can be charged on annual basis will apply to both FFS and managed care. Pharmacy co-payments currently apply to managed care recipients for new prescriptions, fiscal orders and refills.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$1.9 million.

- Effective April 1, 2015, in accordance with an amendment to Section 367-a(1)(d)(iii) of the Social Services Law, cost-sharing limits will be applied to Medicare Part B cross-over services. Such limits are being applied to prevent the Medicaid program from paying any cost-sharing amount more than the maximum amount that Medicaid would pay for the same service.

Currently, Medicare Part B, which provides medical insurance for professional practitioners' services, reimburses the provider 80% of the Medicare approved amount. The remaining 20% is the Medicare Part B coinsurance or patient responsibility amount. The Medicaid program then reimburses the provider 20% of the coinsurance amount even if the Medicare payment exceeds what the Medicaid program would have paid for the same service. Under the new limitations, the Medicaid program would not pay any cost sharing if the provider received payment greater than the Medicaid fee. Under the new limitations, the Medicaid program would not pay any cost sharing if the provider received payment greater than the Medicaid fee. The provider would be required to accept the Medicare payment as full payment for the service and the recipient could not be billed for any co-insurance amount that is not reimbursed by Medicaid.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$49.7 million.

- Effective April 1, 2015, in accordance with an amendment to Section 367-a(1)(d)(iv) of the Social Services Law, cost-sharing limits will be applied to Medicare Part C (Medicare Advantage or Medicare managed care) claims. Such limits are being applied to prevent the Medicaid program from paying any cost-sharing amount more than the maximum amount that Medicaid would pay for the same service.

Currently, the Medicaid program pays the full co-payment or co-insurance amounts for Medicare Part C claims, even when the provider has received more than the amount the Medicaid program would have paid for that service. Under the new limitations, the Medicaid program would not pay any co-payment/co-insurance amount if the provider received payment greater than the Medicaid amount. The provider would be required to accept the Medicare Part C health plan payment as full payment for the service and the recipient could not be billed for any co-payment/co-insurance amount that was not reimbursed by Medicaid.

In FFS Medicaid, the state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation,

regardless of whether or not the provider has collected the payment or waived the cost sharing. The State will reduce the MMC premiums by the amount of a beneficiary’s cost sharing obligation. As in FFS Medicaid, MMC providers have an obligation not to deny goods and services for beneficiaries who are unable to meet their co-payment requirements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$41.7 million.

- Continues, effective April 1, 2015 and thereafter, payments by government agencies for services provided by certified home health agencies, except for such services provided to children under 18 and other discreet groups, shall be based on episodic payments. A statewide base price, for such payments, shall be established for each 60-day episode of patient care and adjusted by a regional wage index factor and an individual patient case mix index. Such episodic payments may be further adjusted for low utilization cases and to reflect a percentage limitation of the cost for high-utilization cases that exceed outlier thresholds of such payments.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2015/2016.

Prescription Drugs

- Effective May 1, 2015, for sole or multiple source brand name drugs the Estimated Acquisition Cost (EAC) is defined as Average Wholesale Price (AWP) minus twenty four (24) percent, or Wholesale Acquisition Cost (WAC) minus nine (9) percent. For multi-source generic drugs, the EAC remains as currently defined without change. In addition, the dispensing fee for sole or multiple source brand name drugs is \$8.00. For multi-source generic drugs, the dispensing fee remains unchanged.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$18 million.

- Effective April 1, 2015, for claims for payment of outpatient prescription drugs submitted to a managed care provider by a covered entity pursuant to section 340B of the federal public health service act (42 USCA § 256b) or by such covered entity’s authorized contract pharmacy, payment shall be at the covered entity’s actual acquisition cost for the drug. “Actual acquisition cost” is defined as the invoice price for the drug to the covered entity minus the amount of all discounts and other cost-reductions attributable to the drug.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$21.9 million.

The overall estimated annual net aggregate increase in gross Medicaid expenditures attributable to reform and other initiatives contained in the budget for state fiscal year 2015/2016 is \$114.2 million; and the estimated annual net aggregate increase in gross Medicaid expenditures attributable to an extension of upper payment limit (UPL) payments for state fiscal year 2015/2016 is \$2.2 billion.

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 of Health’s website at [http://www.health.ny.gov/regulations/state\\_\\_plans/status](http://www.health.ny.gov/regulations/state__plans/status).

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

*For further information and to review and comment, please contact:*  
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, e-mail: [spa\\_\\_inquiries@health.state.ny.us](mailto:spa__inquiries@health.state.ny.us)

**PUBLIC NOTICE**

Otsego County

Otsego County is soliciting proposals from Administrative Service Agencies, Trustees, and Financial Organizations for services in connection with a Deferred Compensation Plan that will 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 proposal questionnaire may be obtained from:*  
Deborah Zvirzdin, Purchasing Agent, 197 Main St., Cooperstown, NY 13326; e-mail address: [zvirzdind@otsegocounty.com](mailto:zvirzdind@otsegocounty.com)

All proposals must be submitted not later than 30 days from the date of publication in the New York State Register.

**PUBLIC NOTICE**

Department of Taxation and Finance  
Interest Rates

The Commissioner of Taxation and Finance hereby sets the interest rates for the months of April, May, June, 2015 pursuant to sections 697(j) and 1096(e) of the Tax Law, as follows:

For purposes of section 697(j) the overpayment rate of interest is set at 2 percent per annum, and the underpayment rate of interest is set at 7.5 percent per annum. For purposes of section 1096(e), the overpayment rate of interest is set at 2 percent per annum, and the underpayment rate of interest is set at 7.5 percent per annum. (The underpayment rates set pursuant to sections 697(j) and 1096(e) may not be less than 7.5 percent per annum.) Pursuant to section 1145(a)(1) of the Tax Law, the underpayment rate for State and local sales and use taxes administered by the Commissioner of Taxation and Finance is 14.5 percent per annum. The underpayment rate for the special assessments on hazardous waste imposed by section 27-0923 of the Environmental Conservation Law is 15 percent.

For the interest rates applicable to overpayments (refunds) and underpayments (late payments and assessments) of the following taxes administered by the Commissioner of Taxation and Finance for the period April 1, 2015 through June 30, 2015, see the table below:

4/1/15 - 6/30/15  
Interest Rate Per  
Annum  
Compounded Daily

Commonly viewed tax types	Refunds	Late Payments & Assessments
Income **	2%	7.5%
Sales and use	2%	14.5% *
Withholding	2%	7.5%
Corporation **	2%	7.5%
All other tax types	Refunds	Late Payments & Assessments
Alcoholic Beverage	2%	7.5%
Beverage Container Deposits	2%	7.5%

Boxing & Wrestling	2%	7.5%
Cigarette	NA	7.5%
Diesel Motor Fuel	2%	7.5%
Estate	2%	7.5%
Fuel Use Tax	***	***
Generation-Skipping Transfer	2%	7.5%
Hazardous Waste	2%	15%
Highway Use	2%	7.5%
New York City Taxicab and Hail Vehicle Trip Tax	2%	7.5%
Metropolitan Commuter Transportation Mobility Tax	2%	7.5%
Mortgage Recording	2%	7.5%
Motor Fuel	2%	7.5%
Petroleum Business	2%	7.5%
Real Estate Transfer	2%	7.5%
Tobacco Products	NA	7.5%
Waste Tire Fee	2%	7.5%

\* The Tax Law requires the interest rate on sales tax assessments or late payments to be set at 14-1/2% for this quarter. However, if the Commissioner determines that the failure to pay or the delay in payment is due to reasonable cause and not willful neglect, the Commissioner may impose interest at the corporation tax late payment and assessment rate. That rate is 7.5% for this quarter.

\*\* There are a number of state and local governmental bodies that have interest rates tied to the overpayment and underpayment rates contained in either section 697(j) (Income Tax) or section 1096(e) (Corporation Tax) of the Tax Law. For purposes of section 697(j) and section 1096(e) of the Tax Law, the overpayment rate for this period is 2%. For purposes of section 697(j) of the Tax Law, the underpayment rate for this period is 7.5%. For purposes of section 1096(e) of the Tax Law, the underpayment rate for this period is also 7.5%.

\*\*\* Under section 527(f) of the Tax Law, the interest rates relating to the Fuel Use tax are set pursuant to the International Fuel Tax Agreement (IFTA). For more information regarding IFTA interest rates, see [www.iftach.org](http://www.iftach.org).

*For further information contact:* Kathleen O’Connell, Office of Counsel, Department of Taxation and Finance, W. A. Harriman Campus, Albany, NY 12227, (518) 530-4153

For rates for previous periods, visit the Department of Taxation and Finance website: [www.tax.ny.gov/taxnews/int\\_curr.htm](http://www.tax.ny.gov/taxnews/int_curr.htm)

**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 Brian Tollsens, Building Standards And Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2015-0030 Matter of JMZ Architects & Planners, att. James Raesly, 190 Glen Street, Glens Falls, NY The petitioner requests a variance to allow the alteration of an existing mixed use building without providing a fire sprinkler system as required by Chapter 9 of the Building Code of the New York State, located at SUNY Plattsburgh, 101 Broad Street, City of Plattsburgh, County of Clinton, State of New York.

2015-0048 Matter of: Mark & Karen Critendom, PO Box 158, Pavilion, NY 14525 for avariance concerning requirements for fire sprinkler system.

Involved is an existing two story wood frame building for mixed

mercantile and residential occupancies, located at 550 East Main Street, City of Batavia, County of Genessee, State of New York.

2015-0063 Matter of West Genesee Central School District, Attn: Paul Pelton, Assistant Superintendent, 300 Sanderson Drive, Camullus, NY 13031 for a variance concerning fire safety and building code requirements including construction of a fire wall to be continuous from foundation to or through the roof.

Involved is the addition and alteration of an existing buildings known as “Onondaga Road Elementary School”, located at 703 Onondaga Road, City of Syracuse, Onondaga County, New York.

2015-0064 Matter of West Genesee Central School District, Attn: Paul Pelton, Assistant Superintendent 300 Sanderson Drive, Camullus, NY 13031 for a variance concerning fire safety and building code requirements including construction of a fire wall to be continuous from foundation to or through the roof.

Involved is the addition and alteration of an existing buildings known as “East Hill Elementary School”, located at 401 Blackmore Road, Town of Camillus, Onondaga County, New York.

2015-0070 Matter of MSBP 251, LLC.; Paul Kolkmeier, 5477 Main Street, Williamsville, NY 14221, for a variance concerning requirements pertaining to opening protective in exterior walls.

Involved is an existing five story building, of fire resistive construction, for mixed use of business, mercantile and permanent multiple dwellings, located at 251 Main street, City of Buffalo, County of Erie, State of New York.

2015-0072 Matter of Christopher Laviano, 130 Mohawk Street, Cohoes, NY, 12047 for a variance concerning public safety requirements of the Multiple Residence Law including the requirement for a cellar ceiling.

Involved is the routine inspection of an existing multiple dwelling. The building contains an R-2 (multiple dwelling) occupancy, three stories in height of Type VB (combustible) construction, having a cumulative gross floor area of 3,231 square feet. The building is located at 712 Union St., City of Schenectady, Schenectady County, State of New York.

2015-0073 Matter of Kevin Ellis, Project Architect, 340 Broadway, Schenectady, NY, 12305 for a variance concerning fire safety issues including the code requirement for a sprinkler system in a building undergoing a change of occupancy.

Involved is the proposed rehabilitation of an existing church to a banquet hall. The change in occupancy from a place of religious worship (A-3) to a banquet hall (A-2) requires the installation of a sprinkler system throughout the building. The building contains an A-3 (assembly) occupancy, is one story with a basement in height, of Type IIIB (ordinary) construction, having a cumulative gross floor area of 20,528 square feet. The building is commonly known as St. Mary’s Church and is located at 820 Eastern Avenue, City of Schenectady, Schenectady County, State of New York.

2015-0079 Matter of Robert W. Schram, 1208 Newport Road, Schuyler, NY 13502 for a variance related to wood on walls of exit stairway, second means of egress, the fire rating of a cellar ceiling and cellar stairway in accordance with the New York State Multiple Residence Law.

Involved is a three story building located at 620 Columbia Street, City of Utica, Oneida County, State of New York.

2015-0080 Matter of T.Y. LIN INTERNATIONAL, WM. SCOTT COPP, 255 EAST AVENUE, ROCHESTER, NY 14604, for a variance concerning safety requirements, including building height, opening protectives, and discharge of environmental air in a building located at 88 Elm Street, City of Rochester, County of Monroe, State of New York.

2015-0081 Matter of MOSSIEN ASSOCIATES ARCHITECTS, PC, DANIEL E MOSSIEN, 339 EAST AVENUE SUITE 205, ROCHESTER, NY 14604, for a variance concerning safety requirements, including the minimum required toilet fixtures in a building located at 1861 Scottsville Road, Town of Chili, County of Monroe, State of New York.

2015-0083 Matte of Joseph Vallette, 3146 State Highway 23,

Laurens, NY 13796 for a variance related to the installation of a sprinkler system in accordance with the New York State Uniform Fire Prevention and Building Code.

Involved is three story building located at 3146 State Highway 23, Town of Laurens, Otsego County, State of New York.

2015-0085 Matter of Frankfort Schuyler Central School, 605 Palmer Street, Frankfort, NY 13340 for a variance related to the building area limitations in accordance with the New York State Uniform Fire Prevention and Building Code.

Involved is a one story building located at 610 Reese Road, Town of Frankfort, Herkimer County, State of New York.