

The proposed regulations set forth revised requirements reflective of the current state of the art in delivery of various aspects of hospital care and services, especially in the areas of pharmacy, anesthesia, maternity, rehabilitation and emergency services. The Department is interested in comments from health care practitioners describing current practice and service delivery within these areas and recommendations regarding the efficacy of the proposed regulations in promoting improved patient outcomes.

The proposed regulations promote the appropriate level of hospital participation in emerging regional systems of care, such as those for maternity and newborn services, organ and tissue transplantation and emergency services. Comments regarding these provisions, particularly as they specify hospital roles in providing specialized levels of care, are solicited.

The Department has endeavored to improve the clarity and consistency of hospital standards, particularly in terms of conformance with Medicare Conditions of Participation and support of New York State's hospital surveillance and enforcement systems. Comments evaluating the Department's success in specifying standards which are understandable, both from an operational and monitoring perspective, are requested.

The Department has affirmatively reacted to the findings and recommendations of a New York City Grant Jury Report on care provided in a major New York City teaching hospital by specifying the duties of attending physicians, the supervision of interns and residents, and the activities and roles of medical students. Comments which would assist the Department in assessing the proposed regulations' advancement of the parallel policy goals of excellence in medical education and quality of hospital patient care are requested.

The proposed regulations complement Federal initiatives to enhance hospital management flexibility, potentially reducing some operating costs. These savings may be balanced by possible cost increases associated with increased supervision of medical residents, conversion to a unit dose pharmacy system, staffing requirements in the emergency service and state of the art equipment requirements in anesthesia in those hospitals where these standards are not already being met. Given the difficulty of projecting hospital-specific costs associated with the proposed regulations, industry comments on expected costs of compliance are requested. These hearings will be conducted by a presiding officer and will be attended by members of the Code Committee of the State Hospital Review and Planning Council. The presiding officer and committee members may question persons who testify in order to clarify their testimony and may impose such time limitation on the length of each presentation as is necessary to ensure an orderly, expeditious and complete hearing. No person shall be permitted to speak at the public hearing unless and until acknowledged by the presiding officer. Persons intending to testify should contact the Department staff identified below prior to 5 p.m. September 15, 1987. Persons who have not preregistered may be permitted to testify as time permits. If possible, please furnish a written summary of your testimony at the time of your appearance. Written statements in lieu of oral testimony will be given equal weight and may be submitted by mail until October 2, 1987 to: Hospital Minimum Standards Testimony, Department of Health, Bureau of Standards Development, Empire State Plaza, Corning Tower, Rm. 2074, Albany, NY 12237, Attn: Michael Young.

To conform your participation in this hearing, or for further information, please contact Michael Young at (518) 474-6552.

**PUBLIC NOTICE**  
Department of Health and  
Department of Social Services

PURSUANT to 42 CFR 447.205, the Department of Health and the Department of Social Services hereby gives public notice of the following:

The Department of Health and the Department of Social Services propose to amend Subpart 86-2 of Title 10 of the New York Codes, Rules and Regulations by amending section 86-2.10(d).

The proposed amendments are intended to increase the 1988 ceiling factor used to determine the allowable upper limit of a facility's indirect price per day from 102.5 percent to 105 percent.

The statewide impact on the Title XIX program for increasing the indirect price ceiling to 105 percent will be approximately \$9.9 million.

The Indirect Component of the Medicaid rate contains reimbursement for RHCFS for costs in such areas as housekeeping, food service, security, administrative services, maintenance and certain other services (see 10 NYCRR 86-2.10(d)).

Each facility's Indirect Component of the Medicaid rate is held to an efficiency standard which is based on a corridor around the peer group mean indirect price. Each facility specific indirect cost per day is compared to a base indirect price per day (minimum) or the ceiling indirect price per day (maximum).

The 1988 corridor surrounding the group mean was scheduled to be approximately from a base of 97.5 percent to a ceiling of 102.5 percent of the peer group mean indirect price. Thus, if a facility's indirect cost fell below the group mean price by more than 97.5 percent they would be raised to be 97.5 percent of the group mean price. Similarly, the facility's indirect price could not exceed the group mean price by more than 102.5 percent.

The Department of Health is proposing in these amendments to raise the ceiling limitation on the indirect price to 105 percent of the group mean indirect price. This would allow the reimbursement of a RHCFS's indirect price within 105 percent of the peer group mean indirect price. The base limitation would continue to be 97.5 percent.

The adoption of these regulations would still maintain the application of peer group efficiency standards to indirect cost but would allow greater flexibility for facilities whose costs were reasonably in excess of the group mean price.

Copies of the proposed regulation are on file in each local (county) social services district and are available for public review.

For the New York City district, copies are 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; and  
Richmond County, Richmond Center  
95 Central Avenue, St. George  
Staten Island, New York 10301

The public is invited to review and comment on these proposed regulations.

For further information contact: Donald Macdonald, Department of Health, Bureau of Management Services, Corning Tower, Empire State Plaza, 10th Fl, Rm. 1009, Albany, NY 12237, (518) 474-8734

**PUBLIC NOTICE**  
Department of State

PURSUANT to 15 CFR 923.84(b), the New York State Department of State (DOS) hereby gives notice that the Federal Office of Ocean and Coastal Resource Management (OCRM) concurred on June 10, 1987 with DOS on one routine program implementation action. The action is the incorporation of the City of Rensselaer Local Waterfront Revitalization Program into New York State's Coastal Management Program (CMP). DOS requested OCRM's concurrence on August 12, 1985 for the City of Rensselaer in a previous notice in the *State Register* which further describes the content of the implementation action.

Pursuant to the State CMP and Article 42 of the NYS Executive Law the NYS Secretary of State approved the City of Rensselaer LWRP on March 13, 1987.

As of the date of this notice, Federal consistency applies to the City of Rensselaer LWRP as incorporated into the State CMP.

Copies of the approved City of Rensselaer Local Waterfront Revitalization Program are available for review at the Department of State, 162 Washington Ave., Albany, NY and the City Hall, Rensselaer, NY.

For further information contact: George R. Stafford, Director, Division of Coastal Resources and Waterfront Revitalization, (518) 474-9201