



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

DEC 2 1 2015

RE: SPA #15-0011
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #15-0011 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2015 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

Copies of pertinent sections of proposed State statute are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on September 30, 2015, is also enclosed for your information (Appendix IV).

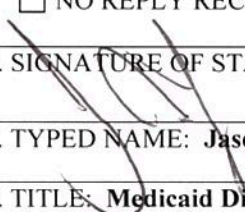
If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 474-6350.

Sincerely,



Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0011	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: §1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (<i>in thousands</i>) a. FFY 10/01/15-09/30/16 \$ 1,075.00 b. FFY 10/01/16-09/30/17 \$ 1,075.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A Supplement 1: Page 2 Attachment 4.18-C Supplement 1: Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.18-A Supplement 1: Page 2 Attachment 4.18-C Supplement 1: Page 2	
10. SUBJECT OF AMENDMENT: Medicaid Cost Sharing Co-Payments (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: DEC 2 1 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2015 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

New York

2

6.) Services provided by an HMO to an enrollee are identified [via] by the Electronic Medicaid Eligibility Verification System (EMEVS) to the provider of service. During claims processing, HMO enrollees and the services included in the capitation payment are identified as excluded.

Individuals enrolled in health maintenance organizations (HMO's) or other entities which provide comprehensive health services, or other managed care programs for services covered by such programs are exempt from co-payments, except that such persons shall be subject to co-payments for each generic prescription drug dispensed, each brand-name prescription drug dispensed, and each over-the-counter medication ordered by a recognized practitioner as listed on Attachment 4.18-A, Page 1c.

7.) No service provided by a hospice is subject to co-pay. Services provided to individuals receiving hospice care are identified during MMIS claims processing and are exempted from co-pay requirements.

8.) American Indians are exempt from Medicaid co-pays as of October 1, 2015.

9.) Alaska natives are exempt from Medicaid co-pays as of October 1, 2015.

10.) All Medicaid recipients with incomes at or below 100% of the Federal Poverty Level (FPL) regardless of Managed care are exempt from Medicaid co-pays as of October 1, 2015.

11.) Individuals receiving hospice care are exempt from all Medicaid co-pays as of October 1, 2015.

12.) Additional exclusions from co-payment may be made pursuant to state statute.

TN #15-0011

Approval Date _____

Supersedes TN #05-02

Effective Date _____

New York

- 6.) Services provided by an HMO to an enrollee are identified [via] by the Electronic Medicaid Eligibility Verification System (EMEVS) to the provider of service. During claims processing, HMO enrollees and the services included in the capitation payment are identified as excluded.

Individuals enrolled in health maintenance organizations (HMO's) or other entities which provide comprehensive health services, or other managed care programs for services covered by such programs are exempt from co-payments, except that such persons shall be subject to co-payments for each generic prescription drug dispensed, each brand-name prescription drug dispensed, and each over-the counter medication ordered by a recognized practitioner.

- 7.) No service provided by a hospice is subject to co-pay. Services provided to individuals receiving hospice care are identified during MMIS claims processing and are exempted from co-pay requirements.
- 8.) American Indians are exempt from Medicaid co-pays as of October 1, 2015.
- 9.) Alaska natives are exempt from Medicaid co-pays as of October 1, 2015.
- 10.) All Medicaid recipients with incomes at or below 100% of the Federal Poverty Level (FPL) regardless of Managed care are exempt from Medicaid co-pays as of October 1, 2015.
- 11.) Individuals receiving hospice care are exempt from all Medicaid co-pays as of October 1, 2015.
- 12.) Additional exclusions from co-payment may be made pursuant to state statute.

TN #15-0011

Approval Date _____

Supersedes TN #05-02

Effective Date _____

Appendix II
2015 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #15-0011

This State Plan Amendment proposes to add additional exempt groups from Medicaid copays. The following groups will be exempt from Medicaid copays:

1. American Indians;
2. Individuals receiving hospice care;
3. Alaska natives; and
4. All Medicaid recipients with incomes at or below 100% of the Federal Poverty Level (FPL) regardless of Managed care.

Appendix III
2015 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

§ 447.55

imposes on any family during a specified period of time.

[48 FR 5736, Jan. 8, 1983]

EFFECTIVE DATE NOTE: At 73 FR 71851, Nov. 25, 2008, §447.54 was amended by revising the section heading, (a) introductory text, (1) and (3), adding a new introductory text and (a)(4), effective March 27, 2009. At 74 FR 4888, March 27, 2009, the effective date was delayed until Dec. 31, 2009. For the convenience of the user, the added and revised text is set forth as follows:

§447.54 Maximum allowable and nominal charges.

Except as provided at §§447.62 through 447.82 of this part, the following requirements must be met:

(a) *Non-institutional services.* Except as specified in paragraph (b) of this section, for non-institutional services, the plan must provide that the following requirements are met:

(1) For Federal FY 2009, any deductible it imposes does not exceed \$2.30 per month per family for each period of Medicaid eligibility. For example, if Medicaid eligibility is certified for a 3-month period, the maximum deductible which may be imposed on a family is \$6.90. Thereafter, any deductible should not exceed these amounts as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year, and then rounded to the next higher 5-cent increment.

* * * * *

(3)(i) For Federal FY 2009, any co-payments it imposes under a fee-for-service delivery system do not exceed the amounts shown in the following table:

State payment for the service	Maximum copayment
\$10 or less	\$0.60
\$10.01 to \$25	1.15
\$25.01 to \$50	2.30
\$50.01 or more	3.40

(ii) Thereafter, any copayments should not exceed these amounts as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 5-cent increment.

(4) For Federal FY 2009, any copayment for services provided by an MCO may not exceed the copayment permitted under paragraph (a)(3)(i) of this section for comparable services under a fee-for-service delivery system, except as provided in this paragraph. When there is no fee-for-service delivery system,

42 CFR Ch. IV (10–1–09 Edition)

the copayment may not exceed \$3.40 per visit or for individuals referenced in an approved State child health plan under title XXI pursuant to §457.70(c), \$5.70 per visit. In succeeding years, any copayment should not exceed these amounts as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 5-cent increment.

* * * * *

§ 447.55 Standard co-payment.

(a) The plan may provide for a standard, or fixed, co-payment amount for any service.

(b) This standard copayment amount for any service may be determined by applying the maximum co-payment amounts specified in § 447.55 (a) and (b) to the agency's average or typical payment for that service. For example, if the agency's typical payment for prescribed drugs is \$4 to \$5 per prescription, the agency might set a standard copayment of \$0.50 per prescription.

EFFECTIVE DATE NOTE: At 73 FR 71851, Nov. 25, 2008, §447.55 was amended by revising paragraph (b), effective March 27, 2009. At 74 FR 4888, March 27, 2009, the effective date was delayed until Dec. 31, 2009. For the convenience of the user, the revised text is set forth as follows:

§ 447.55 Standard co-payment.

* * * * *

(b) This standard copayment amount for any service may be determined by applying the maximum copayment amounts specified in §447.54(a) and (b) to the agency's average or typical payment for that service. For example, if the agency's typical payment for prescribed drugs is \$4 to \$5 per prescription, the agency might set a standard copayment of \$.60 per prescription. This standard copayment may be adjusted based on updated copayments as permitted under § 447.54(a)(3).

* * * * *

§ 447.56 Income-related charges.

Subject to the maximum allowable charges specified in §447.54 (a) and (b), the plan may provide for income-related deductible, coinsurance or co-payment charges. For example, an agency may impose a higher charge on

medically needy recipients than it imposes upon categorically needy recipients.

§ 447.57 Restrictions on payments to providers.

(a) The plan must provide that the agency does not increase the payment it makes to any provider to offset uncollected amounts for deductibles, coinsurance, copayments or similar charges that the provider has waived or are uncollectable, except as permitted under paragraph (b) of this section.

(b) For those providers that the agency reimburses under Medicare reasonable cost reimbursement principles, in accordance with subpart B of this part, an agency may increase its payment to offset uncollected deductible, coinsurance, copayment, or similar charges that are bad debts of providers.

§ 447.58 Payments to prepaid capitation organizations.

If the agency contracts with a prepaid capitation organization that does not impose the agency's deductibles, coinsurance, co-payments or similar charges on its recipient members, the plan must provide that the agency calculates its payments to the organization as if those cost sharing charges were collected.

[48 FR 5736, Jan. 8, 1983, as amended at 67 FR 41116, June 14, 2002]

FEDERAL FINANCIAL PARTICIPATION

§ 447.59 FFP: Conditions relating to cost sharing.

No FFP in the State's expenditures for services is available for—

(a) Any cost sharing amounts that recipients should have paid as enrollment fees, premiums, deductibles, coinsurance, copayments, or similar charges under §§ 447.50 through 447.58 (except for amounts that the agency pays as bad debts of providers under § 447.57); and

(b) Any amounts paid by the agency on behalf of ineligible individuals, whether or not the individual had paid any required premium or enrollment fee.

§ 447.60 Cost-sharing requirements for services furnished by MCOs.

Contracts with MCOs must provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the requirements set forth in §§ 447.50 and 447.53 through 447.58 for cost-sharing charges imposed by the State agency.

[67 FR 41116, June 14, 2002]

ALTERNATIVE PREMIUMS AND COST SHARING UNDER SECTION 1916A

SOURCE: 73 FR 71851, Nov. 25, 2008, unless otherwise noted.

EFFECTIVE DATE NOTE: At 73 FR 71851, Nov. 25, 2008, subject group "Alternative Premiums and Cost Sharing Under Section 1916A" was added, effective March 27, 2009. At 74 FR 4888, March 27, 2009, the effective date was delayed until Dec. 31, 2009.

§ 447.62 Alternative premiums and cost sharing: Basis, purpose and scope.

(a) Section 1916A of the Act sets forth options for alternative premiums and cost sharing, which are premiums and cost sharing that are not subject to the limitations under section 1916 of the Act as described in §§ 447.51 through 447.56. For States that impose alternative premiums, §§ 447.64 through 447.66, 447.72, 447.74, 447.78, and 447.80 prescribe State plan requirements and options for alternative premiums and the standards and conditions under which States may impose them. For States that impose alternative cost sharing, §§ 447.68 through 447.72, 447.74, 447.78, and 447.80 prescribe State plan requirements and options for alternative cost sharing and the standards and conditions under which States may impose alternative cost sharing. For other individuals, premiums and cost sharing must comply with the requirements described in §§ 447.50 through 447.60.

(b) Neither section 1916A of the Act nor the regulations referenced in paragraph (a) of this section affect the following:

(1) The Secretary's authority to waive limitations on premiums and cost sharing under this subpart.



<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Cost-Sharing/Cost-Sharing-Out-of-Pocket-Costs.html>

Cost Sharing Out of Pocket Costs

Out of Pocket Costs

States can impose copayments, coinsurance, deductibles, and other similar charges on most Medicaid-covered benefits, both inpatient and outpatient services, and the amounts that can be charged vary with income. All out of pocket charges are based on the individual state's payment for that service.

Out of pocket costs cannot be imposed for emergency services, family planning services, pregnancy-related services, or preventive services for children. Generally, out of pocket costs apply to all Medicaid enrollees except those specifically exempted by law and most are limited to nominal amounts. Exempted groups include children, terminally ill individuals, and individuals residing in an institution. Because Medicaid covers particularly low-income and often very sick patients, services cannot be withheld for failure to pay, but enrollees may be held liable for unpaid copayments.

States have the option to establish alternative out of pocket costs. These charges may be targeted to certain groups of Medicaid enrollees with income above 100 percent of the federal poverty level. Alternative out of pocket costs may be higher than nominal charges depending on the type of service, and they are subject to a cap not exceeding 5 percent of family income. In addition, Medicaid enrollees may be denied services for nonpayment of alternative copayments.

Maximum Nominal Out of Pocket Costs

Cost sharing for most services is limited to nominal or minimal amounts. The maximum copayment that Medicaid may charge is based on what the state pays for that service, as described in the following table. These amounts are updated annually to account for increasing medical care costs.

FY 2013 Maximum Nominal Deductible and Managed Care Copayment Amounts

Deductible	\$2.65
Managed Care Copayment	\$4.00

MAXIMUM ALLOWABLE COPAYMENTS FOR FY 2013

Services and Supplies	Eligible Populations by Family Income		
	< 100% FPL	101-150% FPL	>150% FPL
Institutional Care (inpatient hospital care, rehab care, etc.)	\$75	10% of the cost the agency pays for the entire state	20% of cost the agency pays for the entire state
Non-Institutional Care (physician visits, physical therapy, etc.)	\$4.00	10% of costs the agency pays	20% of costs the agency pays
Non-emergency use of the ER	\$8.00	\$8.00	No limit *within 5% aggregate limit
Drugs	\$4.00	\$4.00	\$4.00
Preferred drugs	\$8.00	\$8.00	20% of cost the agency pays
Non-preferred drugs			

Cost Sharing Content

- [Out of Pocket Costs](#)
- [Cost Sharing Exemptions](#)

A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244

Out-of-Pocket Cost Exemptions

Population Groups Exempt from Out of Pocket Costs

- Children under age 18 (or under age 19, 20, or 21 at the state's option) – states may impose alternative out of pocket costs on children under age 18 who are not covered under a mandatory categorically needy eligibility group or the Family Opportunity Act
- Individuals living in an institution who are required to contribute all of their income (except a minimal amount required for personal needs) toward the cost of their care
- Individuals receiving hospice care
- American Indians and Alaska Natives who have ever received a service from the Indian Health Service, tribal health programs, or under contract health services referral
- Women who are enrolled in Medicaid under the Breast and Cervical Cancer Treatment Program are exempted from alternative out of pocket costs only

Services Exempt from Out of Pocket Costs

- Emergency services
- Family planning services
- Pregnancy-related services, including tobacco cessation (states may choose to exempt all services provided to pregnant women)
- Preventive services for children

**Appendix IV
2015 Title XIX State Plan
Fourth Quarter Amendment
Public Notice**

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 Office of General Services

Pursuant to Section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office for People with Developmental Disabilities has declared 6 Courtland Avenue in the City of Buffalo, County of Erie, New York State, improved with a two-story residential building and a detached garage on a 5,142 square foot lot, with tax identifier Section 101.26, Block 2, Lot 14, as surplus and no longer useful or necessary for state program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 (fax)

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 non-institutional services to comply with federal requirements. The following changes are proposed:

The following clarifies Medicaid Cost Sharing Co-Payments effective October 1, 2015. In complying with 42 CFR 447.56, "Limitations on Premiums and Cost Sharing", which identifies co-pay exempt individuals and services, additional groups are hereby exempt from Medicaid copays as of October 1, 2015, as follows:

1. American Indians;
2. Individuals receiving hospice care;
3. Alaska natives;
4. All Medicaid recipients with incomes at or below 100% of the Federal Poverty Level (FPL) regardless of Managed care.

The estimated annual increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is approximately \$2.15 million.

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

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE Department of State

Notice of Review Extension
Village of Alexandria Bay and Town of Alexandria
Draft Local Waterfront Revitalization Program

In accordance with the New York State Waterfront Revitalization of Coastal Areas and Inland Waterways Act and the New York State Coastal Management Program, the Village of Alexandria Bay and Town of Alexandria, located within Jefferson County and the Thousand Islands region, have prepared a joint Draft Local Waterfront Revitalization Program (LWRP). The LWRP is a comprehensive management program for the Village's and Town's waterfront resources along the St. Lawrence River and Otter Creek.

To approve the Village of Alexandria Bay and Town of Alexandria LWRP, pursuant to Article 42 of the NYS Executive Law, it is required that potentially affected State, federal, and local agencies be

consulted to assure that the program does not conflict with existing policies and programs. For this purpose, the Draft LWRP is available online at http://www.dos.ny.gov/opd/programs/WFRevitalization/LWRP__draft.html

Comments on the draft LWRP are due by November 16, 2015. Due to technical difficulties, the review period previously announced in the September 2, 2015 issue of the NYS Register, has been extended. At the close of this required review period, DOS will coordinate responses to comments received with the Village and Town, and modifications to the LWRP will be made as necessary to address all comments. Following adoption of the LWRP by the Village and Town, and its subsequent approval by the Secretary of State, pursuant to 15 CFR 923.84(b), DOS will request incorporation of the LWRP into the State's Coastal Management Program by the federal Office for Coastal Management (OCM), as a Routine Program Change.

Comments on the Village of Alexandria Bay and Town of Alexandria Draft LWRP should be submitted by November 16, 2015, to Renee Parsons, NYS Department of State, Office of Planning and Development, 99 Washington Avenue, Suite 1010, Albany, NY 12231-0001; telephone 518-473-2461.

PUBLIC NOTICE

Department of State

Notice of Review Extension

Town of Bolton

Draft Local Waterfront Revitalization Program

PURSUANT to Article 42 of the New York State Executive Law and 19 NYCRR Part 601, the New York State Department of State (DOS) has accepted a Draft Local Waterfront Revitalization Program (LWRP) for the Town of Bolton, located within Warren County and the Adirondack Park. The LWRP serves as a comprehensive management program for the Town's waterfront resources along Lake George and Trout Lake, Edgecomb and Conservation Park Ponds, and Indian and Finkle Brooks.

To approve the Town of Bolton LWRP, the Secretary of State must find that it is consistent with Article 42 of the Executive Law and that it does not conflict with existing state programs and policies. For this purpose, the Town of Bolton Draft LWRP is available online at http://www.dos.ny.gov/opd/programs/WFRevitalization/LWRP__draft.html. Since state agency actions must be consistent with an approved LWRP, Article 42 requires that the public and any potentially affected state and regional agencies be given the opportunity to comment on the proposed program.

Comments on the draft LWRP are due by November 16, 2015. Due to technical difficulties, the review period previously announced in the September 2, 2015 issue of the NYS Register, has been extended. At the close of this required review period, DOS will coordinate responses to comments received with the Town, and modifications to the LWRP will be made as necessary to address all comments.

Comments on the Town of Bolton Draft LWRP should be submitted by November 16, 2015, to Renee Parsons, Department of State, Office of Planning and Development, 99 Washington Ave., Suite 1010, Albany, NY 12231-0001; (518) 473-2461.

PUBLIC NOTICE

Department of State

F-2015-0631 (DA)

Date of Issuance – September 30, 2015

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The U.S. Fish and Wildlife Service (USFWS) has determined that the proposed activity will be undertaken in a manner consistent to the maximum extent practicable with the enforceable policies of the New York State Coastal Management Program. The applicant's consistency determination and accompanying supporting information and data are available for inspection at the New York State Department of

State offices located at One Commerce Plaza, 99 Washington Avenue in Albany, New York.

USFWS is proposing a salt marsh restoration project at the USFWS Lido Beach Wildlife Management Area located adjacent to Reynolds Channel (Middle Hempstead Bay) in the Town of Hempstead, Nassau County, New York. The purpose of the proposed project is to improve resiliency to coastal storm events and sea level rise and to reverse the trend of waterlogging and vegetation loss. The proposed activities include: installation of a living shoreline consisting of approximately 15,700 SF of coconut fiber coir logs varying in diameter from 8" to 24" and planted with plugs of *Spartina alterniflora* and *Juncus gerardii* along 310 lf of shoreline, and the excavation of approximately 444 LF (15.2 CY) of hand dug runnels 1' by 1' to reconnect the marsh with nearby creeks.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities 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, October 15th, 2015.

Comments should be addressed to the New York State Department of State, ATTN: Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Avenue, Albany, New York 12231. Telephone (518) 474-6000; Fax (518) 473-2464. Comments can also be submitted electronically via e-mail at: CR@dos.ny.gov.

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State

F-2015-0632 (DA)

Date of Issuance – September 30, 2015

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The U.S. Fish and Wildlife Service (USFWS) has determined that the proposed activity will be undertaken in a manner consistent to the maximum extent practicable with the enforceable policies of the New York State Coastal Management Program. The applicant's consistency determination and accompanying supporting information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue in Albany, New York.

USFWS is proposing a marsh and stream rehabilitation and enhancement project at the USFWS Wertheim National Wildlife Refuge located on Bellport Bay and Carmans River in the Town of Brookhaven, Suffolk County, New York. The purpose of the proposed project is to improve resiliency to coastal storm events and sea level rise and to reverse the trend of waterlogging and vegetation loss. The proposed activities include: removal of existing earthen ditch plugs to restore flow to hydrologically isolated areas of the marsh; creation of 10,021 LF (2,227 CY of material removed) of channels to improve tidal connectivity; filling of 10,021 LF (2,227 CY of fill) of legacy mosquito ditches with excavated marsh soils and approximately 18,668 LF of coconut fiber coir logs to restore vegetated marsh; and removal of impediments to flow within Yaphank Creek to restore fish passage, including removing two 24" CMP culverts and replacement with one arch culvert and a boulder weir/step pool.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities 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, October 15th, 2015.

Comments should be addressed to the New York State Department of State, ATTN: Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Avenue, Albany, New York 12231. Telephone (518) 474-6000; Fax (518) 473-2464. Comments can also be submitted electronically via e-mail at: CR@dos.ny.gov.

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.