



Department of Health

ANDREW M. CUOMO
Governor

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

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

March 27, 2020

Ms. Nicole McKnight
Acting 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

RE: SPA #20-0021
Non-Institutional Services

Dear Ms. McKnight:

The State requests approval of the enclosed amendment #20-0021 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective April 1, 2020 (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.

A copy of pertinent sections of enacted legislation is 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 March 11, 2020, 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 Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 2 1

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

§ 1902(a) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 04/01/20-09/30/20 \$ 0.00

b. FFY 10/01/20-09/30/21 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A: Page 2
Attachment 3.1-A Supplement: Page 2
Attachment 3.1-B: Page 2a
Attachment 3.1-B Supplement: Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A: Page 2
Attachment 3.1-A Supplement: Page 2
Attachment 3.1-B: Page 2a
Attachment 3.1-B Supplement: Page 2

10. SUBJECT OF AMENDMENT

Tobacco Cessation Counseling
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

March 27, 2020

16. RETURN TO

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

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
2020 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

New York

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 Provided: No limitations With limitations* Not provided
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)
- 4.c.i. Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.
 Provided: No limitations With limitations* Not provided
- 4.c.ii. Family planning-related services provided under the above State Eligibility Option.
 Provided: No limitations With limitations*
- 4.c.iii. Fertility services for women ages 21 through 44
 Provided: No limitations With limitations*
 *Limited to the provision of office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing for women in the process of ovulation enhancing drugs.
- 4.d.1. **Face-to-Face Counseling Services provided:**
 (i) By or under supervision of a physician;
 (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
 (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)
- 4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**
 Provided: No limitations With limitations*
 [*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.]
All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services without any limitation.

Please describe any limitations:

* Description provided on attachment.

TN #20-0021

Approval Date _____

Supersedes TN #17-0058

Effective Date _____

New York

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- 4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments [shall] will not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

[4d.i.] 4.d.1. Face-to-Face Counseling Services

[4d.ii.] 4.d.2. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Effective [October 1, 2013] April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be [modified to include a maximum of two quit attempts per 12 months, which will include a maximum of four face-to-face counseling sessions per quit attempt.] based on medical necessity and without limitation.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.

- 5a. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Collaborative Care Services: Effective January 1, 2015, Physician services [shall] will include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.

6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

TN #20-0021

Approval Date _____

Supersedes TN #14-0027

Effective Date _____

**New York
2a**

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
TO THE MEDICALLY NEEDY**

4.d.1. **Face-to-Face Counseling Services provided:**

- (i) By or under supervision of a physician;
 (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
 (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Provided: No limitations With limitations*

[*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.]

All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services without any limitation as stated above.

Please describe any limitations:

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations* Not provided

i. Lactation counseling services.

Provided: No limitations With limitations* Not provided

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a) (5)(B) of the Act).

Provided: No limitations With limitations* Not provided

* Description provided on attachment

TN #20-0021
Supersedes TN #13-0010

Approval Date _____
Effective Date _____

**New York
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- 4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments [shall] will not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

[4d.i.] 4.d.1. **Face-to-Face Counseling Services**

[4d.ii.] 4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective [October 1, 2013] April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be [modified to include a maximum of two quit attempts per 12 months, which will include a maximum of four face-to-face counseling sessions per quit attempt.] based on medical necessity without limitation.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.
- 5a. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Collaborative Care Services: Effective January 1, 2015, Physician services will include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-B of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.

6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

TN#: #20-0021

Approval Date: _____

Supersedes TN#: #14-0027

Effective Date: _____

Appendix II
2020 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #20-0021

This State Plan Amendment proposes to remove limits on cessation counseling. All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services based on medical necessity and without limitations, effective on and after April 1, 2020.

Appendix III
2020 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

SPA 20-0021

SEC. 4107. COVERAGE OF COMPREHENSIVE TOBACCO CESSATION SERVICES FOR PREGNANT WOMEN IN MEDICAID.

(a) Requiring Coverage of Counseling and Pharmacotherapy for Cessation of Tobacco Use by Pregnant Women- Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by sections 2001(a)(3)(B) and 2303, is further amended-- ⁽⁶⁸²⁶⁾

(1) in subsection (a)(4)-- ⁽⁶⁸²⁷⁾

(A) by striking "and" before "(C)"; and ⁽⁶⁸²⁸⁾

(B) by inserting before the semicolon at the end the following new subparagraph: "; and (D) counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in subsection (bb))"; and ⁽⁶⁸²⁹⁾

(2) by adding at the end the following: ⁽⁶⁸³⁰⁾

"(bb)(1) For purposes of this title, the term "counseling and pharmacotherapy for cessation of tobacco use by pregnant women" means diagnostic, therapy, and counseling services and pharmacotherapy (including the coverage of prescription and nonprescription tobacco cessation agents approved by the Food and Drug Administration) for cessation of tobacco use by pregnant women who use tobacco products or who are being treated for tobacco use that is furnished-- ⁽⁶⁸³¹⁾

"(A) by or under the supervision of a physician; or ⁽⁶⁸³²⁾

"(B) by any other health care professional who-- ⁽⁶⁸³³⁾

"(i) is legally authorized to furnish such services under State law (or the State regulatory mechanism provided by State law) of the State in which the services are furnished; and ⁽⁶⁸³⁴⁾

"(ii) is authorized to receive payment for other services under this title or is designated by the Secretary for this purpose. ⁽⁶⁸³⁵⁾

"(2) Subject to paragraph (3), such term is limited to-- ⁽⁶⁸³⁶⁾

"(A) services recommended with respect to pregnant women in "Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline", published by the Public Health Service in May 2008, or any subsequent modification of such Guideline; and ⁽⁶⁸³⁷⁾

"(B) such other services that the Secretary recognizes to be effective for cessation of tobacco use by pregnant women. ⁽⁶⁸³⁸⁾

"(3) Such term shall not include coverage for drugs or biologicals that are not otherwise covered under this title." ⁽⁶⁸³⁹⁾

(b) Exception From Optional Restriction Under Medicaid Prescription Drug Coverage- Section 1927(d)(2)(F) of the Social Security Act (42 U.S.C. 1396r-8(d)(2)(F)), as redesignated by section 2502(a), is amended by inserting before the period at the end the following: ", except, in the case of pregnant women when recommended in accordance with the Guideline referred to in section 1905(bb)(2)(A), agents approved by the Food and Drug Administration under the over-the-counter monograph process for purposes of promoting, and when used to promote, tobacco cessation". ⁽⁶⁸⁴⁰⁾

(c) Removal of Cost-Sharing for Counseling and Pharmacotherapy for Cessation of Tobacco Use by Pregnant Women- ⁽⁶⁸⁴¹⁾

(1) GENERAL COST-SHARING LIMITATIONS- Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended in each of subsections (a)(2)(B) and (b)(2)(B) by inserting ", and counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in section 1905(bb)) and covered outpatient drugs (as defined in subsection (k)(2) of section 1927 and including nonprescription drugs described in subsection (d)(2) of such section) that are prescribed for purposes of promoting, and when used to promote, tobacco cessation by pregnant women in accordance with the Guideline referred to in section 1905(bb)(2)(A)" after "complicate the pregnancy". ⁽⁶⁸⁴²⁾

(2) APPLICATION TO ALTERNATIVE COST-SHARING- Section 1916A(b)(3)(B)(iii) of such Act (42 U.S.C. 1396o-1(b)(3)(B)(iii)) is amended by inserting ", and counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in section 1905(bb))" after "complicate the pregnancy". ⁽⁶⁸⁴³⁾

(d) Effective Date- The amendments made by this section shall take effect on October 1, 2010. ⁽⁶⁸⁴⁴⁾

SPA 20-0021

Social Services Law, paragraph (s) of subdivision 2 of section 365-a

"(s) smoking cessation counseling services; provided, however, that the provisions of this paragraph shall not take effect unless all necessary approvals under federal law and regulation have been obtained to receive federal financial participation in the costs of such services."

**Appendix IV
2020 Title XIX State Plan
First 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 Department of Health

The Department of Health proposes to amend the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915(c) Waiver Programs to comply with 42 CFR 441.301(c)(1)(vi). The following changes are proposed:

Waiver Services

No later than January 1, 2021, New York State must comply with the Federal Conflict of Interest requirements of federal rule at: 42 CFR 441.301(c)(1)(vi) for waiver services provided under the NHTD and TBI Home and Community Based Services 1915c Waivers.

To ensure compliance with the Conflict of Interest Rule, the New York State Department of Health (NYSDOH) has engaged stakeholders in determining a path for compliance, including planning meetings held on January 11, 2019, March 6, 2019, May 14, 2019, August 8, 2019, and November 4, 2019. The result of those meetings was the identification of the following four models which are compliant with the Federal Conflict of Interest Rule for the delivery of services under the NHTD and TBI waivers:

- Providers may choose to provide Service Coordination (SC) only;
- Providers may choose to provide SC and exempt waiver services including: Assistive Technology (AT), Environmental/Vehicle Modifications, Community Transitional Services (CTS), Moving Assistance, Congregate Meals only;
- Providers may choose to provide all waiver services except for SC; or
- Providers may choose to continue provision of all waiver services (including SC) but cannot provide both SC and another direct waiver service to the same participant.

Waiver providers must choose one of four models of Conflict of Interest-compliant service delivery and be operating under their designated compliant model on or before January 1, 2021.

NYSDOH will submit amendments to the NHTD and TBI waivers for approval by the Centers for Medicare and Medicaid Services

(CMS) which will include language defining the state's Conflict of Interest plan as well as amendments to the qualifications for certain provider staff including Service Coordinators. NYSDOH anticipates these amendments will help maintain and expand the capacity of experienced qualified providers and facilitate transition to new employers should they seek new employment.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

The public is invited to review and comment on this initiative. Additional information may be found at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

Comments may be filed electronically at: waivertransition@health.ny.gov, *or mailed to:* Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed on or before April 10, 2020. Include COI Compliance in the subject line and indicate your name and affiliation.

Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

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 Social Services Law 365-a(2)(s) and section 4107 of the Affordable Care Act. The following changes are proposed:

Non-Institutional Services

Effective on and after April 1, 2020, this proposes to amend the State Plan to remove limits on face-to-face tobacco cessation counseling services. All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services based on medical necessity and without limitation.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the proposed amendments.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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 1432, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State
Notice of Review of Request for
Brownfield Opportunity Area
Conformance Determination
Project: Former ANSCO Camera Factory
Location: Endicott Johnson Industrial Spine
Brownfield Opportunity Area
City of Binghamton, Broome County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Endicott Johnson Industrial Spine Brownfield Opportunity Area, in the City of Binghamton, on December 3, 2015. The designation of the Endicott Johnson Industrial Spine Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

Pursuant to New York State Tax Law, Article 1, Section 21, the eligible taxpayer(s) of a project site located in a designated Brownfield Opportunity Area may apply for an increase in the allowable tangible property tax credit component of the brownfield redevelopment tax credit if the Secretary of State determines that the project conforms to the goals and priorities established in the Nomination for a designated Brownfield Opportunity Area.

On January 15th, 2020, Freewheelin ANSCO, LLC submitted a request for the Secretary of State to determine whether the Former ANSCO Camera Factory mixed-use development, which will be located within the designated Endicott Johnson Industrial Spine Brownfield Opportunity Area, conforms to the goals and priorities identified in the Nomination that was prepared for the designated Endicott Johnson Industrial Spine Corridor Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: https://www.dos.ny.gov/opd/programs/pdfs/BOA/BOA_Conformance_App_ANSCO.pdf

Comments must be submitted no later than April 10, 2020, either by mail to: Julie Sweet, Department of State, Office of Planning and Development, 44 Hawley St., Rm. 1507, Binghamton, NY, 13901 or by email to: julie.sweet@dos.ny.gov

PUBLIC NOTICE

Department of State
F-2019-1073
Date of Issuance – March 11, 2020

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 (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public 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.

In F-2019-1073, Michael and Candace Conway are proposing to install an 8' wide, 4' tall, 100' long break wall revetment consisting of 1-2-ton rocks across their property's shoreline and installing an 8' x 24' fixed dock with a 6' x 32' floating dock. This project is located at 9459 Ingersoll Drive, in the Town of Wolcott, Wayne County, on Blind Sodus Bay.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-1073.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of 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 March 26, 2020.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email 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-2019-1290

Date of Issuance – March 11, 2020

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 applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2019-1290 or the "Annandale Micro Hydro Project", the applicant Bard College, is proposing to install a 12-kW micro hydro facility at an existing dam and the rehabilitation of that dam. Activities include among others the dredging of sediment behind the upstream face of the dam to allow the repair and alteration of the Annandale Dam as well as the installation of the hydropower intake structure. The authorized work is located at 1248 River Road, Town of Red Hook, Dutchess County, Saw Kill Creek.

The applicant's consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-1290_Annandale_MicroHydro_App.pdf

Original copies of public information and data submitted by the applicant 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.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, April 10, 2020.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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