

ability and ensuring delivery of FFS PDN services to medically fragile adults. Qualified providers enrolling in the directory are required to ensure the availability, delivery, and provision of PDN to those individuals who need the services in order to receive the increased reimbursement for the nursing services. The directory offers enrollment to all PDN services providers.

Needs and Benefits:

There are approximately 1,500 Medicaid members who access PDN services in the FFS program, one-third who are 21 years of age or older. These members often require long-term PDN services, starting as children and continuing into adulthood. Historically, there has been an industry-wide shortage of private duty nurses which the Department addressed by increasing pediatric nursing reimbursement, to attract enough qualified providers to staff these cases. In 2002, changes were enacted to provide a 3 percent increase to nurses serving pediatric cases. In 2007, the section 367-r of the Social Services Law was amended to provide an additional add-on to nurses attesting to their qualifications to serve medically fragile children. In the 2020-21 budget, a new program was created to address the difficulty staffing pediatric FFS nursing cases, due to the higher reimbursement offered by managed care organizations. A directory of private duty nurses was created to identify providers willing to provide services to FFS members up to the age of 23 with enhanced fees amounting phased in over three (3) years to achieve parity with Medicaid Managed Care (MMC) fees; and to extend the current add-on from age 21 to age 23 to allow an additional two year transitional period in which to locate nursing providers willing to accept the lower adult reimbursement amount in effect at that time. Under that legislation and policy, when medically fragile children reached 23 years of age, the increased provider reimbursement was no longer available, and consequently nurses were unwilling to continue providing the same services at a lower reimbursement amount to these members who had aged out of the enhanced pediatric reimbursement. The transitioning FFS adult cases were at further disadvantage in trying to attract nurses, because the adult FFS base hourly fees were significantly lower than the MMC fees, creating further disincentive for nurses to serve adult FFS cases. The increases enacted to address the pediatric FFS staffing shortage caused an adult nursing shortage.

In November of 2021, to address this disparity, temporary increased fee reimbursement was made to providers of adult PDN under Section 9817 of the American Rescue Plan Act (ARPA).

In the 2022-23 budget, Chapter 56 of the laws of 2022, amended section 367-r of the SSL to permanently eliminate the disparity between pediatric and adult PDN reimbursement, and establish a provider directory of available nurses to provide PDN services to medically fragile adults. This current regulatory change implements these 2022 statutory amendments.

Costs:

Costs to Regulated Parties:

There will be no additional costs to private regulated parties because of the proposed regulation.

Costs to State Government:

As reflected in the State's fiscal year 2022-23 budget, there is additional increase of \$15.5 million (State share) in Medicaid expenditures anticipated because of the proposed regulation.

Costs to Local Government:

The Local districts' share of Medicaid costs is statutorily capped; therefore, there will be no additional costs to local governments because of the proposed regulation.

Costs to the Department of Health:

There will be no additional administrative cost to the Department of Health.

Local Government Mandates:

The proposed regulation does not impose any new programs, services, duties or responsibilities upon any county, city, town, village, school district, fire district or other special district.

Paperwork:

The proposed regulations do not impose any reporting requirements on fiscal intermediaries or other entities. The existing provider enrollment forms will be modified, and no new forms will be created.

Duplication:

The proposed regulations do not duplicate any existing federal, state, or local regulations.

Alternatives:

As discussed above, the Legislature has determined that, based on the need for PDN services and the scarcity of nurses available for medically fragile adults, the additional reimbursement fees are needed for those nurses who enroll and participate in the provider directory. Accordingly, the alternative of not taking this regulatory action was rejected.

Federal Standards:

The proposed regulations do not exceed any minimum federal standards.

Compliance Schedule:

There is no compliance schedule imposed by this amendment, which shall be effective upon publication of a notice of adoption.

Regulatory Flexibility Analysis

No regulatory flexibility analysis is required pursuant to section 202-(b)(3)(a) of the State Administrative Procedure Act. The proposed amendment does not impose an adverse economic impact on small businesses or local governments, and it does not impose reporting, recordkeeping or other compliance requirements on small businesses or local governments.

Rural Area Flexibility Analysis

A Rural Area Flexibility Analysis for these amendments is not being submitted because the amendments will not impose any adverse impact or significant reporting, recordkeeping or other compliance requirements on public or private entities in rural areas. There are no professional services, capital, or other compliance costs imposed on public or private entities in rural areas as a result of the proposed amendments.

Job Impact Statement

A Job Impact Statement for these amendments is not being submitted because it is apparent from the nature and purposes of the amendments that they will not have a substantial adverse impact on jobs and/or employment opportunities.

Office of Mental Health

NOTICE OF ADOPTION

COVID-19 Vaccination Program

I.D. No. OMH-43-21-00002-A

Filing No. 705

Filing Date: 2022-09-08

Effective Date: 2022-09-08

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following action:

Action taken: Addition of Part 557 to Title 14 NYCRR.

Statutory authority: Mental Hygiene Law, sections 7.07, 7.09 and 31.04

Subject: COVID-19 Vaccination Program.

Purpose: To implement a COVID-19 vaccination program in OMH Operated or Licensed Hospitals.

Text or summary was published in the October 27, 2021 issue of the Register, I.D. No. OMH-43-21-00002-EP.

Final rule as compared with last published rule: No changes.

Revised rule making(s) were previously published in the State Register on March 23, 2022.

Text of rule and any required statements and analyses may be obtained from: Sara Paupini, Esq., Office of Mental Health, 44 Holland Ave., Albany, NY 12229, (518) 474-1331, email: regs@omh.ny.gov

Revised Regulatory Impact Statement

(1) Statutory authority:

(a) Section 7.07 of the Mental Hygiene Law (MHL) charges the Office of Mental Health (OMH) with the responsibility for seeing that persons with mental illness are provided with care and treatment, and that such care, treatment and rehabilitation is of high quality and effectiveness.

(b) Section 7.09 of the Mental Hygiene Law gives the Commissioner of the Office of Mental Health the power and responsibility to adopt regulations that are necessary and proper to implement matters under their jurisdiction.

(c) Section 31.04 of the Mental Hygiene Law grants the Commissioner of Mental Health the power and responsibility to adopt regulations to effectuate the provisions and purposes of article 31 of such law, including procedures for the issuance and amendment of operating certificates, and for setting standards of quality and adequacy of facilities.

(2) Legislative objectives:

To implement a COVID-19 vaccination program through MHL §§ 7.07, 7.09 and 31.04 which provide the Commissioner of Mental Health with the authority to protect the health and life of the people of the State of New York including by controlling the spread of communicable diseases. COVID-19 is an unpredictable disease that can cause serious illness and death. In response to this increased public health threat, New York must take active steps to prevent and control transmission of COVID-19. The seriousness of the continuing threat and the failure to achieve acceptable

vaccination rates through voluntary programs necessitate further action. Collectively, the legislative purpose of these statutes is to protect patients in hospitals operated or licensed by the Office of Mental Health by providing safe, efficient, and adequate care.

(3) Needs and benefits:

These regulations are necessary to prevent the spread of COVID-19 in hospitals operated or licensed by the Office of Mental Health. This requirement will help ensure patients are less likely to suffer a COVID-related death or severe illness and that fewer staff test positive for COVID-19 and aligns these facilities with other hospitals in New York State.

COVID-19 is a disease that causes mild to severe respiratory symptoms, including fever, cough, and difficulty breathing. People infected with COVID-19 have had symptoms ranging from those that are mild (like a common cold) to severe pneumonia that requires medical care in a general hospital and can be fatal. Given the disproportionate adverse health impacts of COVID-19 for adults and those with comorbidities, many of whom receive treatment in New York's Hospitals, it is imperative that these hospitals facilitate the prompt vaccination of its staff.

Based on the foregoing, the Office has made the determination that this emergency regulation is necessary to best protect patients and staff in Hospitals operated by the Office of Mental Health.

(4) Costs:

(a) Costs to Regulated Parties: The purpose of this regulation is to require Hospitals licensed or operated by the Office of Mental Health to promptly coordinate the COVID-19 vaccination of their staff. Costs are expected to be minimal given that the COVID-19 vaccine is provided free of charge, and Medicare reimbursement is available to help Medicare-enrolled residents cover administrative costs.

(b) Costs to Local and State Governments: This regulation will have no significant impact on local or State governments. There may be limited additional agency costs for reviewing documentation and other administrative oversight.

5. Local government mandates: This regulation will have no impact on local governments.

6. Paperwork: This regulation imposes no additional paperwork. Although the regulation requires recordkeeping by hospitals, including documentation in personnel files, these records must already be maintained by the hospital.

7. Duplication: These regulatory amendments do not duplicate existing State or Federal requirements.

8. Alternatives: The Office believes that the promulgation of this regulation is the most effective means to ensure that OMH operated hospitals adequately ensure their staff are vaccinated against COVID-19. Accordingly, the alternative of not issuing these regulations was rejected, as the potential for serious illness and possible death of both staff and patients as a result of a COVID-19 outbreak outweighed the risk of rejecting a vaccine mandate.

9. Federal standards: The regulatory amendments do not exceed any minimum standards of the Federal Government for the same or similar subject areas.

10. Compliance schedule: This rulemaking will be effective upon filing a Notice of Adoption in the State Register.

Revised Regulatory Flexibility Analysis

Effect of Rule:

This regulation will not impact local governments or small businesses.

Compliance Requirements:

This regulation primarily requires Hospitals operated or licensed by the Office of Mental Health to promptly coordinate the COVID-19 vaccination of their staff.

Professional Services:

No professional services are required by this regulation.

Compliance Costs:

Costs are expected to be minimal given that the COVID-19 vaccine is provided free of charge.

Economic and Technological Feasibility:

There are no economic or technological impediments to the rule changes.

Minimizing Adverse Impact:

This regulation is consistent with the existing responsibilities hospitals have to maintain the health and safety of residents, and ensure staff are free from communicable diseases. Therefore, any adverse impacts are expected to be minimal and are outweighed by the regulation's health and safety benefits to residents and staff.

Small Business and Local Government Participation:

Due to the urgent need to ensure hospital staff are vaccinated as soon as possible given the seriousness of COVID-19 if contracted, particularly by older adults or persons with comorbidities, small business and local governments were not directly consulted. However, the Office will notify such entities of the existence of these regulations and the opportunity to submit comments or questions to the Office.

Cure Period:

This regulation does not include a cure period given the serious threat the COVID-19 virus causes to all New Yorkers, particularly those residing in hospitals, considering such residents' age and comorbidities. The Office finds the periods provided to comply with the regulatory requirements sufficient to ensure Hospitals can establish or revise their vaccination policies and procedures, while balancing the urgent need to protect patients and personnel from this dangerous disease.

Revised Rural Area Flexibility Analysis

Types and Estimated Numbers of Rural Areas:

Although this rule applies uniformly throughout the state, including rural areas, for the purposes of this Rural Area Flexibility Analysis (RAFA), "rural area" means areas of the state defined by Exec. Law § 481(7) (SAPA § 102(10)). Per Exec. Law § 481(7), rural areas are defined as "counties within the state having less than two hundred thousand population, and the municipalities, individuals, institutions, communities, and programs and such other entities or resources found therein.

Reporting, recordkeeping, and other compliance requirements; and professional services:

This regulation creates no additional paperwork. Although the regulation requires recordkeeping by hospitals, including documentation in personnel files these records must already be maintained. Additionally, no additional professional services are required by this regulation.

Costs:

This regulation requires staff of OMH operated and licensed hospitals to be vaccinated against COVID-19. Costs are expected to be minimal given that the COVID-19 vaccine is provided free of charge.

Economic and Technological Feasibility:

There are no economic or technological impediments to the rule changes.

Minimizing Adverse Impact:

This regulation is consistent with the existing responsibilities Hospitals have to maintain the health and safety of residents, ensure sufficient staffing levels, and ensure staff are free from communicable diseases. Therefore, any adverse impacts are expected to be minimal and are outweighed by the regulation's health and safety benefits to patients and staff.

Rural Area Participation:

Due to the urgent need to ensure Hospital staff are vaccinated as soon as possible given the seriousness of the COVID-19 virus and the need for services to be provided in person where appropriate, Hospitals located in rural areas were not directly consulted. However, the Office will notify covered entities located in rural areas of the existence of these regulations and the opportunity to submit comments or questions to the Office.

Revised Job Impact Statement

Nature of impact: Hospitals as defined may take disciplinary action on staff who are not fully vaccinated and up to date, and do not have a valid medical exemption.

Categories and numbers affected: This rule may impact any individual who falls within the definition of "staff" who are not fully vaccinated including maintaining up to date status if eligible, against COVID-19 and do not have a valid medical exemption on file with the Hospital for which they are employed with or are affiliated.

Regions of adverse impact: The rule would apply uniformly throughout the State and the Office does not anticipate that there will be any regions of the state where the rule would have a disproportionate adverse impact on jobs or employment.

Minimizing adverse impact: As part of ongoing efforts to address the COVID-19 pandemic, regulated parties have been a partner in implementing measures to limit the spread and/or mitigate the impact of COVID-19 within the Office since March of 2020.

Initial Review of Rule

As a rule that requires a RFA, RAFA or JIS, this rule will be initially reviewed in the calendar year 2025, which is no later than the 3rd year after the year in which this rule is being adopted.

Assessment of Public Comment

The agency received no public comment.

NOTICE OF ADOPTION

Telehealth Expansion

I.D. No. OMH-48-21-00003-A

Filing No. 716

Filing Date: 2022-09-12

Effective Date: 1 day after filing

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following action:

Action taken: Amendment of Part 596 of Title 14 NYCRR.

Statutory authority: Mental Hygiene Law, sections 7.07, 7.09 and 31.04

Subject: Telehealth Expansion.

Purpose: To establish regulations regarding the expansion of telehealth.

Text or summary was published in the December 1, 2021 issue of the Register, I.D. No. OMH-48-21-00003-EP.

Final rule as compared with last published rule: No changes.

Revised rule making(s) were previously published in the State Register on May 11, 2022.

Text of rule and any required statements and analyses may be obtained from: Sara Paupini, Esq., Office of Mental Health, 44 Holland Ave., Albany, NY 12229, (518) 474-1331, email: regs@omh.ny.gov

Revised Regulatory Impact Statement

1. **Statutory Authority:** Sections 7.09, 31.02 and 31.04 of the Mental Hygiene Law, grant the Commissioner of Mental Health the authority and responsibility to adopt regulations that are necessary and proper to implement matters under their jurisdiction. Pursuant to Section 2999-dd of the Public Health Law, health care services delivered by means of telehealth are entitled to Medicaid reimbursement under Social Services Law Section 367-u.

2. **Legislative Objectives:** To establish regulations regarding mental health programs, including the expansion of the opportunity to offer telehealth services.

3. **Needs and Benefits:** The proposed amendments are intended to continue to expand the opportunity to offer telehealth services in the New York State regulated mental health system. The proposed changes are also in response to recent amendments to New York State Public Health Law § 2999-cc (as amended by Chapter 124 of the Laws of 2020) which may eventually lead to more flexibility for the provision of certain Medicaid-funded services using audio-only telephonic communication technology. The newly revised definition of “Telehealth” in this section provides that for the Medicaid and Child Health Insurance Plan, shall include audio-only telephone communication only to the extent defined in regulations as may be promulgated by the commissioner of the Department of Health (DOH). This amendment expands the types of practitioners who can be designated or authorized by this Office to provide these services, will allow practitioners to be physically located outside the State of New York while delivering services, and provide that practitioners can deliver services remotely without first conducting an in-person evaluation. Additionally, in the revised proposed rule, an evaluation or examination required as part of an involuntary removal from the community, involuntary retention in a hospital or Assisted Outpatient Treatment order pursuant to Article 9 of the Mental Hygiene Law can be conducted via audio-visual telemental health only.

Such amendments are necessary to allow providers to maintain continuity of care with their patients, rapidly evaluate and screen new patients, and offer crisis and support interventions during this difficult time. The promulgation of these regulations is essential to preserve the health, safety and welfare of individuals with mental illness who receive services through licensed and designated OMH providers. If OMH did not promulgate regulations on an emergency basis, providers will be unable to maintain the continuity and quality of care their patients are receiving as a number of these patients do not have any other way of accessing behavioral health services at this time. Immediately, this amendment would permit the continued access to mental health services for people who are vulnerable or at risk for contracting COVID and wish to continue treatment in the safest manner possible, while working towards their treatment goals, while not having to choose between treatment and safety.

4. **Costs:**

(a) Cost to State government: There are no costs to State government as a result of these amendments. (b) Cost to local government: There are no new costs to local government as a result of these amendments. (c) Cost to regulated parties: There are no new costs to regulated parties as a result of these amendments.

5. **Local Government Mandates:** The provision of telehealth services is not required. These regulatory amendments will not involve or result in any additional imposition of duties or responsibilities upon county, city, town, village, school, or fire districts.

6. **Paperwork:** There are no new paperwork requirements as a result of the amendments.

7. **Duplication:** These regulatory amendments do not duplicate existing State or federal requirements.

8. **Alternatives:** It was determined that should the Office consider not moving forward with the proposed rule, it would have a detrimental effect on behavioral health care delivery. The field has consistently expressed support for the increase flexibility previously authorized during the public health emergency, and the ability to serve their populations fully during this period. They have also expressed concern about continuity of care and

delivering necessary services should such flexibility be terminated. The proposed amendment intends to increase flexibility for providers wishing to deliver telehealth services and conforms regulations to recent amendments to Section 2999-cc of the Public Health Law.

9. **Federal Standards:** Currently states can choose to cover telehealth under Medicaid, as defined via their state plan amendment.

10. **Compliance Schedule:** The office is promulgating these rules on an emergency basis. The permanent amendments to the regulation would be effective upon adoption, following the 45 day public comment period required by the State Administrative Procedure Act.

Revised Regulatory Flexibility Analysis

Effect of Rule:

There will be no adverse economic impact upon small businesses or local governments as a result of this rule making. The rule serves to update existing regulations and provide additional flexibilities that were permitted during the Public Health Emergency.

Compliance Requirements:

Additional compliance requirements are expected to be minimal, as telehealth has already been authorized during the public health emergency.

Professional Services:

No professional services are required by this regulation.

Economic and Technological Feasibility:

There are no economic or technological impediments to the rule changes.

Minimizing Adverse Impact:

This regulation is consistent with the existing flexibilities providers have utilized during the public health emergency. Therefore, any adverse impacts are expected to be minimal and are outweighed by the regulation’s intent to continue to provide broad access to services.

Small Business and Local Government Participation:

The Office will notify such entities of the existence of these regulations and the opportunity to submit comments or questions to the Department.

Revised Rural Area Flexibility Analysis

Types and Estimated Numbers of Rural Areas:

Although this rule applies uniformly throughout the state, including rural areas, for the purposes of this Rural Area Flexibility Analysis (RAFA), “rural area” means areas of the state defined by Exec. Law § 481(7) (SAPA § 102(10)). Per Exec. Law § 481(7), rural areas are defined as “counties within the state having less than two hundred thousand population, and the municipalities, individuals, institutions, communities, and programs and such other entities or resources found therein.

Reporting, Recordkeeping, and Other Compliance Requirements; and Professional Services:

This regulation imposes no additional paperwork. Although the regulation may require recordkeeping these records must already be maintained by facilities. Additionally, no additional professional services are required by this regulation.

Costs:

Costs are expected to be minimal, as telehealth has already been authorized during the public health emergency.

Economic and Technological Feasibility:

There are no economic or technological impediments to the rule changes.

Minimizing Adverse Impact:

This regulation is consistent with the existing flexibilities providers have utilized during the public health emergency. Therefore, any adverse impacts are expected to be minimal and are outweighed by the regulation’s intent to continue to provide broad access to services

Rural Area Participation:

The Office will notify covered entities located in rural areas of the existence of these regulations and the opportunity to submit comments or questions to the Office.

Revised Job Impact Statement

The amendments to 14 NYCRR Part 596 are intended to improve mental health services by expanding the opportunity to offer telehealth services. It is evident from the subject matter of this rule, that it could only have a positive impact or no impact on jobs or employment, therefore a Job Impact Statement is not necessary with this notice.

Initial Review of Rule

As a rule that requires a RFA, RAFA or JIS, this rule will be initially reviewed in the calendar year 2025, which is no later than the 3rd year after the year in which this rule is being adopted.

Assessment of Public Comment

Comment: A commentor supports the expanded definitions of “originating site,” “telehealth practitioners” and “telehealth services” and recommends that OMH include text messaging in the definition of telehealth services. Text messaging can provide opportunities for patients in environments where audio conversations would prohibit them from otherwise receiving care.

Response: The Office has considered the recommendation and declines to make the amendment. The Office recognizes that texting is a positive tool for outreach, building connections and engagement, but is not an appropriate clinical service delivery tool.

Comment: A Commentor supports the requirement to only submit policies and procedures and an attestation instead of a written plan and encourages OMH to continue efforts to streamline the designation process, including review of policies and procedures.

Response: The Office continues to review regulations in an effort to streamline processes.

Comment: A Commentor supports the flexibility to use telehealth services to satisfy specific statutory examination, evaluation or assessment requirements pursuant to Section 9.27 and 9.39 of Mental Hygiene Law.

Response: The Office agrees with the comment.

Comment: A Commentor supports the removal of the requirement for patients to receive an initial in-person visit. Patients who experience transportation and/or mobility challenges have especially benefited from the ability to receive behavioral healthcare through telehealth.

Response: The Office agrees with the comment and such comment does not require any amendments to the proposed regulation.

Comment: A Commentor recommends OMH to not include requirements for written consent in the guidance as the process creates unnecessary administrative delays for access to care.

Response: The Office appreciates the comment and will address consent flexibilities in guidance.

Comment: A Commentor notes that inadequate reimbursement is a longstanding barrier to the expansion of telehealth in New York and supports OMH for including telehealth payment parity.

Response: The Office appreciates the comment and such comment does not require any amendments to the proposed regulation.

Public Service Commission

PROPOSED RULE MAKING NO HEARING(S) SCHEDULED

Petition to Submeter Electricity

I.D. No. PSC-39-22-00006-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:

Proposed Action: The Commission is considering the petition of RXR Church Division Tower A Holdings, LLC to submeter electricity at 55 Clinton Place, New Rochelle, New York.

Statutory authority: Public Service Law, sections 2, 4(1), 30, 32-48, 52, 53, 65(1), 66(1), (2), (3), (4), (12) and (14)

Subject: Petition to submeter electricity.

Purpose: To ensure adequate submetering equipment and consumer protections are in place.

Substance of proposed rule: The Public Service Commission (Commission) is considering the petition filed by RXR Church Division Tower A Holdings, LLC on July 12, 2022, seeking authority to submeter electricity to a new fair market rental building at 55 Clinton Place, New Rochelle, New York, located in the service territory of Consolidated Edison Company of New York, Inc. (Con Edison).

In the petition, RXR Church Division Tower A Holdings, LLC requests authorization to take electric service from Con Edison and then distribute and meter that electricity to its tenants. Submetering of electricity to residential tenants is allowed so long as it complies with the protections and requirements of the Commission's regulations in 16 NYCRR Part 96.

The full text of the petition and the full record of the proceeding may be reviewed online at the Department of Public Service web page: www.dps.ny.gov. The Commission may adopt, reject, or modify, in whole or in part, the action proposed and may resolve related matters.

Text of proposed rule and any required statements and analyses may be obtained by filing a Document Request Form (F-96) located on our website <http://www.dps.ny.gov/f96dir.htm>. For questions, contact: John Pitucci, Public Service Commission, 3 Empire State Plaza, Albany, New York 12223-1350, (518) 486-2655, email: john.pitucci@dps.ny.gov

Data, views or arguments may be submitted to: Michelle L. Phillips, Sec-

retary, Public Service Commission, 3 Empire State Plaza, Albany, New York 12223-1350, (518) 474-6530, email: secretary@dps.ny.gov

Public comment will be received until: 60 days after publication of this notice.

Regulatory Impact Statement, Regulatory Flexibility Analysis, Rural Area Flexibility Analysis and Job Impact Statement

Statements and analyses are not submitted with this notice because the proposed rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act.

(22-E-0415SP1)

PROPOSED RULE MAKING NO HEARING(S) SCHEDULED

Transfer of Indirect Ownership of Cable Television Facilities and 27 Municipal Franchises

I.D. No. PSC-39-22-00007-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:

Proposed Action: The Commission is considering a joint petition to transfer indirect ownership and control of SLIC Networks Solutions, Inc., HCCI LLC and Keene Valley Video, Inc. from Atlas Connectivity, LLC to SDC Atlas AcquisitionCo, LLC.

Statutory authority: Public Service Law, section 222

Subject: Transfer of indirect ownership of cable television facilities and 27 municipal franchises.

Purpose: To ensure performance in accordance with applicable cable laws, regulations and standards and the public interest.

Substance of proposed rule: The Public Service Commission is considering a joint petition, filed on August 24, 2022, requesting Commission approval of a holding company level transaction that will result in the transfer of control of SLIC Network Solutions, Inc. (SLIC), HCCI, LLC (HCCI) and Keene Valley Video, Inc. (KVVI) from Atlas Connectivity, LLC to SDC Atlas AcquisitionCo, LLC, including the indirect transfer of control of 27 cable television franchises.

SLIC, HCCI and KVVI will remain the franchisees under each of their respective franchise agreements, which include towns and villages in Essex, Franklin, Hamilton, St. Lawrence and Warren Counties. The petition states that there will be no change to customers' rates, terms or conditions as a result of the transactions.

The full text of the petition and the full record of the proceeding may be reviewed online at the Department of Public Service web page: www.dps.ny.gov. The Commission may adopt, reject, or modify, in whole or in part, the action proposed and may resolve related matters.

Text of proposed rule and any required statements and analyses may be obtained by filing a Document Request Form (F-96) located on our website <http://www.dps.ny.gov/f96dir.htm>. For questions, contact: John Pitucci, Public Service Commission, 3 Empire State Plaza, Albany, New York 12223-1350, (518) 486-2655, email: john.pitucci@dps.ny.gov

Data, views or arguments may be submitted to: Michelle L. Phillips, Secretary, Public Service Commission, 3 Empire State Plaza, Albany, New York 12223-1350, (518) 474-6530, email: secretary@dps.ny.gov

Public comment will be received until: 60 days after publication of this notice.

Regulatory Impact Statement, Regulatory Flexibility Analysis, Rural Area Flexibility Analysis and Job Impact Statement

Statements and analyses are not submitted with this notice because the proposed rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act.

(22-M-0492SP1)

PROPOSED RULE MAKING NO HEARING(S) SCHEDULED

Proposed Service Territory Extension, Waiver, and Tariff Revisions

I.D. No. PSC-39-22-00008-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule: