i. Introduction

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA, P.L. 111-5) into law, representing approximately \$87 billion in Federal funds to help States, D.C. and Territories meet the health care needs for their Medicaid populations during the recession period (October 1, 2008 thru December 31, 2011).

The purpose of this report is to identify how the: increased Federal dollars are used; and, the States are meeting the conditions and requirements under section 5001 of ARRA.

Address: Address: Address: Address: Albany, NY E-Mail: Telephone: 518-474-8565 B. Date Submitted: 9/21/2010 From (mm/dd/yyyy): 6/30/2010 Ca. Attestation (signature): B.b. Office of Governor Reviewer: Wendy E. Saunders To Did your State draw down increased Federal dollars as provided under the ARRA for the reporting period? Wes Yes No If you marked "Yes", please complete the remaining questions.	State: State Organizational Component:		New York
Address: GNARESP Corning Tower Albany, NY E-Mail: Telephone: 518-474-8565 9/21/2010 From (mm/dd/yyyy): To (mm/dd/yyyy): G-30/2010 G.a. Attestation (signature): Wendy E. Saunders 7. Did your State draw down increased Federal dollars as provided under the ARRA for the reporting period? Yes No If you marked "Yes", please complete the remaining questions. 8. If you marked "No", please provide a brief explanation why your State did not use the increased Federal Federal contents and the contents of t	z. State Organizational (Component.	Department of Health
Albany, NY rwr01@health.state.ny.us 518-474-8565 4. Date Submitted: 9/21/2010 5. Report Period: From (mm/dd/yyyy): G/30/2010 6.a. Attestation (signature): Wendy E. Saunders 7. Did your State draw down increased Federal dollars as provided under the ARRA for the reporting period? Yes Yes No f you marked "Yes", please complete the remaining questions. 8. If you marked "No", please provide a brief explanation why your State did not use the increased Federal Federal Control of the complete increased Federal Control of the complete Control of the co	3. State Contact Info:	Name:	Robert W Reed
E-Mail: Telephone: 518-474-8565 4. Date Submitted: 9/21/2010 5. Report Period: From (mm/dd/yyyy): To (mm/dd/yyyy): 6.a. Attestation (signature): 6.b. Office of Governor Reviewer: Wendy E. Saunders 7. Did your State draw down increased Federal dollars as provided under the ARRA for the reporting period? 7. Did your State draw down increased Federal dollars as provided under the ARRA for the reporting period? 8. If you marked "Yes", please complete the remaining questions. 8. If you marked "No", please provide a brief explanation why your State did not use the increased Federal forms.		Address:	GNARESP Corning Tower
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File: XX-Q#-FYyy-ARRA-5001-FMAP-State-Report.xlsx

State: New York	From (mm/dd/yyyy):	Report Period: 4/1/2010		
	To (mm/dd/yyyy):	6/30/2010		
II. State Plan Use of Increased FMAP	SORES PLEASE			
Please describe how the State is using the freed up State funds associated the increased FMAP available under the ARRA provision. For this purpose, equivalent to the difference between the amount of available Federal funds amount of the available Federal funds at the regular (non-increased) FMAP.	, the amount of "free at the increased FM	d up State funds" is		
Indicate all that apply:				
Uses related to the health care programs in the State:			10, "=, 4	
A. Medicaid		Estimated Amounts:		
a) Cover increased caseload				
 b) Ensure prompt pay requirements are met c) Maintain current populations and avoid cuts to eligibility 		\$ -		
 d) Maintain current benefits and avoid reductions in bebefits e) Expand benefits and / or increase provider rates 		\$ -		
f) Expand eligibility / coverage		\$ 000		
g) Other. Please explain and provide any attachments if necess	sary	\$ 1,534,894,000		
B. Other Health Care Related (Non-Medicaid)		Estimated Amounts:		
Describe:		\$		
Non-Health Care Related Uses (Describe);		Estimated Amounts:		
The state of the s	Let Wax			
Describe the funding process with respect to expenditures during the quarederal funds related to the increased FMAP under ARRA and non-Federal State funds and accounts which are involved in the funding process for the heigh increased Federal FMAP funds and the non-Federal share funds flow an see attached Medicaid Funding Process tab	funds. For this purp Medicaid program an	ose, identify all of the		
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	A SELECTION OF THE LAND			
.A. Please provide the original estimates of general fund revenue collection Y 2009 and your actual or preliminary actual general fund revenue collection		the annual budget for	Orignial Estimates for FY 2009	Actual Collections
			\$55.8B	\$53.88
B. Please provide the original estimate of general fund revenue collections and your most recent updated estimate of collections. When available, plea evenue collections.			Original Estimates for FY 2010	Actual Collections
			\$54.34B	\$52.78
			\$34.000	02.11
. Medicaid Program Funding Process. Please provide an explanation of the	e budget process in	your state for funding		
he Medicaid Program in FY 2009 and FY 2010. IVS has an Executive Budget process wherein the Governor develops properuses in support of this spending, The Executive Budget is submitted to adjustments prior to formal enactment. Fiscal year begins April.	CONTRACTOR OF STANDARD STANDARD	CALCUSED A CORNER OF THE PROPERTY AND ADMINISTRATION OF THE PARTY.	lo III ar	
apartition prior to retries diseasement. Crosses your popular spirit.		7		
A.A. Did your State reduce the share of State fund appropriations compared due to the increased FMAP? If yes please explain.	d to Federal funds fo	r the Medicaid Program,		
SFY 2009 - 10 was not reduced in order to ensure State maintained adequate pending and FMAP earnings).	te authority (i.e., fluc	tuations in additional		
B. Did your State maintain the share of State fund appropriations for the FMAP? If yes, please explain.	Medicaid Program, d	espite the increased		
SFY 2009 - 10 was not reduced in order to ensure State maintained adequate spending and FMAP earnings).	te authority (i.e., fluc	tuations in additional		
I.C. Please provide any other information that may help explain your State ears.	's funding of Medicai	d during these two fiscal		
NYS continues to propose provider reimbursement reductions and other co-	st containment action	ns to control rapidly		

Please see tab "2009-10 Enacted Budget Fin Plan" which includes a chart illustrating planned program cuts which were averted through the availability of enhanced FMAP for the period 10/1/08-3/31/10. Information extracted from the 2009-10 Enacted Budget Financial Plan.

5. Please include any other information/narrative not addressed in the questions above which would highlight the State's use of FMAP stimulus funds:

State:	New York				Report Period:	
					From (mm/dd/yyyy):	4/1/2010
					To (mm/dd/yyyy):	6/30/2010
IV. Medicaid Enrollment						
		orting period by population:				
				T liston	K I III III KATE K III II	EHRYET, I.,
Table 1: Medicaid Enrol	Iment/Eligibility Da	ta di				
1.a. Eligibility Group	Enrollment	1.b. Eligibility Group	Enrollment	Eligibility	Average Eligibility	
na. Englonity Group	9/30/2008 /1	r.s. Englosity Group	In Report Period /2	Months /3	Months Col F ÷ 3	
Α	В	D	E	F	G	
Aged (65 and Older)	514,056.00	Aged (65 and Older)	558,579.00	1,630,339.00	543,446.33	
Disabled/Blind	613,756.00	Disabled/Blind	643,603.00	1,896,273.00	632,091.00	
Pregnant Women	67,500.00	Pregnant Women	76,000.00		68,000.00	
Children	1,651,600.00	Children		5,340,292.00	1,780,097.33	
Other Adults	1,394,393.00	Other Adults	1,789,972.00	5,061,126.00	1,687,042.00	
Total:	4,241,305.00	Total:	4,917,427.00	######################################	4,710,676.67	
/1 Enrollment in Table 1.a.	is equal to the base	eline number of unduplicated	individuals enrolle	ed as of 9/30/0	3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
/2 Enrollment in Table 1.b.	is equal to the num	ber of unduplicated individua	Is enrolled in repo	ort period (quar	ter)	
		umber of eligibility months dur				
73 Eligibility Mortus III Tab	ie i.b. is the total iit	amber of eligibility months dur	ing the report per	nou (quanter)		
2. Describe Significant Ch	nanges in Enrollmen	t/Eligibility (+/- 5.0%)				
2 a More there any police	v abangan that may	have contributed to the increa	nan/daaraana? If	uaa plaana ay	nlain halaw	
z.a. vvere there any policy	y changes that may	have contributed to the increa	ase/decrease? II	yes, piease ex	plain below.	
NA						
						2001202000
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0 h 14/Lish manufation (a)	1 . • • •	50/014	-114-> - 41-41-			
2.b. vvnich population(s)	nave decreased gr	eater than 5%? Identify popul	ation(s) and indic	ate reason(s) to	or decrease.	
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State:	New York	Report Per	iod:
		From (mm/dd/yyyy):	4/1/2010
		To (mm/dd/yyyy):	6/30/2010
V Maletonae			107-230-000

1.A. Rainy Day/Reserve Funds. Please report the ending balance of the State's Rainy Day and/or Reserve Funds for each Report quarter. If there was an increase from the previous quarter, please explain the source of funds and attach any additional information, as necessary.

Table 2. Rainy Day/Re	serve Fund	ATTEMPTED BEAUTINE	SER DESIGNATION
Rainy Day/ Reserve Fund*	Ending Baiance 9/30/2008	Ending Balance Report Qtr	Change
Tax Stabilization	SCHOOL SO	\$0	\$0
Rainy Day	\$175,000,000	THE DESCRIPTION SO	-\$175,000,000
Contingency	\$21,000,000	\$0	-\$21,000,000
Refund Reserve	MATERIAL SO	ALEXANDER OF THE STATE OF THE S	\$0
		THE REPORT OF THE PARTY OF THE	\$0
	CONTRACTOR OF THE PROPERTY OF	ne constructive established	\$0
Manual Contractor	er die stelle moyalekter in de		\$0
- The second	The state of the s	remark/or makesyment	\$0
englisky kinecki	the control of the same	Markey Control of the	\$0
Total:	\$196,000,000	\$0	-\$196,000,000

^{*} Identify/List (If more space needed, include on attachment)

1.B. What are the constitutional and statutory provisions concerning the funding of your rainy day fund?"

Funds in reserve may be temporarily loaned during any fiscal year in the anticipation of the receipt of revenues. Any amounts loaned must be repaid during same fiscal year. See attached language

1.C. Please describe the mechanism that your state uses to assure that increased FMAP funds are not deposited into your rainy day fund.

The Office of State Comptroller had adjusted the State accounting system to track receipt of the increased FMAP. Additionally, DOH has been utilizing the CMS 37 and CMS 64 to track the increased FMAP.

2a Prompt Pay. In Table 3, please report on the number of days and amount of increased FMAP dollars lost as a result of the State's failure to meet the prompt payment requirements, if any. For this purpose, Table 4 provides a running total for each quarter throught the Report Quarter, Do not complete for future quarters.

FFY	Quai	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Totai	
	Days	Amount	Days	Amount	Days	Amount	Days	Amount	Days	Amount	
2009	THE ANALYSIS STATE OF	\$0	0	\$0	BISCOS COMPAN	anather or exhibition	H-ROSONHIAE DIVINI	BAH-ATHREST CONTINUES	0	5	
2010	DESCRIPTION OF THE PROPERTY	CONTRACTOR SUPPLIES	Company of the	THE TOTAL PROPERTY.			OF REAL PROPERTY.		0		
2011	THE RESIDENCE OF SECURITION AND	STATE OF THE PROPERTY.		ACM OF THE PERSON.	To the parties of the last of		CHANGE TO STREET	INSTRUMENTAL PROPERTY.	0	\$	
otal:	0	\$0	0	\$0	0	\$0	0	\$0	- 0	S .	

2b. Indicate each date(s) of noncomplia	ance for prompt pay during the Report Period/Quarter (mm/dd/yy):	
N/A		
THE REPORT OF THE PROPERTY OF THE PARTY OF T		Construction of the constr
(Asymptonial Section 2)		

3. Political Subdivisions. With respect to political subdivisions that are required to contribute to the non-Federal share of the State's Medicaid expenditures, please provide a list of each of political subdivisions and required percentage of non-Federal share contribution on the percentage political subdivisions are required to contribute toward the non-federal share of Medicaid expenditures. If political subdivisions are not required to contribute toward the non-Federal share of Medicaid expenditures, please indicate as such.

Table 4: Political Subdivisions Contribution Percenta Political Subdivision *	Percentage Required September 30, 2008 (x.x%)	Percentage Required Report Quarter (x.x%)
Please See Pol Sub Attach 1 and 2		MENNEY MENTER PROPERTY.
DESCRIPTION OF THE PROPERTY OF	THE PERMIT OF THE PROJECT OF THE PROPERTY OF THE PERMIT OF	Ballian (Joanabier Standard
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	PERIODEN Research Construction Flavor (International Property Sec.)	Primary Street Responsible on
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OMB Number: 0938-1073 Page 4

State:	ate: New York				Report Period:			
						From (mm/dd/yyyy):	4/1/20	
						To (mm/dd/yyyy):	6/30/20	
/ Mainten	ance of Effort (Cont'o) kapan Kappani						
Restricti	ive Eligibility. Please	report any chang	ges to th	ne eligibility sta	ndards, me	thodologies and procedu	res that are more restrictive	
						effective date, and impa		
VA		aviologic valente		J. 2019 A. Wall	Charles No.	H. P. LEWIS CO. P. LEWIS CO.	Barrista de la Servicio	
		suria (senteni) kirj	50//19/20	goral symple				
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	ATTEMATOR OF RESIDEN		Marc. Pl	st damin'i com				
th Please	complete the chart hal	ow indicating the	increa	ed EMAP doll:	ar amounte	lost as a result of such ch	nanges if any:	
HD. FIEASE	complete the chart bei	ow marcating the	increas	sed FIMAF dolla	ai airiounis	lost as a result of such ci	langes, it any.	
Table 5: El	Igibility Restrictions	\$000s)	Dillon-					
FFY	Quarter 1 Q	uarter 2 Qua	rter 3	Quarter 4	Total		H 7- 1- 11 9 -	
2009	\$0	\$0	\$0	\$0	\$(
2010	\$0	\$0	\$0		\$(
2011	The supply field a link		DESTRUCTION OF THE PARTY OF THE		\$(
Total:	\$0	\$0	\$0	\$0	\$(2		
						e State reinstated eligibli	ty standards,	
nethodolog	ies, or procedures, res	pectively, under	such pla	an (or waiver) a	s in effect of	on July 1, 2008.		
NA .								
	and the meaning of Constitution			PARTY PROPERTY				
lable 6.	reinstatement of		slons		or become	e eligible as a result of	No. of Individuals	
							To the second second	
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	La Caracteria				ista e e e			
						ssistance provided to ind	iiviquals determined of the change, the effectiv	
date and imp		nat were inglier	man mc	ise in eliect on	July 1, 200	o. Provide a description	of the change, the enection	
VA A	OVERSTANDARD MEDITAL SAMPLES SAMPLES	INCHESTINGEN TRANSPORT	1 (55 mills) (60)		10-01-4/1-1000		THE REPORT OF THE PROPERTY OF THE PARTY OF T	
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SERIES SELECTION					and the second	resident and the second	dening the second second second	
							excluded from increased	
MAP paym	ents because the expa	insion is subject	to eligib	nity income sta	ndards that	are nigner than what was	s in effect on July 1, 2008	
77.4.44				w - 1 - 4				
Γable 7.					became e	ligible as a result of inc	reased	
	Income eligibility							
	Increased Eligibi	lity Income Sta	ndard (l	Describe)		No. of Individuals	Lost FMAP (\$000s)	
NA AV								
Talah Bali Dibisi		setes entinu dis						

OMB Number: 0938-1073

State: **New York** Report Period: From (mm/dd/yyyy): 4/1/2010 To (mm/dd/yyyy): 6/30/2010 VI. Comments III. State Plan Use of Increased FMAP Item 1. A (g) Other The increased FMAP allows NYS to cover Medicaid caseload increases resulting from the continued economic downturn, allows the state to continue to provide services and benefits to eligibles without any reductions and alleviates the need for more cost containment beyond that enacted in the state's budget for the fiscal year. V, Maintenance of Effort Item 1.A. Table 2. Rainy Day/Reserve Fund

June 30, 2010 reserve fund balances are at \$0. This is due to State Finance Law allowing for these funds to be used for other purposes, such as covering cash shortfalls or other deficits, as long as the funds are returned by the close of the fiscal year. On an accrual basis, these account totals would be as follows: Tax Stabilization \$1,031,000,000 Rainy Day \$21,000,000 Contingency Refund Reserve \$175,000,000 \$978,000,000

Medicaid Funding Process

Section II Item 3.

The following is a listing of the state accounts used to support the non-federal share of Medicaid expenditures:

Fund Title

- General Fund Local Assistance Account
- Fund 179 Escrow Account
- 061/04 HCRA Medical Assistance Account
- 061/IN HCRA Indigent Care Fund
- Medicaid Recoveries Health Facilities
- 339/YV State Special Revenue Fund Medicaid Provider Assessment

Medicaid claims are funded using a combination of federal, state and local funds. The shares funding for each claim is determined using a combination of eligibility group, type of service and other factors. The necessary federal, state and local funds are deposited into an escrow account (Fund 179) to fund checks issued to providers. Federal funds including ARRA's increased FMAP are drawn in accordance with CMIA requirements and deposited into the 179 account. The local funds are received electronically each week from localities and deposited into the 179 account. State funds are also moved into this account. The decision regarding which state appropriations to use are determined each week by the Department of Health in consultation with the Division of the Budget.

State share funding appropriations were not reduced, despite the increased FMAP. However, the increased FMAP allowed NYS to cover Medicaid caseload increases resulting from the economic downtown, allowed the State to continue to provide services and benefits to eligibles without any reductions and alleviated the need for more cost containment beyond that enacted in the State's budget for the fiscal year.

As of 09/01/2010 04:52PM, the Laws database is current through 2010 Chapters 1-59, 61-418, 419-445, 447-481 State Finance

- § 92-cc. Rainy day reserve fund. 1. There is hereby established in the state treasury a fund to be known as the "rainy day reserve fund". Such fund shall consist of moneys deposited therein and monies shall be withdrawn from such fund only for the purposes as provided therein.
- 2. Such fund shall have a maximum balance not to exceed three per centum of the aggregate amount projected to be disbursed from the general fund during the fiscal year immediately following the then-current fiscal year.
- 3. a. The amounts available in such reserve may be used if the following conditions are met:
- (i) Economic downturn. The commissioner of labor shall calculate and publish, on or before the fifteenth day of each month, a composite index of business cycle indicators. Such index shall be calculated using monthly data on New York state employment, total manufacturing hours worked, and unemployment prepared by the department of labor or its successor agency, and total sales tax collected net of law changes, prepared by the department of taxation and finance or its successor agency. Such index shall be constructed in accordance with the procedures for calculating composite indexes issued by the conference board or its successor organization, and adjusted for seasonal variations in accordance with the procedures issued by the census bureau of the United States department of commerce or its successor agency. If the composite index declines for five consecutive months, the commissioner of labor shall notify the governor, the speaker of the assembly, the temporary president of the senate, and the minority leaders of the assembly and the senate. Upon such notification, the director of the budget may authorize and direct the comptroller to transfer from the rainy day reserve fund to the general fund such amounts as the director of the budget deems necessary to meet the requirements of the state financial plan. The authority to transfer funds under the provisions of this subdivision shall lapse when the composite index shall have increased for five consecutive months or twelve months from the original notification of the commissioner of labor, whichever occurs earlier. Provided, however, that for every additional and consecutive monthly decline succeeding the five month decline so noted by the commissioner of labor, the twelve month lapse date shall be extended by one additional month; or
- (ii) Catastrophic events. In the event of a need to repel invasion, suppress insurrection, defend the state in war, or to respond to any other emergency resulting from a disaster, including but not limited to, a disaster caused by an act of terrorism, the director of the budget may authorize and direct the comptroller to transfer from the rainy day reserve fund to the general fund such amounts as the director of the budget deems necessary to meet the requirements of the state financial

plan.

- b. Prior to authorizing any transfer from the rainy day reserve fund pursuant to the provisions of this section, the director of the budget shall notify the speaker of the assembly, the temporary president of the senate, and the minority leaders of the assembly and the senate. Such letter shall specify the reasons for the transfer and the amount thereof. Any amounts transferred from the rainy day reserve fund to the general fund shall be subject to all the repayment provisions of this section.
- 4. Any transfer authorized in subdivision three of this section shall be repaid in cash within a period of three years after the date that such authority to transfer funds under the provisions of this subdivision lapses, provided however that any transfer authorized as a result of a catastrophic event shall be subject to repayment provisions to be proposed by the governor and implemented by appropriation or transfer of funds.
- 5. Moneys in the rainy day reserve fund may be temporarily loaned to the general fund during any fiscal year in anticipation of the receipt of revenues from taxes, fees and other sources required to be paid into the general fund during such fiscal year. Moneys so temporarily loaned shall be repaid in cash during the same fiscal year.

STATE REPORT ON THE USE OF INCREASED FMAP SECTION 5001 OF ARRA

3. Political Subdivisions

Since the beginning of Medicaid in 1966, New York State has required its political subdivisions to contribute to the nonfederal share of the program. These political subdivisions are New York City and the 57 counties outside of New York City (a listing of these localities is attached). Initially localities were required to finance fifty percent of the nonfederal share of the program. Over the course of the next several decades, New York State has implemented several measures that reduced the local share of the program; these include a reduction in local shares tor long term care services to 20 percent of the nonfederal share, the elimination of the local share for Family Health Plus eligibles and, starting in January 2006, the capping of the local share of Medicaid program and administrative costs.

The capping of the local share was authorized by New York State's Chapter 58 of the Laws of 2005. This law established calendar year 2005 as the base year against which annual non-compounded increases were authorized. These increases, three and a half percent the first year subsequently reduced to three percent for all future years starting in 2008. These cap amounts were computed on a state fiscal year with localities required to make weekly payments to the state. Chapter 58 also requires that the state perform an annual reconciliation of what localities paid under the cap to what they would have paid under the old shares funding methodology. If localities paid more under the cap than they would have paid under the old methodology, then they were refunded the difference. This annual reconciliation essentially held localities harmless from paying more under the cap than they would have paid absent the cap. Consequently, the local share portion of Medicaid costs for the state fiscal year is not determined until after the completion of the annual reconciliation.

The American Recovery and Reinvestment Act (ARRA) requires that, in states were political subdivisions are required to pay a portion of the nonfederal share, this percentage can not be greater after the application of the increased Federal Medical Percentage (FMAP) than the percentage they would have paid absent the increased FMAP. Although ARRA is written on the basis of a quarterly test to determine the local percentage of the nonfederal share, NYS law establishes local share as an annual lump sum for a state fiscal year, not on a percentage basis, or a quarterly basis. To comply with ARRA, New York State, through the annual reconciliation process stated above, calculated the local percentage of the nonfederal share of those costs covered by the increased FMAP both before and after the application of the increase. Any locality where the local percentage was higher after the FMAP increase received a refund from the state for the overage to ensure that each locality was in compliance with the ARRA requirement.

The reconciliation for state fiscal year 2008-09 was the first time that New York State implemented this requirement of the ARRA. Subsequent to the completion of that reconciliation, the DHHS Office of the Inspector General conducted an audit of New York's compliance with this ARRA provision. That audit found that the state's actions were in compliance and no political subdivision had paid more under ARRA than in the prior period.

Similarly, benchmarking for the State fiscal year ending 3/31/10 will be completed by September 30, 2010.

The attached listing of localities provides the local percentage for SFY 2008-09 Medicaid expenditures both before and after the FMAP increase. All localities met this ARRA provision for all quarters for State fiscal year ending 3/31/09.

81078107	Percentage Required	Actual Percentage
DISTRICT	September 30, 2008 (x.x%)	for SFY Ending 3/31/09
ALBANY	25.232968%	25.232968%
ALLEGANY	26.054423%	26.054423%
BROOME	23.917560%	23.917560%
CATTARAUGUS	29.689870%	29.689870%
CAYUGA	27.511862%	27.511862%
CHAUTAUQUA	26.608418%	26.608418%
CHEMUNG	26.544388%	26.544388%
CHENANGO	21.332802%	21.332802%
CLINTON	25.903840%	25.903840%
COLUMBIA	25.299016%	25.299016%
CORTLAND	24.580770%	24.580770%
DELAWARE	22.363073%	22.363073%
DUTCHESS	20.421129%	20.421129%
ERIE	26.869817%	26.869817%
ESSEX	19.391991%	19.391991%
FRANKLIN	23.041119%	23.041119%
FULTON	21.071823%	21.071823%
GENESEE	30.501900%	30.501900%
GREENE	24.178343%	24.178343%
HAMILTON		17.665901%
HERKIMER	17.665901%	less to the second seco
	22.227415%	22.227415%
JEFFERSON	25.033437%	25.033437%
LEWIS	31.459555%	30.670403%
LIVINGSTON	23.304211%	23.304211%
MADISON	21.172507%	21.172507%
MONROE	26.846990%	26.846990%
MONTGOMERY	21.560720%	21.560720%
NASSAU	26.716211%	26.595165%
NIAGARA	27.753601%	27.753601%
ONEIDA	23.481400%	23.481400%
ONONDAGA	28.948858%	28.948858%
ONTARIO	21.843505%	21.843505%
ORANGE	27.142121%	27.142121%
ORLEANS	29.690805%	29.690805%
OSWEGO	27.466379%	27.466379%
OTSEGO	26.303176%	26.303176%
PUTNAM	17.559318%	17.559318%
RENSSELAER	30.730922%	30.730922%
ROCKLAND	24.307585%	24.307585%
ST. LAWRENCE	22.809852%	22.809852%
SARATOGA	25.978811%	25.978811%
SCHENECTADY	27.729828%	27.729828%
SCHOHARIE	23.370565%	23.370565%
SCHUYLER	21.368097%	21.368097%
SENECA	22.085373%	22.085373%
STEUBEN	28.024955%	27.809055%
SUFFOLK	23.412599%	23.412599%
SULLIVAN	20.559469%	20.559469%
TIOGA	25.377003%	entransia de la companya de la comp
CONTRACTOR OF THE PARTY OF THE		25.377003%
TOMPKINS	21.803124%	21.803124%
ULSTER	22.468776%	22.468776%
WARREN	25.846842%	25.679452%
WASHINGTON	24.632535%	24.632535%
WAYNE	24.691825%	24.691825%
WESTCHESTER	24.925689%	24.925689%
WYOMING	27.857670%	27.393007%
YATES	22.629195%	22.629195% 📕
NEW YORK CITY	34.652877%	34.630169%