



January 9, 2023

Attention: Medicaid Managed Care Plans (all types)

Regarding: Statutory 5.4% Human Services COLA for OASAS Services – effective 4-1-22

The NYS Division of the Budget has approved a Medicaid rate package to establish new levels of reimbursement for several Office of Addiction Services and Supports (OASAS) programs. These rate increases are based on the statutory 5.4% Human Services COLA supported in the SFY 22/23 NYS Budget and are effective 4-1-22 for the following services:

- OASAS Part 820 Residential Services, which include three elements: Residential Stabilization, Residential Rehabilitation, and Residential Reintegration.
- OASAS Part 822 outpatient addiction services, both freestanding and hospital; including Clinic, Outpatient Rehabilitation, and Opioid Treatment Programs (OTPs). These programs bill primarily under Ambulatory Patient Group (APG) fee methodology, but the OTPs also have the option of billing under weekly bundles (see rate table below).
- OASAS freestanding Inpatient Rehabilitation. Reimbursement for these programs is based on a bed-size methodology, with an adjustment for region.
- OASAS freestanding Inpatient Withdrawal and Stabilization (aka, “Detox”). Reimbursement for these programs is based on a bed-size methodology, with an adjustment for region.
- OASAS Residential Rehabilitation Services for Youth. Reimbursement for these programs is based on a bed-size methodology, with an adjustment for region.

NOTE: OASAS hospital-based inpatient services (i.e., inpatient rehab, medically managed detox, and medically supervised detox) were not eligible for the 5.4% COLA and are, thus, not included in this notification. Those programs were granted a 1.0% COLA, also effective 4-1-22, which was processed by the NYS Department of Health (DOH), under whose auspice those services fall in terms of rate updates.

The affected rates for each program listed above are shown in the various tables below. In addition to the effective date(s), both the existing (“from”) and revised (“to”) rates are shown. Plans are required to mirror the fee-for-service Medicaid rates for all in-benefit Part 820 and 822 services. That requirement applies not only on a prospective basis, but is, in fact, also required by NYS law to be retroactive to the effective date of any Part 820 or Part 822 rate change. If plans have contracts with providers for the other services that tie reimbursement to the Medicaid rate, or a percentage thereof, the plans will have to comply with contractual provisions with respect to the reimbursement level and retroactivity.

Plans have 90 days from the date of this notification to make the necessary system changes and make all applicable/required retroactive payments. Providers cannot be required to rebill.

Please address any questions to PICM@oasas.ny.gov.

cc: Trishia Allen
Deborah Davis
Pat Lincourt
Ilyana Meltzer
Shazia Hussain
Liam Higgins
Maria Payne
Xiaojing Hu
Alan Maughan

OASAS rate amounts can be found at the following links, however, the definitive source for the 5.4% COLA rates is the tables below:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

<https://oasas.ny.gov/reimbursement/non-ambulatory>

RATE TABLES:

Part 820 Services

PART 820 RESIDENTIAL SERVICES									
Service Type	Rate Code	From 4-1-22 Fees		From 7-1-22 Fees		To 4-1-22 Fees		To 7-1-22 Fees	
		Upstate	Downstate	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Residential Stabilization	1144	\$ 166.68	\$ 181.80	\$ 151.53	\$ 165.27	\$ 175.68	\$ 191.61	\$ 159.71	\$ 174.19
Residential Rehabilitation	1145	\$ 156.21	\$ 179.92	\$ 142.01	\$ 163.56	\$ 164.65	\$ 189.63	\$ 149.68	\$ 172.39
Residential Reintegration	1146	\$ 173.13	\$ 202.55	\$ 115.42	\$ 135.03	\$ 182.48	\$ 213.48	\$ 121.65	\$ 142.32

Freestanding Outpatient APG Rates

FREESTANDING PART 822 OUTPATIENT SERVICES									
Service Type	Rate Code	From 4-1-22 Fees		From 7-1-22 Fees		To 4-1-22 Fees		To 7-1-22 Fees	
		Upstate	Downstate	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Outpatient Addiction Rehab (reimbursed using APGs)	1540 (plus 1114, 1468, 1486)	\$ 165.12	\$ 193.20	\$ 150.11	\$ 175.64	\$ 174.04	\$ 203.64	\$ 158.22	\$ 185.12
Outpatient Addiction Day Rehab (APGs)	1573 (plus 1570)	\$ 165.57	\$ 193.73	\$ 150.52	\$ 176.12	\$ 174.51	\$ 204.19	\$ 158.65	\$ 185.63
Opioid Treatment Program (APGs)	1564 (plus 1116, 1130, 1471)	\$ 152.14	\$ 178.00	\$ 138.31	\$ 161.82	\$ 160.36	\$ 187.61	\$ 145.78	\$ 170.56
Outpatient Addiction Rehab & Day Rehab - offsite (APGs)	1080	\$ 182.13	\$ 213.11	\$ 150.52	\$ 176.12	\$ 191.96	\$ 224.61	\$ 158.65	\$ 185.63
Opioid Treatment Program - offsite (APGs)	1088	\$ 182.13	\$ 213.11	\$ 150.52	\$ 176.12	\$ 191.96	\$ 224.61	\$ 158.65	\$ 185.63
OTP Weekly Bundle (Methadone Full Bundle)	7969	\$ 196.68	\$ 230.11	\$ 178.80	\$ 209.19	\$ 207.30	\$ 242.53	\$ 188.46	\$ 220.49
OTP Weekly Bundle (Methadone Take-Home Only)	7970	\$ 38.81	\$ 38.81	\$ 35.28	\$ 35.28	\$ 40.90	\$ 40.90	\$ 37.19	\$ 37.19
OTP Weekly Bundle (Buprenorphine Full Bundle)	7971	\$ 245.00	\$ 286.65	\$ 222.73	\$ 260.59	\$ 258.23	\$ 302.13	\$ 234.76	\$ 274.66
OTP Weekly Bundle (Buprenorphine Take-Home)	7972	\$ 94.89	\$ 94.89	\$ 86.26	\$ 86.26	\$ 100.01	\$ 100.01	\$ 90.92	\$ 90.92

Hospital Outpatient APG Rates

HOSPITAL-BASED PART 822 OUTPATIENT SERVICES					
Service Type	Rate Code	From 4-1-22 Fees		To 4-1-22 Fees	
		Upstate	Downstate	Upstate	Downstate
Outpatient Clinic (APGs)	1528 (plus 1552, 1132, 1118)	\$ 149.07	\$ 186.66	\$ 157.12	\$ 196.74
Outpatient Rehabilitation (APGs)	1561 (plus 1558)	\$ 143.31	\$ 187.18	\$ 151.05	\$ 197.29
Opioid Treatment Program (APGs)	1567 (plus 1555, 1134)	\$ 159.76	\$ 186.59	\$ 168.39	\$ 196.67
OTP Weekly Bundle (Methadone Full Bundle)	7973	\$ 178.80	\$ 209.19	\$ 188.46	\$ 220.49
OTP Weekly Bundle (Methadone Take-Home Only)	7974	\$ 35.28	\$ 35.28	\$ 37.19	\$ 37.19
OTP Weekly Bundle (Buprenorphine Full Bundle)	7975	\$ 222.73	\$ 260.59	\$ 234.76	\$ 274.66
OTP Weekly Bundle (Buprenorphine Take-Home)	7976	\$ 86.26	\$ 86.26	\$ 90.92	\$ 90.92

[Inpatient Rehabilitation ATC Rates](#)

Article 32 State Operated OASAS Addiction Treatment Centers (ATCS)					
Rate Code	Provider ID	Provider Name	Location Code	FFS Rates Prior to 4-1-22	4-1-22 FFS Rates
4202	01423409	BRONX ADDICTION TRT CTR	003	\$273.82	\$288.61
4202	01438288	CHARLES K POST A T C	003	\$273.82	\$288.61
4202	01438233	CREEDMOOR ADDICTION TRT CTR	003	\$273.82	\$288.61
4202	01432324	DICK VAN DYKE A T C	003	\$273.82	\$288.61
4202	01421627	JOHN L NORRIS A T C	003	\$273.82	\$288.61
4202	01340541	KINGSBORO ADDICTION TRT CTR	003	\$273.82	\$288.61
4202	01423394	MARGARET A STUTZMAN A T C	003	\$273.82	\$288.61
4202	01438077	MCPIKE ADDICTION TRT CTR	003	\$273.82	\$288.61
4202	01438095	RICHARD C WARD A T C	003	\$273.82	\$288.61
4202	01432333	RUSSELL E BLAISDELL A T C	003	\$273.82	\$288.61
4202	01421636	SOUTH BEACH ADDICTION TRT CTR	003	\$273.82	\$288.61
4202	01438206	ST LAWRENCE ADDICTION TRT CTR	003	\$273.82	\$288.61

[Inpatient Rehabilitation Program Rates](#)

INPATIENT REHABILITATION - 4-1-22 STATEWIDE "FROM" RATES (BEFORE REGIONALIZATION)											
Bed size is based on 100% of certified capacity											
Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees
14	\$ 394.15	32	\$ 351.94	50	\$ 331.07	68	\$ 317.41	86	\$ 307.36	104	\$ 299.46
15	\$ 390.44	33	\$ 350.46	51	\$ 330.17	69	\$ 316.78	87	\$ 306.88	105	\$ 299.07
16	\$ 387.00	34	\$ 349.03	52	\$ 329.30	70	\$ 316.16	88	\$ 306.40	106	\$ 298.68
17	\$ 383.80	35	\$ 347.65	53	\$ 328.44	71	\$ 315.54	89	\$ 305.92	107	\$ 298.30
18	\$ 380.81	36	\$ 346.31	54	\$ 327.60	72	\$ 314.94	90	\$ 305.46	108	\$ 297.92
19	\$ 378.00	37	\$ 345.01	55	\$ 326.78	73	\$ 314.34	91	\$ 304.99	109	\$ 297.54
20	\$ 375.35	38	\$ 343.75	56	\$ 325.97	74	\$ 313.76	92	\$ 304.54	110	\$ 297.17
21	\$ 372.85	39	\$ 342.53	57	\$ 325.18	75	\$ 313.18	93	\$ 304.09	111	\$ 296.80
22	\$ 370.48	40	\$ 341.35	58	\$ 324.41	76	\$ 312.61	94	\$ 303.64	112	\$ 296.44
23	\$ 368.23	41	\$ 340.19	59	\$ 323.65	77	\$ 312.05	95	\$ 303.20	113	\$ 296.08
24	\$ 366.09	42	\$ 339.07	60	\$ 322.90	78	\$ 311.50	96	\$ 302.77	114	\$ 295.72
25	\$ 364.05	43	\$ 337.98	61	\$ 322.17	79	\$ 310.96	97	\$ 302.34	115	\$ 295.37
26	\$ 362.10	44	\$ 336.92	62	\$ 321.46	80	\$ 310.42	98	\$ 301.91	116	\$ 295.02
27	\$ 360.23	45	\$ 335.88	63	\$ 320.75	81	\$ 309.90	99	\$ 301.49	117	\$ 294.67
28	\$ 358.44	46	\$ 334.87	64	\$ 320.06	82	\$ 309.38	100	\$ 301.08	118	\$ 294.33
29	\$ 356.72	47	\$ 333.89	65	\$ 319.38	83	\$ 308.86	101	\$ 300.67	119	\$ 293.99
30	\$ 355.07	48	\$ 332.93	66	\$ 318.71	84	\$ 308.36	102	\$ 300.26	120+	\$ 293.65
31	\$ 353.48	49	\$ 331.99	67	\$ 318.06	85	\$ 307.86	103	\$ 299.86		

INPATIENT REHABILITATION - 4-1-22 STATEWIDE "TO" RATES (BEFORE REGIONALIZATION)											
Bed size is based on 100% of certified capacity											
Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees
14	\$ 415.43	32	\$ 370.94	50	\$ 348.95	68	\$ 334.55	86	\$ 323.96	104	\$ 315.63
15	\$ 411.52	33	\$ 369.38	51	\$ 348.00	69	\$ 333.89	87	\$ 323.45	105	\$ 315.22
16	\$ 407.90	34	\$ 367.88	52	\$ 347.08	70	\$ 333.23	88	\$ 322.95	106	\$ 314.81
17	\$ 404.53	35	\$ 366.42	53	\$ 346.18	71	\$ 332.58	89	\$ 322.44	107	\$ 314.41
18	\$ 401.37	36	\$ 365.01	54	\$ 345.29	72	\$ 331.95	90	\$ 321.95	108	\$ 314.01
19	\$ 398.41	37	\$ 363.64	55	\$ 344.43	73	\$ 331.31	91	\$ 321.46	109	\$ 313.61
20	\$ 395.62	38	\$ 362.31	56	\$ 343.57	74	\$ 330.70	92	\$ 320.99	110	\$ 313.22
21	\$ 392.98	39	\$ 361.03	57	\$ 342.74	75	\$ 330.09	93	\$ 320.51	111	\$ 312.83
22	\$ 390.49	40	\$ 359.78	58	\$ 341.93	76	\$ 329.49	94	\$ 320.04	112	\$ 312.45
23	\$ 388.11	41	\$ 358.56	59	\$ 341.13	77	\$ 328.90	95	\$ 319.57	113	\$ 312.07
24	\$ 385.86	42	\$ 357.38	60	\$ 340.34	78	\$ 328.32	96	\$ 319.12	114	\$ 311.69
25	\$ 383.71	43	\$ 356.23	61	\$ 339.57	79	\$ 327.75	97	\$ 318.67	115	\$ 311.32
26	\$ 381.65	44	\$ 355.11	62	\$ 338.82	80	\$ 327.18	98	\$ 318.21	116	\$ 310.95
27	\$ 379.68	45	\$ 354.02	63	\$ 338.07	81	\$ 326.63	99	\$ 317.77	117	\$ 310.58
28	\$ 377.80	46	\$ 352.95	64	\$ 337.34	82	\$ 326.09	100	\$ 317.34	118	\$ 310.22
29	\$ 375.98	47	\$ 351.92	65	\$ 336.63	83	\$ 325.54	101	\$ 316.91	119	\$ 309.87
30	\$ 374.24	48	\$ 350.91	66	\$ 335.92	84	\$ 325.01	102	\$ 316.47	120+	\$ 309.51
31	\$ 372.57	49	\$ 349.92	67	\$ 335.24	85	\$ 324.48	103	\$ 316.05		

[Article 32 Inpatient Withdrawal Rates](#)

INPATIENT WITHDRAWAL - 4-1-22 STATEWIDE "FROM" RATES (BEFORE REGIONALIZATION)											
Bed size is based on 90% of certified capacity (80% during initial year of certification)											
Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees
6	\$ 492.73	26	\$ 413.83	46	\$ 386.67	66	\$ 370.41	86	\$ 358.92	106	\$ 350.10
7	\$ 483.77	27	\$ 411.98	47	\$ 385.68	67	\$ 369.75	87	\$ 358.43	107	\$ 349.71
8	\$ 476.14	28	\$ 410.20	48	\$ 384.71	68	\$ 369.09	88	\$ 357.94	108	\$ 349.32
9	\$ 469.52	29	\$ 408.49	49	\$ 383.77	69	\$ 368.45	89	\$ 357.46	109	\$ 348.94
10	\$ 463.67	30	\$ 406.84	50	\$ 382.85	70	\$ 367.82	90	\$ 356.99	110	\$ 348.56
11	\$ 458.44	31	\$ 405.26	51	\$ 381.95	71	\$ 367.20	91	\$ 356.52	111	\$ 348.19
12	\$ 453.72	32	\$ 403.73	52	\$ 381.07	72	\$ 366.59	92	\$ 356.05	112	\$ 347.82
13	\$ 449.41	33	\$ 402.26	53	\$ 380.20	73	\$ 365.99	93	\$ 355.60	113	\$ 347.45
14	\$ 445.47	34	\$ 400.83	54	\$ 379.36	74	\$ 365.40	94	\$ 355.14	114	\$ 347.08
15	\$ 441.83	35	\$ 399.45	55	\$ 378.53	75	\$ 364.82	95	\$ 354.70	115	\$ 346.72
16	\$ 438.45	36	\$ 398.11	56	\$ 377.72	76	\$ 364.24	96	\$ 354.25	116	\$ 346.37
17	\$ 435.29	37	\$ 396.82	57	\$ 376.93	77	\$ 363.68	97	\$ 353.82	117	\$ 346.01
18	\$ 432.34	38	\$ 395.56	58	\$ 376.15	78	\$ 363.12	98	\$ 353.39	118	\$ 345.66
19	\$ 429.57	39	\$ 394.34	59	\$ 375.38	79	\$ 362.57	99	\$ 352.96	119	\$ 345.32
20	\$ 426.96	40	\$ 393.15	60	\$ 374.63	80	\$ 362.02	100	\$ 352.54	120+	\$ 344.97
21	\$ 424.48	41	\$ 392.00	61	\$ 373.90	81	\$ 361.49	101	\$ 352.12		
22	\$ 422.14	42	\$ 390.88	62	\$ 373.17	82	\$ 360.96	102	\$ 351.71		
23	\$ 419.91	43	\$ 389.78	63	\$ 372.46	83	\$ 360.44	103	\$ 351.30		
24	\$ 417.79	44	\$ 388.72	64	\$ 371.77	84	\$ 359.93	104	\$ 350.90		
25	\$ 415.77	45	\$ 387.68	65	\$ 371.08	85	\$ 359.42	105	\$ 350.50		

INPATIENT WITHDRAWAL - 4-1-22 STATEWIDE "TO" RATES (BEFORE REGIONALIZATION)											
Bed size is based on 90% of certified capacity (80% during initial year of certification)											
Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees
6	\$ 519.34	26	\$ 436.18	46	\$ 407.55	66	\$ 390.41	86	\$ 378.30	106	\$ 369.01
7	\$ 509.89	27	\$ 434.23	47	\$ 406.51	67	\$ 389.72	87	\$ 377.79	107	\$ 368.59
8	\$ 501.85	28	\$ 432.35	48	\$ 405.48	68	\$ 389.02	88	\$ 377.27	108	\$ 368.18
9	\$ 494.87	29	\$ 430.55	49	\$ 404.49	69	\$ 388.35	89	\$ 376.76	109	\$ 367.78
10	\$ 488.71	30	\$ 428.81	50	\$ 403.52	70	\$ 387.68	90	\$ 376.27	110	\$ 367.38
11	\$ 483.20	31	\$ 427.14	51	\$ 402.58	71	\$ 387.03	91	\$ 375.77	111	\$ 366.99
12	\$ 478.22	32	\$ 425.53	52	\$ 401.65	72	\$ 386.39	92	\$ 375.28	112	\$ 366.60
13	\$ 473.68	33	\$ 423.98	53	\$ 400.73	73	\$ 385.75	93	\$ 374.80	113	\$ 366.21
14	\$ 469.53	34	\$ 422.47	54	\$ 399.85	74	\$ 385.13	94	\$ 374.32	114	\$ 365.82
15	\$ 465.69	35	\$ 421.02	55	\$ 398.97	75	\$ 384.52	95	\$ 373.85	115	\$ 365.44
16	\$ 462.13	36	\$ 419.61	56	\$ 398.12	76	\$ 383.91	96	\$ 373.38	116	\$ 365.07
17	\$ 458.80	37	\$ 418.25	57	\$ 397.28	77	\$ 383.32	97	\$ 372.93	117	\$ 364.69
18	\$ 455.69	38	\$ 416.92	58	\$ 396.46	78	\$ 382.73	98	\$ 372.47	118	\$ 364.33
19	\$ 452.77	39	\$ 415.63	59	\$ 395.65	79	\$ 382.15	99	\$ 372.02	119	\$ 363.97
20	\$ 450.02	40	\$ 414.38	60	\$ 394.86	80	\$ 381.57	100	\$ 371.58	120+	\$ 363.60
21	\$ 447.40	41	\$ 413.17	61	\$ 394.09	81	\$ 381.01	101	\$ 371.13		
22	\$ 444.94	42	\$ 411.99	62	\$ 393.32	82	\$ 380.45	102	\$ 370.70		
23	\$ 442.59	43	\$ 410.83	63	\$ 392.57	83	\$ 379.90	103	\$ 370.27		
24	\$ 440.35	44	\$ 409.71	64	\$ 391.85	84	\$ 379.37	104	\$ 369.85		
25	\$ 438.22	45	\$ 408.61	65	\$ 391.12	85	\$ 378.83	105	\$ 369.43		

[Rehabilitation Services for Youth \(RRSY\) Rates and Codes](#)

RESIDENTIAL REHABILITATION SERVICES FOR YOUTH - 4-1-22 STATEWIDE "FROM" RATES (BEFORE REGIONALIZATION)

Bed size is based on 100% of certified capacity

Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees
14	\$ 418.43	22	\$ 374.90	30	\$ 347.69	38	\$ 328.28	46	\$ 313.39	54	\$ 301.41
15	\$ 411.47	23	\$ 370.88	31	\$ 344.93	39	\$ 326.21	47	\$ 311.75	55	\$ 300.07
16	\$ 405.07	24	\$ 367.06	32	\$ 342.28	40	\$ 324.21	48	\$ 310.16	56	\$ 298.76
17	\$ 399.14	25	\$ 363.44	33	\$ 339.73	41	\$ 322.27	49	\$ 308.61	57	\$ 297.48
18	\$ 393.64	26	\$ 359.99	34	\$ 337.27	42	\$ 320.39	50	\$ 307.10	58	\$ 296.22
19	\$ 388.50	27	\$ 356.70	35	\$ 334.90	43	\$ 318.56	51	\$ 305.63	59	\$ 294.99
20	\$ 383.69	28	\$ 353.57	36	\$ 332.62	44	\$ 316.79	52	\$ 304.19	60+	\$ 293.79
21	\$ 379.17	29	\$ 350.56	37	\$ 330.41	45	\$ 315.06	53	\$ 302.78		

RESIDENTIAL REHABILITATION SERVICES FOR YOUTH - 4-1-22 STATEWIDE "TO" RATES (BEFORE REGIONALIZATION)

Bed size is based on 100% of certified capacity

Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees
14	\$ 441.03	22	\$ 395.14	30	\$ 366.47	38	\$ 346.01	46	\$ 330.31	54	\$ 317.69
15	\$ 433.69	23	\$ 390.91	31	\$ 363.56	39	\$ 343.83	47	\$ 328.58	55	\$ 316.27
16	\$ 426.94	24	\$ 386.88	32	\$ 360.76	40	\$ 341.72	48	\$ 326.91	56	\$ 314.89
17	\$ 420.69	25	\$ 383.07	33	\$ 358.08	41	\$ 339.67	49	\$ 325.27	57	\$ 313.54
18	\$ 414.90	26	\$ 379.43	34	\$ 355.48	42	\$ 337.69	50	\$ 323.68	58	\$ 312.22
19	\$ 409.48	27	\$ 375.96	35	\$ 352.98	43	\$ 335.76	51	\$ 322.13	59	\$ 310.92
20	\$ 404.41	28	\$ 372.66	36	\$ 350.58	44	\$ 333.90	52	\$ 320.62	60+	\$ 309.65
21	\$ 399.65	29	\$ 369.49	37	\$ 348.25	45	\$ 332.07	53	\$ 319.13		

The regional factors used for inpatient rehabilitation, inpatient detox, and RRSY applicable to the tables above are as follows:

Region	Factor	Counties
1	1.2267	NYC
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange
4	1.1009	Dutchess, Putnam
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State