

THE COUNCIL OF THE CITY OF NEW YORK

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Speaker of the Council

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Report on the Fiscal 2017 Preliminary Budget and the Fiscal 2016 Preliminary Mayor's Management Report New York City Health + Hospitals

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New York City Health + Hospitals Overview

New York City Health + Hospitals (H+H), formerly the NYC Health and Hospitals Corporation, is the largest municipal hospital and health care system in the country, and is an \$8 billion public benefit corporation. The H+H is the successor entity for the Department of Hospitals and it provides medical, mental health, and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six Gotham Health neighborhood health centers and more than 60 community health clinics. All of these services are provided to New York City residents regardless of their ability to pay. The H+H also provides specialized services such as trauma, high-risk neonatal and obstetric care, and burn care. Its acute care hospitals serve as major teaching hospitals and it operates a certified home health agency and a health maintenance organization, MetroPlus.

H+H is the single largest provider of health care to uninsured New Yorkers. One in every six New Yorkers receives health services at an H+H facility. In 2014, H+H served approximately 1.4 million patients – 500,000, or 36 percent were uninsured. In total, approximately 80 percent of H+H's patients are either Medicaid or Medicaid Managed Care beneficiaries or are uninsured.

H+H also provides emergency and inpatient services to New York City's correctional facilities' inmate population and conducts mental health evaluations for the family courts in the Bronx, Brooklyn, Queens, and Manhattan.

Report Overview

H+H has the authority to develop a consolidated annual expense and revenue budget, which is then approved by the H+H's Board of Directors and subsequently by the City as a result of a financial agreement reached with the City in 1992. The agreement allows H+H to develop non-city funding sources for new programs and allows for the retention of any surpluses during a fiscal year. Additionally, the agreement provides for payment of the City's tax-levy portion to the H+H in a lump sum, thereby indemnifying the Corporation against changes in the City's budget during a fiscal year.

The City's budget does not include the H+H's annual expense and revenue budget; it only includes the City's lump sum subsidy payment to H+H. The City's Capital Budget, on the other hand, includes all of HHC's capital projects. Since the Administration and H+H have not released a Fiscal 2017 Preliminary Budget for H+H, this report provides an overview of the Fiscal 2016 Adopted Budget for H+H and the City's Fiscal 2017 Preliminary Plan actions. At adoption, the Fiscal 2016 total contribution from the City was \$207.9 million, growing to \$337 million in the Fiscal 2017 Preliminary Plan.

Since a preliminary financial plan was not provided for H+H, this report provides a general overview of various financial actions that potentially impact the Fiscal 2017 Executive Financial Plan. The first section presents a financial summary of H+H's financial accrual plan at budget adoption, including proposed reductions followed by relevant State budget actions, highlights of the Fiscal 2016 Preliminary Mayor's Management Report (PMMR). The H+H's capital program is then discussed, with the H+H's budget actions since Fiscal 2016 adoption presented in Appendix A.

NYC Health + Hospital Fiscal 2016 Adopted Financial Plan

(\$ in Millions)	Projected 2016	Projected 2017	Projected 2018	Projected 2019
OPERATING REVENUES				
Third Party Revenue	\$5,065	\$4,949	\$5,081	\$4,789
Funds Appropriated by the City	252	315	344	340
Grants	188	143	143	143
Other Revenue	51	51	51	51
MetroPlus Premium Revenue	3,188	3,188	3,188	3,188
TOTAL OPERATING REVENUES	\$5,065	\$4,949	\$5,081	\$4,789
OPERATING EXPENSES				
Personal Services	\$2,836	\$3,031	\$3,020	\$3,058
Fringe Benefits	1,270	1,282	1,303	1,354
Other Than Personal Services	3,856	3,958	4,032	4,016
Medical Malpractice	136	136	136	136
Affiliations	987	1,017	1,047	1,079
Depreciation	334	344	354	364
Postemployment benefits, other than pension (Excl PYG)	309	318	328	338
TOTAL OPERATING EXPENSE	\$9,728	\$10,086	\$10,220	\$10,344
Interest	(\$122)	(\$122)	(\$123)	(\$123)
PROFIT/(LOSS) BEFORE CORRECTIVE ACTIONS	(\$1,106)	(\$1,562)	(\$1,536)	(\$1,956)
CORRECTIVE ACTIONS				
Savings Initiatives/Cost Containment				
HHC Actions	\$309	\$309	\$309	\$309
DSRIP	66	45	162	247
MetroPlus	62	114	161	202
State & Federal Actions		700	700	700
Subtotal: Corrective Actions	\$437	\$1,167	\$1,332	\$1,458
PROFIT/(LOSS) AFTER CORRECTIVE ACTIONS	(\$669)	(\$395)	(\$204)	(\$498)

H+H's Accounting Method

The H+H financial plan (as shown above) is operated on an accrual basis. Under an accrual basis, revenues are recognized when earned and expenses are reported as they occur. The Fiscal 2016 Adopted Financial Plan (as shown above) is the last financial plan shared with the Council. H + H, however, generally prefers the cash basis accounting method. Cash basis accounting allows for the recognition of income at the time it is actually received. This means that invoiced income is not counted as an asset until payment for the invoice is actually in hand. The same approach is applied to debits, in that any expenses incurred are not posted until they are paid. This is the preferred method because it provides a real-time assessment of agency's current cash flow.

Projected Operating Deficit (Fiscal 2016 through Fiscal 2019)

According to its Fiscal 2016 Adopted Financial Plan, H+H anticipates operating revenue to reach \$8.6 billion in Fiscal 2017. Of the \$8.6 billion in anticipated Fiscal 2017 revenue, \$4.9 billion, or 57.2 percent stems from third party revenue, such as Medicaid, Medicare, Upper Payment Limits (UPL), and Disproportionate Share Hospital (DSH) funding. City funds

comprise 3.6 percent, or \$314.9 million of the operating revenue. MetroPlus Premiums comprise \$3.2 billion, or 36.8 percent of operating revenue for Fiscal 2017.

H+H anticipates operating expenses to total \$10 billion in Fiscal 2017. Of the \$10 billion in anticipated operating expenses, personal services is 30 percent, or \$3 billion, of expenses with other than personal services totaling \$3.9 billion, or 39.2 percent of the anticipated operating expense.

The Fiscal 2016 Adopted Plan anticipates an operating deficit of \$1.5 billion in Fiscal 2017 and \$1.9 billion in Fiscal 2018 before any corrective actions. Taking into account the corrective actions highlighted below, the anticipated operating deficit totals \$395 million in Fiscal 2017 and \$204 million in Fiscal 2018.

Corrective Actions (Fiscal 2016 through Fiscal 2019)

H+H is currently undertaking corrective actions to mitigate the gap. These corrective actions are comprised of cost containment initiatives and organizational restructuring, which is currently valued at \$309 million in savings, as shown in the table below.

Initiative (dollars in millions)	FY16	FY17	FY18	FY19
Lab Transformation and Pharmacy <i>Core Lab of NY (CLNY), 340B</i>	(\$12)	(\$12)	(\$12)	(\$12)
FQHC Look-Alike Status <i>Enhanced Reimbursement</i>	(30)	(30)	(30)	(30)
General Efficiencies	(20)	(20)	(20)	(20)
Revenue Collection <i>Documentation and coding</i>	(72)	(72)	(72)	(72)
Supply Chain Efficiencies <i>Centralized procurement</i>	(75)	(75)	(75)	(75)
1,000 Global FTE Reduction <i>FT/O/ Temp/ Hourly/ Affiliates</i>	(100)	(100)	(100)	(100)
TOTAL	(\$309)	(\$309)	(\$309)	(\$309)

- Lab Transformation and Pharmacy (\$12 million).** The H + H projected \$9 million in savings from a transformation of their laboratory services and \$3 million in savings from updated 340B guideline changes. The lab transformation included a partnership with North Shore Long Island Jewish to consolidate core labs for both health care systems. The updated 340B guideline changes allowed H + H to contract with multiple pharmacies within a single hospital.
- Federally Qualified Health Center (FQHC) Look-Alike Status (\$30 million).** In January 2015, the Health Resources and Service Administration (HRSA) issued H + H's approval for Federally Qualified Health Center (FQHC) Look-Alike Status for Gotham Health, a not for profit entity formed to reorganize 38 H+H healthcare delivery sites to provide primary, preventive, and supplemental health care to medically underserved communities. H + H would be entitled to retroactive payments from Medicaid commencing from the certification period, February 2015, and from Medicare from the date of enrollment in Medicare as a FQHC provider.

- **Revenue Collection (\$72 million).** The corrective plan includes five revenue collecting actions. These actions are (1) inpatient documentation and coding case mix index improvements (\$10 million); (2) secondary diagnosis capture (\$7 million); (3) Medicare hierarchical condition categories risk score improvements (\$20 million); (4) 3M savings (\$1 million); and (5) denials management (\$34 million).
- **Supply Chain Efficiencies (\$75 million).** H+H has been re-designing its supply chain services to improve quality and save costs by centralizing the management of several large, core services into a centralized division. HHC plans to find savings and revenue opportunities by (1) re-negotiating existing contracts utilizing corporate versus facility-specific spending; (2) using value analysis decisions driving transformation and standardization to reduce cost and waste; and (3) through fully utilizing governmental-approved pharmaceutical purchases as permitted for Disproportionate Share Hospitals. Supply Chain savings are projected at \$75 million in Fiscal 2016.
- **1,000 Global FTE Reduction (\$100 million).** H+H plans to reduce its headcount by 1,000 FTE positions over the next 18 months. The Corporation's Finance team has embarked upon a productivity benchmarking effort to allocate the staff reduction to facilities primarily based on workload. The monitoring of headcount will include all FTEs, including H+H and affiliation staff, and temporary, overtime and hourly employees in order to get a comprehensive picture of total personnel resources. Employees will be benchmarked using workload to produce a productivity measure. Target reductions will be based on how facilities perform against this productivity measure. The Central Office will receive a commensurate reduction. This headcount reduction is targeted to save \$100 million in Fiscal 2016.

Fiscal 2017 Preliminary Budget Highlights

H+H's Fiscal 2017 Preliminary Action Plan included a total of \$292.7 million budget action changes to the Fiscal 2016 H+H City-funded budget, and a total of \$277.1 million budget action changes in Fiscal 2017. New needs in Fiscal 2016 total \$18.7 million growing to \$23.5 million in Fiscal 2017. Other adjustments total \$274 million in Fiscal 2016 and \$253.5 million in Fiscal 2017. The City-funded Fiscal 2017 Preliminary Budget totals \$727.9 million, while the Fiscal 2016 budget totals \$670.7 million. (See Appendix A for a list of all changes to the Fiscal 2016 and Fiscal 2017 Budgets since Adoption).

The following are major budget changes included in the Fiscal 2017 Preliminary Plan.

New Needs

- **Correctional Health Baseline Funding.** The Preliminary Plan includes baseline funding of \$6.8 million in Fiscal 2016, \$2.4 million in Fiscal 2017 and \$2.5 million in Fiscal 2018 for non-personnel operating expenses as part of the transfer of correctional health to H+H.
- **Correctional Health Personnel Transfer.** The Preliminary Plan includes baseline funding of \$7.1 million in Fiscal 2016, which increases to \$11.6 million in Fiscal 2017 and in the outyears. This initiative supports the transfer of salary and fringe costs for administrative and nurse staff under the transfer of correctional health services to H+H.
- **Expansion of Inspector General Office.** The Preliminary Plan includes baseline funding of \$4.7 million in Fiscal 2016 which increases to \$9.5 million in Fiscal 2017 and in the outyears. This funding supports the expansion of the Inspector General's Office, now under the oversight of the Department of Investigation. The Inspector General's office currently has 25 positions and is proposed to grow to 58 positions with a variety of investigative and administrative roles.

Other Adjustments

- **Collective Bargaining Increase.** The Preliminary Plan includes \$48.3 million in Fiscal 2016 and \$49 million in Fiscal 2017 for collective bargaining increases.
- **Medicaid Funding Transfer to H+ H.** Due to program changes to the State's Medicaid system, the supplemental costs payment to H +H has decreased. The Preliminary Plan adds baseline funding of \$204 million to preserve H+H's local share of supplemental Medicaid for which there is no federal match.
- **NYC Health + Hospitals Payment Forgiveness.** In Fiscal 2016, the City will cover Health and Hospitals costs that include \$172 million for debt service and \$140 million for medical malpractice settlements.

Fiscal 2016-2017 State Executive Budget Highlights

The Fiscal 2016-2017 State Executive Budget was released on January 13, 2016. The Executive Budget continues to build upon the Medicaid reforms of the Medicaid Redesign Team that aim to achieve higher quality of health services at a more sustainable cost. Below are some provisions included in the Executive Budget that may impact New York City. H+H's budget does not reflect any of the Governor's budget proposals.

- **New York City's Medicaid Contribution.** Governor Cuomo's 2016-2017 State Executive Budget proposes to re-institute the New York City contribution toward financing the growth in Medicaid expenses, effective October 1, 2016. The contribution level would be increased by 3.3 percent in Fiscal 2017 and 5.3 percent in Fiscal 2018, with annual growth of about two percent thereafter. The de Blasio Administration estimates that this proposal would cost the City an additional \$299 million for Medicaid expenses in the first year, growing to \$2 billion over the City's five-year financial plan.

The Medicaid cap was introduced as a means of helping counties remain within the two percent property tax cap. Since 2012, all local governments and school districts, except New York City, have been subject to the State's property tax cap. Because of this exception, the City's property tax-levy has been growing at a significantly higher rate each year than what is allowed under the tax cap. According to the State, in 2016, the City's levy is approximately \$3.5 billion more than if it had been held to the property tax cap's growth limits, which makes the City able to assume responsibility for a portion of its Medicaid growth.

- **Capital Funding.** The State Executive Budget commits \$1.5 billion to health care facilities throughout New York State. Of the \$1.5 billion, the Governor commits \$672.9 million to support facilities throughout New York City. H+H receives approximately \$300.5 million toward capital and infrastructure improvements at hospitals. H+H projects are the following:
 - \$31.5 million for improved access and coordination;
 - \$60 million for the integration of behavioral health and primary care services;
 - \$109 million for the digital healthcare network; and
 - \$81.3 million for population health information technology.

Fiscal 2016 Preliminary Mayor's Management Report

H+H highlighted its Vision 2020 strategy, which affirms the agency's mission and work in reducing health care disparities of all New Yorkers. The chart below from the PMMR provides performance statistics for Fiscal 2013 to 2015, target data for Fiscal 2016 to Fiscal 2017, and four-month actual data for Fiscal 2015 and Fiscal 2016.

According to the Fiscal 2016 PMMR, H+H primary service involves providing medical, mental health and substance abuse services to New York City residents regardless of their ability to pay. H+H has three primary service goals which are:

- 1) Expand access to care;
- 2) Increase the number of patients served; and
- 3) Maximize quality of care and patient satisfaction.

H+H Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Eligible women receiving a mammogram screening (%)	73.9%	75.6%	77.8%	80.0%	80.0%	74.9%	76.8%
Emergency room revisits for adult asthma patients (%)	6.0%	6.2%	6.1%	5.0%	5.0%	6.9%	6.6%
Emergency room revisits for pediatric asthma patients (%)	3.8%	2.9%	3.1%	3.2%	3.2%	2.9%	2.1%
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	6.5%	7.4%	7.4%	8.5%	8.5%	7.4%	7.0%
Inpatient satisfaction rate (%)	58.0%	60.0%	63.0%	62.0%	65.0%	58.0%	62.0%
Outpatient satisfaction rate (%)	76.5%	76.9%	77.6%	80.0%	80.0%	77.0%	77.9%
Hospital-acquired Central Line-Acquired Bloodstream Infection (CLABSI) rate	1.1	0.9	0.9	1.0	1.0	0.789	0.820
HIV patients retained in care (%) (annual)	84.3%	86.6%	86.1%	85.0%	85.0%	NA	NA
Calendar days to third next available new appointment - adult medicine	NA	NA	26	14	14	34	21
Calendar days to third next available new appointment - pediatric medicine	NA	NA	6.5	5	5	13	10
Number of unique patients (000)	1,169,326	1,176,275	1,172,405	UP	UP	670,479	654,155
MetroPlus membership (000)	429,931	468,020	472,251	UP	UP	466,863	466,843
Uninsured patients served	475,627	469,239	421,647	DOWN	DOWN	216,550	207,787
Prenatal patients retained in care through delivery (%)	83.0%	85.5%	87.1%	90.0%	90.0%	88.8%	90.7%
General care average length of stay (days)	5	5	5.1	4.9	4.9	5.1	5.2
Net days of revenue for accounts receivable	48.3	54.6	59.6	56	56	55.4	56.9
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health and dental)	858,172	802,405	769,459	*	*	267,867	227,227
Patients with a substance abuse diagnosis in a jail-based substance abuse program (%)	NA	NA	10.0%	*	*	NA	8.0%

- The number of unique patients being served by H+H decreased by 16,324, or two percent during the first four months of Fiscal 2016. The number of uninsured patients served continues to decline by four percent from 216,550 in the four-month period to 207,787 in the same time period in Fiscal 2016. This reduction can be attributed to the effects of the Affordable Care Act.
- The total number of correctional health visits, which include intake exams, sick calls, follow-up, mental health and dental decreased by 15 percent or 40,640 visits when

comparing the first four months of Fiscal 2016 to the first four months of Fiscal 2015.

- The number of members under the MetroPlus managed care plan saw a relatively small decrease when comparing the first four months of Fiscal 2016 to the same reporting period in Fiscal 2015.
- The general care average length of stay in days increased by two percent in the first four months of Fiscal 2016 when compared to the same reporting period in Fiscal 2015. This indicator reflects the average number of days that a patient remains in the hospital excluding psychiatry and rehabilitation services.

Capital Program

Capital Budget Summary

The Fiscal 2016 Preliminary Capital Commitment Plan includes \$1.8 billion in Fiscal 2016-2019 for the New York City Health + Hospitals (including City and Non-City funds). This represents approximately four percent of the City's total \$57.2 billion January Plan for Fiscal 2016-2019. The agency's Preliminary Commitment Plan for Fiscal 2016-2019 is two percent more than the \$1.7 billion scheduled in the September Commitment Plan, an increase of \$30.4 million.

The majority of the capital projects span multiple fiscal years and it is therefore common practice for an agency to roll unspent capital funds into future fiscal years. In Fiscal 2015, the New York Health + Hospitals committed \$143.7 million or 29.1 percent of its annual capital plan. Therefore, it is assumed that a significant portion of the agency's Fiscal 2016 Capital Plan will be rolled into Fiscal 2017, thus increasing the size of the Fiscal 2017-2020 Capital Plan. Since adoption last June, the citywide total Capital Commitment Plan for Fiscal 2016 has increased from \$19.3 billion in the September Capital Commitment Plan to \$19.7 billion in the Preliminary Capital Commitment Plan, an increase of \$415 million or two percent.

H+H 2016-2019 Capital Commitment Plan: Adopted and Preliminary Budget					
<i>Dollars in Thousands</i>					
	FY16	FY17	FY18	FY19	Total
September Plan					
Total Capital Plan	\$589,483	\$324,101	\$507,888	\$366,462	\$1,787,934
Preliminary Plan					
Total Capital Plan	\$491,521	\$488,081	\$425,253	\$413,462	\$1,818,317
Change					
Level	(\$97,962)	\$163,980	(\$82,635)	\$47,000	\$30,383
Percentage Change	(17%)	51%	(16%)	13%	2%

Preliminary Capital Plan Highlights

The H+H capital program goals are focused on major modernizations to replace or renovate aging facilities intended to improve market share, operational efficiencies and patient satisfaction; satisfy regulatory requirements and/or correct code deficiencies; rehabilitate building components and systems to improve safety, patient comfort and operations; replace medical equipment; and replace aging fleet for the Fire Department/Emergency Medical Services.

- **Reconstruction Projects Due to Hurricane Sandy.** H+H includes planned commitments of \$926.6 million in the Preliminary Capital Commitment Plan for agency wide reconstruction projects as a result of Hurricane Sandy. The commitment plan includes planned commitments of \$262.2 million in Fiscal 2017 and \$303.1 million in Fiscal 2018.
- **FDNY/EMS Ambulances.** H+H commits a total of \$118.1 million in the Preliminary Capital Plan towards the procurement and outfitting of FDNY/EMS ambulances. In Fiscal 2016, the Preliminary Capital Commitment Plan includes \$31.2 million, while in Fiscal 2017 the Plan includes \$30.7 million.

- **Coney Island Hospital.** H+H commits a total of \$51.8 million in Fiscal 2016 of the Preliminary Capital Plan for the design and construction management of the Coney Island Hospital Campus.
- **Miscellaneous Construction Projects and Equipment Purchases.** H+H commits a total of \$93.9 million in the Preliminary Capital Plan towards construction projects and equipment purchases for its facilities citywide. The Preliminary Commitment Plan allocates planned commitments of \$22.9 million in Fiscal 2016 and \$46.6 million in Fiscal 2017.

Appendix A: Budget Actions in the November and the Preliminary Plans

<i>Dollars in Thousands</i>	FY 2016			FY 2017		
	City	Non-City	Total	City	Non-City	Total
H+H Budget as of the Adopted 2016 Budget	\$325,047	\$52,953	\$378,000	\$399,706	\$51,088	\$450,794
New Needs						
Correctional Health: Baseline Funding	\$6,871	\$0	\$6,871	\$2,408	\$0	\$2,408
Correctional Health: Personnel Transfer	7,067	0	7,067	11,627	0	11,627
Expansion of Inspector General Office	4,749	0	4,749	9,497	0	9,497
Subtotal, New Needs	\$18,687	\$0	\$18,687	\$23,531	\$0	\$23,531
Other Adjustments						
City Council Member Item	\$56	\$0	\$56	\$0	\$1	\$1
Collective Bargaining (I/C) OSA	14	0	14	16	0	16
Collective Bargaining (I/C) Transfer	47,840	0	47,840	48,474	0	48,474
Collective Bargaining Transfer	466	0	466	557	0	557
Energy Manager	0	95	95	0	0	0
Federal Funding Adjustments	0	1,763	1,763	0	0	0
Intra City - Bellevue Hospital	0	20	20	0	0	0
Intra City - CHS Grants	0	749	749	0	0	0
Intra City - Correctional Health	0	3,460	3,460	0	0	0
Intra City - Cure Violence	0	4,925	4,925	0	0	0
Intra City - Harlem Hospital	0	469	469	0	0	0
Intra City - HIV Testing Program	0	3,125	3,125	0	0	0
Intra City - Immunization	0	455	455	0	0	0
Intra City - In Depth Respiratory	0	40	40	0	0	0
Intra City - Naxolene	0	500	500	0	0	0
Intra City - Pharmaceutical	0	230	230	0	0	0
Intra City - STF Jacobi Hospital	0	35	35	0	0	0
Intra City - TB Medications	0	234	234	0	0	0
Intra City - Winston Temps	0	1,705	1,705	0	0	0
Intra-City Funding Adjustments	0	1,452	1,452	0	0	0
Medicaid Funding Transfer to HHC	204,000	0	204,000	204,000	0	204,000
Member Item Reallocation	1,081	0	1,081	0	0	0
Office of Mental Health State Aid	0	271	271	0	271	271
plANYC Energy Analyst - HHC	0	75	75	0	0	0
plANYC Program - HHC	0	736	736	0	0	0
State Aid Letter	0	208	208	0	208	208
Subtotal, Other Adjustments	\$253,457	\$20,547	\$274,004	\$253,047	\$479	\$253,526
TOTAL, All Changes	\$272,144	\$20,547	\$292,690	\$276,579	\$479	\$277,058
H+H Budget as of the Preliminary 2017 Budget	\$597,191	\$73,500	\$670,690	\$676,285	\$51,567	\$727,852