

THE COUNCIL OF THE CITY OF NEW YORK



Hon. Melissa Mark-Viverito
Speaker of the Council

Hon. Corey Johnson
Chair, Committee on Health

Report on the Fiscal 2016 Preliminary Budget & the
Fiscal 2015 Preliminary Mayor's Management Report

Health and Hospitals Corporation

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Health and Hospitals Corporation Overview

The Health and Hospitals Corporation (HHC or the Corporation), the largest municipal hospital and health care system in the country, is a \$7 billion public benefit corporation. The HHC 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, five long-term care facilities, six large diagnostic and treatment centers, and more than 75 community health clinics. All of these services are provided to New York City residents regardless of their ability to pay. The HHC 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.

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

The Corporation 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.

The HHC has the authority to develop a consolidated annual expense and revenue budget, which is then approved by the HHC'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 HHC 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 HHC 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 HHC's annual expense and revenue budget, it only includes the City's lump sum subsidy payment to HHC. For Fiscal 2016, that totals \$214.7 million. The City's Capital Budget, on the other hand, includes all of HHC's capital projects.

This report provides a review of the Fiscal 2016 Preliminary Budget for the HHC. The first section presents a financial summary of HHC's financial cash plan, including proposed reductions followed by relevant State budget actions, highlights of the Preliminary Mayor's Management Report (PMMR) for 2015. The Corporations' capital program is then discussed, with the HHC's budget actions since Fiscal 2015 adoption presented in Appendix A.

HHC Fiscal 2016 Preliminary Financial Plan

<i>Dollars in Millions</i>	Actuals 2014	Projected 2015	Projected 2016	Projected 2017	Projected 2018	Projected 2019
RECEIPTS						
<u>Third Party Receipts</u>						
Medicaid Fee for Service	\$929	\$909	\$705	\$648	\$627	\$609
Medicaid Managed Care	1,187	1,268	1,439	1,484	1,523	1,558
Supplemental Medicaid	<u>1,985</u>	<u>3,255</u>	<u>2,142</u>	<u>2,248</u>	<u>1,860</u>	<u>1,831</u>
Disproportionate Share (DSH)	1,780	1,257	1,480	1,470	1,185	1,193
Other Supplemental Medicaid	<u>205</u>	<u>1,999</u>	<u>663</u>	<u>777</u>	<u>674</u>	<u>638</u>
Medicare Fee for Service	637	633	560	518	515	515
Medicare Advantage	420	416	385	382	384	384
Fully Integrated Duals Advantage (FIDA)	-	-	25	43	53	54
Commercial/Other Managed Care Assessments	372	368	368	368	368	368
	(19)	(25)	(25)	(25)	(25)	(25)
Subtotal: Third Party Receipts	\$5,511	\$6,824	\$5,599	\$5,666	\$5,305	\$5,294
City Services	\$191	\$318	\$215	\$258	\$273	\$279
Grants	214	301	154	92	92	92
FEMA Related Grants	187	46	47	-	-	-
FDNY/EMS	144	219	200	199	199	199
Other/Miscellaneous Receipts	201	206	209	212	215	219
Subtotal: Grants & Other	\$746	\$772	\$610	\$504	\$507	\$509
TOTAL RECEIPTS	\$6,447	\$7,914	\$6,424	\$6,427	\$6,085	\$6,082
<u>DISBURSEMENTS</u>						
Personal Services	\$2,495	\$2,692	\$2,670	\$2,826	\$2,777	\$2,816
Fringe Benefits	1,327	1,363	1,340	1,359	1,373	1,430
Other Than Personal Services	1,631	1,915	1,787	1,831	1,859	1,888
Malpractice	-	244	136	136	136	136
Affiliations	935	969	998	1,028	1,059	1,091
Other City Services and Charges	1	1	1	1	1	1
Subtotal: Disbursements	\$6,389	\$7,186	\$6,933	\$7,181	\$7,205	\$7,362
HHC Debt Service	\$77	\$82	\$83	\$85	\$85	\$85
City Debt Service	-	<u>304</u>	<u>161</u>	<u>169</u>	<u>163</u>	<u>172</u>
Subtotal: Debt Service	\$77	\$386	\$244	\$253	\$249	\$258
TOTAL DISBURSEMENTS	\$6,467	\$7,571	\$7,177	\$7,434	\$7,454	\$7,620
Operating Receipts Over/(Under) Disbursements	(19)	343	(753)	(1,007)	(1,369)	(1,537)
Capital Receipts Over/(Under) Disbursements	(16)	50	(7)	(10)	(14)	26
<u>Corrective Actions</u>						
Restructuring	-	79	75	72	72	72
Additional HHC Actions	-	200	300	300	350	350
DSRIP	-	60	66	199	336	296
MetroPlus	-	15	58	94	130	160
State & Federal Actions	-	-	-	250	250	250
Subtotal: Corrective Actions	-	\$354	\$499	\$916	\$1,138	\$1,128
Opening Cash Balance	\$323	\$287	\$1,034	\$774	\$673	\$428
Closing Cash Balance	\$287	\$1,034	\$774	\$673	\$428	\$44

HHC's Accounting Method

The HHC's financial plan (as shown above) is operated on a cash basis. 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. The HHC prefers this method because it provides a real-time assessment of the Corporation's current cash flow.

Projected Operating Deficit (Fiscal 2015 through Fiscal 2019)

According to its Fiscal 2016 Preliminary Financial Plan, the HHC anticipates a Fiscal 2016 operating loss of \$753 million. Based on current conditions, this deficit is projected to grow to \$1.5 billion by Fiscal 2019. These substantial deficits are a function of the Corporation's declining receipts that fall short of supporting the Corporation's growing disbursements. There have been eight consecutive years of State Medicaid rate cuts to the HHC, totaling approximately \$540 million, which have exacerbated imbalances.

The HHC has undertaken corrective actions to mitigate its budget gap over the past few years. These corrective actions are comprised of cost containment initiatives and organizational restructuring. The HHC has taken significant actions to reduce its expenses and increase revenue, achieving more than \$600 million in cost containment and restructuring savings since 2009.

While these corrective actions should be effective in curtailing much of the HHC's growing deficit, they are not a remedy for sustaining the HHC's overall long-term financial health. Adverse budget actions at the City, State and federal levels continue to threaten the HHC's long-term financial solvency and sustainability. The HHC's cost containment and restructuring efforts can only do so much to compensate for these additional losses in government funding.

Receipts Highlights

Fiscal 2016 total revenue (or receipts) to the HHC will decline by \$1.5 billion, or 20 percent, from Fiscal 2015. The HHC anticipates its operating revenue will decline by approximately 23 percent over the next four fiscal years.

- **Third Party Receipts.** Third-party receipts, which comprise 87 percent of the HHC's total operating revenue, declines by 22 percent in Fiscal 2016. Third party receipts include, among other things, reimbursements from pools, Medicaid, Medicare, Upper Payment Limit (UPL), and Disproportionate Share Hospital (DSH) funding. Reductions in DSH payments due to federal healthcare reform became effective starting in 2014.

The HHC's financial plan projects a 22 percent decline in third party receipts through Fiscal 2019, which is mainly attributed to: (1) a delay in transitioning of behavioral health and long-term care services to managed care; (2) ongoing statewide efforts to move all Medicaid Fee- For-Service (FFS) beneficiaries into some form of managed care; and (3) planned reductions in Medicare reimbursements, UPL and DSH payments, as prescribed by the Patient Protection and Affordable Care Act of 2010. In general, federal healthcare reform comprises several different moving parts, each with different implementation timelines and with key reforms being implemented in 2014.

As a general rule, the HHC only recognizes funding from enacted legislative and budgetary actions.

- **City Services.** City services decline by nearly 50 percent from Fiscal 2015 to Fiscal 2016. This decline is largely a function of a change in how the City claims Medicaid reimbursement for inmates. The Human Resources Administration (HRA) will no longer claim Medicaid for inmates on behalf of the HHC. The HHC now must submit claims to Medicaid directly.

Disbursements Highlights

Disbursements are expected to reduce slightly from Fiscal 2015 to Fiscal 2016, with a reduction of \$400 million, or five percent. However, the HHC expects total operating expenses to grow from \$7.57 billion in Fiscal 2015 to \$7.62 billion by Fiscal 2019, an increase of nearly \$50 million, or less than one percent.

Personal Services (PS) costs (salaries) and fringe benefits comprise a majority of the HHC's operating expenses and, respectively, account for 39 percent and 20 percent of the overall share of the HHC's operating expenses. Projected spending for PS will increase from \$2.6 billion in Fiscal 2015 to \$2.8 billion in Fiscal 2019.

Fringe benefits paid out will slightly increase between Fiscal 2015 and Fiscal 2019. Fringe benefits are expected to grow from \$1.36 billion in Fiscal 2015 to \$1.43 billion in Fiscal 2019, reflecting a five percent or \$67 million overall increase.

Fiscal 2015 Preliminary Plan Actions

New Needs

- **Ebola Preparedness & Response.** The Fiscal 2016 Preliminary Plan includes \$20.2 million in Fiscal 2015 for costs associated with the City's response to the Ebola outbreak. This funding is for costs incurred for the treatment of Dr. Craig Spencer at Bellevue Hospital. Expenses incurred at Bellevue Hospital include the training of all emergency department staff, retrofitting of the seventh floor ward into the Ebola quarantine unit, waste disposal services, and other costs associated with treating Dr. Spencer.

Other Adjustments

- **Collective Bargaining.** The Preliminary Plan includes \$54.8 million in Fiscal 2016 for the HHC as a result of collective bargaining agreements. This includes settlements with major unions – District Council 37, SEIU Local 300, and the New York State Nurses Association.
- **PS Adjustments.** The Preliminary Plan includes \$20.5 million in Fiscal 2015 and \$26 million in Fiscal 2016 to support increased PS costs in anticipation of collective bargaining agreements
- **Medicaid for Inmates - Takedown.** The Preliminary Plan includes a reduction of \$32.7 million in Fiscal 2016 due to a change in how the City claims for Medicaid reimbursement for inmates due to a directive by the New York State Department of Health. Prior to this change, the HRA was claiming Medicaid for inmates on behalf of the HHC under a memorandum of understanding. HHC will now have to claim these benefits directly.

Fiscal 2015-2016 State Executive Budget Highlights

The Fiscal 2015-2016 State Executive Budget was released on January 21, 2015. 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. HHC's budget does not reflect any of the Governor's budget proposals.

- **Medicaid Spending.** The 2015-2016 State Executive Budget proposes an increase of 3.6 percent in Medicaid funding (\$3.2 billion), with total Medicaid funding proposed at \$62 billion. In addition, the 2015-2016 State Executive Budget proposes to:
 - Codify a permanent global cap on Medicaid spending into the Public Health Law with annual increases tied to the ten-year rolling Consumer Price Index (CPI);
 - Create a new "Savings Allocation Plan" if Medicaid spending pierces the global cap;
 - Codify the global cap dividend language enacted in the 2014-15 Enacted Budget;
 - Provide Medicaid coverage for immigrants newly eligible due to the President's Executive Order; and
 - Eliminate Medicaid spousal refusal.
- **New York State Health Benefit Exchange.** The State Executive Budget includes a proposal to levy a tax on insurance premiums in order to fund the New York State health exchange, created by the Affordable Care Act. The Executive proposes \$388.4 million in State support for the New York State of Health and includes a new 0.375 percent assessment on health insurance plans to support the \$68.9 million operating costs of the health exchange.
- **Restructure Public Health Care Program Funding.** The State Executive Budget proposes to consolidate 41 separate public health programs into five pools and to reduce total funding for these programs by \$21.31 million. This proposal failed to be enacted in past fiscal years.
- **Capital Funding.** The State Executive Budget allocates \$1.4 billion in new capital funding for the following: (1) \$700 million for central and east Brooklyn to stabilize the health care delivery system, reduce unnecessary inpatient beds to improve the overall quality of patient services and increase access to community-based primary and preventive health care services; (2) \$300 million for a new integrated health care delivery system in Oneida County; and (3) \$400 million to support debt restructuring and other capital projects to promote appropriate regional consolidations among health care providers.

Preliminary Mayor's Management Report

Performance Measures

Performance Indicators	Actual			Target		4-Month Actual	
	FY 12	FY13	FY14	FY 15	FY 16	FY 14	FY 15
Prenatal patients retained in care through delivery	85.8%	83.0%	81.4%	90.0%	90.0%	84.2%	88.8%
Eligible women, aged 40-70, receiving a mammogram screening from HHC	73.0%	73.9%	75.6%	70.0%	70.0%	74.2%	74.9%
HIV patients retained in care	87.4%	84.3%	86.6%	85.0%	85.0%	N/A	N/A
Two-year olds immunized	97.0%	97.0%	N/A	98.0%	98.0%	N/A	N/A
General care average length of stay (days)	4.7	5	5	4.7	4.7	4.7	5.1
Emergency room revisits for adult asthma patients (%)	5.4%	6.0%	5.5%	5.0%	5.0%	7.1%	6.9%
Emergency room revisits for pediatric asthma patients (%)	3.7%	3.8%	3.1%	3.2%	3.2%	3.0%	2.9%
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days	7.0%	6.5%	7.4%	5.0%	5.0%	4.4%	7.4%
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Adult medicine	75.0	69.0	N/A	60.0	60.0	72.0	45.0
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Pediatric medicine	59.0	61.0	N/A	60.0	60.0	64.0	43.0
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Women's health	75.0	67.0	N/A	60.0	60.0	70.0	44.0
Uninsured patients served	478,731	475,627	469,239	N/A	N/A	N/A	N/A
Total Medicaid Managed Care, Child Health Plus and Family Health Plus enrollees	521,434	525,804	518,969	513,400	513,400	522,683	532,910
MetroPlus Medicaid, Child Health Plus and Family Health Plus enrollees	420,459	413,893	408,926	446,932	446,932	408,245	411,385
Net days of revenue for Accounts Receivable	56.4	N/A	N/A	56	56.0	59.4	55.4

Average Time Spent By Patient for a Primary Care Visit at Hospitals and Diagnostic and Treatment Centers

The average wait time for a primary care visit at a hospital or diagnostic and treatment center was 45 minutes or less for adult medicine, pediatric medicine and women's health services visits during the first four months of Fiscal 2015. The HHC revised its wait time metrics, which now count only in-clinic wait time, which is defined as the minutes from the scheduled time of appointment to the time the patient sees the provider. The data collection is currently being transitioned from a manual process to an automated process. Once complete, wait time data for all sites will be included.

General Care Average Length of Stay (Days)

The general care average length of stay increased from 4.7 days in the four month period to 5.1 days in the same time period in Fiscal 2015. In Fiscal 2014, the HHC focused on initiatives to decrease one-day length of stays in response to federal policy to reduce avoidable hospitalizations. As a result of these internal initiatives, one-day stays, many of which are avoidable, have decreased. These initiatives have also focused on reducing admissions from the emergency department for chronic conditions that could be treated by primary care physicians and patient's managing their own conditions, resulting in improved corporate-wide rates of emergency

department visits that are “treat and release.” Taken together, the reduction in admissions that would have resulted in zero or one day stays substantially increased the overall average length of stay (ALOS).

Emergency Room Revisits for Pediatric Adult Patients

Adult asthma emergency room revisits decreased from 7.1 percent in the first four months of Fiscal 2014 to 6.9 percent in the same time period for Fiscal 2015, but remains still above the target of five percent. Analyses of these data show that some patients continue to use the emergency room as their follow-up preference despite strategies to engage them in their care through one-on-one discussions with physicians, nurses, social workers, care managers, and in some cases, psychiatrists and home care practitioners. To address this issue, the HHC emergency room staff now provide clinic follow-up appointments to the patients before they leave the emergency room so they do not have to call the clinic to obtain an appointment and emergency department care managers contact patients after discharge from the emergency room to remind them of the instructions provided to them by the emergency room providers and to answer other questions.

Emergency Room Revisits For Pediatric Asthma Patients

Emergency room revisits for pediatric asthma patients decreased from three percent in Fiscal 2014 to 2.9 percent in Fiscal 2015, which is below the target of 3.2 percent. Parents of pediatric patients are historically more cooperative with discharge instructions and have responded to other strategies to engage them in their children’s care.

Adult Patients Discharged With A Principal Psychiatry Diagnosis Who Are Readmitted Within 30 Days

The percent of adult patients discharged with principal psychiatry diagnoses who are readmitted within 30 days increased from 4.4 percent in Fiscal 2014 to 7.4 percent in Fiscal 2015. In order to prepare for New York State’s implementation of managed behavioral healthcare, the HHC facilities’ Departments of Psychiatry have been focusing on decreasing the ALOS for adult inpatients while simultaneously tracking readmission rates. There has been a significant decrease in ALOS. However, with the increase in the readmission rate, the HHC will intensify its interventions to ensure a smooth transition in care from inpatient to outpatient services, and to ensure that patients are fully engaged in community treatment to improve community tenure and reduce the readmission rate.

Capital Program

Capital Budget Summary

The Fiscal 2016 Preliminary Capital Commitment Plan includes \$1.6 billion in Fiscal 2015-2018 for the HHC (including City and non-City funds). This represents approximately four percent of the City’s total \$44.7 billion January Plan for Fiscal 2015-2018. The HHC’s Preliminary Commitment Plan for Fiscal 2015-2018 is 56 percent more than the \$1 billion scheduled in the Fiscal 2015 Adopted Capital Commitment Plan, an increase of nearly \$600 million.

The majority of 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 Year 2014, the HHC committed \$242 million, or about 77 percent, of its annual capital plan. Therefore, it is assumed that a significant portion of the agency’s Fiscal 2015 Capital Plan will be rolled into Fiscal 2016, thus increasing the size of the Fiscal 2016-2019 Capital Plan.

2015-2018 Commitment Plan: Adopted and Preliminary Budget					
<i>Dollars in Thousands</i>					
	FY15	FY16	FY17	FY18	Total
Adopted					
Total Capital Plan	\$906,328	\$69,441	\$34,509	\$34,262	\$1,044,540
Prelim					
Total Capital Plan	\$490,127	\$818,623	\$186,809	\$134,262	\$1,629,821
Change					
Level	(\$416,201)	\$749,182	\$152,300	\$100,000	\$585,281
Percentage	(45.92%)	1078.88%	441.33%	291.87%	56.03%

Preliminary Capital Budget Highlights

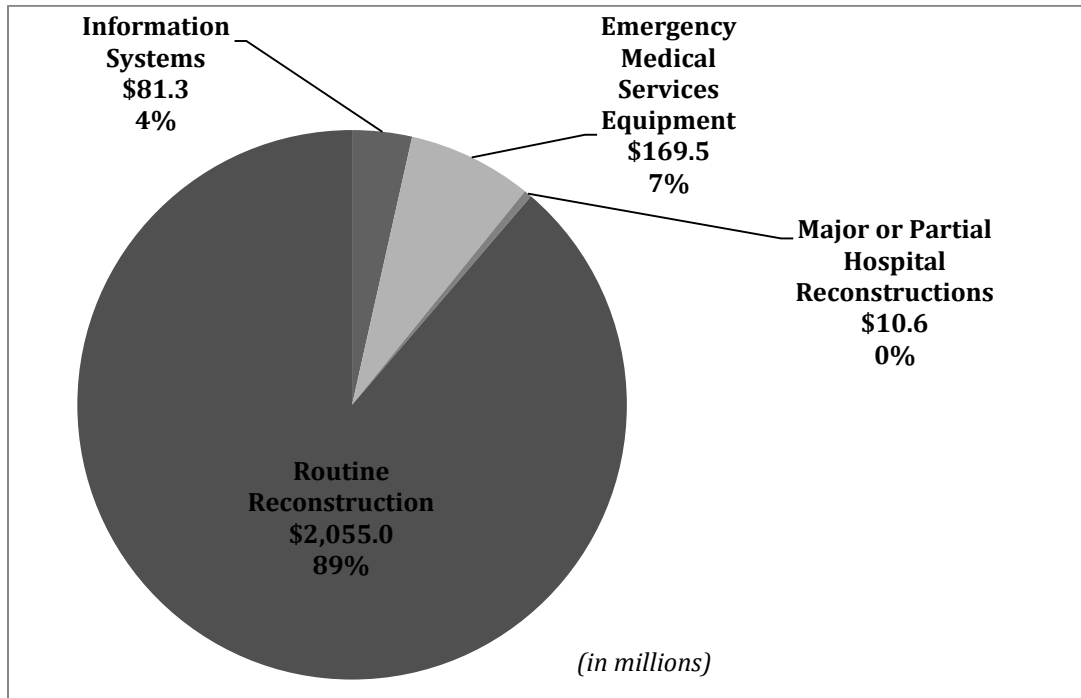
- **Vanderbilt Avenue Health Center.** The HHC allocated \$8 million in the Preliminary Capital Budget towards the construction of a new extension clinic to Coney Island Hospital on HHC-owned property located at 155 Vanderbilt Avenue in the Clifton section of Staten Island.
- **Integrated Clinical Info System (ICIS) Program: Electronic Medical Record (EMR) Upgrade.** The HHC includes \$150 million in the Preliminary Capital Budget towards for a new, state-of-the-art EMR system to span the HHC’s entire patient care facilities. The HHC anticipates the system will be in full operation by 2017 for its 22,000 users and will replace the HHC's current EMR system, which is nearly 20 years old.
- **Miscellaneous Construction Projects and Equipment Purchases.** The HHC allocated \$138 million in the Preliminary Capital Budget towards construction projects and equipment purchases.

Capital Program Goals

The HHC’s capital program goal are to focus 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 ambulance fleet for the Fire Department/Emergency Medical Services.

2016-2025 Preliminary Ten-Year Capital Strategy



The primary focus of HHC’s Preliminary Ten-Year Capital Strategy is to improve physical plants to comply with regulatory requirements and to address customer satisfaction, market demands, and community health needs.

Preliminary Ten-Year Strategy

- Routine Reconstruction.** The Preliminary Ten-Year Capital Strategy provides \$1.5 billion in federal funding for reconstruction and mitigation work associated with Super Storm Sandy storm damage, and an additional \$157 million in 2015. The HHC’s other major reconstruction projects include \$523.9 million associated with corporate-wide infrastructure projects and equipment purchases, \$17.9 million for the construction of an EMS station at Harlem Hospital, and \$12 million for the construction of the Vanderbilt Avenue Health Clinic.
- EMS Ambulance Purchases.** The Preliminary Ten-Year Capital Strategy provides \$169.5 million for the purchase of FDNY/EMS ambulances, with an additional \$72.9 million in 2015.
- Information Systems.** The Preliminary Ten-Year Capital Strategy provides \$81.3 million for the replacement of the EMR system.

- **Hospital Reconstruction.** The Preliminary Ten-Year Capital Strategy includes \$10 million for the completion of the Harlem Hospital major modernization and expansion project, which included the construction of 19,500 square feet of new diagnostic, treatment, emergency, and critical care space.

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

<i>Dollars in Thousands</i>	FY 2015			FY 2016		
	City	Non-City	Total	City	Non-City	Total
HHC Budget as of Adopted 2015 Plan	\$81,149	\$98,089	\$179,238	\$81,094	\$98,089	\$179,183
New Needs						
Ebola Preparedness & Response	\$0	\$20,238	20,238	\$0	\$0	\$0
Subtotal New Needs	\$0	\$20,238	\$20,238	\$0	\$0	\$0
Other Adjustments						
Anti- Gun Violence HHC Transfer	\$0	\$1,691	\$1,691	\$0	\$0	\$0
Collective Bargaining	43,823	0	43,823	0	0	0
Collective Bargaining (I/C), DC 37	2	0	2	2	0	2
Collective Bargaining (I/C), L300	11	0	11	10	0	10
ExCEL Program	0	210	210	0	0	0
FEMA Funds - Bellevue Cat E	0	23,504	23,504	0	0	0
FEMA Funds - Vehicles	0	165	165	0	0	0
FEMA Funds - Cat B	0	9,521	9,521	0	0	0
FY15HHC2	0	1,166	1,166	0	0	0
HHC Collective Bargaining	11,322	0	11,322	42,871	0	42,871
HHC CTL takedown for IC	(2,578)	0	(2,578)	0	0	0
HHC- DOHMH Transfer	0	4,028	4,028	0	0	0
HHC SHSG FY10 Grant	0	270	270	0	0	0
Intra City	0	831	831	0	(248)	(248)
Intra City - Correctional Health	0	3,416	3,416	0	16	16
Intra City - Cure Violence	0	3,340	3,340	0	0	0
Intra City - HIV Testing Program	0	3,125	3,125	0	0	0
Intra City - Winston Temps	0	1,481	1,481	0	0	0
MA for Inmates takedown	0	(32,739)	(32,739)	0	(32,739)	(32,739)
Member Item Reallocation	5	0	5	0	0	0
Office of Mental Health State Aid	0	(306)	(306)	0	(306)	(306)
plaNYC Energy Analyst	0	65	65	0	0	0
plaNYC Energy Manager	0	85	85	0	0	0
PS Adjustments	20,511	0	20,511	25,904	0	25,904
Reverse ICPT15070	0	(70)	(70)	0	0	0
UASI 2013 Grant Award	0	1,530	1,530	0	0	0
Subtotal Other Adjustments	\$73,096	\$21,312	\$94,408	\$68,787	(\$33,277)	\$35,510
Total All Changes	\$73,096	\$41,551	\$114,646	\$68,787	(\$33,277)	\$35,510
HHC Budget as of Preliminary 2016 Plan	\$154,245	\$139,640	\$293,885	\$149,881	\$64,812	\$214,693