

MSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the “Agreement”) is made as of the 1st day of April, 2017

B E T W E E N:

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

AND

Board of Management of the District of Parry Sound (the “HSP”)

WHEREAS the LHIN and the HSP (together the “Parties”) entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the “MSAA”);

AND WHEREAS the LHIN and the HSP have agreed to extend the MSAA for a twelve month period to March 31, 2018;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The MSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, “**Schedule**” means any one, and “**Schedules**” means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 (“2016-17”), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.

Schedule B: Service Plan

Schedule C: Reports

Schedule D: Directives, Guidelines and Policies

Schedule E: Performance

- 2.3 **Term.** This Agreement and the MSAA will terminate on March 31, 2018.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the MSAA shall remain in full force and effect.
- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

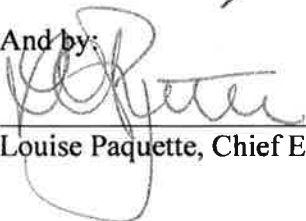
NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

By:


 Rick Cooper, Interim Chair

June 12, 2017
 Date

And by:


 Louise Paquette, Chief Executive Officer

June 6 2017
 Date

Board of Management of the District of Parry Sound

By:


 John Cochrane, Chair
 Debbie Zulak

06-April-2017
 Date

And by:


 Marsha Rivers, Chief Executive Officer

06-April-2017
 Date

**Schedule B1: Total LHIN Funding
2017-2018**

Health Service Provider: Board Of Management Of The District Of Parry Sound

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$326,149
HBAM Funding (CCAC only)	2	F 11005	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0
MOHLTC Base Allocation	4	F 11010	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$200,000
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$526,149
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$0
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$0
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14
			\$526,149
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$170,000
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$39,000
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$0
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$0
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$300,749
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$0
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$16,400
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34
			\$526,149
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40
			\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT)	FUND TYPE 1	44	Row 42 minus Row 43
			\$0
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$526,149
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$526,149
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46
			\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$0
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$15,200
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$15,200
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$0
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$15,200

**Schedule B2: Clinical Activity- Summary
2017-2018**

Health Service Provider: Board Of Management Of The District Of Parry Sound

Service Category 2017-2018 Budget	OWRS Framework Level 3	Full-Time Equivalents (FTE)	Wells FSP, Tel, In-House, Cont. Out	Not Uniquely Identified Service Requiring Interactions	Hours of Care to Home & Conveyed Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (if group sessions not individuals)	Meal Enhance-Combined	Group Participant Attendance (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Member Health Sessions
CSS in-Home and Community Services (CSS IH COM)	72 5 82	3.77	16,000	0	0	0	1,300	4,900	0	9,500	0	0	0	0

Schedule C: Reports
Community Support Services
2017-2018

Health Service Provider: Board Of Management Of The District Of Pa

Only those requirements listed below that relate to the programs and services that are funded by the LHM will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk *.

OHRS/MIS Trial Balance Submission (through OHFS)	
2014-2015	Due Dates (Must pass 3c Edits)
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	Due Dates (Must pass 3c Edits)
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	Due Dates (Must pass 3c Edits)
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017
2017-18	Due Dates (Must pass 3c Edits)
2017-18 Q1	<i>Not required 2017-18</i>
2017-18 Q2	October 31, 2017
2017-18 Q3	January 31, 2018
2017-18 Q4	May 31, 2018

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	Due five (5) business days following Trial Balance Submission Due Date
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	Due five (5) business days following Trial Balance Submission Due Date
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-2017	Due five (5) business days following Trial Balance Submission Due Date
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
2017-18	Due five (5) business days following Trial Balance Submission Due Date
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: Board Of Management Of The District Of Pa

Annual Reconciliation Report (ARR) through SRI and paper copy submission*
(All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)

Fiscal Year	Due Date
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

Board Approved Audited Financial Statements *

(All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Declaration of Compliance

Fiscal Year	Due Date
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Community Support Services – Other Reporting Requirements

Requirement	Due Date
French Language Service Report	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 - April 30, 2017
	2017-18 - April 30, 2018

Schedule D: Directives , Guidelines and Policies

Community Support Services

2017-2018

Health Service Provider: Board Of Management Of The District Of P

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

<ul style="list-style-type: none">• Personal Support Services Wage Enhancement Directive, 2014
<ul style="list-style-type: none">• 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• Community Financial Policy, 2015
<ul style="list-style-type: none">• Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
<ul style="list-style-type: none">• Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
<ul style="list-style-type: none">• Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012
<ul style="list-style-type: none">• Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
<ul style="list-style-type: none">• Community Support Services Complaints Policy (2004)
<ul style="list-style-type: none">• Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
<ul style="list-style-type: none">• Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
<ul style="list-style-type: none">• Screening of Personal Support Workers (2003)
<ul style="list-style-type: none">• Ontario Healthcare Reporting Standards – OHRs/MIS – most current version available to applicable year
<ul style="list-style-type: none">• Guideline for Community Health Service Providers Audits and Reviews, August 2012

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Board Of Management Of The District Of Parry Sound

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	2.9%	<=3.5%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	17.0%	<18.7%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	0.0%	<0%
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget ** No negative variance is accepted for Total Margin</p>		

Schedule E2a: Clinical Activity- Detail

2017-2018

Health Service Provider: Board Of Management Of The District Of Parry Sound

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
*These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
* Full-time equivalents (FTE)	72 1*	0.30	n/a
Total Cost for Functional Centre	72 1	\$15,200	n/a
CSS IH - Meals Delivery 72 5 82 10			
* Full-time equivalents (FTE)	72 5 82 10	1.00	n/a
Individuals Served by Functional Centre	72 5 82 10	200	160 - 240
Meal Delivered-Combined	72 5 82 10	9,500	9025 - 9975
*Total Cost for Functional Centre	72 5 82 10	\$116,788	n/a
CSS IH - Social and Congregate Dining 72 5 82 12			
* Full-time equivalents (FTE)	72 5 82 12	0.77	n/a
Individuals Served by Functional Centre	72 5 82 12	300	240 - 360
Attendance Days Face-to-Face	72 5 82 12	4,500	4050 - 4950
*Total Cost for Functional Centre	72 5 82 12	\$91,434	n/a
CSS IH - Transportation - Client 72 5 82 14			
* Full-time equivalents (FTE)	72 5 82 14	1.00	n/a
Visits	72 5 82 14	10,000	9500 - 10500
Individuals Served by Functional Centre	72 5 82 14	400	320 - 480
*Total Cost for Functional Centre	72 5 82 14	\$204,997	n/a
CSS IH - Visiting - Social and Safety 72 5 82 60			
* Full-time equivalents (FTE)	72 5 82 60	1.00	n/a
Visits	72 5 82 60	5,000	4750 - 5250
Individuals Served by Functional Centre	72 5 82 60	400	320 - 480
*Total Cost for Functional Centre	72 5 82 60	\$97,730	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		4.07	n/a
Total Visits for all F/C		15,000	14250 - 15750
Total Individuals Served by Functional Centre for all F/C		1,300	1170 - 1430
Total Attendance Days for all F/C		4,500	4050 - 4950
Total Meals Delivered for all F/C		9,500	9025 - 9975
Total Cost for All F/C		526,149	n/a

