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SENT ELECTRONICALLY

March 5, 2015

Ms. Shanali Gayadeen
Director, Regional Operations East
The Canadian Red Cross Society
360 George Street North, Unit 33
Peterborough, ON K9H 7E7

Dear Ms. Gayadeen:

**Re: 2014-17 Multi-Sector Service Accountability Agreement Refresh for
The Canadian Red Cross Society**

When the Central East Local Health Integration Network (Central East LHIN) and The Canadian Red Cross Society (TCRCS) entered into a Multi-Sector Service Accountability Agreement (MSAA) for a three-year term effective April 1, 2014, the budgeted financial data, service activities and performance indicators for the 2014/15 year were included. The Central East LHIN would now like to update the MSAA to include the required financial, service activity and performance expectations for 2015/16 fiscal year to Schedules A, B, C, D and E.

Subject to TCRCS's agreement, the MSAA will be amended with effect April 1, 2015, by adding the amended Schedules that are included in the attachment of this letter.

To the extent that there are any conflicts between the current MSAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the MSAA will remain the same.

Please print and sign this letter to indicate your organization's acceptance to this amendment to the MSAA, returning the signed version of this entire letter (Pages 1-3) and Schedules A-G by email or by fax to Sheila Stirling, Analyst – System Finance & Performance Management at sheila.stirling@lhins.on.ca on or before **March 18, 2015**.

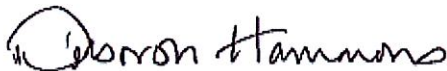
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**2014-17 Multi-Sector Service Accountability Agreement Refresh for
The Canadian Red Cross Society**

The Central East LHIN appreciates you and your team's collaboration and hard work during this 2015/16 MSAA refresh process. We look forward to maintaining a strong working relationship with you.

If you have any questions or concerns related to your MSAA, please contact Emily Van de Klippe, Lead – System Finance & Performance Management at emily.vandeklippe@lhins.on.ca or at (905) 427-5497, ext. 213.

Sincerely,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

Attachments – Schedule A, B, C, D, E, F and G

c: Ella West, Board Chair, The Canadian Red Cross Society
Wayne Gladstone, Chair, Central East Local Health Integration Network
Stewart Sutley, Senior Director – System Finance & Performance Management, Central East LHIN
Brian Laundry, Acting Senior Director – System Design & Implementation, Central East LHIN
Ritva Gallant, Team Lead – System Finance & Performance Management, Central East LHIN
Emily Van de Klippe, Lead – System Finance & Performance Management, Central East LHIN

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**2014-17 Multi-Sector Service Accountability Agreement Refresh for
The Canadian Red Cross Society**

Signatures below confirm acceptance of this amendment to the MSAA as articulated in this letter.

Tanya Elliott Tanya Elliott March 6, 2015
Name of CEO/ED CEO/ED Signature Date
(Please Print)

Sara John Fowler Sara John Fowler March 6, 2015
Name of Chair Chair Signature Date
Board of Directors
(Please Print)

Using one of the following methods, please return the signed version of this entire letter (Pages 1-3) and Schedules A-G to Sheila Stirling, **on or before March 18, 2015**.

- Scan and email back to: sheila.stirling@lhins.on.ca; or
- Fax to (905) 427-9659, Attention: Sheila Stirling.

Schedule A2: Population and Geography

2015-2016

Health Service Provider: The Canadian Red Cross Society

Client Population

Seniors aged 65 years of age or older who were residents of Spruce Corners at the time CRCS became the provider of Assisted Living Services for High Risk Seniors (April 1, 2012). New clients would include any senior aged 65 years or older who meets the eligibility requirements as outlined in the Assisted Living Services for High Risk Seniors policy. CRCS provides services to all eligible clients regardless of linguistic or cultural background. Currently, our clients do not represent any diverse cultural populations nor have clients requested to have services provided in French. We are not aware of any current clients who identify with an Aboriginal Community. Our expected client outcomes are to support clients in maintaining their independence while receiving the care needed to support daily living within their home/community.

Geography Served

The Service Delivery location is 30 Simeon Crescent in Apsley, Ontario. This is also known as "Spruce Corners". The catchment area would include the surrounding geographic area as approved for the delivery of the "Hub" model for Assisted Living Services for High Risk Seniors. Services are available 24 hours a day, 7 days a week, 365 days a year at Spruce Corners.

**Schedule B1: Total LHIN Funding
2015-2016**

Health Service Provider: The Canadian Red Cross Society

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 9.0	2015-2016 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$169,873
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	\$0
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$169,873
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*]	\$17,222
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$17,222
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$187,095
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$155,052
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$19,027
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]	\$13,016
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*]	\$0
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$187,095
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	\$187,095
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$187,095
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
Admin & Support Services	49	72 1*	\$14,456
Management Clinical Services	50	72 5 05	\$0
Medical Resources	51	72 5 07	\$0
Total Admin & Undistributed Expenses	52	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$14,456

Schedule B2: Clinical Activity- Summary
2015-2016

Health Service Provider: The Canadian Red Cross Society

Service Category 2015-2016 Budget	OHRIS Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel, In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions-not individuals)	Meal Delivered-Contained	Group Participant Attendances (Reg & Non-Reg)	Service Provider Group Interactions	Mental Health Sessions
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	4	0	0	7,862	2,920	8	0	0	0	0	0	0

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

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

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

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

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

Board Approved Audited Financial Statements *	
Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

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

Community Support Services – Other Reporting Requirements	
Requirement	Due Date
French language service report through SRI	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 April 30, 2017

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY SUPPORT SERVICES**

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

▪ Personal Support Services Wage Enhancement Directive, 2014
▪ Community Financial Policy, 2015
▪ Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
▪ Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
▪ Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
▪ Community Support Services Complaints Policy (2004)
▪ Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
▪ Screening of Personal Support Workers (2003)
▪ Ontario Healthcare Reporting Standards – OHRs/MIS – most current version available to applicable year
▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

Schedule E1: Core Indicators

2015-2016

Health Service Provider: The Canadian Red Cross Society

Performance Indicators	15-16 2015-2016 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	7.7%	6.2 - 9.3%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.45%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
Budget Spent on Administration- AS General Administration 72 1 10		
Budget Spent on Administration- AS Information Systems Support 72 1 25		
Budget Spent on Administration- AS Volunteer Services 72 1 40		
Budget Spent on Administration- AS Plant Operation 72 1 55		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>		

Schedule E2a: Clinical Activity- Detail 2015-2016

Health Service Provider: The Canadian Red Cross Society

OHRS Description & Functional Centre		2015-2016	
		Target	Performance Standard
¹ 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*	0.06	n/a
Total Cost for Functional Centre	72 1*	\$14,456	n/a
CSS IH - Assisted Living Services 72 5 82 45			
Full-time equivalents (FTE)	72 5 82 45	4.19	n/a
Hours of Care	72 5 82 45	7,862	7469 - 8255
Inpatient/Resident Days	72 5 82 45	2,920	2628 - 3212
Individuals Served by Functional Centre	72 5 82 45	8	6 - 10
Total Cost for Functional Centre	72 5 82 45	\$172,639	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		4.25	n/a
Total Hours of Care for all F/C		7,862	7469 - 8255
Total Inpatient/Resident Days for all F/C		2,920	2628 - 3212
Total Individuals Served by Functional Centre for all F/C		8	6 - 10
Total Cost for All F/C		\$187,095	n/a

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

Project Funding Agreement Template

Note: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. Whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider, the HSP remains accountable for the funding that is provided by the LHIN.

THIS PROJECT FUNDING AGREEMENT (“PFA”) is effective as of [insert date] (the “Effective Date”) between:

XXX LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

- and -

[Legal Name of the Health Service Provider] (the “HSP”)

WHEREAS the LHIN and the HSP entered into a service accountability agreement dated [insert date] (the “SAA”) for the provision of Services and now wish to set out the terms of pursuant to which the LHIN will fund the HSP for [insert brief description of project] (the “Project”);

NOW THEREFORE in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

1.0 Definitions. Unless otherwise specified in this PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in this PFA, the following words and phrases have the following meanings:

“**Project Funding**” means the funding for the Services;

“**Services** ” mean the services described in Appendix A to this PFA; and

“**Term**” means the period of time from the Effective Date up to and including [insert project end date].

2.0 Relationship between the SAA and this PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution this PFA will be appended to the SAA as a Schedule.

3.0 The Services. The HSP agrees to provide the Services on the terms and conditions of this PFA including all of its Appendices and schedules.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Services shall be as specified in Appendix A to this PFA.

5.0 Representatives for PFA.

(a) The HSP’s Representative for purposes of this PFA shall be [insert name,

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.

- (b) The LHIN's Representative for purposes of this PFA shall be: [insert name, telephone number, fax number and e-mail address.]

6.0 Additional Terms and Conditions. The following additional terms and conditions are applicable to this PFA.

- (a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of this PFA, this PFA shall continue until it expires or is terminated in accordance with its terms.
- (b) [insert any additional terms and conditions that are applicable to the Project]

IN WITNESS WHEREOF the parties hereto have executed this PFA as of the date first above written.

[insert name of HSP]

By:

[insert name and title]

[XX] Local Health Integration Network

By:

[insert name and title.]

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2014

To: The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the [insert name of HSP] (the "HSP")

Date: [insert date]

Re: [insert date range - April 1, 201X –March 31, 201x] (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

[insert name of Chair], [insert title]

Schedule G – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the M-SAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]