

February 19, 2015

IFIS# 7756
Program# 7720

Ann Dean
Director, General, Ontario (Interim)
Community Health Services, Canadian Red Cross, Woodstock Branch
810 Commissioners Road East
London ON N6C 2V2

Dear Ms. Dean:

Re: Amendment of the 2014-17 Multi-Sector Service Accountability Agreement for 2015/16

The South West Local Health Integration Network (the "LHIN") and the Community Health Services, Canadian Red Cross, Woodstock Branch (the "HSP") entered into a multi-sector service accountability agreement for a three-year term effective April 1, 2014 (the "M-SAA"). The budgeted financial data, service activities and performance indicators for the second and third year of the agreement were replicated based on 2014/15 planning assumptions. The LHIN would now like to update the M-SAA schedules to include the required financial, service activity and performance expectations for the 2015/16 and 2016/17 fiscal years to Schedules B, C, D and E.

Subject to your organization's agreement, the M-SAA will be amended effective April 1, 2015, by adding the amended Schedules B, C, D and E (the "Schedules") that are included with this letter. M-SAA amendments will be considered by the South West LHIN Board on March 17, 2015.

The attached M-SAA schedules will replace the current M-SAA schedules. To the extent that there are any conflicts between the current M-SAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the M-SAA will remain the same.

Please indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to Sheri Nolan, Administrative Assistant at sheri.nolan@lhins.on.ca by **March 9, 2015**. If your Board is unable to meet the deadline of March 9th, in the interim, please provide the LHIN with the following statement of intent by March 9th, 2015 to sheri.nolan@lhins.on.ca.

Subject to consideration of the final 2014-17 M-SAA on **INSERT BOARD MEETING DATE** by the Board of Directors for **INSERT HSP NAME**, it is the intention of the organization to approve and sign the final 2014-17 M-SAA Amendments for 2015/16 as received.

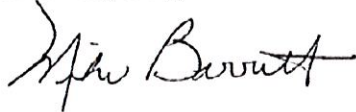
LHIN15-91B

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If you have any questions or concerns please contact Merry Padang, Financial Analyst at (519) 640-2582.

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

Yours very truly,



Michael Barrett
Chief Executive Officer

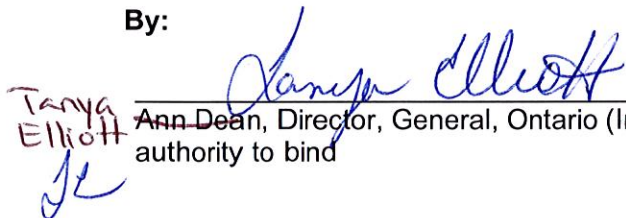
Encl: M-SAA Schedules

cc: Alan Dean, Chair, National Board, The Canadian Red Cross Society
Jeff Low, Board Chair, South West LHIN
Mark Brintnell, Senior Director, Performance and Accountability, South West LHIN
Kelly Gillis, Senior Director, System Design and Integration, South West LHIN

AGREED TO AND ACCEPTED BY:

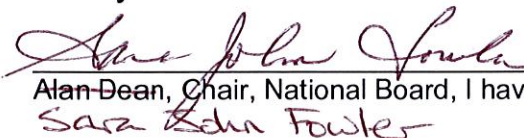
Legal Name: The Canadian Red Cross Society
Organizational Name: Community Health Services, Canadian Red Cross, Woodstock Branch

By:


Tanya Elliott
JK
Ann Dean, Director, General, Ontario (Interim), I have the authority to bind

March 6, 2015
Date

And By:


Alan Dean, Chair, National Board, I have the authority to bind
Sara Edna Fowler

March 6, 2015
Date

Schedule A2: Population and Geography 2014-2017

Health Service Provider: COMMUNITY HEALTH SERVICES - CANADIAN RED CROSS, WOODSTOCK BRANCH

Client Population

The Home At Last (HAL) Program provides services to seniors aged 60 years or older. The Transportation program provides services to seniors aged 60 years or older who have limited physical mobility or adults aged 18 years or older with limited physical mobility due to a physical disability. Assisted Living Services are provided to seniors aged 50 and older who require support with some personal support and homemaking to live independently in the community. CRCS provides services to all eligible clients regardless of cultural or linguistic background. We currently have clients who are Dutch, Polish, Hungarian, German and Ukrainian. The majority of our clients speak English. We have French speaking staff/volunteers for clients who request services in French. We do not currently provide service to clients who have identified with a specific Aboriginal Community. CRCS's expected client outcomes are for clients to experience improved health status, wellbeing and/or independence and a reduction in ER visits/hospital admissions through the programs offered.

Geography Served

CRCS has 5 Branch locations across the SouthWest LHIN geography. Branches are open Monday-Friday from 8:30 am to 4:30 pm and are located at: 810 Commissioners Road East, London, ON; 141 Wellington Street, St. Thomas, ON; 77 Finkle Street, Woodstock, ON; 100 Gordon Street, Stratford, ON; 1139-1101 2nd Avenue, Owen Sound, ON. Our Assisted Living Services are provided 24 hours a day/7 days week/365 days/year. The buildings are located at: (WOODSTOCK): 83 Kent Street; 110 Beale Street; 625,675,685 Canterbury Street. (ST. THOMAS): 200 Chestnut St; 130, 140, 294, 330, Talbot Street; 410 Wellington St, surrounding geo area for HUB model. (LISTOWEL): the Queen/Derry apartment complex. The Home At Last Program operates on extended referral hours in evenings and on weekends. Transportation program operate 7 days a week with extended hours for medical appointments.

Schedule B1: Total LHIN Funding
2015-2017

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	2016-2017 Plan Target
REVENUE				
LHIN Global Base Allocation	1	F 11006	\$1,231,522	\$1,231,522
HBAM Funding (CCAC only)	2	F 11005	\$0	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0	\$0
MOHLTC Base Allocation	4	F 11010	\$0	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0	\$0
LHIN One Time	6	F 11008	\$0	\$0
MOHLTC One Time	7	F 11012	\$0	\$0
Paymaster Flow Through	8	F 11019	\$0	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$76,692	\$76,692
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$1,308,214	\$1,308,214
Recoveries from External/Internal Sources	11	F 120*	\$0	\$0
Donations	12	F 140*	\$5,559	\$5,559
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*,	\$59,992	\$59,992
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$65,551	\$65,551
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14	\$1,373,765
EXPENSES				
Compensation				
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$867,317	\$867,317
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$160,360	\$160,360
Employee Future Benefit Compensation	19	F 305*	\$0	\$0
Physician Compensation	20	F 390*	\$0	\$0
Physician Assistant Compensation	21	F 390*	\$0	\$0
Nurse Practitioner Compensation	22	F 380*	\$0	\$0
Physiotherapist Compensation (Row 128)	23	F 350*	\$0	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0	\$0
Sessional Fees	26	F 39092	\$0	\$0
Service Costs				
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$285,124	\$285,124
Community One Time Expense	29	F 69596	\$0	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$6,830	\$6,830
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$45,644	\$45,644
Contracted Out Expense	32	F 8*	\$17,500	\$17,500
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$36,634	\$36,634
Building Amortization	34	F 9*	\$0	\$0
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34	\$1,419,409
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	(\$45,644)	(\$45,644)
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$45,644	\$45,644
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0	\$0
FUND TYPE 3 - OTHER				
Total Revenue (Type 3)	39	F 1*	\$83,736	\$83,736
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$83,736	\$83,736
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	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$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	\$1,503,145	\$1,503,145
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$1,503,145	\$1,503,145
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	\$0
Admin & Support Services	49	72 1*	\$356,213	\$356,213
Management Clinical Services	50	72 5 05	\$0	\$0
Medical Resources	51	72 5 07	\$0	\$0
Total Admin & Undistributed Expenses	52	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$356,213	\$356,213

Schedule B2: Clinical Activity- Summary
2015-2017

Health Service Provider: The Canadian Red Cross Society

Service Category 2015-2016 Budget	OHHS 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/Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	20	6 574	0	1,287	10,220	709	0	0	0	0	0	0	0
Service Category 2016-2017 Budget	OHHS 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/Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	20	6 574	0	1,287	10,220	709	0	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 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
2015-2017
Health Service Provider: The Canadian Red Cross Society

Performance Indicators	2015-2016		2016-2017	
	Target	Performance Standard	Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0	\$0	>=0
Proportion of Budget Spent on Administration	25.1%	20.1 - 30.1%	25.1%	20.1 - 30.1%
**Percentage Total Margin	0.00%	>= 0%	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.41%	TBD	-
Variance Forecast to Actual Expenditures	0	< 5%	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-	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				

* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget

** No negative variance is accepted for Total Margin

Schedule E2a: Clinical Activity- Detail
2015-2017

Health Service Provider: The Canadian Red Cross Society

OHRS Description & Functional Centre		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard
<small>† These values are provided for information purposes only. They are not Accountability Indicators.</small>					
Administration and Support Services 72 1*					
Full-time equivalents (FTE)	72 1*	1.96	n/a	1.96	n/a
Total Cost for Functional Centre	72 1*	\$356,213	n/a	\$356,213	n/a
CSS IH - Case Management 72 5 82 09					
Full-time equivalents (FTE)	72 5 82 09	0.77	n/a	0.77	n/a
Visits	72 5 82 09	344	275 - 413	344	275 - 413
Individuals Served by Functional Centre	72 5 82 09	180	144 - 216	180	144 - 216
Total Cost for Functional Centre	72 5 82 09	\$45,567	n/a	\$45,567	n/a
CSS IH - Transportation - Client 72 5 82 14					
Full-time equivalents (FTE)	72 5 82 14	1.82	n/a	1.82	n/a
Visits	72 5 82 14	6,230	5919 - 6542	6,230	5919 - 6542
Individuals Served by Functional Centre	72 5 82 14	300	240 - 360	300	240 - 360
Total Cost for Functional Centre	72 5 82 14	\$170,050	n/a	\$170,050	n/a
CSS IH - Homemaking 72 5 82 31					
Full-time equivalents (FTE)	72 5 82 31	4.11	n/a	4.11	n/a
Hours of Care	72 5 82 31	1,287	1158 - 1416	1,287	1158 - 1416
Individuals Served by Functional Centre	72 5 82 31	198	158 - 238	198	158 - 238
Total Cost for Functional Centre	72 5 82 31	\$225,669	n/a	\$225,669	n/a
CSS IH - Assisted Living Services 72 5 82 45					
Full-time equivalents (FTE)	72 5 82 45	13.41	n/a	13.41	n/a
Inpatient/Resident Days	72 5 82 45	10,220	9709 - 10731	10,220	9709 - 10731
Individuals Served by Functional Centre	72 5 82 45	31	25 - 37	31	25 - 37
Total Cost for Functional Centre	72 5 82 45	\$621,910	n/a	\$621,910	n/a
ACTIVITY SUMMARY					
Total Full-Time Equivalents for all F/C		22.07	n/a	22.07	n/a
Total Visits for all F/C		6,574	6245 - 6903	6,574	6245 - 6903
Total Hours of Care for all F/C		1,287	1158 - 1416	1,287	1158 - 1416
Total Inpatient/Resident Days for all F/C		10,220	9709 - 10731	10,220	9709 - 10731
Total Individuals Served by Functional Centre for all F/C		709	603 - 815	709	603 - 815
Total Cost for All F/C		\$1,419,409	n/a	\$1,419,409	n/a

Schedule E2d: CSS Sector Specific Indicators
2015-2017
Health Service Provider: The Canadian Red Cross Society

Performance Indicators	2015-2016		2016-2017	
	Target	Performance Standard	Target	Performance Standard
ALC Rate - Acute	8.41%	<=9.25%	TBD	TBD
Adult Day Program (ADP) Occupancy	N/A	-	TBD	TBD
ALC Rate - Post Acute	11.43%	<=12.58%	TBD	TBD
Explanatory Indicators				
# Persons waiting for service (by functional centre)				

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 F – PROJECT FUNDING AGREEMENT TEMPLATE

APPENDIX A: SERVICES

- 1. DESCRIPTION OF PROJECT**
- 2. DESCRIPTION OF SERVICES**
- 3. OUT OF SCOPE**
- 4. DUE DATES**
- 5. PERFORMANCE TARGETS**
- 6. REPORTING**
- 7. PROJECT ASSUMPTIONS**
- 8. PROJECT FUNDING**

8.1 The Project Funding for completion of this PFA is as follows:

8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Services under this PFA is one-time finding and is not to exceed [X].

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.]