264 Main Street East
Grimsby, ON L3M 1P8
Tel: 905 945-4930
Toll Free: 1 866 363-5446
Fax: 905 945-1992
www.hnhblhin.on.ca

264, rue Main Est
Grimsby, ON L3M 1P8
Téléphone : 905 945-4930
Sans frais : 1 866 363-5446
Télécopieur : 905 945-1992
www.hnhblhin.on.ca

February 9, 2016

Mr. Frank Greco
Executive Director
Brain Injury Community Re-Entry (Niagara) Inc.
261 Martindale Road, Units 12 & 13
St. Catharines ON L2W 1A1

Dear Mr. Greco:

Re: 2014-17 Multi-Sector Service Accountability Agreement

When the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") and the Brain Injury Community Re-Entry (Niagara) Inc. (the "HSP") entered into a multi-sector service accountability agreement for a three-year term effective April 1, 2014 (the "MSAA"), the budgeted financial data, service activities and performance indicators for all three years (up to and including fiscal year 2016-17) were included. The LHIN is now required to update the MSAA to include changes to Schedules B, C, D and E for the 2016-17 fiscal year.

Subject to HSP's agreement, the MSAA will be amended with effect April 1, 2016, by adding the amended Schedules B, C, D and E (the "Schedules") that are included in 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 indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one original signed copy of this letter to Ashley Bolduc, Analyst, Quality and Risk Management, HNHB LHIN, 264 Main Street East, Grimsby, ON, L3M 1P8 by **March 21, 2016.** Please also submit a signed electronic copy to hnhb.reporting@lhins.on.ca. If you have any questions or concerns please contact Kiran Kumar, Advisor, Quality and Risk Management at kiran.kumar@lhins.on.ca or at 905-945-4930 ext. 4229.

...2/

Mr. Frank Greco

The LHIN appreciates your organization's collaboration and hard work during this 2016-17 MSAA refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,

Donna Cripps

Donna Cripps
Chief Executive Officer

c: Nick Ostryhon, Chairperson, Brain Injury Community Re-Entry (Niagara) Inc.
Michael Shea, Board Chair, HNHB LHIN
Emily Christoffersen, Director, Quality and Risk Management, HNHBLHIN
Derek Bodden, Director, Finance, HNHB LHIN

encl.: Schedules B, C, D and E

AGREED TO AND ACCEPTED BY:

Brain Injury Community Re-Entry (Niagara) Inc.

Frank Greco
Executive Director

Mar 22/16
Date

I have the authority to bind Brain Injury Community Re-Entry (Niagara) Inc.

And By:

Nick Ostryhon
Chairperson

Mar 22/16
Date

I have the authority to bind Brain Injury Community Re-Entry (Niagara) Inc.

Schedule B1: Total LHIN Funding

2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2016-2017 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	$4,066,162
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	$201,589
Subtotal Revenue LHIN/MOHLTC	**10**	**Sum of Rows 1 to 9**	**$4,267,751**
Recoveries from External/Internal Sources	11	F 120*	$77,600
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**	**$77,600**
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	**$4,345,351**
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$3,233,127
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$479,891
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]	$460,934
Community One Time Expense	29	F 69596	$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	$8,938
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	$0
Contracted Out Expense	32	F 8*	$13,854
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	$148,607
Building Amortization	34	F 9*	$0
TOTAL EXPENSES FUND TYPE 2	**35**	**Sum of Rows 17 to 34**	**$4,345,351**
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*	$100,000
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$100,000
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	$4,445,351
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	$4,445,351
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*	$228,307
Volunteer Services	50	72 1*	$0
Information Systems Support	51	72 1*	$0
General Administration	52	72 1*	$640,116
Admin & Support Services	53	72 1*	**$868,423**
Management Clinical Services	54	72 5 05	$0
Medical Resources	55	72 5 07	$0
Total Admin & Undistributed Expenses	**56**	**Sum of Rows 46-50 (included in Fund Type 2 expenses above)**	**$868,423**

Schedule C: Reports
Community Support Services
2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

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	*Not required 2014-15*
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	*Not required 2015-16*
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	*Not required 2016-17*
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
2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

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	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 - April 30, 2017

Schedule D: Directives , Guidlelines and Policies
Community Support Services

2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

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
▪ Protocol for the Approval of Agencies under the Home Care and Community Services Act,1994, 2015
▪ 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

2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0
Proportion of Budget Spent on Administration	20.0%	<=24%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.46%	<10.41%
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	-
Alternate Level of Care (ALC) Rate	12.7%	<13.97%

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
2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

OHRS Description & Functional Centre		2016-2017	
[1]These values are provided for information purposes only. They are not Accountability Indicators.		Target	Performance Standard
Administration and Support Services 72 1*			
Full-time equivalents (FTE)	72 1*	**8.40**	n/a
Total Cost for Functional Centre	72 1*	**$868,423**	n/a
In-Home HPS - Social Work 72 5 30 40 70			
Full-time equivalents (FTE)	72 5 30 40 70	**1.06**	n/a
Visits	72 5 30 40 70	**650**	553 - 748
Individuals Served by Functional Centre	72 5 30 40 70	**62**	50 - 74
Total Cost for Functional Centre	72 5 30 40 70	**$68,721**	n/a
In-Home HPS - Psychology 72 5 30 40 75			
Full-time equivalents (FTE)	72 5 30 40 75	**1.06**	n/a
Visits	72 5 30 40 75	**712**	605 - 819
Individuals Served by Functional Centre	72 5 30 40 75	**65**	52 - 78
Total Cost for Functional Centre	72 5 30 40 75	**$133,020**	n/a
CSS IH - Visiting - Social and Safety 72 5 82 60			
Full-time equivalents (FTE)	72 5 82 60	**0.37**	n/a
Visits	72 5 82 60	**625**	531 - 719
Individuals Served by Functional Centre	72 5 82 60	**62**	50 - 74
Total Cost for Functional Centre	72 5 82 60	**$21,192**	n/a
CSS ABI - Day Services 72 5 83 20			
Full-time equivalents (FTE)	72 5 83 20	**1.28**	n/a
Individuals Served by Functional Centre	72 5 83 20	**92**	74 - 110
Attendance Days Face-to-Face	72 5 83 20	**4,000**	3600 - 4400
Total Cost for Functional Centre	72 5 83 20	**$76,278**	n/a
CSS ABI - Personal Support/Independence Training 72 5 83 33			
Full-time equivalents (FTE)	72 5 83 33	**32.40**	n/a
Individuals Served by Functional Centre	72 5 83 33	**375**	300 - 450
Attendance Days Face-to-Face	72 5 83 33	**35,100**	33345 - 36855
Total Cost for Functional Centre	72 5 83 33	**$1,760,589**	n/a
CSS ABI - Assisted Living Services 72 5 83 45			
Full-time equivalents (FTE)	72 5 83 45	**28.37**	n/a
Inpatient/Resident Days	72 5 83 45	**6,935**	6588 - 7282
Individuals Served by Functional Centre	72 5 83 45	**19**	15 - 23
Total Cost for Functional Centre	72 5 83 45	**$1,417,128**	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		**72.94**	n/a
Total Visits for all F/C		**1,987**	1788 - 2186
Total Inpatient/Resident Days for all F/C		**6,935**	6588 - 7282
Total Individuals Served by Functional Centre for all F/C		**675**	574 - 776
Total Attendance Days for all F/C		**39,100**	37145 - 41055
Total Cost for All F/C		**$4,345,351**	n/a

Schedule E3a Local: All
2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

Develop a quality improvement plan for 2016-17 and submit a copy of the plan to the HNHB LHIN by June 1, 2016. Organizations should consider utilizing the HQO template as a framework.

Patient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service Providers (HSPs) are required to report patient experience indicators for fiscal year 2016-17 by March 31, 2017. Reporting will reflect two elements of the patient/client reported experience: overall patient/client satisfaction and involvement in decisions about care. HSPs should report on the questions that are most similar to the following:

-Overall satisfaction: “Overall, how would you rate the care and services you received?”
-Involvement in decisions about care: “Were you involved in decisions about your care as much as you wanted to be?”

Schedule E3a Local: All
2016-2017

Health Service Provider: Brain Injury Community Re-Entry (Niagara) Inc.

Participate in applicable initiatives or strategies related to the health system transformation agendas of Patients First and/or HNHB LHIN Strategic Health System Plan. This includes, but is not limited to, actively working with Health Links lead organizations to support and advance Health Links performance objectives in Hamilton Niagara Haldimand Brant LHIN.

Strive to meet the targets for health system performance indicators. Engage in activities, including LHIN-wide initiatives, which result in the demonstrated improving performance trends on relevant MLAA indicators.