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February 1, 2016

Ms. Linda Dayler
Executive Director
Catholic Family Services of Hamilton
447 Main Street East, Unit 201
Hamilton ON L8N 1K1

Dear Ms. Dayler:

Re: 2014-17 Multi-Sector Service Accountability Agreement

When the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") and the Catholic Family Services of Hamilton (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 Colleen Lynas, Advisor, Quality and Risk Management at colleen.lynas@lhins.on.ca or at 905-945-4930 ext. 4219.

...2/

Ms. Linda Dayler

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: Christina Gallimore, Board Chair, Catholic Family Services of Hamilton
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:

Catholic Family Services of Hamilton

Linda Dayler
Linda Dayler
Executive Director

Feb. 29, 2016
Date

I have the authority to bind Catholic Family Services of Hamilton

And By:

C. Gallimore
Christina Gallimore
Board Chair

Feb 29, 2016
Date

I have the authority to bind Catholic Family Services of Hamilton

Schedule B1: Total LHIN Funding

2016-2017

Health Service Provider: Catholic Family Services of Hamilton

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	$789,437
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**	**$789,437**
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*]	$71,839
Subtotal Other Revenues	**14**	**Sum of Rows 11 to 13**	**$71,839**
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	**$861,276**
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$581,500
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$114,075
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]	$116,859
Community One Time Expense	29	F 69596	$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	$2,700
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*]	$46,142
Building Amortization	34	F 9*	$0
TOTAL EXPENSES FUND TYPE 2	**35**	**Sum of Rows 17 to 34**	**$861,276**
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*	$4,072,970
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$4,072,970
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	$4,934,246
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	$4,934,246
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*	$9,500
Volunteer Services	50	72 1*	$750
Information Systems Support	51	72 1*	$7,905
General Administration	52	72 1*	$60,000
Admin & Support Services	53	72 1*	**$78,155**
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)**	**$78,155**

Schedule C: Reports

Community Support Services

2016-2017

Health Service Provider: Catholic Family Services of Hamilton

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: Catholic Family Services of Hamilton

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: Catholic Family Services of Hamilton

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: Catholic Family Services of Hamilton

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0
Proportion of Budget Spent on Administration	9.1%	<=10.9%
**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 E3a Local: All
2016-2017

Health Service Provider: Catholic Family Services of Hamilton

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: Catholic Family Services of Hamilton

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.