Hamilton Niagara Haldimand Brant LHIN | RLISS de Hamilton Niagara Haldimand Brant

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

Ms. Ruth Wilcock Exective Director/Program Coordinator Ontario Brain Injury Association 3550 Schmon Parkway, 2nd Floor Thorold ON L2V 4Y6

Dear Ms. Wilcock:

Re: 2014-17 Multi-Sector Service Accountability Agreement

When the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") and the Ontario Brain Injury Association (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.

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Ms. Ruth Wilcock

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 Crippo

Donna Cripps Chief Executive Officer

c: Barbara Claiman, Board Chair, Ontario Brain Injury Association 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:

Ontario Brain Injury Association

Ruth Wilcock
Exective Director/Program Coordinator

I have the authority to bind Ontario Brain Injury Association

And By:

Barbara Claiman Board Chair

I have the authority to bind Ontario Brain Injury Association Marca 13, 2016

Mar 13, 2016

Schedule B1: Total LHIN Funding

2016-2017

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2016-2017 Plan Targe
REVENUE LHIN Global Base Allocation	1	F 11006	\$290,8
HBAM Funding (CCAC only)		F 11005	\$290,0
		F 11004	
Quality-Based Procedures (CCAC only)			
MOHLTC Base Allocation		F 11010	
MOHLTC Other funding envelopes		F 11014	
LHIN One Time		F 11008	
MOHLTC One Time		F 11012	
Paymaster Flow Through		F 11019	
Service Recipient Revenue		F 11050 to 11090	
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$290,8
Recoveries from External/Internal Sources	11	F 120*	
Donations	12	F 140*	
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*]	
Subtotal Other Revenues	14	Sum of Rows 11 to 13	
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$290,8
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$106,0
Benefit Contributions		F 31040 to 31085, 35040 to 35085	ψ.50,
Employee Future Benefit Compensation		F 305*	
Physician Compensation		F 390*	
Physician Compensation Physician Assistant Compensation		F 390*	
Nurse Practitioner Compensation		F 380*	
Physiotherapist Compensation (Row 128)		F 350*	
Chiropractor Compensation (Row 129)		F 390*	
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	
Sessional Fees	26	F 39092	
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$184,8
Community One Time Expense	29	F 69596	
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	
Contracted Out Expense	32	F 8*	
Buildings & Grounds Expenses		F 9*, [excl. F 950*]	
Building Amortization	34	F 9*	
TOTAL EXPENSES FUND TYPE 2		Sum of Rows 17 to 34	\$290,8
NET SURPLUS/(DEFICIT) FROM OPERATIONS		Row 15 minus Row 35	
Amortization - Grants/Donations Revenue		F 131*. 141* & 151*	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations		Sum of Rows 36 to 37	
FUND TYPE 3 - OTHER		oun of Nowo oo to of	
Total Revenue (Type 3)	39	F 1*	\$1,350,0
Total Expenses (Type 3)		F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$1,340,0
NET SURPLUS/(DEFICIT) FUND TYPE 3		Row 39 minus Row 40	\$1,340,0 \$10,0
, ,	41	NOW 33 minus NOW 40	Φ10, 0
Total Payanya (Type 1)	10	Ir a*	
Total Revenue (Type 1)		F1*	
Total Evenence (Type 4)		F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	
Total Expenses (Type 1)			
NET SURPLUS/(DEFICIT) FUND TYPE 1		Row 42 minus Row 43	
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES	44	Row 42 minus Row 43	
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds)	44	Row 42 minus Row 43 Line 15 + line 39 + line 42	\$1,640,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds)	44 45 46	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES	44 45 46	Row 42 minus Row 43 Line 15 + line 39 + line 42	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Total Admin Expenses Allocated to the TPBES	44 45 46 47	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46	\$1,640,8 \$1,630,8 \$10, 0
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Fotal Admin Expenses Allocated to the TPBES Undistributed Accounting Centres	44 45 46 47 48	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Total Admin Expenses Allocated to the TPBES Undistributed Accounting Centres Plant Operations	44 45 46 47 48 49	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Fotal Admin Expenses Allocated to the TPBES Undistributed Accounting Centres	44 45 46 47 48 49	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Total Admin Expenses Allocated to the TPBES Undistributed Accounting Centres Plant Operations	44 45 46 47 48 49 50	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46 82* 72 1*	\$1,630,8
NET SURPLUS/(DEFICIT) ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) FOTAL Admin Expenses Allocated to the TPBES Undistributed Accounting Centres Plant Operations Volunteer Services	44 45 46 47 48 49 50 51	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46 82* 72 1* 72 1*	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Total Admin Expenses Allocated to the TPBES Undistributed Accounting Centres Plant Operations Volunteer Services Information Systems Support	44 45 46 47 48 49 50 51 52	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46 82* 72 1* 72 1* 72 1*	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Total Admin Expenses Allocated to the TPBES Undistributed Accounting Centres Plant Operations Volunteer Services Information Systems Support General Administration Admin & Support Services	44 45 46 47 48 49 50 51 52 53	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46 82* 72 1* 72 1* 72 1* 72 1* 72 1*	\$1,630,8
NET SURPLUS/(DEFICIT) FUND TYPE 1 ALL FUND TYPES Total Revenue (All Funds) Total Expenses (All Funds) NET SURPLUS/(DEFICIT) ALL FUND TYPES Total Admin Expenses Allocated to the TPBES Undistributed Accounting Centres Plant Operations Volunteer Services Information Systems Support General Administration	44 45 46 47 48 49 50 51 52 53 54	Row 42 minus Row 43 Line 15 + line 39 + line 42 Line 16 + line 40 + line 43 Row 45 minus Row 46 82* 72 1* 72 1* 72 1*	\$1,630,8

Schedule B2: Clinical Activity- Summary

2016-2017

	Service Category 2016-2017 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)		Identified Service					Group Sessions (# of group sessions- not individuals)	Combined	Group Participant Attendances (Reg & Non-Reg)		Service Provider Group Interactions	
L	CSS-ABI Services	72 5 83*	1.10	0	0	1,650	0	635	0	0	0	0	0	0	0

Schedule C: Reports

Community Support Services

2016-2017

Health Service Provider: Ontario Brain Injury Association

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 Submis	sion (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: Ontario Brain Injury Association

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: Ontario Brain Injury Association

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

** No negative variance is accepted for Total Margin

2016-2017

Performance Indicators	1	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2		\$0	>=0
Proportion of Budget Spent on Administration		0.0%	<=0%
**Percentage Total Margin		0.61%	>= 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			

Schedule E2a: Clinical Activity- Detail

2016-2017

OHRS Description & Funct	ional Centre	2010	6-2017
These values are provided for information purposes only. They are not Ac	ccountability Indicators.	Target	Performance Standard
Administration and Support Services 72 1*			
Total Cost for Functional Centre	72 1*	\$1	n/a
CSS ABI - Personal Support/Independence Training 72 5 83	33		
Full-time equivalents (FTE)	72 5 83 33	1.10	n/a
Hours of Care	72 5 83 33	1,650	1485 - 1815
Individuals Served by Functional Centre	72 5 83 33	635	540 - 730
Total Cost for Functional Centre	72 5 83 33	\$290,841	n/a
ACTIVITY SUMMARY	•		
Total Full-Time Equivalents for all F/C		1.10	n/a
Total Hours of Care for all F/C		1,650	1485 - 1815
Total Individuals Served by Functional Centre for all F/C		635	540 - 730
Total Cost for All F/C		\$290,842	n/a

He	ealth Service Provider: Ontario Brain Injury Association
	velop a quality improvement plan for 2016-17 and submit a copy of the plan to the HNHB LHIN by June 1, 2016. Organizations should nsider utilizing the HQO template as a framework.
Pro ele rep -O\	tient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service byiders (HSPs) are required to report patient experience indicators for fiscal year 2016-17 by March 31, 2017. Reporting will reflect two ments of the patient/client reported experience: overall patient/client satisfaction and involvement in decisions about care. HSPs should bort on the questions that are most similar to the following: verall satisfaction: "Overall, how would you rate the care and services you received?" volvement 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: Ontario Brain Injury Association	
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.	

Schedule E3a Local: All

2016-2017