



MSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

BETWEEN:

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

CANADIAN RED CROSS SOCIETY, ONTARIO ZONE (the "HSP")

WHEREAS the LHIN and the HSP (together the "Parties") entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the "MSAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the MSAA for a twelve month period to March 31, 2018;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The MSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.

- Schedule B: Service Plan
- Schedule C: Reports
- Schedule D: Directives, Guidelines and Policies
- Schedule E: Performance

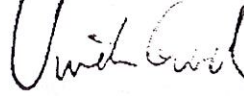
2.3 Term. This Agreement and the MSAA will terminate on March 31, 2018.

3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the MSAA shall remain in full force and effect.

- 4.0 Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.


IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.


TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:  _____
 Dr. Vivek Goel, Chair Date July 5/17

And by:  _____
 Susan Fitzpatrick, CEO Date July 16/17

CANADIAN RED CROSS SOCIETY, ONTARIO ZONE

By:  _____
 Sara John Fowler, Chair Date April 6, 2017

And by:  _____
 Conrad Sauvé, President & CEO Date April 6, 2017

Schedule B1: Total LHIN Funding

Fiscal Year:2017/2018

Health Service Provider: Canadian Red Cross Society, Ontario Zone

| LHIN Program Revenue & Expenses | Row # | Account, Financial (F) Reference OHSR Version 9.0 | 2017/2018 Plan Target |
|--|-----------------------|--|------------------------------|
| REVENUE | | | |
| LHIN Global Base Allocation | 1 | F 11006 | \$5,000,830 |
| 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 | \$595,455 |
| Subtotal Revenue LHIN/MOHLTC | 10 | Sum of Rows 1 to 9 | \$5,596,285 |
| 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*] | \$1,383,895 |
| Subtotal Other Revenues | 14 | Sum of Rows 11 to 13 | \$1,383,895 |
| TOTAL REVENUE | FUND TYPE 2 | 15 | Sum of Rows 10 and 14 |
| | | | \$6,980,180 |
| EXPENSES | | | |
| Compensation | | | |
| Salaries (Worked hours + Benefit hours cost) | 17 | F 31010, 31030, 31080, 35010, 35030, 35080 | \$4,093,281 |
| Benefit Contributions | 18 | F 31040 to 31085, 35040 to 35085 | \$834,402 |
| 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 | 23 | F 350* | \$0 |
| Chiropractor Compensation | 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] | \$1,908,935 |
| Community One Time Expense | 29 | F 69596 | \$0 |
| Equipment Expenses | 30 | F 7*, [excl. F 750*, 780*] | \$23,830 |
| Amortization on Major Equip, Software License & Fees | 31 | F 750*, 780* | \$25,839 |
| Contracted Out Expense | 32 | F 8* | \$6,024 |
| Buildings & Grounds Expenses | 33 | F 9*, [excl. F 950*] | \$113,728 |
| Building Amortization | 34 | F 9* | \$0 |
| TOTAL EXPENSES | FUND TYPE 2 | 35 | Sum of Rows 17 to 34 |
| | | | \$7,006,019 |
| NET SURPLUS/(DEFICIT) FROM OPERATIONS | 36 | Row 15 minus Row 35 | (\$25,839) |
| Amortization - Grants/Donations Revenue | 37 | F 131*, 141* & 151* | \$25,839 |
| SURPLUS/DEFICIT incl. Amortization of | 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 | \$7,006,019 |
| Total Expenses (All Funds) | 46 | Line 16 + Line 40 + Line 43 | \$7,006,019 |
| 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* | \$113,728 |
| Volunteer Services | 50 | 72 1* | \$6,400 |
| Information Systems Support | 51 | 72 1* | \$0 |
| General Administration | 52 | 72 1* | \$1,057,354 |
| Other Administrative Expense | 53 | 72 1* | \$0 |
| Admin & Support Services | 54 | 72 1* | \$1,177,482 |
| Management Clinical Services | 55 | 72 5 05 | \$0 |
| Medical Resources | 56 | 72 5 07 | \$0 |
| Total Admin & Undistributed Expenses | 57 | Sum of Rows 48,54,55-56 (included in Fund Type 2 expenses above) | \$1,177,482 |

Schedule B2: Clinical Activity-Summary

2017/2018

Health Service Provider: Canadian Red Cross Society, Ontario Zone

| Service Category 2017/2018 Budget | OHRs Framework Level 3 | Full-time equivalents (FTE) | Hours of Care | Individuals Served by Functional Centre | Inpatient /Resident Days | Meal Delivered- Combined | Visits |
|--|------------------------------|-----------------------------------|------------------|--|--------------------------------|--------------------------------|--------|
| CSS In-Home and Community Services (CSS IH COM) | 72 5 82* | 100.12 | 79,067 | 2,395 | 9,125 | 82,500 | 18,000 |

**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 |
| 2017-18 | Due Dates (Must pass 3c Edits) |
| 2017-18 Q1 | <i>Not required 2017-18</i> |
| 2017-18 Q2 | October 31, 2017 |
| 2017-18 Q3 | January 31, 2018 |
| 2017-18 Q4 | May 31, 2018 |

| 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 |
| 2017-18 | Due five (5) business days following Trial Balance Submission Due Date |
| 2017-18 Q2 | November 7, 2017 |
| 2017-18 Q3 | February 7, 2018 |

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

| | |
|------------|--|
| 2017-18 Q4 | June 7, 2018 – Supplementary Reporting Due |
|------------|--|

| | |
|---|-----------------|
| 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 |
| 2017-18 ARR | June 30, 2018 |

| | |
|--|-----------------|
| Board Approved Audited Financial Statements * (All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI) | |
| Fiscal Year | Due Date |
| 2014-15 | June 30, 2015 |
| 2015-16 | June 30, 2016 |
| 2016-17 | June 30, 2017 |
| 2017-18 | June 30, 2018 |

| | |
|----------------------------------|-----------------|
| 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 |
| 2017-18 | June 30, 2018 |

| | | |
|--|-----------------|----------------|
| 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 |
| | 2017-18 | April 30, 2018 |

**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.

| |
|---|
| <ul style="list-style-type: none"> ▪ Personal Support Services Wage Enhancement Directive, 2014 |
| <ul style="list-style-type: none"> ▪ 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement |
| <ul style="list-style-type: none"> ▪ 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement |
| <ul style="list-style-type: none"> ▪ 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement |
| <ul style="list-style-type: none"> ▪ Community Financial Policy, 2015 |
| <ul style="list-style-type: none"> ▪ Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014 |
| <ul style="list-style-type: none"> ▪ Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014 |
| <ul style="list-style-type: none"> ▪ Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012 |
| <ul style="list-style-type: none"> ▪ Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS) |
| <ul style="list-style-type: none"> ▪ Community Support Services Complaints Policy (2004) |
| <ul style="list-style-type: none"> ▪ Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994) |
| <ul style="list-style-type: none"> ▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996) |
| <ul style="list-style-type: none"> ▪ Screening of Personal Support Workers (2003) |
| <ul style="list-style-type: none"> ▪ Ontario Healthcare Reporting Standards – OHRs/MIS – most current version available to applicable year |
| <ul style="list-style-type: none"> ▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012 |

Schedule E2a: Clinical Activity-Detail

2017/2018

Health Service Provider: Canadian Red Cross Society, Ontario Zone

| OHRS Description & Functional Centre | | 2017-2018 | |
|--|------------|-------------|----------------------|
| | | Target | Performance Standard |
| ¹ These values are provide for information purposes only. They are not Accountability Indicators. | | | |
| CSS IH - Home and Community Services (CSS IH/COM) 72 5 82 | | | |
| CSS IH - Meals Delivery 72 5 82 10 | | | |
| ¹ Full-time equivalents (FTE) | 72 5 82 10 | 5.60 | n/a |
| Individuals Served by Functional Centre | 72 5 82 10 | 900 | 765 - 1,035 |
| Meal Delivered-Combined | 72 5 82 10 | 82,500 | 80,025 - 84,975 |
| ¹ Total Cost for Functional Centre | 72 5 82 10 | \$771,920 | n/a |
| CSS IH - Transportation - Client 72 5 82 14 | | | |
| ¹ Full-time equivalents (FTE) | 72 5 82 14 | 17.89 | n/a |
| Visits | 72 5 82 14 | 18,000 | 17,100 - 18,900 |
| Individuals Served by Functional Centre | 72 5 82 14 | 1,350 | 1,215 - 1,485 |
| ¹ Total Cost for Functional Centre | 72 5 82 14 | \$1,171,495 | n/a |
| CSS IH - Personal Support/Independence Training 72 5 82 33 | | | |
| ¹ Full-time equivalents (FTE) | 72 5 82 33 | 47.83 | n/a |
| Hours of Care | 72 5 82 33 | 79,067 | 76,695 - 81,439 |
| Individuals Served by Functional Centre | 72 5 82 33 | 120 | 96 - 144 |
| ¹ Total Cost for Functional Centre | 72 5 82 33 | \$2,500,650 | n/a |
| CSS IH - Assisted Living Services 72 5 82 45 | | | |
| ¹ Full-time equivalents (FTE) | 72 5 82 45 | 28.80 | n/a |
| Inpatient/Resident Days | 72 5 82 45 | 9,125 | 8,669 - 9,581 |
| Individuals Served by Functional Centre | 72 5 82 45 | 25 | 20 - 30 |
| ¹ Total Cost for Functional Centre | 72 5 82 45 | \$1,384,472 | n/a |
| Total Administration Expenses | | | |
| Administration and Support Services 72 1* | | | |
| ¹ Full-time equivalents (FTE) | 72 1* | 6.08 | n/a |
| ¹ Total Cost for Functional Centre | 72 1* | \$1,177,482 | n/a |

| | | |
|--|-------------|--|
| Total Full-Time Equivalents for All F/C | 106.20 | |
| Total Visits for all F/C | 18,000 | |
| Total Not Uniquely Identified Service Recipient Interactions for All F/C | - | |
| Total Hours of Care for all F/C | 79,067 | |
| Total Inpatient/Resident Days for all F/C | 9,125 | |
| Total Individuals Served by Functional Centre for all F/C | 2,395 | |
| Total Attendance Days for all F/C | - | |
| Total Group Sessions for All F/C | - | |
| Total Meal Delivered-Combined for All F/C | 82,500 | |
| Total Cost for All F/C | \$7,006,019 | |
| Total Group Participant Attendances for All F/C | - | |
| Total Service Provider Interactions for All F/C | - | |
| Total Mental Health Sessions for All F/C | - | |
| Total Service Provider Group Interactions for All F/C | - | |

Schedule E3a: LHIN Local Indicators and Obligations

2017-2018

Health Service Provider: Canadian Red Cross Society, Ontario Zone

Toronto Central LHIN'S Strategic Plan:

Support the implementation of Toronto Central LHIN's 2015-2018 Strategic Plan. In addition to the multiple initiatives underway related to the Strategic Plan, Toronto Central LHIN looks to its Health Service Providers (HSPs) for a commitment to the specific initiatives outlined below:

Toronto Central LHIN Sub Regions: Participate in the Toronto Central LHIN Local Collaboratives and in applicable endorsed initiatives, including the development of regional quality improvement activities and Quality Improvement Plans.

Integrated Community Care: Actively participate in the implementation of the Integrated Community Care model across the LHIN, including the development of local community networks.

Primary Care: Continued support of the Toronto Central LHIN primary care strategy, including its associated priority projects:

- Attachment, Access and Continuity with Primary Care;
- Access to Interprofessional Teams;
- Quality and Timeliness of Discharge Plans;
- Access to Specialists;
- Secured Communications; and
- Health Links.

Promoting Integration: All HSPs will annually complete the Strategic Options Assessment Tool contained in the Advancing the Integration Conversation Reference Document. Results will be reported to Toronto Central LHIN by end of each fiscal year.

Palliative Care: Implementation of regional palliative care quality improvement initiatives as endorsed by Toronto Central Palliative Care Network and the Toronto Central LHIN.

Health Equity: Continue to actively support Toronto Central LHIN Health Equity initiatives:

- Support approaches to service planning and delivery that: a) identify health inequities, b) actively seek new opportunities to address health inequities, and c) reduce existing health inequities.
- For CHCs only - Collect and submit demographic/equity data with the goal of covering more than 75% of patients in the system by March -2018. The expectation is that this data is linked to clinical outcomes and is made available for clinical application by health care professionals.
- Collect Health Card information on clients receiving LHIN funded services. Record the number of clients receiving LHIN funded services that do not have a Health Card.
- Participation in appropriate Toronto Central LHIN Indigenous and Francophone Cultural Competency Initiatives.

Participate in French Language Service (FLS) planning:

- For identified HSPs that provide services in French, develop a FLS plan and demonstrate yearly progress towards meeting designation criteria.

Schedule E3a: LHIN Local Indicators and Obligations

2017-2018

- For HSPs that are not identified for the provision of FLS, the expectation is to identify their French-speaking clients. This information is to be used by the HSP to help with the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically sensitive.

Digital Health: Adopt Digital Health and Information Management initiatives that encompass both provincial and local level priorities as identified by Toronto Central LHIN. This specifically includes, where applicable:

- Adherence to operational privacy and security policies related to the use of regional and provincial health technologies (e.g. Resource Matching and Referral (RM&R)).
- Submission of data to Community Business Intelligence (CBI).
- Participation and continued phased implementation (by 2019) of Staged Screening and Assessment Tools (GAINS) by LHIN funded Addiction Services Providers.

Ministry/LHIN Accountability Agreement Performance (MLAA):

Toronto Central LHIN is developing a system-wide plan to improve performance on its MLAA indicators including embedding performance targets in the Service Accountability Agreements. In addition, HSPs will contribute to the achievement of the Toronto Central LHIN MLAA Performance Indicators through the following specific initiatives:

- **Case Management:** All HSPs approved to deliver Case Management services will continue to collect the following information and report the results to the Toronto Central LHIN:
 - Record the number of client visits to hospital emergency departments, and admission to hospital;
 - Record the number of repeat client visits and re-admissions to hospital that occur within 30 days of a previous visit or admission; and
 - Provide a report at Q4 consistent with the timing of reports contained in Schedule C - Reports.
- **High Needs Clients:** All Community Support Services HSPs will register and monitor high needs clients receiving LHIN funded services using the RAI Tool or Health Links criteria to the Community Agency Notification. Services include eADP, Attendant Outreach programs, Supportive Housing services, Assisted Living Services for High Risk Seniors and Right Place of Care program.

Emergency Management: It is expected that HSPs review and maintain their Emergency Management and Business Continuity Plans. HSPs should:

- Maintain regulated standards; and
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall.

Patient Complaints: All health service providers will have an internal patient and / or client complaints policy and procedure in place, and followed. Compliance with this obligation will be included in the annual declaration of compliance submitted at Q4 (consistent with the timing of reports contained in Schedule C – Reports).

Schedule E3a: LHIN Local Indicators and Obligations
2017-2018