

**Schedule A1: Description of Services
2014-2015**

Health Service Provider: Community Care Northumberland

Services Provided - With LHIN Funding																										
Service	Catchment Area Served																									
	Within LHIN										Other LHIN Areas															
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	ALL	ES	SW	WW	BHHB	CW	MH	TC	CEN	CE	SE	CH	NS	NE	NW	
72 5 82 05 CSS IH - Service Arrangement/Coordination											X										X					
72 5 82 09 CSS IH - Case Management											X										X					
72 5 82 10 CSS IH - Meals Delivery											X										X					
72 5 82 12 CSS IH - Social and Congregate Dining											X										X					
72 5 82 14 CSS IH - Transportation - Client											X										X					
72 5 82 35 CSS IH - Comb. PS/HM/Respite Services											X										X					
72 5 82 60 CSS IH - Visiting - Social and Safety											X										X					
72 5 82 65 CSS IH - Visiting - Hospice Services											X										X					
72 5 82 50 CSS IH - Caregiver Support											X										X					

Schedule A2: Population and Geography 2014-2015

Health Service Provider: Community Care Northumberland

Client Population

Client population is primarily adults with disabilities, seniors with challenges related to activities of daily living, and adults with life threatening illnesses, families and caregivers. Rural nature of our catchment area means many clients live in isolated areas with limited support from family and neighbours. Poverty is common for many of our clients, many clients live on fixed incomes (ODSP and/or Old Age Security benefits). Transportation is a challenge for many clients both in terms of accessibility to transportation and the cost of transportation options.

Geography Served

Community Care Northumberland services the geographic boundaries of the County of Northumberland. This area has a population of 84,900 with approximately 20% over the age of 65 years. Population growth is estimated at .5% per year with a more significant growth among older age groups. Services are delivered out of six multi-service satellite offices. Clients are able to access services from the site that best meets their individual needs. Each satellite office staffed by a small team of employees and volunteers who together assess and monitor clients, recruit, monitor and evaluate volunteers. Office locations are: Brighton, Campbellford, Cobourg, Colborne, Hastings, Port Hope.

**Schedule B1: Total LHIN Funding
2014-2015**

Health Service Provider: Community Care Northumberland

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRs VERSION 9.0	2014-2015 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$1,087,964
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	\$139,723
Service Recipient Revenue	9	F 11050 to 11090	\$544,020
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$1,771,707
Recoveries from External/Internal Sources	11	F 120*	\$2,300
Donations	12	F 140*	\$293,394
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	\$295,694
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14
			\$2,067,401
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,032,454
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	\$179,808
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
All Other Medical Staff Compensation	23	F 390*, [excl. F 39092]	\$0
Sessional Fees	24	F 39092	\$0
Service Costs			
Med/Surgical Supplies & Drugs	25	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	26	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$637,683
Community One Time Expense	27	F 69596	\$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	\$23,840
Amortization on Major Equip, Software License & Fees	29	F 750* , 780*	\$0
Contracted Out Expense	30	F 8*	\$40,950
Buildings & Grounds Expenses	31	F 9*, [excl. F 950*]	\$152,666
Building Amortization	32	F 9*	\$0
TOTAL EXPENSES	FUND TYPE 2	33	Sum of Rows 17 to 32
			\$2,067,401
NET SURPLUS/(DEFICIT) FROM OPERATIONS	34	Row 15 minus Row 33	\$0
Amortization - Grants/Donations Revenue	35	F 131*, 141* & 151*	\$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	36	Sum of Rows 34 to 35	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	37	F 1*	\$453,793
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$448,306
NET SURPLUS/(DEFICIT)	FUND TYPE 3	39	Row 37 minus Row 38
			\$5,487
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	40	F 1*	\$0
Total Expenses (Type 1)	41	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT)	FUND TYPE 1	42	Row 40 minus Row 41
			\$0
ALL FUND TYPES			
Total Revenue (All Funds)	43	Line 13 + line 32 + line 35	\$2,521,194
Total Expenses (All Funds)	44	Line 28 + line 33 + line 36	\$2,515,707
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	45	Row 43 minus Row 44
			\$5,487
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	46	82*	\$0
Admin & Support Services	47	72 1*	\$513,698
Management Clinical Services	48	72 5 05	\$0
Medical Resources	49	72 5 07	\$0
Total Admin & Undistributed Expenses	50	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$513,698

Schedule B2: Clinical Activity- Summary

2014-2015

Health Service Provider: Community Care Northumberland

Service Category 2014-2015 Budget	OHRs Framework Level 3	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 (All Time Intervals)
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	77,242	0	1,470	0	5,988	7,470	0	22,545	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 the required information on 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 31, 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 30, 2017

Supplementary Reporting - Quarterly Report (through SRI) and Annual Reconciliation Report	
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
2014-15 ARR	June 30, 2015
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
2015-16 ARR	June 30, 2016
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
2016-17 ARR	June 30, 2017

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

Board Approved Audited Financial Statement *

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

**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">▪ 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">▪ Community Financial Policy (2011)
<ul style="list-style-type: none">▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

Note #1: Community Financial Policy

A process has been initiated for reviewing the Community Financial Policy (2011) that includes MOHLTC, LHINS and community sector representatives.

Schedule E1: Core Indicators

2014-2015

Health Service Provider: Community Care Northumberland

Performance Indicators	2014-2015 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	24.8%	24.8 - 29.8%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	12.80%	<14.08%
Variance Forecast to Actual Expenditures	\$0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Sch E2a	-
Number of Individuals Served	Refer to Sch E2a	-
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>		

Schedule E2a: Clinical Activity- Detail 2014-2015

Health Service Provider: Community Care Northumberland

OHRs Description & Functional Centre		2014-2015	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
¹ Full-time equivalents (FTE)	72 1*	4.56	n/a
¹ Total Cost for Functional Centre	72 1*	\$513,698	n/a
CSS In-Home and Community Services (CSS IH COM) 72 5 82*			
CSS IH - Service Arrangement/Coordination 72 5 82 05			
¹ Full-time equivalents (FTE)	72 5 82 05	1.47	n/a
Visits	72 5 82 05	402	322 - 482
Individuals Served by Functional Centre	72 5 82 05	368	294 - 442
¹ Total Cost for Functional Centre	72 5 82 05	\$88,339	n/a
CSS IH - Case Management 72 5 82 09			
¹ Full-time equivalents (FTE)	72 5 82 09	1.00	n/a
Visits	72 5 82 09	490	392 - 588
Individuals Served by Functional Centre	72 5 82 09	480	384 - 576
¹ Total Cost for Functional Centre	72 5 82 09	\$60,503	n/a
CSS IH - Meals Delivery 72 5 82 10			
¹ Full-time equivalents (FTE)	72 5 82 10	1.74	n/a
Individuals Served by Functional Centre	72 5 82 10	410	328 - 492
Meal Delivered-Combined	72 5 82 10	22,545	21418 - 23672
¹ Total Cost for Functional Centre	72 5 82 10	\$188,381	n/a
CSS IH - Social and Congregate Dining 72 5 82 12			
¹ Full-time equivalents (FTE)	72 5 82 12	2.01	n/a
Individuals Served by Functional Centre	72 5 82 12	920	782 - 1058
Attendance Days Face-to-Face	72 5 82 12	7,470	7097 - 7844
¹ Total Cost for Functional Centre	72 5 82 12	\$122,134	n/a
CSS IH - Transportation - Client 72 5 82 14			
¹ Full-time equivalents (FTE)	72 5 82 14	9.43	n/a
Visits	72 5 82 14	45,030	42779 - 47282
Individuals Served by Functional Centre	72 5 82 14	2,500	2250 - 2750
¹ Total Cost for Functional Centre	72 5 82 14	\$822,696	n/a
CSS IH - Comb. PS/HM/Respite Services 72 5 82 35			
¹ Full-time equivalents (FTE)	72 5 82 35	0.75	n/a
Hours of Care	72 5 82 35	1,470	1323 - 1617
Individuals Served by Functional Centre	72 5 82 35	385	308 - 462
¹ Total Cost for Functional Centre	72 5 82 35	\$32,986	n/a
CSS IH - Caregiver Support 72 5 82 50			

Schedule E2a: Clinical Activity- Detail 2014-2015

Health Service Provider: Community Care Northumberland

OHRs Description & Functional Centre		2014-2015	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
¹ Full-time equivalents (FTE)	72 5 82 50	0.27	n/a
Visits	72 5 82 50	105	84 - 126
Individuals Served by Functional Centre	72 5 82 50	21	17 - 25
¹ Total Cost for Functional Centre	72 5 82 50	\$10,613	n/a
CSS IH - Visiting - Social and Safety 72 5 82 60			
¹ Full-time equivalents (FTE)	72 5 82 60	1.34	n/a
Visits	72 5 82 60	27,115	25759 - 28471
Individuals Served by Functional Centre	72 5 82 60	400	320 - 480
¹ Total Cost for Functional Centre	72 5 82 60	\$53,062	n/a
CSS IH - Visiting - Hospice Services 72 5 82 65			
¹ Full-time equivalents (FTE)	72 5 82 65	3.28	n/a
Visits	72 5 82 65	4,100	3690 - 4510
Individuals Served by Functional Centre	72 5 82 65	504	428 - 580
¹ Total Cost for Functional Centre	72 5 82 65	\$174,989	n/a
Total Full-Time Equivalents for All F/C		25.85	
Total Cost for All F/C		\$2,067,401	

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.]