

**Schedule A: Total LHIN Funding  
2019-2020**

**Health Service Provider: Community Care Northumberland**

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHS VERSION 10.2	2019-2020 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$1,768,674
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	\$603,962
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$2,372,636</b>
Recoveries from External/Internal Sources	11	F 120*	\$16,527
Donations	12	F 140*	\$295,508
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*]	\$79,803
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$391,838</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>
			<b>\$2,764,474</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,325,065
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$234,763
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
<b>Service Costs</b>			
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]	\$602,194
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$28,916
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$368,949
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$204,587
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES</b>	<b>FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>
			<b>\$2,764,474</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>\$0</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
<b>SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations</b>	<b>38</b>	<b>Sum of Rows 36 to 37</b>	<b>\$0</b>
<b>FUND TYPE 3 - OTHER</b>			
Total Revenue (Type 3)	39	F 1*	\$427,839
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$427,839
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 3</b>	<b>41</b>	<b>Row 39 minus Row 40</b>
			<b>\$0</b>
<b>FUND TYPE 1 - HOSPITAL</b>			
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
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 1</b>	<b>44</b>	<b>Row 42 minus Row 43</b>
			<b>\$0</b>
<b>ALL FUND TYPES</b>			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$3,192,313
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$3,192,313
<b>NET SURPLUS/(DEFICIT)</b>	<b>ALL FUND TYPES</b>	<b>47</b>	<b>Row 45 minus Row 46</b>
			<b>\$0</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>			
Undistributed Accounting Centres	48	F 72 7*, F 72 8*, F 72 9*, F 82*	\$0
Plant Operations	49	F 72 1 5*, F 72 1 6*	\$204,587
Volunteer Services	50	F 72 1 40*	\$14,814
Information Systems Support	51	F 72 1 25*	\$29,614
General Administration	52	F 72 1 10*	\$402,426
Other Administrative Expenses	53	F 72 1 12*, F 72 1 15*, F 72 1 20*, F 72 1 22*, F 72 1 3*, F 72 1 45*, F 72 1 7*, F 72 1 8*, F 72 1 9*	\$0
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>Sum of Rows 49-53</b>	<b>\$651,441</b>
Management Clinical Services	55	F 72 5 05	\$0
Medical Resources	56	F 72 5 07	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>57</b>	<b>Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)</b>	<b>\$651,441</b>

## Schedule B: Reports

### COMMUNITY SUPPORT SERVICES

2019-2020

Health Service Provider: Community Care Northumberland

**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 "\*\*". When a reporting due date falls on a weekend, the report will be due on the next business day.

#### **OHRs/MIS Trial Balance Submission (through OHFS)\***

<b>2019-2020</b>	<b>Due Date (Must pass 3c Edits)</b>
2019-2020 Q2	October 31, 2019
2019-2020 Q3	January 31, 2020
2019-2020 Q4	May 31, 2020

#### **Supplementary Reporting - Quarterly Report (through SRI)\***

<b>2019-2020</b>	<b>Due Date</b>
2019-2020 Q2	November 7, 2019
2019-2020 Q3	February 7, 2020
2019-2020 Q4	June 7, 2020

#### **Annual Reconciliation Report (ARR) through SRI and paper copy submission\***

**(All HSPs must submit both paper copy of ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided, and soft copy to be provided through SRI)**

<b>Fiscal Year</b>	<b>Due Date</b>
2019-2020	June 30, 2020

## Schedule B: Reports

### COMMUNITY SUPPORT SERVICES

2019-2020

Health Service Provider: Community Care Northumberland

#### Board Approved Audited Financial Statements \*

(All HSPs must submit a paper copy of Board Approved Audited Financial Statements, duly signed, to the Ministry and the respective LHIN where funding is provided.)

Fiscal Year	Due Date
2019-2020	June 30, 2020

#### Declaration of Compliance

Fiscal Year	Due Date
2019-2020	June 30, 2020

#### Community Support Services – Other Reporting Requirements

Requirement	Due Date
French Language Service Report	2019-2020   April 30, 2020

#### Community Engagement and Integration Activities Reporting

Fiscal Year	Due Date
2019-2020	June 30, 2020

# **SCHEDULE C – DIRECTIVES, GUIDELINES AND POLICIES**

## **COMMUNITY SUPPORT SERVICES**

**2019-2020**

**Health Service Provider: Community Care Northumberland**

*Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.*

• <b>2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement</b>
• <b>2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement</b>
• <b>2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement</b>
• <b>Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)</b>
• <b>Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)</b>
• <b>Attendant Outreach Service Policy Guidelines and Operational Standards (1996)</b>
• <b>Broader Public Sector Perquisites Directive August 2011</b>
• <b>Broader Public Sector Procurement Directive July 2011</b>
• <b>Community Financial Policy, 2016</b>
• <b>Community Support Services Complaints Policy (2004)</b>
• <b>Guide to Requirements and Obligations Relating to French Language Health Services, November 2017</b>
• <b>Guideline for Community Health Service Providers Audits and Reviews, August 2012</b>
• <b>Ontario Healthcare Reporting Standards – OHRs/MIS – most current version available to applicable year</b>
• <b>Personal Support Services Wage Enhancement Directive, 2014</b>
• <b>Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014</b>
• <b>Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014</b>
• <b>Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012</b>
• <b>Screening of Personal Support Workers (2003)</b>

# Schedule D1: Core Indicators

2019-2020

Health Service Provider: Community Care Northumberland

Performance Indicators	2019-2020 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	23.6%	<=28.3%
**Percentage Total Margin	0.00%	>= 0%
Service Activity by Functional Centre (Refer to Schedule D2a)		
Number of Individuals Served (by functional centre- Refer to Schedule D2a)		

## Explanatory Indicators

Cost per Unit Service (by Functional Centre)

Cost per Individual Served (by Program/Service/Functional Centre)

Client Experience

Percentage of Alternate Level of Care (ALC) days (closed cases)

\* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget

\*\* No negative variance is accepted for Total Margin

# Schedule D2a: Clinical Activity- Detail

2019-2020

## Health Service Provider: Community Care Northumberland

OHRs Description & Functional Centre		2019-2020 Target	2019-2020 Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Administration and Support Services 72 1</b>			
<b>Full-time equivalents (FTE)</b>	72 1	<b>3.25</b>	n/a
<b>Total Cost for Functional Centre</b>	72 1	<b>\$651,441</b>	n/a
<b>CSS IH - Service Arrangement/Coordination 72 5 82 05</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 05	<b>1.55</b>	n/a
Visits	72 5 82 05	<b>402</b>	322 - 482
Individuals Served by Functional Centre	72 5 82 05	<b>368</b>	294 - 442
<b>Total Cost for Functional Centre</b>	72 5 82 05	<b>\$135,766</b>	n/a
<b>CSS IH - Case Management 72 5 82 09</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 09	<b>0.93</b>	n/a
Visits	72 5 82 09	<b>490</b>	392 - 588
Individuals Served by Functional Centre	72 5 82 09	<b>480</b>	384 - 576
<b>Total Cost for Functional Centre</b>	72 5 82 09	<b>\$63,179</b>	n/a
<b>CSS IH - Meals Delivery 72 5 82 10</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 10	<b>1.83</b>	n/a
Individuals Served by Functional Centre	72 5 82 10	<b>468</b>	374 - 562
Meal Delivered-Combined	72 5 82 10	<b>26,545</b>	25483 - 27607
<b>Total Cost for Functional Centre</b>	72 5 82 10	<b>\$267,772</b>	n/a
<b>CSS IH - Social and Congregate Dining 72 5 82 12</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 12	<b>2.11</b>	n/a
Individuals Served by Functional Centre	72 5 82 12	<b>3,000</b>	2700 - 3300
Attendance Days Face-to-Face	72 5 82 12	<b>79,000</b>	76630 - 81370
<b>Total Cost for Functional Centre</b>	72 5 82 12	<b>\$308,170</b>	n/a
<b>CSS IH - Transportation - Client 72 5 82 14</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 14	<b>9.94</b>	n/a
Visits	72 5 82 14	<b>45,030</b>	43679 - 46381
Individuals Served by Functional Centre	72 5 82 14	<b>2,500</b>	2250 - 2750
<b>Total Cost for Functional Centre</b>	72 5 82 14	<b>\$760,264</b>	n/a
<b>CSS IH - Comb. PS/HM/Respite Services 72 5 82 35</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 35	<b>1.08</b>	n/a
Hours of Care	72 5 82 35	<b>1,470</b>	1323 - 1617
Individuals Served by Functional Centre	72 5 82 35	<b>385</b>	308 - 462
<b>Total Cost for Functional Centre</b>	72 5 82 35	<b>\$38,758</b>	n/a
<b>CSS IH - Caregiver Support 72 5 82 50</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 50	<b>0.28</b>	n/a
Visits	72 5 82 50	<b>110</b>	88 - 132
Individuals Served by Functional Centre	72 5 82 50	<b>26</b>	21 - 31
<b>Total Cost for Functional Centre</b>	72 5 82 50	<b>\$14,630</b>	n/a

# Schedule D2a: Clinical Activity- Detail

2019-2020

## Health Service Provider: Community Care Northumberland

OHRs Description & Functional Centre		2019-2020 Target	2019-2020 Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
<b>CSS IH - Visiting - Social and Safety 72 5 82 60</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 60	<b>1.41</b>	n/a
Visits	72 5 82 60	<b>20,750</b>	19713 - 21788
Individuals Served by Functional Centre	72 5 82 60	<b>225</b>	180 - 270
<b>Total Cost for Functional Centre</b>	72 5 82 60	<b>\$73,151</b>	n/a
<b>CSS IH - Visiting - Hospice Services 72 5 82 65</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 65	<b>7.00</b>	n/a
Visits	72 5 82 65	<b>5,200</b>	4940 - 5460
Individuals Served by Functional Centre	72 5 82 65	<b>600</b>	510 - 690
<b>Total Cost for Functional Centre</b>	72 5 82 65	<b>\$451,343</b>	n/a
<b>ACTIVITY SUMMARY</b>			
<b>Total Full-Time Equivalents for all F/C</b>		<b>29.38</b>	n/a
<b>Total Visits for all F/C</b>		<b>71,982</b>	69823 - 74141
<b>Total Hours of Care for all F/C</b>		<b>1,470</b>	1323 - 1617
<b>Total Individuals Served by Functional Centre for all F/C</b>		<b>8,052</b>	7649 - 8455
<b>Total Attendance Days for all F/C</b>		<b>79,000</b>	76630 - 81370
<b>Total Meals Delivered for all F/C</b>		<b>26,545</b>	25483 - 27607
<b>Total Cost for All F/C</b>		<b>\$2,764,474</b>	n/a

# Schedule D2d: CSS Sector Specific Indicators

2019-2020

Health Service Provider: Community Care Northumberland

Performance Indicators	2019-2020 Target	Performance Standard
No Performance Indicators	-	-
Explanatory Indicators		
Number of persons waiting for service (by functional centre)		



## Schedule D3a Local: All 2019-2020

### Health Service Provider: Community Care Northumberland

#### Cultural Sensitivity Obligation

- To better serve Francophone citizens, Indigenous peoples, and new Ontarians, the Central East LHIN supports its Health Service Providers (HSPs) in the advancement of the highest-quality Health care system which improves access to appropriate and culturally-safe care through sub-regional planning and community engagement for any patient, regardless of race, ethnicity, culture or language capacity.
- HSPs will report To the Central East LHIN on the status and progress of culturally-safe training initiatives demonstrating commitment To this priority.

#### French Language Services Obligation

- Designated HSPs, will continue to provide health services to the public in French in accordance with the provisions of the French Language Service Act (FLSA) and work towards maintaining French Language Service (FLS) capacity.
- Identified HSPs will develop and implement an FLS plan, provide health services to the public in French in accordance with existing FLS capacity, and work towards improving FLS capacity for designation.
- Non-designated and non-identified HSPs, will develop and implement a plan to address the needs of its local Francophone community including the provision of information on local health services available in French.
- With respect to French Language Services, all HSPs will provide a mandatory report to the LHIN, in accordance with Section 22 of LHSIA. The report will outline how the HSP addresses the needs of its local Francophone community, and identify the capacity of the HSP to provide those services.

#### Indigenous Peoples\* Obligations

Together with the LHIN, HSPs will:

- Increase the number of Indigenous professionals working in the healthcare field;
- Ensure the retention of Indigenous healthcare providers in Indigenous communities; and
- Provide cultural competency training for all healthcare professionals.

In support of these obligations, HSPs will report to the Central East LHIN on programs and initiatives that demonstrate a commitment to this priority through completion of the LHIN's Cultural Safety monitoring template by March 31st each year.

\*Indigenous Peoples include First Nations, Inuit, Metis and members of these communities living within any sub-region of the Central East LHIN.

# Schedule D3a Local: All 2019-2020

## Health Service Provider: Community Care Northumberland

### Health Link Communities Obligation

The HSP will support the Health Link approach to care by:

- Identifying complex vulnerable patients;
- Implementing and maintaining Coordinated Care Plans (CCPs) which:
  - Are developed with the patient and caregiver;
  - Involve two or more health care professionals, with one being from outside the HSP; and,
  - Contain an action plan for one or more health concerns identified by the patient and/or caregiver.
- Ensuring patient transitions are coordinated and seamless throughout the health care system; and,
- Supports the work of the Coordinated Care Working Group of the Planning Table within the Sub-region.

### Sub-region Planning Obligations

HSPs will support the Central East LHIN's sub-region planning mandate by:

- Updating and maintaining their Healthline profiles;
- Identifying and tracking clients by sub-region;
- Collaborating with the LHIN and sub-region stakeholders to address health needs, identify gaps and implement strategies to improve patient experience and outcomes; and
- Engaging in sub-region initiatives and activities as required.

### Socialization of SAA Obligations

- HSPs of the Central East LHIN will demonstrate that SAA obligations were socialized with staff. The HSP must attest that 90% of staff are aware of the SAA Obligations.

### Alternate Level of Care (ALC) - Community Support Services (CSS) - e.g., Assisted Living Services – Supportive Housing

Reported Quarterly:

- Number of referred ALC clients;
- Number of ALC clients placed within 0-3 days after referral;
- Number of ALC clients placed within 3-7 days after referral; and
- Number of ALC clients placed 7 days or more after referral.

# Schedule E: Project Funding

2019-2020

Health Service Provider: Community Care Northumberland

## 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, 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 E: Project Funding 2019-2020

Health Service Provider: Community Care Northumberland

## 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 funding and is not to exceed [X].

# Schedule F: Declaration of Compliance

2019-2020

Health Service Provider: Community Care Northumberland

## DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2019

**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:** April 1, 2019 – March 31, 2022 (the "Applicable Period")

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Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the LHIN and the HSP effective April 1, 2019.

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 "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*;
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

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[insert name of Chair], [insert title]