

## MSAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the “Agreement”) is made as of the 1<sup>st</sup> day of April, 2017

**B E T W E E N:**

**Central Local Health integration Network** (the “LHIN”)

**AND**

**City Of Toronto - Long-Term Care Homes & Services** (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 A: Description of Services  
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.

**Central Local Health integration Network**

By:

Jestin Warren	May 16/17
_____ Warren Jestin, Chair	_____ Date

And by:

Kim Baker	May 16/17
_____ Kim Baker, Chief Executive Officer	_____ Date

**City Of Toronto - Long-Term Care Homes & Services**

By:

Soo Ching Kikuta	Mar 27 2017
_____ Soo Ching Kikuta Director, Resident Care & Services Long-Term Care Homes & Services	_____ Date

And by:

Reg Paul	Mar 27 2017
_____ Reg Paul General Manager Long-Term Care Homes & Services	_____ Date



## Schedule A2: Population and Geography

2017-2018

### Health Service Provider: City Of Toronto - Long-Term Care Homes & Services

#### Client Population

Individuals aged 65 years of age or older who meet the criteria as set out in the Assisted Living for High Risk Seniors' Policy, 2012, and who are living independently in the community at Cliffwood Manor.

Individuals who are 59 years of age or older who have been grandfathered into the Assisted Living Program at Cliffwood Manor, and who are living independently in the community and require 24/7 intermittent support due to functional need.

#### Geography Served

As part of the Central LHIN Cliffwood Manor is situated on the border of Toronto and Thornhill, at Steeles Avenue and Don Mills Road. The residents tend to be from the North York catchment area prior to moving into the TCH building.

**Schedule B1: Total LHIN Funding**

2017-2018

Health Service Provider: City Of Toronto - Long-Term Care Homes & Services

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRs VERSION 10.0	2017-2018 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$530,319
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
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$530,319</b>
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*]	\$0
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$0</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>
			<b>\$530,319</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$87,700
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	\$24,600
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]	\$28,175
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780* ]	\$0
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	\$0
Contracted Out Expense	32	F 8*	\$389,844
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$0
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>\$530,319</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*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<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	\$530,319
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$530,319
<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	82*	\$0
Plant Operations	49	72 1*	\$0
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$0
Other Administrative Expenses	53	72 1*	\$1
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$1</b>
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	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>\$1</b>

**Schedule B2: Clinical Activity- Summary**

2017-2018

**Health Service Provider: City Of Toronto - Long-Term Care Homes & Services**

Service Category 2017-2018 Budget	OHRIS Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel. In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Attendance Days Face-to-Face	Group Sessions (# of group sessions-not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	1.49	0	0	0	25,550	0	0	0	0	0	0	0

## Schedule C: Reports

### Community Support Services

2017-2018

Health Service Provider: City Of Toronto - Long-Term Care Homes & 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 \*.

<b>OHRs/MIS Trial Balance Submission (through OHFS)</b>	
<b>2014-2015</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2015-16</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2016-17</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2017-18</b>	<b>Due Dates (Must pass 3c Edits)</b>
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

<b>Supplementary Reporting - Quarterly Report (through SRI)</b>	
<b>2014-2015</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
<b>2015-2016</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
<b>2016-2017</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
<b>2017-18</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

## Schedule C: Reports

### Community Support Services

2017-2018

Health Service Provider: City Of Toronto - Long-Term Care Homes & Services

#### 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
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

2017-2018

Health Service Provider: City Of Toronto - Long-Term Care Homes & Services

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

• <b>Personal Support Services Wage Enhancement Directive, 2014</b>
• <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>Community Financial Policy, 2015</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>Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)</b>
• <b>Community Support Services Complaints Policy (2004)</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>Screening of Personal Support Workers (2003)</b>
• <b>Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year</b>
• <b>Guideline for Community Health Service Providers Audits and Reviews, August 2012</b>

# Schedule E1: Core Indicators

2017-2018

Health Service Provider: City Of Toronto - Long-Term Care Homes & Services

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	Refer to Schedule E3a	-
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	TBD	-
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E3a	-
Alternate Level of Care (ALC) Rate	TBD	-
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
* Balanced Budget Fund Type 2: HSP s are required to submit a balanced budget		
** No negative variance is accepted for Total Margin		

# Schedule E2a: Clinical Activity- Detail

2017-2018

## Health Service Provider: City Of Toronto - Long-Term Care Homes & Services

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Administration and Support Services 72 1*</b>			
*Total Cost for Functional Centre	72 1*	\$1	n/a
<b>CSS IH - Assisted Living Services 72 5 82 45</b>			
* Full-time equivalents (FTE)	72 5 82 45	1.49	n/a
Inpatient/Resident Days	72 5 82 45	25,550	24528 - 26572
*Total Cost for Functional Centre	72 5 82 45	\$530,319	n/a
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		1.49	
Total Inpatient/Resident Days for all F/C		25,550	
Total Cost for All F/C		530,320	

**Schedule E2d: CSS Sector Specific Indicators**

2017-2018

**Health Service Provider: City Of Toronto - Long-Term Care Homes & Services**

<b>Performance Indicators</b>	<b>2017-2018 Target</b>	<b>Performance Standard</b>
No Performance Indicators	-	-
<b>Explanatory Indicators</b>		
# Persons waiting for service (by functional centre)		

# Schedule E3a Local: All 2017-2018

## Health Service Provider: City Of Toronto - Long-Term Care Homes & Services

Performance Indicators	2017-2018 Target	Performance Standard
Proportion of Budget Spent on Administration <sup>1,2</sup>	0.00%	≤ 15%
Number of Individuals Served by Organization <sup>3</sup>	75	60 - 90

<sup>1</sup> Proportion of Budget Spent on Administration: (Total Admin and support Expenses - Program Rent) / (LHIN Base Allocation + Service Recipient Revenue)

<sup>2</sup> All Central LHIN HSPs are required to identify the cost related to Program Rent out of the total Administration and Support Expenses

<sup>3</sup> Central LHIN HSPs are required to report Total Unique Individuals Served by Organization