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March 22, 2017

Ms. Tanya Elliott  
Vice President, Ontario  
The Canadian Red Cross Society  
c/o 11 Export Avenue,  
St. Catharines, ON L2M 5V8

Dear Ms. Elliott:

**Re: 2014-17 Multi-Sector Service Accountability Agreement Extension for 2017-18**

Please find attached the 2017-18 Multi-Sector Service Accountability Agreement (MSAA) Extension that the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) proposes to enter into with your organization, effective April 1, 2017.

The MSAA Extension is a one-year agreement that takes effect on April 1, 2017. To ensure that funding is not interrupted, we ask that you print two copies of the MSAA and return both original signed copies of the agreement to the HNHB LHIN **no later than March 24, 2017**.

Please send these documents to the attention of Emmeline Gregoroff, Analyst, Quality and Risk Management, HNHB LHIN, 264 Main Street East, Grimsby, ON, L3M 1P8. Upon execution by the HNHB LHIN, one finalized signed copy of the agreement will be returned to you for your records.

The HNHB LHIN appreciate you and your team's collaboration during this 2017-18 MSAA Extension process. We look forward to maintaining a strong working relationship with you.

.../2

Ms. Tanya Elliott

If you have any questions regarding what is stated in this letter, or the MSAA, please contact Lina Kiskunas, Advisor, Quality and Risk Management at [lina.kiskunas@lhins.on.ca](mailto:lina.kiskunas@lhins.on.ca) or at 905-945-4930 ext. 4202.

Sincerely,



Donna Cripps  
Chief Executive Officer

Encl. 2017-18 Multi-Sector Service Accountability Agreement Extension

c: Sara John Fowler, Chair, National Board, The Canadian Red Cross Society  
Laurie Ryan-Hill, Acting Board Chair, HNHB LHIN  
Emily Christoffersen, Director, Quality and Risk Management, HNHB LHIN  
Rosalind Tarrant, Director, Access to Care, HNHB LHIN

## Appendix A: 2014-18 MSAA Amending Agreement Template

### MSAA AMENDING AGREEMENT

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

BETWEEN:

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

The Canadian Red Cross Society (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.

**HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK**

By:   
Laurie Ryan-Hill, Acting Board Chair

March 29 '17  
Date

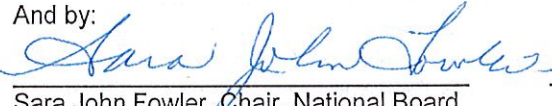
Janine Van den Heuvel,  
And by:   
Donna Cripps, CEO

March 24, 2017  
Date

**The Canadian Red Cross Society**

By:   
Conrad Sauve, CEO

March 23, 2017  
Date

And by:   
Sara John Fowler, Chair, National Board

March 23, 2017  
Date



Schedule B1: Total LHIN Funding

2017-2018

Health Service Provider: The Canadian Red Cross Society

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference O HRS VERSION 10.0	2017-2018 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$1,764,745
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	\$741,148
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$2,505,893</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*]	\$139,836
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$139,836</b>
<b>TOTAL REVENUE</b> FUND TYPE 2	<b>15</b>	<b>Sum of Rows 10 and 14</b>	<b>\$2,645,729</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,296,888
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$262,857
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]	\$1,028,867
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$6,632
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$34,258
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$50,485
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES</b> FUND TYPE 2	<b>35</b>	<b>Sum of Rows 17 to 34</b>	<b>\$2,679,987</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>(\$34,258)</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$34,258
<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*	\$222,945
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$222,945
<b>NET SURPLUS/(DEFICIT)</b> FUND TYPE 3	<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> FUND TYPE 1	<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	\$2,902,932
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$2,902,932
<b>NET SURPLUS/(DEFICIT)</b> ALL FUND TYPES	<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*	\$50,485
Volunteer Services	50	72 1*	\$3,618
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$625,615
Other Administrative Expenses	53	72 1*	\$0
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$679,718</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>\$679,718</b>

Schedule B2: Clinical Activity- Summary  
2017-2018

Health Service Provider: The Canadian Red Cross Society

Service Category 2016-2017 Budget	OHRS Framework Level 3	FTEs equivalents (FTE)	Missed FTE Tr. L. Hours, Cont. Out	Not Uniquely Met/Red Service Recipient Interactions	Hours of Care In-Hours & Contracted Out	Equipped/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (if group sessions not individuals)	Meal Delivered/Combined	Group Participant Attendance (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Hours of Health Session
CSS In-Home and Community Services (CSS IH COM)	72.562*	32.11	70,000	0	0	0	5,509	0	0	35,000	0	0	0	0



## Schedule C: Reports

### Community Support Services

2017-2018

Health Service Provider: The Canadian Red Cross Society

**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: The Canadian Red Cross Society

**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

2017-2018

Health Service Provider: The Canadian Red Cross Society

*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: The Canadian Red Cross Society

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	≥0
Proportion of Budget Spent on Administration	25.4%	≤30.4%
**Percentage Total Margin	0.00%	≥ 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.46%	<10.41%
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 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

\* 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: The Canadian Red Cross Society

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>			
* Full-time equivalents (FTE)	72 1*	4.27	n/a
*Total Cost for Functional Centre	72 1*	\$679,718	n/a
<b>CSS IH - Meals Delivery 72 5 82 10</b>			
* Full-time equivalents (FTE)	72 5 82 10	2.00	n/a
Individuals Served by Functional Centre	72 5 82 10	634	539 - 729
Meal Delivered-Combined	72 5 82 10	35,000	33600 - 36400
*Total Cost for Functional Centre	72 5 82 10	\$297,694	n/a
<b>CSS IH - Transportation - Client 72 5 82 14</b>			
* Full-time equivalents (FTE)	72 5 82 14	30.11	n/a
Visits	72 5 82 14	70,000	67900 - 72100
Individuals Served by Functional Centre	72 5 82 14	4,875	4388 - 5363
*Total Cost for Functional Centre	72 5 82 14	\$1,702,575	n/a
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		36.38	n/a
Total Visits for all F/C		70,000	67900 - 72100
Total Individuals Served by Functional Centre for all F/C		5,509	5234 - 5784
Total Meals Delivered for all F/C		35,000	33600 - 36400
Total Cost for All F/C		2,679,987	n/a

**Schedule E2d: CSS Sector Specific Indicators**

2017-2018

Health Service Provider: The Canadian Red Cross Society

<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: The Canadian Red Cross Society**

Develop a quality improvement plan for 2017-18 and submit a copy of the plan to the HNHB LHIN by June 1, 2017. It is strongly recommended that organizations utilize Health Quality Ontario's template as the framework.

Patient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service Providers (HSPs) are required to report patient experience indicators for fiscal year 2017-18 by March 31, 2018. Reporting will reflect two elements of the patient/client reported experience: overall patient/client satisfaction and the involvement in decisions about care. HSPs should report on the questions that are most similar to the following:

- a. Overall satisfaction: "Overall, how would you rate the care and services you received?"
- b. Involvement in decisions about care: "Were you involved in decisions about your care as much as you wanted to be?"

**Schedule E3a Local: All  
2017-2018**

**Health Service Provider: The Canadian Red Cross Society**

Participate in applicable initiatives or strategies related to the health system transformation agenda of the Patients First Act, 2016, including the development of sub-regions, support of Health Links, and the HNHB LHIN Strategic Health System Plan.

Actively strive to meet the targets for health system performance indicators. Engage in activities that include LHIN-wide initiatives, which result in the demonstrated improving performance trends on relevant system-level indicators.