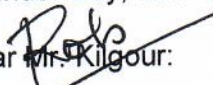


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www.northwesthin.on.ca

May 5, 2017

Robert Kilgour
Manager Community Development
The Canadian Red Cross Society
1145 Barton Street
Thunder Bay, ON P7B 5N3

Dear  Mr. Kilgour:

Re: 2017/18 Multi-Sector Service Accountability Agreement (M-SAA) Extension Agreement

For your records, please find enclosed a fully executed copy of your 2017/18 M-SAA Extension Agreement. We look forward to working with you to implement this agreement.

Thank you once again for your continued efforts in meeting the health care needs of the people of Northwestern Ontario.

Sincerely,



Laura Kokocinski
Chief Executive Officer

Encl.



Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

M-SAA AMENDING AGREEMENT

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

BETWEEN:

NORTH WEST 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 "M-SAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the M-SAA 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 M-SAA. References in this Agreement to the M-SAA mean the M-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The M-SAA 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: Budget
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E1: Core Indicators: All Sectors
Schedule E2a: Core Indicators: All Sectors
Schedule E2d: CSS Specific Indicators
Schedule E3: LHIN Local Indicators


2.3 Term. This Agreement and the M-SAA 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 M-SAA 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.

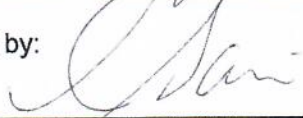
NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:  April 6, 2017
 Gil Labine, Chair Date

And by:  May 4, 2017
 Laura Kokocinski, Chief Executive Officer Date

CANADIAN RED CROSS SOCIETY

By:  29 March 2017
 Sara John Fowler, Board Chair Date

And by:  29 March 2017
 Conrad Sauve, President and Chief Executive Officer Date

Summary of Revenue & Expenses

Schedule B1:
Budget 2017/18

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

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRs VERSION 10.0	2017/18 Budget Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$558,811
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	\$168,121
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$726,932
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$11,545
Other Funding Sources and 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	\$11,545
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$738,477
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$317,986
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$62,922
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,	\$220,146
Community One Time Expense	27	F 69596	\$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	\$12,000
Amortization on Major Equip, Software License & Fees	29	F 750*, 780*	\$13,303
Contracted Out Expense	30	F 8*	\$116,326
Buildings & Grounds Expenses	31	F 9*, [excl. F 950*]	\$9,097
Building Amortization	32	F 9*	\$0
TOTAL EXPENSES Fund Type 2	33	Sum of Rows 17 to 32	\$751,780
NET SURPLUS/(DEFICIT) FROM OPERATIONS	34	Row 15 minus Row 33	(\$13,303)
Amortization - Grants/Donations Revenue	35	F 131*, 141* & 151*	\$13,303
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*	\$0
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	39	Row 37 minus Row 38	\$0
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	\$751,780
Total Expenses (All Funds)	44	Line 26 + line 33 + line 36	\$751,780
NET SURPLUS/(DEFICIT) ALL FUND TYPES	45	Row 43 minus Row 44	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	46	82*	\$0
Admin & Support Services	47	72 1*	\$109,414
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)	\$109,414

**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)	
2014-15	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)	
2014-15	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
2015-16	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
2016-17	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
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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.

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

Healthcare Service Provider:

The Canadian Red Cross Society

Performance Indicators	2017/18	
	Target	Performance Standard
% Total Margin (Note 1)	0%	>=0%
Fund Type 2- Balanced Budget (Note 2)	0	0
Proportion of Budget Spent on Administration (Notes 3 and 4)	14.6%	16.4%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Percentage of Acute ALC Days (Closed Cases) (Note 5)	9.5%	<= 10.4%
Alternate Level of Care (ALC) Rate (Open Cases) (Note 5)	12.7%	<= 14.0%

Explanatory Indicators	
Cost per Individual Served (by program/service)	Proportion of Budget Spent on Volunteer Services
Client Experience (client satisfaction surveys)	Proportion of Budget Spent on Information Systems Support
Proportion of Budget Spent on Plant Operations	Proportion of Budget Spent on General Administration

Note 1 - No negative variance is accepted for Total Margin
 Note 2 - Fund Type 2- Balanced Budget: HSP's are required to submit a balanced budget.
 Note 3 - Target Setting Methodology (BM = Benchmark):
 (a) If HSP budget is > LHIN upper corridor, Target = upper limit of performance corridor, Corridor = lessor of (10% above Target) and (HSP budget)
 (b) If HSP budget is between LHIN BM target and upper corridor, Target = HSP budget, Corridor = LHIN benchmark for upper corridor
 (c) If HSP budget is < LHIN BM target, Target = HSP budget, Corridor = greater of (10% above HSP budget) and (LHIN BM target), unless 0, then 0
 Note 4 - As of April 1, 2014, Proportion of Budget Spent of Administration includes Undistributed Accounting Centres (82*), Admin & Support Services (72 1*), Management Clinical Services (72 5 05), and Medical Resources (72 5 07). This definition applies to the North West LHIN and its Health Services Providers.
 Note 5 - Target represents target established for the North West LHIN area.

CORE INDICATORS- ALL SECTORS

Schedule E2a
Core Indicators - All Sectors

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

OHRs Description		Health Service Activity	2017/18	
			Target	Performance Standard
72 5 82 12	CSS IH - Social and Congregate Dining	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	0.14	N/A
72 5 82 12	CSS IH - Social and Congregate Dining	Attendance Days Face-to-Face	3000	2700-3300
72 5 82 12	CSS IH - Social and Congregate Dining	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	130	104-156
72 5 82 12	CSS IH - Social and Congregate Dining	Total Cost for Functional Centre *	\$ 47,208	N/A
72 5 82 14	CSS IH - Transportation - Client	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	2.96	N/A
72 5 82 14	CSS IH - Transportation - Client	Visits Face-to-face, Telephone In-House, Contracted Out	6700	6365-7035
72 5 82 14	CSS IH - Transportation - Client	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	400	320-480
72 5 82 14	CSS IH - Transportation - Client	Total Cost for Functional Centre *	\$ 270,976	N/A
72 5 82 31	CSS IH - Homemaking	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	5.60	N/A
72 5 82 31	CSS IH - Homemaking	Hours of Care In-House & Contracted Out	6500	6175-6825
72 5 82 31	CSS IH - Homemaking	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	120	96-144
72 5 82 31	CSS IH - Homemaking	Total Cost for Functional Centre *	\$ 200,759	N/A
72 5 82 32	CSS IH - Home Maintenance	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	0.50	N/A
72 5 82 32	CSS IH - Home Maintenance	Hours of Care In-House & Contracted Out	3000	2700-3300
72 5 82 32	CSS IH - Home Maintenance	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	150	120-180
72 5 82 32	CSS IH - Home Maintenance	Total Cost for Functional Centre *	\$ 123,423	N/A

Sector Specific Indicators- CSS Sector

**Schedule E2d:
CSS Specific Indicators**

Healthcare Service Provider:

The Canadian Red Cross Society

Performance Indicators	2017/18	
	Target	Performance Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>
Explanatory Indicators		
<input type="text" value="# Persons Waiting for Service (by Functional Centre)"/>		

