

555 Oak Street East, 3rd Floor
North Bay, ON P1B 8E3
Tel: 705 840-2872 • Fax: 705 840-0142
Toll Free: 1 866 906-5446
www.nelhin.on.ca

555, rue Oak Est, 3e étage
North Bay, ON P1B 8E3
Téléphone: 705 840-2872
Sans frais : 1 866 906-5446
Télécopieur : 705 840-0142
www.nelhin.on.ca

March 29, 2017

Terry Caporossi
Executive Director
Alzheimer Society of Sault Ste. Marie and Algoma
341 Trunk Road
Sault Ste. Marie, ON P6A 3S9

Dear Terry,

Re: Amendment to Multi-Sector Service Accountability Agreement (2014-2018)

The North East Local Health Integration Network (the "LHIN") is pleased to provide you with the Multi-Sector Service Accountability Agreement (the "MSAA") Amending Agreement effective April 1, 2017. This amending agreement will extend the term of the existing MSAA to March 31, 2018. Please review, sign and return two copies of the amending agreement, by mail, to:

40 Elm Street, Suite 247
Sudbury, ON P3C 1S8
Attn: Crystal Labelle

Please return the signed agreement to the LHIN by April 28, 2017. If for some reason you are not able to meet this deadline, please inform us as soon as possible.

If you have any questions please do not hesitate to contact Barry Lajeunesse via email (barry.lajeunesse@lhins.on.ca) or by phone at 705-840-2610.

Sincerely,



Louise Paquette
Chief Executive Officer

LP/cl

cc.: Kate Fyfe, Senior Director, System Performance, NE LHIN

- 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.

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

By:

Rick Cooper, Interim Chair

Date

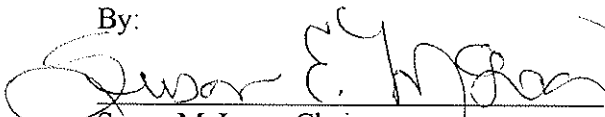
And by:

Louise Paquette, Chief Executive Officer

Date

Alzheimer Society of Sault Ste. Marie and Algoma

By:

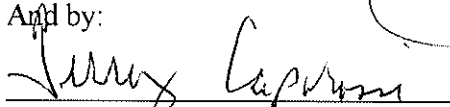


Susan McLean, Chair



Date

And by:



Terry Caporossi, Executive Director



Date

Schedule B1: Total LHIN Funding
2017-2018

Health Service Provider: Alzheimer Society Of Sault Ste. Marie And Algoma

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target	
REVENUE				
LHIN Global Base Allocation	1	F 11006	\$341,417	
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	
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$341,417	
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*]	\$20,912	
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$20,912	
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14	\$362,329
EXPENSES				
Compensation				
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$253,028	
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$37,301	
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	
Service Costs				
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]	\$30,000	
Community One Time Expense	29	F 69596	\$0	
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$1,500	
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0	
Contracted Out Expense	32	F 8*	\$0	
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$40,500	
Building Amortization	34	F 9*	\$0	
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34	\$362,329
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0	
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0	
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0	
FUND TYPE 3 - OTHER				
Total Revenue (Type 3)	39	F 1*	\$237,541	
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$237,541	
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40	\$0
FUND TYPE 1 - HOSPITAL				
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	
NET SURPLUS/(DEFICIT)	FUND TYPE 1	44	Row 42 minus Row 43	\$0
ALL FUND TYPES				
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$599,870	
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$599,870	
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46	\$0
Total Admin Expenses Allocated to the TPBEs				
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*	\$35,000	
Other Administrative Expenses	53	72 1*	\$0	
Admin & Support Services	54	72 1*	\$35,000	
Management Clinical Services	55	72 5 05	\$0	
Medical Resources	56	72 5 07	\$0	
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$35,000	

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: Alzheimer Society Of Sault Ste. Marie And Algoma

Service Category 2017-2018 Budget	ONRS Framework Level 3	Fulltime equivalents (FTE)	Direct St. Tal. In House, Cont. Out	Not University Related Service Payment Interactions	Hours of Care In House & Contracted Out	Payment/Person Day	Individuals Served by Functional Centre	Absence Days Face to Face	Group Sessions of group sessions not individuals	Real Delivered Combined	Group Practices Attendance (Avg & Max Pcp)	Service Provider Interactions	Service Provider Group Interactions	Head of Health Session
Health Promotion and Education	72.5.50	1.80	0	250	0	0	0	0	0	0	0	0	0	0
CSS In-Home and Community Services (CSS IH COM)	72.5.22*	4.35	2,575	0	0	0	516	0	0	0	0	0	0	0

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: Alzheimer Society Of Sault Ste. Marie And A

Only those requirements listed below that relate to the programs and services that are funded by the LFN 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)	
2014-2015	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 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)	
2014-2015	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
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
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
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
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: Alzheimer Society Of Sault Ste. Marie And A

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: Alzheimer Society Of Sault Ste. Marie And

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

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Alzheimer Society Of Sault Ste. Marie And Algoma

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	9.7%	<=11.6%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	15.0%	<16.5%
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	0.0%	<0%

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: HSPs 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: Alzheimer Society Of Sault Ste. Marie And Algoma

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
* Full-time equivalents (FTE)	72 1*	0.05	n/a
* Total Cost for Functional Centre	72 1*	\$35,000	n/a
Health Prom/Educ.& Com. Dev -- Personal Health and Wellness 72 5 50 45			
* Full-time equivalents (FTE)	72 5 50 45	1.00	n/a
* Total Cost for Functional Centre	72 5 50 45	\$58,749	n/a
Health Prom/Educ & Dev - General Geriatric 72 5 50 96 10			
* Full-time equivalents (FTE)	72 5 50 96 10	0.90	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 10	250	200 - 300
* Total Cost for Functional Centre	72 5 50 96 10	\$49,468	n/a
CSS IH - Caregiver Support 72 5 82 50			
* Full-time equivalents (FTE)	72 5 82 50	4.30	n/a
Visits	72 5 82 50	2,300	2070 - 2530
Individuals Served by Functional Centre	72 5 82 50	500	425 - 575
* Total Cost for Functional Centre	72 5 82 50	\$215,243	n/a
CSS IH - Visiting - Social and Safety 72 5 82 60			
* Full-time equivalents (FTE)	72 5 82 60	0.05	n/a
Visits	72 5 82 60	275	220 - 330
Individuals Served by Functional Centre	72 5 82 60	16	13 - 19
* Total Cost for Functional Centre	72 5 82 60	\$3,869	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		6.30	n/a
Total Visits for all F/C		2,575	2318 - 2833
Total Not Uniquely Identified Service Recipient Interactions for all F/C		250	200 - 300
Total Individuals Served by Functional Centre for all F/C		516	439 - 593
Total Cost for All F/C		362,329	n/a

MSAA AMENDING AGREEMENT

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

B E T W E E N:

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

AND

Alzheimer Society of Sault Ste. Marie and Algoma (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