

Schedule A2: Population and Geography

2014-2017

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

Client Population

The Dearness Home Adult Day Program serves 30 clients per day, 5 days per week with approximately 85% of our clients assessing our program 2 or more days per week. Currently approximately 90% of the clients are over the age of 65. We care for clients with multiple diagnoses (i.e. 20% stroke, 15% Dementia, 8% Parkinson) and offer multiple levels of programming to meet individual client needs. Approximately 50% of our clients are male. We average 2 client baths per day.

Geography Served

All clients of the Adult Day Program live within the City of London city limits. In the Adult Day Program all but one client access the transit service provided. All clients access our Adult Day Program through the sole referral source of the Community Care Access Center.

**Schedule B1: Total LHIN Funding
2014-2017**

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRs VERSION 9.0	2014-2015 Plan Target	2015-2016 Plan Target	2016-2017 Plan Target
REVENUE					
LHIN Global Base Allocation	1	F 11006	\$436,575	\$436,575	\$436,575
HBAM Funding (CCAC only)	2	F 11005	\$0	\$0	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0	\$0	\$0
MOHLTC Base Allocation	4	F 11010	\$0	\$0	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0	\$0	\$0
LHIN One Time	6	F 11008	\$0	\$0	\$0
MOHLTC One Time	7	F 11012	\$0	\$0	\$0
Playmaster Flow Through	8	F 11019	\$0	\$0	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$75,000	\$75,000	\$75,000
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$511,575	\$511,575	\$511,575
Recoveries from External/Internal Sources	11	F 120*	\$0	\$0	\$0
Donations	12	F 140*	\$0	\$0	\$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*]	\$18,412	\$11,055	\$11,055
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$18,412	\$11,055	\$11,055
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$529,987	\$522,630	\$522,630
EXPENSES					
Compensation					
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$262,966	\$262,966	\$262,966
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$73,039	\$73,039	\$73,039
Employee Future Benefit Compensation	19	F 305*	\$0	\$0	\$0
Physician Compensation	20	F 390*	\$0	\$0	\$0
Physician Assistant Compensation	21	F 390*	\$0	\$0	\$0
Nurse Practitioner Compensation	22	F 380*	\$0	\$0	\$0
All Other Medical Staff Compensation	23	F 390*, [excl. F 39092]	\$0	\$0	\$0
Sessional Fees	24	F 39092	\$0	\$0	\$0
Service Costs					
Med/Surgical Supplies & Drugs	25	F 460*, 465*, 560*, 565*	\$0	\$0	\$0
Supplies & Sundry Expenses	26	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$67,489	\$67,489	\$67,489
Community One Time Expense	27	F 69596	\$0	\$0	\$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	\$0	\$0	\$0
Amortization on Major Equip, Software License & Fees	29	F 750*, 780*	\$0	\$0	\$0
Contracted Out Expense	30	F 8*	\$51,493	\$44,136	\$44,136
Buildings & Grounds Expenses	31	F 9*, [excl. F 950*]	\$75,000	\$75,000	\$75,000
Building Amortization	32	F 9*	\$0	\$0	\$0
TOTAL EXPENSES FUND TYPE 2	33	Sum of Rows 17 to 32	\$529,987	\$522,630	\$522,630
NET SURPLUS/(DEFICIT) FROM OPERATIONS	34	Row 15 minus Row 33	\$0	\$0	\$0
Amortization - Grants/Donations Revenue	35	F 131*, 141* & 151*	\$0	\$0	\$0
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	36	Sum of Rows 34 to 35	\$0	\$0	\$0
FUND TYPE 3 - OTHER					
Total Revenue (Type 3)	37	F 1*	\$0	\$0	\$0
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	39	Row 37 minus Row 38	\$0	\$0	\$0
FUND TYPE 1 - HOSPITAL					
Total Revenue (Type 1)	40	F 1*	\$0	\$0	\$0
Total Expenses (Type 1)	41	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	42	Row 40 minus Row 41	\$0	\$0	\$0
ALL FUND TYPES					
Total Revenue (All Funds)	43	Line 13 + line 32 + line 35	\$529,987	\$522,630	\$522,630
Total Expenses (All Funds)	44	Line 28 + line 33 + line 36	\$529,987	\$522,630	\$522,630
NET SURPLUS/(DEFICIT) ALL FUND TYPES	45	Row 43 minus Row 44	\$0	\$0	\$0
Total Admin Expenses Allocated to the TPBEs					
Undistributed Accounting Centres	46	82*	\$0	\$0	\$0
Admin & Support Services	47	72 1*	\$78,959	\$78,959	\$78,959
Management Clinical Services	48	72 5 05	\$0	\$0	\$0
Medical Resources	49	72 5 07	\$0	\$0	\$0
Total Admin & Undistributed Expenses	50	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$78,959	\$78,959	\$78,959

**Schedule B2: Clinical Activity- Summary
2014-2017**

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

Service Category 2014-2015 Budget	OHRS Framework Level 3	Visits F2F, Tel, In House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	0	0	0	0	90	7,500	0	0	0	0

Service Category 2015-2016 Budget	OHRS Framework Level 3	Visits F2F, Tel, In House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	0	0	0	0	90	7,500	0	0	0	0

Service Category 2016-2017 Budget	OHRS Framework Level 3	Visits F2F, Tel, In House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	0	0	0	0	90	7,500	0	0	0	0

**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 the required information on 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 31, 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 30, 2017

Supplementary Reporting - Quarterly Report (through SRI) and Annual Reconciliation Report	
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
2014-15 ARR	June 30, 2015
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
2015-16 ARR	June 30, 2016
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
2016-17 ARR	June 30, 2017

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

Board Approved Audited Financial Statement *

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

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

Community Support Services – Other Reporting Requirements

Requirement	Due Date
French language service report through SRI	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 April 30, 2017

**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.

<ul style="list-style-type: none">▪ Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
<ul style="list-style-type: none">▪ Community Support Services Complaints Policy (2004)
<ul style="list-style-type: none">▪ Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
<ul style="list-style-type: none">▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
<ul style="list-style-type: none">▪ Screening of Personal Support Workers (2003)
<ul style="list-style-type: none">▪ Ontario Healthcare Reporting Standards – OHRs/MIS – most current version available to applicable year
<ul style="list-style-type: none">▪ Community Financial Policy (2011)
<ul style="list-style-type: none">▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

Note #1: Community Financial Policy

A process has been initiated for reviewing the Community Financial Policy (2011) that includes MOHLTC, LHINS and community sector representatives.

Schedule E1: Core Indicators

2014-2017

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

Performance Indicators	2014-2015		2015-2016		2016-2017	
	Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0	\$0	>=0	\$0	>=0
Proportion of Budget Spent on Administration	14.9%	11.9 - 17.9%	15.1%	12.1 - 18.1%	15.1%	12.1 - 18.1%
**Percentage Total Margin	0.00%	>= 0%	0.00%	>= 0%	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	8.28%	<9.11%	TBD	-	TBD	-
Variance Forecast to Actual Expenditures	\$0	< 5%	\$0	< 5%	\$0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%	0	< 5%	0	< 5%
Service Activity by Functional Centre	Refer to Sch E2a	-	Refer to Sch E2a	-	Refer to Sch E2a	-
Number of Individuals Served	Refer to Sch E2a	-	Refer to Sch E2a	-	Refer to Sch E2a	-

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
2014-2017

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

OHRs Description & Functional Centre		2014-2015		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
<small>¹These values are provided for information purposes only. They are not Accountability Indicators.</small>							
Administration and Support Services 72 1*							
¹ Full-time equivalents (FTE)	72 1*	0.90	n/a	0.90	n/a	0.90	n/a
¹ Total Cost for Functional Centre	72 1*	\$78,959	n/a	\$78,959	n/a	\$78,959	n/a
CSS In-Home and Community Services (CSS IH COM) 72 5 82*							
CSS IH - Day Services 72 5 82 20							
¹ Full-time equivalents (FTE)	72 5 82 20	3.60	n/a	3.60	n/a	3.60	n/a
Individuals Served by Functional Centre	72 5 82 20	90	72 - 108	90	72 - 108	90	72 - 108
Attendance Days Face-to-Face	72 5 82 20	7,500	7125 - 7875	7,500	7125 - 7875	7,500	7125 - 7875
¹ Total Cost for Functional Centre	72 5 82 20	\$451,028	n/a	\$443,671	n/a	\$443,671	n/a
Total Full-Time Equivalents for All F/C		4.50		4.50		4.50	
Total Cost for All F/C		\$529,987		\$522,630		\$522,630	

Schedule E2d: CSS Sector Specific Indicators

2014-2017

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

Performance Indicators	2014-2015 Target	Performance Standard	2015-2016 Target	Performance Standard	2016-2017 Target	Performance Standard
No Performance Indicators	-	-	-	-	-	-
Explanatory Indicators						
# Persons waiting for service (by functional centre)						

**Schedule E3 FLS-N Local: FLS Local: Non-Identified Agencies
2014-2017**

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

Non-French Language Services Identified Health Service Providers

All Health Service Providers will identify and track the number of Francophone clients that are served each year to understand opportunities for culturally sensitive services, using the specified linguistic variable in Section 2, "Identification of Francophone patients/clients", of the French Language Services Toolkit, found here: <http://www.southwestlhin.on.ca/Page.aspx?id=8884>.

Reporting Obligations: Reporting to the South West LHIN will be completed annually in a format to be communicated from the South West LHIN.

April 30, 2015: 2014/15 Annual Report

April 30, 2016: 2015/16 Annual Report

April 30, 2017: 2016/17 Annual Report

**Schedule E3a Local: All
2014-2017**

Health Service Provider: CORPORATION OF THE CITY OF LONDON (DEARNESS HOME)

TheHealthline.ca

All South West LHIN community sector Health Service Providers agree to regularly update, and annually review (for year beginning), site specific programs and services information, as represented within the thehealthline.ca website.

Review Obligations - Annually review/update HSP specific content on thehealthline.ca

April 1, 2015

April 1, 2016

April 1, 2017

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

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,

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

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 F – PROJECT FUNDING AGREEMENT TEMPLATE

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 finding and is not to exceed [X].

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2014

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: [insert date range - April 1, 201X –March 31, 201x] (the “Applicable Period”)

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

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 “M-SAA”) in effect during the Applicable Period.

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

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

[insert name of Chair], [insert title]

Schedule G – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the M-SAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]