

Schedule A2: Population and Geography 2015-2016

Health Service Provider: Carefirst Seniors & Community Services Association

Client Population

- In 2012, 14% CE LHIN population age 65+, 13.7% for the Scarborough cluster includes people with complex needs and caregivers as well as seniors from a large immigrant population. Projected growth for 2016 is 16% and by 2021 18%.
- In CE LHIN, 65 – 75 and 75 – 85 age groups are the fastest growth in numbers relative to the LHIN's overall population.
- Data from the "CE LHIN News Release January 2012" indicates a 47% increase in the number of seniors 85+ by the year 2019. This growth will include 42,449 frail seniors with significant health care need – an increase of 36%.
- In CE LHIN 2007 – 2008, 65 years+ encountered 23% emergency visits, 58% total hospital stay and 81% ALC days.
- In 2006, Scarborough's population was 602,575, and Scarborough continues to experience rapid influx of immigrants, where 67.4% of the population is made up of visible minorities (22% South Asian, 19.5% Chinese) and that many seniors, especially ethnic seniors, are unable to access support services due to the barriers of shortage of culturally and linguistically accessible services and especially for those seniors with complex care needs.

Geography Served

• Services are delivered in the Central East LHIN, Toronto Central LHIN and Central LHIN boundaries with the services being provided in the different Carefirst's service centres and off-site locations, such as senior apartment buildings, other community centres in other neighborhoods outreached.

Service locations

The basket of community support services is delivered to the clients through the service coordination centres located in the different geographic areas. Service sites are open Monday through Friday unless specified otherwise.

1. Carefirst South Toronto Helena Lam Community Services Centre at Toronto inner core
2. Carefirst North Toronto Community Services Centre at Scarborough
3. Supportive Housing Services (operate 24/7) site office at 3825 Sheppard Avenue East, #902, Scarborough and 91 Augusta Avenue, #707, Toronto.
4. Carefirst Adult Day Programs at 3601 Victoria Park Avenue, # 206, Scarborough and 9893 Leslie Street, Richmond Hill, Ontario
5. Carefirst Ip Fu Ling Fung Community Services Centre at 420 Highway 7 East, #104A, Richmond Hill, Ontario.
6. Carefirst Social and Congregate Dining Services are provided on-site at all services centres and other off-site, community centres in 15 locations, such as Toronto Connection's senior housing buildings, community centres, churches and restaurants throughout City of Toronto.
7. Homecare Service boundaries (operate entire week):
 - >CE LHIN: East to Morningside Ave, West to Victoria Park Ave, North to Steeles Ave, South to Lakeshore Blvd
 - >Toronto Central LHIN: Entire area
 - >Central LHIN: East to 9th Line, West to Dufferin Street, North to Stouffville Road, South to Steeles Ave
8. Transportation service boundary: Scarborough, North York, Toronto and Southern York Region.

**Schedule B1: Total LHIN Funding
2015-2016**

Health Service Provider: Carefirst Seniors & Community Services Association

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 9.0	2015-2016 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$3,714,164
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	\$876,070
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$4,590,234
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$50,000
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*]	\$634,963
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$684,963
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14
			\$5,275,197
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$3,660,584
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$539,585
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*	\$45,100
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$693,328
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$38,300
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$112,000
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$186,300
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34
			\$5,275,197
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*	\$9,807,983
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$9,615,783
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40
			\$192,200
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	\$15,083,180
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$14,890,980
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46
			\$192,200
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Admin & Support Services	49	72 1*	\$903,490
Management Clinical Services	50	72 5 05	\$0
Medical Resources	51	72 5 07	\$0
Total Admin & Undistributed Expenses	52	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$903,490

Schedule B2: Clinical Activity- Summary

2015-2016

Health Service Provider: Carefirst Seniors & Community Services Association

Service Category 2015-2016 Budget	OHRs 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	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	Service Provider Group Interactions	Mental Health Sessions
Health Promotion and Education	72 5 50	7	0	70	0	0	0	0	0	0	0	0	0	0
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	85	37,950	0	90,963	52,100	5,212	70,068	0	0	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 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

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

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT 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

Board Approved Audited Financial Statements *

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">▪ Personal Support Services Wage Enhancement Directive, 2014
<ul style="list-style-type: none">▪ Community Financial Policy, 2015
<ul style="list-style-type: none">▪ Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
<ul style="list-style-type: none">▪ Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
<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">▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

Schedule E1: Core Indicators

2015-2016

Health Service Provider: Carefirst Seniors & Community Services Association

Performance Indicators	2015-2016 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	17.1%	13.7 - 20.6%
**Percentage Total Margin	1.29%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	12.4%	<13.64%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience
Budget Spent on Administration- AS General Administration 72 1 10
Budget Spent on Administration- AS Information Systems Support 72 1 25
Budget Spent on Administration- AS Volunteer Services 72 1 40
Budget Spent on Administration- AS Plant Operation 72 1 55

* 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 2015-2016

Health Service Provider: Carefirst Seniors & Community Services Association

OHRs Description & Functional Centre		2015-2016	
		Target	Performance Standard
¹ 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*	7.35	n/a
Total Cost for Functional Centre	72 1*	\$903,490	n/a
Health Prom/Educ & Dev - General Geriatric 72 5 50 96 10			
Full-time equivalents (FTE)	72 5 50 96 10	7.00	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 10	70	56 - 84
Total Cost for Functional Centre	72 5 50 96 10	\$526,050	n/a
CSS IH - Social and Congregate Dining 72 5 82 12			
Full-time equivalents (FTE)	72 5 82 12	4.03	n/a
Individuals Served by Functional Centre	72 5 82 12	2,740	2466 - 3014
Attendance Days Face-to-Face	72 5 82 12	57,660	54777 - 60543
Total Cost for Functional Centre	72 5 82 12	\$263,180	n/a
CSS IH - Transportation - Client 72 5 82 14			
Full-time equivalents (FTE)	72 5 82 14	1.25	n/a
Visits	72 5 82 14	3,450	3105 - 3795
Individuals Served by Functional Centre	72 5 82 14	280	224 - 336
Total Cost for Functional Centre	72 5 82 14	\$63,200	n/a
CSS IH - Crisis Intervention and Support 72 5 82 15			
Full-time equivalents (FTE)	72 5 82 15	3.20	n/a
Visits	72 5 82 15	5,500	5225 - 5775
Individuals Served by Functional Centre	72 5 82 15	750	638 - 863
Total Cost for Functional Centre	72 5 82 15	\$153,250	n/a
CSS IH - Day Services 72 5 82 20			
Full-time equivalents (FTE)	72 5 82 20	14.70	n/a
Individuals Served by Functional Centre	72 5 82 20	200	160 - 240
Attendance Days Face-to-Face	72 5 82 20	12,408	11788 - 13028
Total Cost for Functional Centre	72 5 82 20	\$965,904	n/a
CSS IH - Homemaking 72 5 82 31			
Full-time equivalents (FTE)	72 5 82 31	20.50	n/a
Hours of Care	72 5 82 31	31,000	29450 - 32550
Individuals Served by Functional Centre	72 5 82 31	380	304 - 456
Total Cost for Functional Centre	72 5 82 31	\$681,600	n/a
CSS IH - Assisted Living Services 72 5 82 45			
Full-time equivalents (FTE)	72 5 82 45	38.56	n/a
* Hours of Care	72 5 82 45	59,963	56965 - 62961
Inpatient/Resident Days	72 5 82 45	52,100	49495 - 54705
Individuals Served by Functional Centre	72 5 82 45	212	170 - 254
Total Cost for Functional Centre	72 5 82 45	\$1,588,123	n/a

* The Hours of Care reported in the Assisted Living FC represent the 2014/15 Personal Support Service (PSS) Hours.

Schedule E2a: Clinical Activity- Detail 2015-2016

Health Service Provider: Carefirst Seniors & Community Services Association

OHRs Description & Functional Centre		2015-2016	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
CSS IH - Visiting - Social and Safety 72 5 82 60			
Full-time equivalents (FTE)	72 5 82 60	2.80	n/a
Visits	72 5 82 60	29,000	27550 - 30450
Individuals Served by Functional Centre	72 5 82 60	650	553 - 748
Total Cost for Functional Centre	72 5 82 60	\$130,400	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		99.39	n/a
Total Visits for all F/C		37,950	36053 - 39848
Total Not Uniquely Identified Service Recipient Interactions for all F/C		70	56 - 84
Total Hours of Care for all F/C		90,963	86415 - 95511
Total Inpatient/Resident Days for all F/C		52,100	49495 - 54705
Total Individuals Served by Functional Centre for all F/C		5,212	4951 - 5473
Total Attendance Days for all F/C		70,068	66565 - 73571
Total Cost for All F/C		\$5,275,197	n/a

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 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.]