

MSAA AMENDING AGREEMENT

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

BETWEEN:

NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

HOSPICE GEORGIAN TRIANGLE (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
Schedule G: Compliance

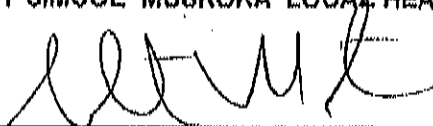
2.3 Term. This Agreement and the MSAA will terminate on March 31, 2018.

- 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.

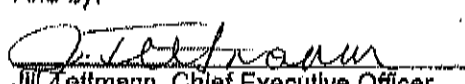
NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK

By:


Robert Morton, Board Chair

MARCH 24/17
Date

And by:


Jill Zettmann, Chief Executive Officer

MARCH 24/17
Date

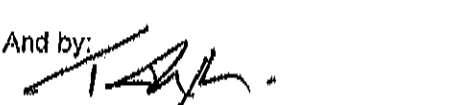
HOSPICE GEORGIAN TRIANGLE

By:


Linda MacLeod, Chair of the Board

MARCH 22/17
Date

And by:


Tom Dyson, Director and Finance Chair

MARCH 22/17
Date

**Schedule B1: Total LHIN Funding
2017-2018**

Health Service Provider: Hospice Georgian Triangle

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	\$74,903
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 11009	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11010	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$0
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$74,903
Recoveries from External/Internal Sources	11	F 120*	\$602,237
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 150* to 190*, 110*, [excl. F 11008, 11009, 11010, 11012, 11014, 11010, 11050 to 11090, 131*, 140*, 141*, 151*]	\$502,804
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$1,104,741
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$1,239,644
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$630,017
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$130,020
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 129)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 30002]	\$12,000
Sessional Fees	26	F 30092	\$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*, 60506, 60571, 72000, 62800, 45100, 60700]	\$220,348
Community One Time Expense	29	F 69598	\$0
Equipment Expenses	30	F 7*, [excl. F 760*, 760*]	\$11,000
Amortization on Major Equip., Software License & Fees	31	F 750*, 760*	\$0
Contracted Out Expense	32	F 8*	\$1,800
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$25,352
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$1,239,644
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*	\$178,648
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$178,648
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	\$1,418,292
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$1,418,292
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*	\$61,352
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$27,648
General Administration	52	72 1*	\$221,524
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$310,522
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)	\$310,522

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: Hospice Georlgan Triangle

Service Category 2016-2017 Budget	OHHS Framework Level 3	Full Time Equivalents (FTE)	Value of Total Work Order Cost	Not Company Identified Revenue Receipts	Hours of Care In-Care & Contracted Out	Impairment/Injury Days	Impairment/Injury Days for National Criteria	Prevalence Days Paid to PACE	Days & Hours of Group Sessions (not individualized)	Meal Delivery - Compliance	Group Facilitation (not individualized group & non PACE)	Service Provider Infections	Service Provider Group Infections	Meal/Health Services
Residential Hospice- End of Life (EOL)	726 40 05*	10.20	0	0	0	3,724	240	0	0	0	0	0	0	0
CBS In-Home and Community Services (CBS IH COM)	726 02*	2.00	4,800	0	0	0	460	0	32	0	102	0	0	0
CBS Community Support Initiatives	726 04	0.30	0	0	0	0	42	0	28	0	160	0	0	0

Schedule C: Reports
Community Support Services
2017-2018
Health Service Provider: Hospice Georgian Triangle

Only those requirements listed below that relate to the programs and services that are funded by the LHM 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 *.

OHRIS/MIS Trial Balance Submission (through OHS)	
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: Hospice Georgian Triangle

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: Hospice Georgian Triangle

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: Hospice Georgian Triangle

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	22.8%	<=28.0%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	0.46%	<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 (by functional centre)	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	12.7%	<13.87%

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience

^a 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: Hospice Georgian Triangle

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
<i>These values are provided for information purposes only. They are not Accountability Indicators.</i>			
Administration and Support Services 72 1*			
* Full-time equivalents (FTE)	72 1*	1.66	n/a
Total Cost for Functional Centre	72 1	\$310,522	n/a
Residential Hospice - EOL-Nursing Shift 72 5 40 95 12			
* Full-time equivalents (FTE)	72 5 40 95 12	5.72	n/a
Inpatient/Resident Days	72 5 40 95 12	1,862	1676 - 2048
Individuals Served by Functional Centre	72 5 40 95 12	120	96 - 144
*Total Cost for Functional Centre	72 5 40 95 12	\$542,605	n/a
Residential Hospice - EOL-Combined PS and HM Services 72 5 40 95 30			
* Full-time equivalents (FTE)	72 5 40 95 30	4.48	n/a
Inpatient/Resident Days	72 5 40 95 30	1,862	1676 - 2048
Individuals Served by Functional Centre	72 5 40 95 30	120	96 - 144
*Total Cost for Functional Centre	72 5 40 95 30	\$204,299	n/a
CSS IH - Visiting - Hospice Services 72 5 82 65			
* Full-time equivalents (FTE)	72 5 82 65	2.60	n/a
Visits	72 5 82 65	4,800	4320 - 5280
Individuals Served by Functional Centre	72 5 82 65	450	360 - 540
Group Sessions	72 5 82 65	32	26 - 38
*Total Cost for Functional Centre	72 5 82 65	\$163,368	n/a
Group Participant Attendances	72 5 82 65	192	154 - 230
CSS Com Sup Init - Support Service Training 72 5 84 10			
* Full-time equivalents (FTE)	72 5 84 10	0.30	n/a
Individuals Served by Functional Centre	72 5 84 10	42	34 - 50
Group Sessions	72 5 84 10	25	20 - 30
*Total Cost for Functional Centre	72 5 84 10	\$18,850	n/a
Group Participant Attendances	72 5 84 10	150	120 - 180
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		14.76	n/a
Total Visits for all F/C		4,800	4320 - 5280
Total Inpatient/Resident Days for all F/C		3,724	3352 - 4096
Total Individuals Served by Functional Centre for all F/C		732	622 - 842
Total Group Sessions for all F/C		57	46 - 68
Total Group Participants for all F/C		342	n/a
Total Cost for All F/C		1,239,644	1202455 - 1276833

Schedule E2d: CSS Sector Specific Indicators

2017-2018

Health Service Provider: Hospice Georgian Triangle

Performance Indicators	2017-2018 Target	Performance Standard
No Performance Indicators	-	-

Explanatory Indicators
Persons waiting for service (by functional centre)

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

Health Service Provider: Hospice Georgian Triangle

System Collaboration on Health Systems Planning and Design

Health Service Providers are required to collaborate with system partners to support the development of an integrated system of health services that provides person-centred, timely, equitable, accessible, high quality, and evidence-based services in an efficient, effective and sustainable manner. (Referred to as "Care Connections - Partnering for Healthy Communities" and "Care Connections Refresh").

To ensure optimal alignment across the region, the Health Service Provider agrees that the development and submission of organizational plans and proposals to the LHIN will incorporate, where applicable, the following considerations:

- the needs of patients, clients and/or residents
- NSM LHIN System priorities (as outlined in the NSM LHIN Integrated Health Service Plan (IHSP), NSM LHIN Annual Business Plans, and NSM LHIN Annual CEO deliverables as posted on the NSM LHIN website)
- Feedback from LHIN Leadership Council and relevant Coordinating Councils
- coordination and collaboration within NSM LHIN geographic sub-regions, where applicable.

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation to provide input, where requested, on the content of strategic directions and plans for the geographic sub-regions of the NSM LHIN. Further the Health Service Provider agrees to participate in the work and initiatives of all Coordinating Councils and Project Steering Committees, to the extent that it is able without impacting its capacity to meet its other obligations under this agreement. Such initiatives include, but are not limited to:

- Participation and collaboration of a LHIN-approved senior executive of the Health Service Provider as a member of the oversight council (referred to as the "Leadership Council"), a Coordinating Council and/or a Project Steering Committee to implement such recommendations as are agreed to by the Leadership Council and NSM LHIN Board of Directors;
- Identification of Coordinating Council project leads and/or project champions;
- Participation in regional/provincial planning and implementation groups;
- Specific obligations as may be specified as a condition of participation in Council initiatives (outlined in the Project Charter for the Initiative).

Risk Management Reporting to the LHIN

HSP Boards will ensure that:

- The health service provider has an organization-specific policy related to the management of risks;
- Significant and major risks are identified and reported promptly to the LHIN in the manner outlined in the "NSM LHIN Risk Management Reporting Guidelines and Manual" (available on the NSM LHIN website);
- All significant and major risks are assigned action plans to mitigate likelihood and/or impact, and that status updates for unmitigated risks are provided to the LHIN periodically until the risk is no longer significant.

Schedule E3a Local: All 2017-2018

Health Service Provider: Hospice Georgian Triangle

Satisfaction Survey Results Reporting to the LHIN

All NSM LHIN funded Health Service Providers (HSP) are required to provide a report annually to the LHIN outlining the efforts made to collect information on the experience of persons receiving services from the organization and/or to solicit views about the quality of care provided by the HSP.

If the Health Service Provider is mandated under regulations in the Excellent Care for All Act, 2010 or Ministry of Health and Long-Term Care directive to conduct annual satisfaction surveys, the Health Service Providers will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of, at minimum:

- Total Number of Patients/Clients/Family Members surveyed for Client Satisfaction
- Total Number of Patients/Clients/Family Members responding positively in response to one of the following questions*:
 - o "If you needed to be treated again, would you choose to come back to this organization/facility?"
 - o "Would you recommend this organization/facility to your friends and family?"
 - o "Overall, how would you rate the care and services you received at this organization/facility?"

* actual wording and definitions of "positive" may vary slightly based on survey design.

Reporting is due to the NSM LHIN by April 30, 2018.

Indigenous Report Submission

Health Service Providers (HSPs) are required to complete the Indigenous, Métis Cultural Awareness Annual Report for the period of April 1, 2017 to March 31, 2018. The NSM LHIN will provide a separate communication to HSPs with a link to the Survey Monkey report template. The report will be used to:

- Identify and track opportunities for Indigenous Cultural Safety and Aboriginal Cross Cultural Awareness training
- support HSPs with voluntary self-identification.

Reporting is due to the NSM LHIN by April 30, 2018.

Submission of Organizational Self-Assessment

Health Service Providers are required to submit to the NSM LHIN, a Board approved Organizational Self-Assessment Tool of governance and business practices to establish a baseline of organizational health status. The Organizational Self-Assessment Tool will be provided to Health Service Providers by the LHIN in an electronic format.

Reporting is due to the NSM LHIN by June 30, 2017.

**Schedule G: Declaration of Compliance
2017-2018
Health Service Provider: Hospice Georgian Triangle**

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: April 1, 2017 – March 31, 2018 (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 Officer 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]