

February 10, 2015

Ms. Tanya Elliott
Director General, Ontario
The Canadian Red Cross Society
c/o 211 Church Street,
St. Catharines ON L2R 3E8

Ms. Elliott:

**Re: Amendment of 2014-17 Multi-Sector Service Accountability Agreement for
2015-16 and 2016-17**

When the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") and The Canadian Red Cross Society (the "HSP") entered into a service accountability agreement for a three-year term effective April 1, 2014 (the "MSAA"), the budgeted financial data, service activities and performance indicators for all three years (up to and including fiscal year 2016-17) were included. The LHIN is now required to update the MSAA to include changes to Schedules C, D and E, specifically E1, E2b (CHC only) and E3.

Subject to HSP's agreement, the MSAA will be amended with effect April 1, 2015, with the amended Schedules C, D and E (the "Schedules") that are included in this letter.

To the extent that there are any conflicts between the current MSAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the MSAA will remain the same.

Over the coming months, the LHIN will also be working with individual HSPs to update Schedules B and E2a to include any previously allocated base-funding, and associated service activity updates not already consolidated in the current schedules. HSPs will be contacted directly by the LHIN should these additional updates be required. This work will continue into the first two months of fiscal year 2015-16.

Please indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one original signed copy of this letter to Ashley Bolduc, Analyst, Quality and Risk Management, HNHB LHIN, 264 Main Street East, Grimsby, ON, L3M 1P8 by **March 20, 2015**. Please also submit a signed electronic copy to hnhb.reporting@lhins.on.ca. If you have any questions or concerns please contact Colleen Lynas, Advisor, Quality and Risk Management at colleen.lynas@lhins.on.ca or at 905-945-4930 ext. 4219.

The LHIN appreciates your organization's collaboration and hard work during this 2015-16 MSAA refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,



Donna Cripps
Chief Executive Officer

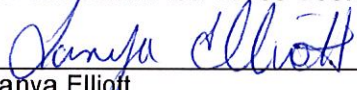
Ms. Tanya Elliott

- c: Sara John Fowler, Chair, National Board, The Canadian Red Cross Society
Alan Pearson, Chair, National Audit & Finance Committee/Board Member, The Canadian Red Cross Society
Michael Shea, Board Chair, HNHB LHIN
Emily Christoffersen, Director, Quality and Risk Management, HNHB LHIN
Derek Bodden, Director, Finance, HNHB LHIN
Colleen Lynas, Advisor, Quality and Risk Management, HNHB LHIN

Encl: Schedules C, D, E

AGREED TO AND ACCEPTED BY:

The Canadian Red Cross Society



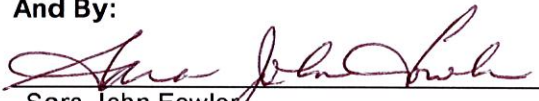
Tanya Elliott
Director General, Ontario



Date

I have the authority to bind The Canadian Red Cross Society

And By:



Sara John Fowler
Chair, National Board



Date

I have the authority to bind The Canadian Red Cross Society

**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.

▪ Personal Support Services Wage Enhancement Directive, 2014
▪ 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
▪ 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

2015-2017

Health Service Provider: The Canadian Red Cross Society

Performance Indicators	2015-2016		2016-2017	
	Target	Performance Standard	Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0	\$0	>=0
Proportion of Budget Spent on Administration	16.0%	12.5 - 18.7%	16.0%	12.5 - 18.7%
**Percentage Total Margin	0.00%	>= 0%	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	12.0%	<13.2%	12.0%	<13.2%
Variance Forecast to Actual Expenditures	0	< 5%	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-	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 E3a Local: All
2015-2017**

Health Service Provider: The Canadian Red Cross Society

Participate in applicable initiatives endorsed by relevant sector and system committees/working groups and approved by the HNH B LHIN. The organization will notify the LHIN when engaged in new activities that will contribute to, or impact these initiatives (for example, when developing new services or programs).

Organizations will develop a quality plan for submission to the HNH B LHIN along with a copy of a balanced quality scorecard, and a board approved policy on quality by June 30, 2015.

**Schedule E3a Local: All
2015-2017**

Health Service Provider: The Canadian Red Cross Society

Patient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service Providers (HSPs) are required to report patient experience indicators for fiscal year 2015-16 (or the most recent 12-month period available) as part of 2015-16 Q4 Supplementary Reporting. Reporting will reflect two elements of the patient/client reported experience: overall patient/client satisfaction and involvement in decisions about care. HSPs should report on the questions that are most similar to the following:

- Overall satisfaction: "Overall, how would you rate the care and services you received?"
- Involvement in decisions about care: "Were you involved in decisions about your care as much as you wanted to be?"

	Measure	Survey Question	Reporting Period	Data Source	Denominator – total # of respondents	Result (%)
Satisfaction	Percent of individuals who responded positively to the question regarding overall satisfaction					
Involvement in Care	Percent of individuals who responded positively to the question regarding involvement in decisions about care					

Participate as a Behavioural Supports Ontario (BSO) Contributing Agency. Refer to the HNHB LHIN's website for information on the responsibilities of a BSO Contributing Agency.