

700 Dorval Drive, Suite 500
Oakville, ON L6K 3V3
Tel: 905 337-7131 • Fax: 905 337-8330
Toll Free: 1 866 371-5446
www.mississaugahaltonlhinc.on.ca

700 Dorval Drive, bureau 500
Oakville, ON L6K 3V3
Téléphone : 905 337-7131
Sans frais : 1 866 371-5446
Télécopieur : 905 337-8330
www.mississaugahaltonlhinc.on.ca

February 15, 2017

Electronic Delivery Only

Mr. Ed Ziesmann
Vice President, Education, Programs and Services
The Arthritis Society
393 University Avenue Suite #1700
Toronto, ON M5G 1E6

Dear Mr. Ziesmann,

Re: One-Year Extension to 2014-17 Multi-Sector Service Accountability Agreement

The Mississauga Halton Local Health Integration Network (the “LHIN”) and The Arthritis Society (the “HSP”) entered into a service accountability agreement for a three-year term effective April 1, 2014 (the “MSAA”). With the implementation of the *Patients First Act, 2016* underway, a pan-LHIN decision was made to extend the current 2014-2017 MSAA for one year, to expire on March 31, 2018.

The LHIN would now like to update the MSAA to include the one-year extension and the required financial, service activity and performance expectations for the 2017-2018 fiscal year to Schedules B, C, D, E and G (the “Schedules”). The revised budgeted financial data, service activities and performance indicators for the fourth year of the agreement (the “2017-2018 fiscal year”) are based on 2016-2017 Schedules.

Please indicate the HSP’s acceptance of, and agreement to this Amendment, by returning one signed copy of the agreement to the Mississauga Halton LHIN, either in PDF format via email to katie.halsall@lhins.on.ca or hard copy via surface mail, to the attention of Katie Halsall, Administrative Assistant, by March 31, 2017. If you have any questions or concerns, please contact Jeanny Lau, Lead, Health System Performance at jeanny.lau@lhins.on.ca.

The LHIN appreciates you and your team's collaboration and hard work during this 2017-2018 MSAA process. We look forward to maintaining a strong working relationship with you.

Sincerely,

A handwritten signature in black ink, reading "Bill MacLeod". The signature is fluid and cursive, with the first name "Bill" and last name "MacLeod" clearly distinguishable.

Bill MacLeod
Chief Executive Officer

Encl. MSAA Amending Agreement with Schedules B, C, D, E and G

c: Ron Smith, Chair, Board of Directors, The Arthritis Society
Mary Davies, Acting Board Chair, Mississauga Halton LHIN
Laura Salisbury, Acting Director, Health System Performance, Mississauga Halton LHIN
Dale McGregor, Chief Financial Officer & Senior Director Health System Performance, Decision Support and Information Management, Mississauga Halton LHIN

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:

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

AND

THE ARTHRITIS SOCIETY (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.

(jj) 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.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

By:



Mary Davies, Acting Board Chair

February 15, 2017

Date

And by:



Bill MacLeod, Chief Executive Officer

February 15, 2017

Date

THE ARTHRITIS SOCIETY

By:

Janet Yale,
Chief Executive Officer
I have the authority to bind the HSP

Date

And by:

Ron Smith,
Chair, Board of Directors
I have the authority to bind the HSP

Date

Schedule A1: Description of Services
 2014-2017

Health Service Provider: The Arthritis Society

Services Provided - With LHIN Funding		Catchment Area Served																								
Service		Within LHIN										Other LHIN Areas														
		Million	Hilton Hills	Oakville	NW Miss.	SE Miss.	South Etobicoke	Area 7	Area 8	Area 9	Area 10	ALL	ES	SW	WW	HNHB	CW	MH	TC	CEN	CE	SE	CH	NS	NE	NW
72 5 20 81 30	Day Care - Rehab Combined											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
72 5 50 10	Health Promotion and Education & Development											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
72 5 82 05	CSS IH COM - Service Arrangement/Coordination											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Schedule A2: Population and Geography

2014-2017

Health Service Provider: The Arthritis Society

Client Population

Stable community dwelling children, adults and seniors with a diagnosis of arthritis. Chronic disease management rehabilitation interventions delivered by Physiotherapists, Occupational Therapists and Social Workers in a clinic, group or home setting.

Eighty percent of patients female, 26% of clientele of working age are not working due to arthritis. Largest diagnostic groups are osteoarthritis (44%), inflammatory arthritis (23%), and fibromyalgia (3%). Thirty-four percent of clients report comorbidities. No charges are levied for services, equipment prescriptions are handled at cost. Services are offered in French, English, and other languages as available through local staff. Direct services are available (in English) to all cultural communities and some aboriginal communities in the province in accordance with demand.

Patient outcomes include:

- Improved self-efficacy, knowledge of disease, function (independence), pain, mobility and morning stiffness
- Improved mastery, depression and coping skills (in psychosocial sessions/groups)

Patients report they value re-entry and self referral improves access to specialized care and the management of recurring/new disease related issues. The consultative approach to care is linked to facilitating and mastering the use of self management skills and adapted recreational programming is fostered to promote range of motion, strength and pain management.

Geography Served

Services offered in 100% of LHINs in Ontario. Four regional offices (Toronto, London, Burlington and Ottawa) and 13 sub-regional offices (Owen Sound, Tillsonburg, Kitchener, St. Catharines, Brampton, Peterborough, Kingston, Bracebridge, Sudbury, Sault St. Marie, North Bay, Thunder Bay and Kenora). The program utilizes 200+ venues in 90+ communities that are maintained at no cost through partnerships with local community health centres, family health teams, nursing homes and community centres. Remote communities are resourced through fly in arrangements and consultations with local community based providers. The Ontario Telemedicine Network is used to reach small communities when delivering clinical consultations and group education sessions, and to expedite access to rheumatologists for remote assessment and follow up care.

Traveling staff take responsibilities for large geographic areas, using clinics and partnerships to regularly reach smaller centres. Therapists are linked with other primary care providers and are an integral part of a virtual community team.

Services for all sites are generally provided Monday to Friday from 9:00 AM to 5:00 PM. Consultations can be requested for the early evening and arranged on a case-by-case basis. Public education forums and some group classes are held in the evenings.

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

Health Service Provider: The Arthritis Society

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$5,014,854
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	\$60,000
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$5,074,854
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*]	\$0
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$0
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$5,074,854
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$3,484,840
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$582,325
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]	\$518,197
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$50,000
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$9,667
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$425,000
Building Amortization	34	F 9*	\$4,825
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$5,074,854
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*	\$24,850,292
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$24,850,292
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	\$29,925,146
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$29,925,146
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*	\$459,486
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$1,296,660
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$1,756,146
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)	\$1,756,146

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: The Arthritis Society

Service Category 2017-2018 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 Participants Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
Day/Night Care		72 5 20*	35.40	20,500	0	0	0	14,500	0	323	0	0	0	0	0
Health Promotion and Education		72 5 50	1.35	0	2,250	0	0	2,250	0	0	0	0	0	0	0
CSS In-Home and Community Services (CSS IH COM)		72 5 82*	6.60	13,000	0	0	0	13,000	0	0	0	0	0	0	0

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: The Arthritis Society

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
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: The Arthritis Society

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: The Arthritis Society

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: The Arthritis Society

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	34.6%	<=41.5%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	-	-
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	-	-

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

2017-2018

Health Service Provider: The Arthritis Society

OHSR 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*	8.83	n/a
Total Cost for Functional Centre	72 1	\$1,756,146	n/a
Day Care - Rehab Combined 72 5 20 81 30			
* Full-time equivalents (FTE)	72 5 20 81 30	35.40	n/a
Visits	72 5 20 81 30	20,500	19475 - 21525
Individuals Served by Functional Centre	72 5 20 81 30	14,500	13775 - 15225
Group Sessions	72 5 20 81 30	323	258 - 388
*Total Cost for Functional Centre	72 5 20 81 30	\$2,868,730	n/a
Health Prom/Educ & Dev - General 72 5 50 10			
* Full-time equivalents (FTE)	72 5 50 10	1.35	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 10	2,250	2025 - 2475
Individuals Served by Functional Centre	72 5 50 10	2,250	2025 - 2475
*Total Cost for Functional Centre	72 5 50 10	\$99,978	n/a
CSS IH - Service Arrangement/Coordination 72 5 82 05			
* Full-time equivalents (FTE)	72 5 82 05	6.60	n/a
Visits	72 5 82 05	13,000	12350 - 13650
Individuals Served by Functional Centre	72 5 82 05	13,000	12350 - 13650
*Total Cost for Functional Centre	72 5 82 05	\$350,000	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		52.18	n/a
Total Visits for all F/C		33,500	32160 - 34840
Total Not Uniquely Identified Service Recipient Interactions for all F/C		2,250	2025 - 2475
Total Individuals Served by Functional Centre for all F/C		29,750	28263 - 31238
Total Group Sessions for all F/C		323	258 - 388
Total Cost for All F/C		5,074,854	n/a

Schedule E2d: CSS Sector Specific Indicators
2017-2018
Health Service Provider: The Arthritis Society

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: The Arthritis Society

3 a Governance: Training

Health Service Provider (HSP) Board is to ensure that as part of their on-going comprehensive recruitment, orientation and development process for board members that they incorporate governance training utilizing current best practice knowledge. The HSP is to provide sign off during the Q4 submission that the activity is in place.

3 b Governance: Guidelines

HSP Board is required to complete the Mississauga Halton LHIN's "Governance Guidelines for Community Health Service Providers" on an annual basis. The HSP Board Chair is to provide sign-off during the Q4 submission that this activity has been completed for the fiscal year and that the Board is working to address any identified gaps.

3 c Governance: Board Evaluation

HSP Board is required to complete a Board self-assessment on an annual basis. The HSP Board Chair is to provide sign-off during the Q4 submission that this activity has been completed for the fiscal year.

3 d Accreditation

HSP is required to maintain on-going accreditation status both for their organization and their Governance, and to inform the LHIN each time accreditation is awarded.

3 e Mississauga Halton LHIN Community Sector Meetings

HSP must ensure Chief Executive Officer (CEO) / Executive Director or senior management delegate representation at all scheduled Mississauga Halton LHIN Community Sector Meetings and other meetings that may be scheduled from time to time.

3 f Communications: Strategy

HSP is required to have a board approved and signed off communication strategy that demonstrates access to their programs/services. The Mississauga Halton LHIN may request a review of the strategy at any time for programs and services funded by the LHIN.

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

Health Service Provider: The Arthritis Society

3 g Communications: News Release

Prior to distribution, HSP is required to provide a copy of any news release to LHIN communications.

3 h Client Satisfaction Survey

HSPs to provide an annual summary report on Client Satisfaction Survey results related to the explanatory indicators in the 2014-18 M-SAA under client experience. Survey response rates will be included in the summary report. The client experience survey will include three questions measuring the clients' care experience. The questions will be substantially similar to:

1. Overall care received;
2. Enough say about care treatment; and
3. Treated you with dignity and respect.

The client experience survey must use a rating scale of:

- a) Completely dissatisfied
- b) Dissatisfied
- c) Neither satisfied or dissatisfied
- d) Satisfied
- e) Very satisfied

3 i Multi-LHIN Service Providers

HSPs that provide LHIN funded programs/services in more than one LHIN with one M-SAA who plans changes that will impact service levels, volumes and/or scope of services must discuss the proposed changes with their lead LHIN for approval. The lead LHIN will collaborate with the affected LHIN(s) and may involve them in discussions with the HSP.

3 j French Language Service Identified HSPs

An HSP, program or service identified by the former District Health Council, the Health Services Restructuring Commission or by the LHIN is required to provide services in French.

- (i) Each identified HSP must complete and submit to the LHIN Lead, Health System Development and French Language Services, a French Language Services Implementation Plan for 2014-18.
- (ii) As part of the FLS Implementation Plan, the identified HSP will set yearly targets in each of the key results areas with specific deadlines.

Schedule E3a Local: All

2017-2018

Health Service Provider: The Arthritis Society

3 j French Language Service Identified HSPs (continued):

(iii) Each identified HSP will report on the progress of the French Language Services Implementation Plan on a bi-yearly basis. Each identified HSP will complete a French Language Services report, which will be sent to the LHIN Lead, Health System Development and French Language Services, for monitoring purposes by the following dates for each fiscal year:

- i. March 31
- ii. September 30

(iv) Identified HSPs will work and collaborate with the French Language Health Planning Entity, Reflect Salvéo, to increase access and accessibility to French Language Services.

(v) To identify Francophones in Ontario, HSPs are asked to incorporate the following questions (as adopted by the FLS Entities) to their initial intake/assessment processes:

1. What is your mother tongue?
A: French, English, and Other
2. If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?
A: French, English

3 j French Language Service Identified HSPs (continued):

(vi) Ensure the equitable access to and accessibility of health services in French where French language service capacity exists in the Mississauga Halton LHIN

French Language Services requirements for ALL HSPs

If the HSP is not required (i.e. not an identified or designated health service provider) to provide services to the public in French under the provisions of the French Language Service Act, it will be required to provide a report to the LHIN that outlines how the HSP addresses the needs of its local Francophone community, which will be sent to the LHIN Lead, Health System Development and French Language Services, for monitoring purposes by the following date for each fiscal year :

- i. March 31

To identify Francophones in Ontario, HSPs are asked to incorporate the following questions (as adopted by the FLS Entities) to their initial intake/assessment processes:

1. What is your mother tongue?
A: French, English, and Other
2. If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?
A: French, English

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

Health Service Provider: The Arthritis Society

3 k Management Letter

HSPs are required to submit their management letter from their auditors along with their audited financial statements and Annual Reconciliation Report (ARR) by June 30th in each fiscal year.

3 l Health Equity

HSPs will adopt and incorporate a health equity lens into their program planning and service delivery. This phased adoption will include: corporate understanding and awareness of health equity, including use of the Ontario Health Equity Impact Assessment Tool (HEIA) by March 2015.

- Continue building on the Implementation of the HEIA Action Plan into program service delivery throughout 2017 to be fully integrated into program services by March 31, 2018.
- Evaluation of the HEIA tool in program service delivery, to be completed by March 31, 2018.
- Continue development and knowledge transfer of the HEIA Tool inclusive of the Workbook and Assessment Tool to all HSPs.
- Participation in the Mississauga Halton LHIN Health Equity Initiative in two of the following initiatives;
 1. Annual Health Equity Symposium;
 2. Focused Implementation Sites (FIS);
 3. Education and Training in socio-demographic data collection; socio-demographic data analysis; Community of Practice FIS
 4. Participation in Health Equity education at the Mississauga Halton LHIN Regional Learning Centre

3 m Quality Plan

All MSAA funded Health Service Providers will develop an annual HSP Board approved quality improvement plan based on the annual LHIN Guidance documents, due on April 1st of each year. This plan would be available to the LHIN upon request. The HSP is to provide sign-off during the Q4 submission, that this has been completed.

3 n Sub-Region Planning

All Health Service Providers are required to participate in local sub-region planning as applicable.

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: Declaration of Compliance

2017-2018

Health Service Provider: The Arthritis Society

DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2014

To: **The Board of Directors** of the Mississauga Halton Local Health Integration Network (the "LHIN").
Attn: Mary Davies, Acting 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 MSAA 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 "MSAA") in effect during the Applicable Period.

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

- (i) Article 4.8 of the MSAA 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: Declaration of Compliance

2017-2018

Health Service Provider: The Arthritis Society

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.]