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February 21, 2017

Mr. Ray Applebaum
Chief Executive Officer
Peel Senior Link
300-50 Burnhamthorpe Road West
Mississauga, ON
L5B 3C2

2017. 23

Dear Mr. Applebaum:

Re: 2017-18 M-SAA – Amending Agreement

The Central West LHIN is pleased to offer your organization a one-year extension to the existing 2014-17 Multi-Sector Service Accountability Agreement (M-SAA), extending the agreement to March 31, 2018.

Please sign and return the attached 2017-18 M-SAA Amending Agreement by courier to the Central West LHIN, on or before March 15, 2017, to the attention of:

Ms. Michelle Mueller
Central West Local Health Integration Network
8 Nelson Street West, Suite 300
Brampton, ON L6X 4J2

The Central West LHIN will counter-sign the amending agreement and return a copy to your organization by the first week of April, 2017. If you have any further questions, please feel free to contact Brock Hovey, Senior Director Health System Performance at 905 452-6975.

I thank you and your team for supporting the preparation of this amendment.

Sincerely,


Scott McLeod
Chief Executive Officer

Encl.

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:

CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

PEEL SENIOR LINK (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 C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance
Schedule F: Project Funding Agreement Template
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.

CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK

By:

Maria Britto, Chair

Date

And by:

Scott McLeod, CEO


Date

PEEL SENIOR LINK

By:




Wayne Howard, Chair




Date

And by:



Ray Applebaum, CEO



Date

Schedule C: Reports Community Support Services

2017-2018

Health Service Provider: Peel Senior Link

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: Peel Senior Link

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: Peel Senior Link

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">• 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<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">• Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012
<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 E2d: CSS Sector Specific Indicators

2017-2018

Health Service Provider: Peel Senior Link

Performance Indicators	2017-2018 Target	Performance Standard
No Performance Indicators	-	-
Explanatory Indicators		
# Persons waiting for service (by functional centre)		

Schedule E3d Local: CSS Local Indicators
2017-2018

Health Service Provider: Peel Senior Link

IHP 2016-2019 Priority	IHP - Strategic Initiatives	2017/18 MSAA Expected Outcome	2017/18 MSAA Performance Expectations
<p>Building Integrated Networks of Care</p>	<p>Healthlinks: Healthlinks focuses on enhancing transitions and coordinating care for high needs patients to improve access to care, reduce avoidable hospital visits and readmissions, and improve the patient's experience The Central West LHIN is committed to building on the success of Health Links to date over the next three years through:</p> <ul style="list-style-type: none"> • coordinated care for all identified complex patients • improving individual use of the right services • a focus on "upstream" care to identify those at risk of becoming complex and • evolving governance structures for Health Links. 	<p>Health Links Health Links will seek to identify and develop individualized coordinated care plans for each identified complex, high needs patient leveraging local resources and information across the continuum of care</p>	<p>Health Links The IHP will work actively with Health Links lead organizations to support and advance Health Links performance objectives within the sub regions in the Central West LHIN</p>
<p>Drive Quality and Value</p>	<p>Enabling Technology Integration The Central West LHIN will work in partnership with the Ontario Telemedicine Network (OTN) to leverage the effective and appropriate utilization of telemedicine technologies to improve access to care for Central West LHIN residents. Virtual technology will be implemented in established clinical pathways and healthcare services that will add value and ensure patients and providers have an enhanced experience through care delivery</p> <p>Quality and Innovation The Central West LHIN is committed to ensuring controls and accountability are in place to address areas of quality of health care, patient safety and system effectiveness. Collaborating with providers and public to continue to create and sustain a culture of quality improvement across the LHIN is an essential element of the LHIN's system oversight role</p>	<p>Telemedicine Working as a partner in the local health care system contribute to improved access to acute care and community health care services for residents of the Central West LHIN. Increased efficiencies in the health care system through broader use of technology</p>	<p>Telemedicine Submit a Telemedicine progress report to the Central West LHIN on or before March 31, 2017 in each Fiscal Year. The report will describe progress to date in integrating the use of Telemedicine technology at the health service provider</p> <p>Assisted Living The LHIN recognizes that the IHP may not meet its pre-established service volume targets for assisted living services. Service planning targets for assisted living are being reviewed and this work will be finalized 2017-18. Once the review is completed service volume targets may be adjusted as appropriate in consultation with the IHP</p>

Schedule E3d Local: CSS Local Indicators

2017-2018

Health Service Provider: Peel Senior Link

HSP 2016-2019 Priority	HSP - Strategic Initiatives	2017/18 MSAA Expected Outcome	2017/18 MSAA Performance Expectations
<p>Quality and Innovation The Central West LHIN is committed to ensuring controls and accountability are in place to address areas of quality of health care, patient safety and system effectiveness. Collaborating with providers and public to continue to create and sustain a culture of quality improvement across the LHIN is an essential element of the LHIN's system oversight role. The Central West LHIN will achieve this through:</p> <ul style="list-style-type: none"> • Monitoring the implementation of the Excellent Care for All Act and its implications for the LHIN • Advancing quality and its continuous improvement across the health care sectors • Ensuring transparent plans, process and resources are dedicated to drive improvement in the quality of the health care system with particular attention to cross-sector improvement / re-design • Ensuring measures, controls and accountability are in place and monitored that address areas of quality of the system <p>Drive Quality and Value</p>	<p>Accreditation All community HSPs will be accredited by a provincial or national accreditation body by March 31, 2017. Once accredited, all community HSPs will maintain accreditation on an on-going basis and provide documentation to the LHIN when accreditation is awarded</p> <p>Quality The overall objective is for Quality Improvement Plans to steer health care organizations to improve the quality of services delivered to patients. Quality Improvement Plans and quality improvement processes will be developed as an area of focus within Health Service Providers in the Central West LHIN</p> <p>Procurement Best Practices The Central West LHIN promotes best practice in the procurement of goods and services, improving openness, fairness and transparency during the procurement process</p> <p>Local Incident Reporting To ensure that the LHIN is informed in a timely manner about local incidents, especially if these incidents could have an impact on other health service providers, cross LHIN boundaries, or have a potential negative public profile, the Central West LHIN has developed a "Protocol for Local Incident Reporting" by HSPs</p>	<p>Accreditation HSPs are required to maintain their accreditation status on an ongoing basis and provide documentation to the LHIN each time their accreditation status is renewed</p> <p>Quality An annual Quality Plan that is inclusive of the HSP's improvement objectives is informed by HSP evidence and data must be submitted to the Central West LHIN on April 1, 2018</p> <p>Procurement Best Practices HSPs in the Central West LHIN that are designated in the Broader Public Sector Accountability Act, 2010 will adhere to the BPS Procurement Directive and HSPs that are not designated will be guided by the Procurement Guideline for Publicly Funded Organizations in Ontario</p> <p>Local Incident Reporting The HSP will adhere to the "Protocol for Local Incident Reporting" issued by the Central West LHIN</p>	

**Schedule E3d Local: CSS Local Indicators
2017-2018**

Health Service Provider: Peel Senior Link

<p>IIHSP 2016-2019 Priority</p>	<p>IIHSP - Strategic Initiatives</p>	<p>2017/18 MSAA Expected Outcome</p>	<p>2017/18 MSAA Performance Expectations</p>
<p>Demonstrate System Leadership</p>	<p>Health Equity The IIHSP across the province have identified health equity – ensuring avoidable health disparities among population groups are minimized wherever possible – as a key component of quality care. Given the diverse population in the Central West THIN, this part of quality care and population health is particularly salient</p>	<p>Health Equity To actively reduce health system disparities for vulnerable populations in the Central West THIN To improve access to culturally competent health care services</p>	<p>Health Equity Submit a annual summary report at the end of each fiscal year in the term of the agreement (March 31st), outlining the status of the Organization's Health Equity Plan</p>

Schedule F: Project Funding

2017-2018

Health Service Provider: Peel Senior Link

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.

Schedule F: Project Funding

2017-2018

Health Service Provider: Peel Senior Link

Project Funding Agreement Template

5.0

Representatives for PFA.

- (a) The HSP's Representative for purposes of this PFA shall be [insert name, 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

2017-2018

Health Service Provider: Peel Senior Link

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: Peel Senior Link

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, 2016 –March 31, 2017] (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]