

## MSAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the “Agreement”) is made as of the 1<sup>st</sup> day of April, 2017

**B E T W E E N:**

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK** (the “LHIN”)

**AND**

**Timmins and District Hospital** (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

- 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 EAST LOCAL HEALTH INTEGRATION NETWORK**

By:

\_\_\_\_\_  
Rick Cooper, Interim Chair

\_\_\_\_\_  
Date

And by:

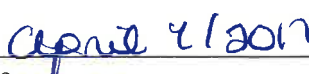
\_\_\_\_\_  
Louise Paquette, Chief Executive Officer

\_\_\_\_\_  
Date

**Timmins and District Hospital**

By:

  
\_\_\_\_\_  
Maggie Maton, Chair

  
\_\_\_\_\_  
Date

And by:

  
\_\_\_\_\_  
Blaise MacNeil  
President and Chief Executive Officer

  
\_\_\_\_\_  
Date

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

**Health Service Provider: Timmins and District Hospital**

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target	
<b>REVENUE</b>				
LHIN Global Base Allocation	1	F 11006	\$1,147,159	
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	\$93,153	
Service Recipient Revenue	9	F 11050 to 11090	\$0	
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$1,240,312</b>	
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	
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$0</b>	
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>	<b>\$1,240,312</b>
<b>EXPENSES</b>				
<b>Compensation</b>				
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$581,490	
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$139,977	
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	\$388,802	
<b>Service Costs</b>				
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$100	
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$39,315	
Community One Time Expense	29	F 69596	\$0	
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$0	
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0	
Contracted Out Expense	32	F 8*	\$90,628	
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$0	
Building Amortization	34	F 9*	\$0	
<b>TOTAL EXPENSES</b>	<b>FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>	<b>\$1,240,312</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>\$0</b>	
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0	
<b>SURPLUS/DEFICIT Incl. Amortization of Grants/Donations</b>	<b>38</b>	<b>Sum of Rows 36 to 37</b>	<b>\$0</b>	
<b>FUND TYPE 3 - OTHER</b>				
Total Revenue (Type 3)	39	F 1*	\$2,500,000	
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$2,500,000	
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 3</b>	<b>41</b>	<b>Row 39 minus Row 40</b>	<b>\$0</b>
<b>FUND TYPE 1 - HOSPITAL</b>				
Total Revenue (Type 1)	42	F 1*	\$95,000,000	
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$95,000,000	
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 1</b>	<b>44</b>	<b>Row 42 minus Row 43</b>	<b>\$0</b>
<b>ALL FUND TYPES</b>				
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$98,740,312	
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$98,740,312	
<b>NET SURPLUS/(DEFICIT)</b>	<b>ALL FUND TYPES</b>	<b>47</b>	<b>Row 45 minus Row 46</b>	<b>\$0</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>				
Undistributed Accounting Centres	48	82*	\$0	
Plant Operations	49	72 1*	\$0	
Volunteer Services	50	72 1*	\$0	
Information Systems Support	51	72 1*	\$0	
General Administration	52	72 1*	\$27,000	
Other Administrative Expenses	53	72 1*	\$0	
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$27,000</b>	
Management Clinical Services	55	72 5 05	\$0	
Medical Resources	56	72 5 07	\$0	
<b>Total Admin &amp; Undistributed Expenses</b>	<b>57</b>	<b>Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)</b>	<b>\$27,000</b>	

**Schedule B2: Clinical Activity- Summary  
2017-2018**

**Health Service Provider: Timmins and District Hospital**

<b>Service Category 2017-2018 Budget</b>	<b>OHHS Framework Level 3</b>	<b>Full-time equivalents (FTE)</b>	<b>Units FTE, Tel, In-House, Cont. Out</b>	<b>Net Uniquely Identified Service Recipient Interactions</b>	<b>Hours of care in-House &amp; Contracted Out</b>	<b>Patients/Providers Days</b>	<b>Individuals Served by Functional Clinics</b>	<b>Attendance Days Face-to-Face</b>	<b>Group Sessions of group sessions not individuals</b>	<b>Wet Delivered-Combined</b>	<b>Group Participation Attendance (Reg &amp; Non-Reg)</b>	<b>Service Provider Interactions</b>	<b>Service Provider Group Interactions</b>	<b>Mental Health Sessions</b>
Primary Care- Clinics/Programs	72.5 10*	2.30	425	0	0	0	85	0	0	0	0	0	0	0
Crisis Intervention	72.5 15*	4.80	4,400	0	0	0	4,400	0	0	0	0	0	0	0

## Schedule C: Reports

### Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Timmins and District Hospital

**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 "\*".

<b>OHRIS/MIS Trial Balance Submission (through OHFS)</b>	
<b>2014-15</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2015-16</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2016-17</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2017-18</b>	<b>Due Dates (Must pass 3c Edits)</b>
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

<b>Supplementary Reporting - Quarterly Report (through SRI)</b>	
<b>2014-2015</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
<b>2015-2016</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
<b>2016-17</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
<b>2017-2018</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
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 Mental Health and Addictions Services

2017-2018

Health Service Provider: Timmins and District Hospital

#### 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 Mental Health and Addictions – Other Reporting Requirements

Requirement	Due Date
<b>Common Data Set for Community Mental Health Services</b>	Last day of one month following the close of trial balance reporting for Q2 and Q4 (Year-End)
	• 2014-15 Q2      November 28, 2014
	• 2014-15 Q4      June 30, 2015
	• 2015-16 Q2      November 30, 2015
	• 2015-16 Q4      June 30, 2016
	• 2016-17 Q2      November 30, 2016
	• 2016-17 Q4      June 30, 2017
	• 2017-18 Q2      November 30, 2017
• 2017-18 Q4      June 30, 2018	
<b>DATIS (Drug &amp; Alcohol Treatment Information System)</b>	Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4)
	• 2014-15 Q1      July 22, 2014
	• 2014-15 Q2      October 22, 2014
	• 2014-15 Q3      January 22, 2015
	• 2014-15 Q4      April 30, 2015
	• 2015-16 Q1      July 22, 2015
	• 2015-16 Q2      October 22, 2015
• 2015-16 Q3      January 22, 2016	

## Schedule C: Reports

### Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Timmins and District Hospital

	<ul style="list-style-type: none"> <li>. 2015-16 Q4 April 28, 2016</li> <li>. 2016-17 Q1 July 22, 2016</li> <li>. 2016-17 Q2 October 24, 2016</li> <li>. 2016-17 Q3 January 23, 2017</li> <li>. 2016-17 Q4 May 2, 2017</li> <li>. 2017-18 Q1 July 21, 2017</li> <li>. 2017-18 Q2 October 24, 2017</li> <li>. 2017-18 Q3 January 23, 2018</li> <li>. 2017-18 Q4 May 2, 2018</li> </ul>
<p><b>ConnexOntario Health Services Information</b></p> <ul style="list-style-type: none"> <li>. Drug and Alcohol Helpline</li> <li>. Ontario Problem Gambling Helpline (OPGH)</li> <li>. Mental Health Helpline</li> </ul>	<p>All HSPs that received funding to provide mental health and/or addictions services must participate in <a href="#">ConnexOntario Health Services Information's</a> annual validation of service details; provide service availability updates; and inform <a href="#">ConnexOntario Health Services Information</a> of any program/service changes as they occur.</p>
<p><b>French language service report</b></p>	<p>2014-15 - April 30, 2015            2015-16 - April 30, 2016            2016-17 - April 30, 2017            2017-18 - April 30, 2018</p>

## Schedule D: Directives , Guidelines and Policies Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Timmins and District Hospital

*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"> <li>• <b>Community Financial Policy, 2015</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Operating Manual for Community Mental Health and Addiction Services (2003)</b></li> </ul>	Chapter 1. Organizational Components 1.2 Organizational Structure, Roles and Relationships 1.3 Developing and Maintaining the HSP Organization / Structure 1.5 Dispute Resolution
	Chapter 2. Program & Administrative Components 2.3 Budget Allocations/Problem Gambling Budget Allocations 2.4 Service Provision Requirements 2.5 Client Records, Confidentiality and Disclosure 2.6 Service Reporting Requirements 2.8 Issues Management 2.9 Service Evaluation/Quality Assurance 2.10 Administrative Expectations
	Chapter 3. Financial Record Keeping and Reporting Requirements 3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs 3.6 Internal Financial Controls ( <i>except "Inventory of Assets"</i> ) 3.7 Human Resource Control
<ul style="list-style-type: none"> <li>• <b>Early Psychosis Intervention Standards (March 2011)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Ontario Program Standards for ACT Teams (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Crisis Response Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Psychiatric Sessional Funding Guidelines (2004)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Addictions &amp; Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Addictions staged screening and assessment tools (2015)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>South Oaks Gambling Screen (SOGS)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Guideline for Community Health Service Providers Audits and Reviews, August 2012</b></li> </ul>	



**Schedule E1: Core Indicators**

2017-2018

**Health Service Provider: Timmins and District Hospital**

<b>Performance Indicators</b>		<b>2017-2018 Target</b>	<b>Performance Standard</b>
*Balanced Budget - Fund Type 2		\$0	>=0
Proportion of Budget Spent on Administration		2.2%	<=2.6%
**Percentage Total Margin		0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)		17.0%	<18.7%
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		0.0%	<0%
<b>Explanatory Indicators</b>			
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: Timmins and District Hospital**

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
*These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Administration and Support Services 72 1*</b>			
*Total Cost for Functional Centre	72 1*	\$27,000	n/a
<b>Medical Resources 72 5 07</b>			
Individuals Served by Functional Centre	72 5 07	564	479 - 649
*Total Cost for Functional Centre	72 5 07	\$304,562	n/a
<b>MH Assertive Community Treatment Teams 72 5 10 76 20</b>			
* Full-time equivalents (FTE)	72 5 10 76 20	1.30	n/a
Visits	72 5 10 76 20	125	100 - 150
Individuals Served by Functional Centre	72 5 10 76 20	45	36 - 54
*Total Cost for Functional Centre	72 5 10 76 20	\$238,176	n/a
<b>MH Eating Disorders 72 5 10 76 70</b>			
* Full-time equivalents (FTE)	72 5 10 76 70	1.00	n/a
Visits	72 5 10 76 70	300	240 - 360
Individuals Served by Functional Centre	72 5 10 76 70	40	32 - 48
*Total Cost for Functional Centre	72 5 10 76 70	\$110,739	n/a
<b>Crisis Intervention - Hot Lines 72 5 15 10</b>			
* Full-time equivalents (FTE)	72 5 15 10	1.00	n/a
Visits	72 5 15 10	2,400	2160 - 2640
Individuals Served by Functional Centre	72 5 15 10	2,400	2160 - 2640
*Total Cost for Functional Centre	72 5 15 10	\$110,000	n/a
<b>Crisis Intervention - Mental Health 72 5 15 76</b>			
* Full-time equivalents (FTE)	72 5 15 76	3.80	n/a
Visits	72 5 15 76	2,000	1800 - 2200
Individuals Served by Functional Centre	72 5 15 76	2,000	1800 - 2200
*Total Cost for Functional Centre	72 5 15 76	\$449,835	n/a
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		7.10	n/a
Total Visits for all F/C		4,825	4343 - 5308
Total Individuals Served by Functional Centre for all F/C		5,049	4797 - 5301
Total Cost for All F/C		1,240,312	n/a