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April 8, 2015

*Electronic Delivery Only*

Tanya Elliott  
Director General, Ontario  
Canadian Red Cross Society  
5700 Cancross Court  
Mississauga, ON L5R 3E9

Dear Ms. Elliott:

**Re: 2014-17 Multi-Sector Service Accountability Agreement - Update**

The North Simcoe Muskoka 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"), and an amendment to the MSAA for 2015/16 was agreed to and signed by your organization on March 6, 2015 with effect April 1, 2015.

Further to this signed amending agreement, a voluntary integration between Innisfil Meals on Wheels Inc. and the Canadian Red Cross, Simcoe County Branch, was formalized to take effect on April 1, 2015. As such, the required financial, service activities and performance requirements for the Canadian Red Cross, Simcoe County Branch have been updated to reflect this integration.

Subject to the HSP's agreement, the M-SAA will be further updated with effect April 1, 2015 by adding the amended Schedules B, C, D and E (the "Schedules") that are included as appendix to 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.

Please indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter via email to [Christine.Hunter-Dennis@lhins.on.ca](mailto:Christine.Hunter-Dennis@lhins.on.ca) as soon as possible.

If you have any questions or concerns, please contact [Kinsa.MawNaing@lhins.on.ca](mailto:Kinsa.MawNaing@lhins.on.ca) via email or by phone at 1-866-903-5446 ext. 213.

**Canadian Red Cross Society**

Letter dated April 8, 2015 re: Subject 2014-17 Multi-Sector Service Accountability Agreement (M-SAA)

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

Sincerely,



Jill Tettmann  
Chief Executive Officer

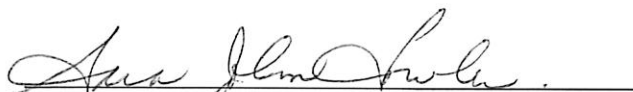
Attachment

c: Shanali Gayadeen, Director, Regional Operations East, Ontario Zone  
Robert Morton, Board Chair, NSM LHIN

**AGREED TO AND ACCEPTED BY:**

**Canadian Red Cross Society**

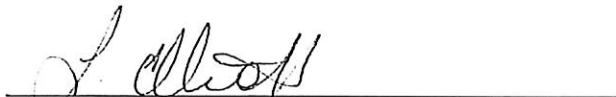
**By:**



Sara John Fowler, Chair;  
National Board of Directors  
I have the authority to bind the HSP

April 10, 2015  
Date

**And By:**



Tanya Elliott, Director General, Ontario  
I have the authority to bind the HSP

April 8, 2015  
Date

Schedule B1: Total LHIN Funding  
2015-2016

Health Service Provider: Canadian Red Cross Society - Muskoka District Branch

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 9.0	2015-2016 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$214,545
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	\$65,268
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$279,813</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>\$279,813</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$71,212
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$12,839
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
<b>Service Costs</b>			
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]	\$134,362
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*	\$24,766
Contracted Out Expense	32	F 8*	\$61,400
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>\$304,579</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>(\$24,766)</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$24,766
<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*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<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*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<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	\$304,579
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$304,579
<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
Admin & Support Services	49	72 1*	\$65,463
Management Clinical Services	50	72 5 05	\$0
Medical Resources	51	72 5 07	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>52</b>	<b>Sum of Rows 46-50 (Included in Fund Type 2 expenses above)</b>	<b>\$65,463</b>

Schedule B2: Clinical Activity- Summary  
2015-2016

Health Service Provider: Canadian Red Cross Society - Muskoka District Branch

Service Category 2015-2016 Budget	CHSS Framework Level 3	Fulltime Equivalents (FTE)	Units F27, T4, Jn Hours, Care, Out	Not Usually Identified Service Required Transactions	Hours of Care In Home & Constrained Out	Spreadsheets Days	Individuals Served By Functional Centre	Attendance Days Face-to-Face	Group Sessions of group sessions per individual	Net Delivered Contacted	Group Participants (Reg & Non-Reg)	Service Provider Transactions	Service Provider Group Transactions	Mental Health Sessions
CSS in-Home and Community Services (CSS IH COM)	72 5 82*	2	6,800	0	500	0	275	0	0	0	0	0	0	0

## Schedule E1: Core Indicators

2015-2016

Health Service Provider: Canadian Red Cross Society - Muskoka District Branch

Performance Indicators	2015-2016 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	21.5%	17.2 - 25.8%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases) - LHIN Wide	15.0%	<16.5%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	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 E2a: Clinical Activity- Detail  
2015-2016**

**Health Service Provider: Canadian Red Cross Society - Muskoka District Branch**

<b>OHRs Description &amp; Functional Centre</b>		<b>2015-2016</b>	
		<b>Target</b>	<b>Performance Standard</b>
<small>†These values are provided for information purposes only. They are not Accountability Indicators.</small>			
<b>Administration and Support Services 72 1*</b>			
Full-time equivalents (FTE)	72 1*	<b>0.48</b>	n/a
Total Cost for Functional Centre	72 1*	<b>\$65,463</b>	n/a
<b>CSS IH - Transportation - Client 72 5 82 14</b>			
Full-time equivalents (FTE)	72 5 82 14	<b>0.35</b>	n/a
Visits	72 5 82 14	<b>6,800</b>	6460 - 7140
Individuals Served by Functional Centre	72 5 82 14	<b>265</b>	212 - 318
Total Cost for Functional Centre	72 5 82 14	<b>\$194,420</b>	n/a
<b>CSS IH - Homemaking 72 5 82 31</b>			
Full-time equivalents (FTE)	72 5 82 31	<b>1.20</b>	n/a
Hours of Care	72 5 82 31	<b>500</b>	425 - 575
Individuals Served by Functional Centre	72 5 82 31	<b>10</b>	8 - 12
Total Cost for Functional Centre	72 5 82 31	<b>\$44,696</b>	n/a
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		<b>2.03</b>	n/a
Total Visits for all F/C		<b>6,800</b>	6460 - 7140
Total Hours of Care for all F/C		<b>500</b>	425 - 575
Total Individuals Served by Functional Centre for all F/C		<b>275</b>	220 - 330
Total Cost for All F/C		<b>\$304,579</b>	n/a

Schedule B1: Total LHIN Funding  
2015-2016

Health Service Provider: Canadian Red Cross Society - Ontario Zone, Northumberland Branch

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 9.0	2015-2016 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$13,637
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	\$27,294
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$40,931</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 FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>	<b>\$40,931</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$6,708
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$1,378
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
<b>Service Costs</b>			
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]	\$31,827
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*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$1,018
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>	<b>\$40,931</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*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<b>NET SURPLUS/(DEFICIT) 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*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<b>NET SURPLUS/(DEFICIT) 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	\$40,931
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$40,931
<b>NET SURPLUS/(DEFICIT) 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
Admin & Support Services	49	72 1*	\$9,825
Management Clinical Services	50	72 5 05	\$0
Medical Resources	51	72 5 07	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>52</b>	<b>Sum of Rows 48-50 (included in Fund Type 2 expenses above)</b>	<b>\$9,825</b>

Schedule B2: Clinical Activity- Summary  
2015-2016

Health Service Provider: Canadian Red Cross Society - Ontario Zone, Northumberland Branch

Service Category 2015-2016 Budget	CHRS Framework Level 3	Phone Inquiries (PII)	Days 727, 14, 20 Hours, Cont. Out	Not Literately Identified Service Request Functions	Hours of Care In-House & Contracted Out	Provision/Reserve Days	Individuals Served by Functional Centre	Absence Days Face-to-Face	Group Sessions of group sessions per individual	Net Delivered Combined	Group Participants (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	0	0	0	0	0	58	0	0	4,000	0	0	0	0



## Schedule E2a: Clinical Activity- Detail 2015-2016

Health Service Provider: Canadian Red Cross Society - Ontario Zone, Northumberland Branch

OHRs Description & Functional Centre		2015-2016	
		Target	Performance Standard
<sup>1</sup> These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Administration and Support Services 72 1*</b>			
Full-time equivalents (FTE)	72 1*	0.02	n/a
Total Cost for Functional Centre	72 1*	\$9,825	n/a
<b>CSS IH - Meals Delivery 72 5 82 10</b>			
Full-time equivalents (FTE)	72 5 82 10	0.20	n/a
Individuals Served by Functional Centre	72 5 82 10	58	46 - 70
Meal Delivered-Combined	72 5 82 10	4,000	3600 - 4400
Total Cost for Functional Centre	72 5 82 10	\$31,106	n/a
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		0.22	n/a
Total Individuals Served by Functional Centre for all F/C		58	46 - 70
Total Meals Delivered for all F/C		4,000	3600 - 4400
Total Cost for All F/C		\$40,931	n/a

## Schedule E1: Core Indicators

2015-2016

Health Service Provider: Canadian Red Cross Society - Ontario Zone, Northumberland Branch

Performance Indicators	2015-2016 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	24.0%	19.2 - 28.8%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases) - LHIN Wide	15.0%	<16.5%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	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 B1: Total LHIN Funding  
2015-2016

Health Service Provider: Canadian Red Cross Society - Simcoe County Branch

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2015-2016 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$3,509,348
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	\$733,580
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$4,242,928</b>
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$32,823
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*]	\$309,333
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$342,156</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>
			<b>\$4,585,084</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$2,553,619
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$457,271
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
<b>Service Costs</b>			
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]	\$1,344,742
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$72,000
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$39,487
Contracted Out Expense	32	F 8*	\$121,680
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$35,792
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>\$4,624,571</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>(\$39,487)</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$39,487
<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*	\$220,701
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$220,701
<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*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<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	\$4,845,272
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$4,845,272
<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
Admin & Support Services	49	72 1*	\$744,917
Management Clinical Services	50	72 5 05	\$0
Medical Resources	51	72 5 07	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>52</b>	<b>Sum of Rows 46-50 (included in Fund Type 2 expenses above)</b>	<b>\$744,917</b>

Schedule B2: Clinical Activity- Summary  
2015-2016

Health Service Provider: Canadian Red Cross Society - Simcoe County Branch

Service Category 2015-2016 Budget	GRHS Framework Level 3	Full-time equivalents (FTE)	Hours FTE, Total Hours, Care Out	Not Uniquely Identified Service Recipients	Hours of Care in Home & Community Care	Resident Days	Individuals Served by Functional Care	Attendance Days Face-to-Face	Group Sessions (if of group session - not individuals)	Meal Delivered Combined	Group Participant Attendance (ing & Non-ing)	Service Provider Visitation	Service Provider Group Visitation	Mental Health Services
In-Home Health Professional Services (HPS) Home Care	72.530.40*	1	600	0	0	0	150	0	0	0	0	0	0	0
CSS In-Home and Community Services (CSS IH/COM)	72.582*	63	56,850	0	30,534	17,266	2,718	0	0	48,046	0	0	0	0

## Schedule E1: Core Indicators

2015-2016

Health Service Provider: Canadian Red Cross Society - Simcoe County Branch

Performance Indicators	2015-2016 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	16.1%	12.9 - 19.3%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases) - LHIN Wide	15.0%	<16.5%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	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 E2a: Clinical Activity- Detail 2015-2016

Health Service Provider: Canadian Red Cross Society - Simcoe County Branch

OHRs Description & Functional Centre		2015-2016	
		Target	Performance Standard
<sup>1</sup> These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Administration and Support Services 72 1*</b>			
Full-time equivalents (FTE)	72 1*	6.22	n/a
Total Cost for Functional Centre	72 1*	\$744,917	n/a
<b>In-Home HPS - Social Work 72 5 30 40 70</b>			
Full-time equivalents (FTE)	72 5 30 40 70	1.00	n/a
Visits	72 5 30 40 70	600	510 - 690
Individuals Served by Functional Centre	72 5 30 40 70	150	120 - 180
Total Cost for Functional Centre	72 5 30 40 70	\$63,115	n/a
<b>CSS IH - Meals Delivery 72 5 82 10</b>			
Full-time equivalents (FTE)	72 5 82 10	3.90	n/a
Individuals Served by Functional Centre	72 5 82 10	530	451 - 610
Meal Delivered-Combined	72 5 82 10	48,046	45644 - 50448
Total Cost for Functional Centre	72 5 82 10	\$484,920	n/a
<b>CSS IH - Transportation - Client 72 5 82 14</b>			
Full-time equivalents (FTE)	72 5 82 14	15.52	n/a
Visits	72 5 82 14	53,050	50398 - 55703
Individuals Served by Functional Centre	72 5 82 14	1,720	1548 - 1892
Total Cost for Functional Centre	72 5 82 14	\$1,390,428	n/a
<b>CSS IH - Homemaking 72 5 82 31</b>			
Full-time equivalents (FTE)	72 5 82 31	18.47	n/a
Hours of Care	72 5 82 31	30,534	29007 - 32061
Individuals Served by Functional Centre	72 5 82 31	314	251 - 377
Total Cost for Functional Centre	72 5 82 31	\$843,134	n/a
<b>CSS IH - Assisted Living Services 72 5 82 45</b>			
Full-time equivalents (FTE)	72 5 82 45	24.12	n/a
Inpatient/Resident Days	72 5 82 45	17,266	16403 - 18129
Individuals Served by Functional Centre	72 5 82 45	64	51 - 77
Total Cost for Functional Centre	72 5 82 45	\$1,074,041	n/a
<b>CSS IH - Visiting - Social and Safety 72 5 82 60</b>			
Full-time equivalents (FTE)	72 5 82 60	0.50	n/a
Visits	72 5 82 60	3,800	3420 - 4180
Individuals Served by Functional Centre	72 5 82 60	90	72 - 108
Total Cost for Functional Centre	72 5 82 60	\$24,016	n/a
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		69.73	n/a
Total Visits for all F/C		57,450	54578 - 60323
Total Hours of Care for all F/C		30,534	29007 - 32061
Total Inpatient/Resident Days for all F/C		17,266	16403 - 18129
Total Individuals Served by Functional Centre for all F/C		2,868	2581 - 3155
Total Meals Delivered for all F/C		48,046	45644 - 50448
Total Cost for All F/C		\$4,624,571	n/a

**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>OHR/MIS Trial Balance Submission (through OHFS)</b>	
<b>2014-2015</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>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>2016-2017</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

**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)**

<b>Fiscal Year</b>	<b>Due Date</b>
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017

**Board Approved Audited Financial Statements \***

<b>Fiscal Year</b>	<b>Due Date</b>
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

**Declaration of Compliance**

<b>Fiscal Year</b>	<b>Due Date</b>
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**

<b>Requirement</b>	<b>Due Date</b>
<b>French language service report through SRI</b>	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 April 30, 2017



**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>Personal Support Services Wage Enhancement Directive, 2014</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Community Financial Policy, 2015</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Community Support Services Complaints Policy (2004)</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Attendant Outreach Service Policy Guidelines and Operational Standards (1996)</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Screening of Personal Support Workers (2003)</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 E2d: CSS Sector Specific Indicators**

**2015-2016**

**Health Service Provider: Canadian Red Cross Society**

<b>Performance Indicators</b>		<b>2015-2016 Target</b>	<b>Performance Standard</b>
No Performance Indicators		-	-

<b>Explanatory Indicators</b>	
# Persons waiting for service (by functional centre)	

## Schedule E3a Local: All 2015-2016

### Health Service Provider: Canadian Red Cross Society

#### LHIN-SPECIFIC PERFORMANCE OBLIGATIONS

##### 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 Second Curve").

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 Services 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

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation 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 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.

##### Satisfaction Survey Results Reporting to the LHIN

Health Service Providers will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of at least:

- 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?"; or
  - 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.