

The summary of changes to 2017/18 M-SAA Schedules are as follows:

2017/18	Description of Changes
Schedule A	No changes
Schedule B	Updated to reflect 2017/18 planning submission
Schedule C	Updated to reflect to 2017/18 reporting deadlines
Schedule D	Updated to reflect applicable MOHLTC policies for the CSS, CCAC, CMH&A sectors
Schedule E1	Updated to reflect 2017/18 planning submission
Schedule E2	Updated to reflect 2017/18 planning submission
Schedule E3	Updated to reflect revised local conditions outlined in the Memo "Impacting System Improvement Through 2017/18 Service Accountability Agreements (SAAs): Local Performance Indicators and Obligations" dated January 11, 2017
Schedule F	No Changes
Schedule G	Updated to reflect applicable period

We would like to take this opportunity to thank you and your staff for your efforts and hard work in helping to improve health care within the South West LHIN.

If you have any questions about this memo, please contact your financial analyst.

Thank you

Encl.

cc: Board Chairs, CMH&A, CSS, CHC and CCAC
Lori Van Opstal, Interim Board Chair, South West LHIN
Michael Barrett, Chief Executive Officer, South West LHIN
Kelly Gillis, Senior Director, System Design & Integration, South West LHIN

M-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

B E T W E E N:

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

AND

London InterCommunity Health Centre (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 "M-SAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the M-SAA 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 M-SAA. References in this Agreement to the M-SAA mean the M-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The M-SAA 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 A: Description of Services
Schedule B: Service Plan
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 M-SAA 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 M-SAA 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.

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:

Lori Van Opstal, Interim Board Chair

Date

And by:

Michael Barrett, CEO

Date

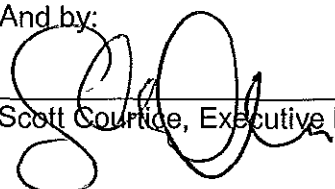
London InterCommunity Health Centre

By:


Steve Goodine, Board Chair

March 15, 2017
Date

And by:


Scott Courice, Executive Director

March 15, 2017
Date

2017-2018

Health Service Provider: London InterCommunity Health Centre

[illegible]

Schedule A2: Population and Geography

2017-2018

Health Service Provider: London Intercommunity Health Centre

Client Population

People living in the City of London, with a priority focus on the following:

- Immigrants and newcomers to Canada who do not speak English as a first language (currently 47% of our clients do not speak English or French as their mother tongue).
- People living in poverty
- People who are homeless, or are at risk of homelessness.
- People with mental health issues, living with addictions and/or have complex health conditions.
- Seniors.
- Youth under the age of 24 years.
- To be eligible to receive primary care, individuals must not currently have a primary care provider.

We provide services in the language of client choice using paid interpreters or staff who speak the language. Our top nine languages are: Spanish, Albanian, Khmer, French, Persian, Kurdish, Polish, Serbo-Croatian.

As a designated FLS, we employ staff who speak French. These currently include two physicians, a Wrap-Around facilitator, two community Outreach workers, one dietitian, the Client Services Director and the Executive Director.

Geography Served

Services are offered to all residents of the City of London.

We have two locations for primary care services as well as group programs and services. One location is 659 Dundas Street, N5W2Z1. Our second location is Unit 7, 1355 Huron Street, N5V1R9.

IN addition, we provide points of access at various community locations including Youth Action Centre, Regional HIV/AIDS Connection, community centres and religious institutions.

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

Health Service Provider: London InterCommunity Health Centre

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$8,261,148
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	\$0
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$8,261,148
Recoveries from External/Internal Sources	11	F 120*	\$80,000
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*]	\$20,000
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$100,000
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$8,361,148
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$3,688,079
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$839,928
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$1,671,689
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$793,808
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*	\$33,700
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$722,447
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$69,400
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$30,975
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$511,122
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$8,361,148
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*	\$992,716
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$992,716
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	\$9,353,864
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$9,353,864
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*	\$508,020
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$448,374
General Administration	52	72 1*	\$819,745
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$1,776,139
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)	\$1,776,139

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: London InterCommunity Health Centre

Service Category Budget	CMS Framework Level	Full-time equivalent (FTE)	Visits #20, Total Hours, Client Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care for Hours & Contracted Out	Episodes/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (total group sessions not individual)	Med Delivered-Combined	Group Participant Attendance (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Medel Health Sessions
Primary Care- Clinics/Programs	72 6 10*	43.00	0	0	0	0	6,345	0	125	0	700	37,400	0	0
Health Promotion and Education	72 5 50	6.00	0	0	0	0	0	0	350	0	9,000	0	0	0
CSS In-Home and Community Services (CSS IH COM)	72 5 62*	9.70	8,200	0	0	0	530	0	0	0	0	0	0	0

Schedule C: Reports

Community Health Centres

2017-2018

Health Service Provider: London InterCommunity Health Centre

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)	
2014-15	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
2017-2018	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 Health Centres

2017-2018

Health Service Provider: London InterCommunity Health Centre

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 Health Centres – 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

Quality Improvement Plan

The HSP will submit annually a Quality Improvement Plan to Health Quality Ontario that is aligned with this Agreement and supports local health system priorities. A copy of the QIP is to be provided to the LHIN at the time it is submitted to HQO.

Planning Period	Due Date
April 1, 2016 – March 31, 2017	April 1, 2016
April 1, 2017 – March 31, 2018	April 1, 2017

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: London InterCommunity Health Centre

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	Not required 2014-15
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	Not required 2015-16
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	Not required 2016-17
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	Not required 2017-18
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: London InterCommunity Health Centre

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 Health Centres

2017-2018

Health Service Provider: London InterCommunity Health Centre

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

• Community Financial Policy, 2015
• Community Health Centre – Requirements November 2013
• Ontario Healthcare Reporting Standards – OHRIS/MIS - most current version available to applicable year
• Model of Health and Wellbeing - May 2013
• Community Health Centre Guidelines November 2013 v1.1 (see Note #1)
• Guideline for Community Health Service Providers Audits and Reviews, August 2012

Note #1: Community Health Centre Guidelines

A "Community Health Centre Guidelines" document has been completed by representatives from Community Health Centres, LHINs, AOHC and the MOHLTC. The purpose of the guide is to provide critical information to CHCs and LHINs in the areas of:

- Historical information
- Best practice
- Administrative guidance

The guide is intended to be a "living" document to be updated during the life of the current agreement at a mutually agreeable schedule to all parties to ensure that it remains current and a valuable reference document for the CHC sector and LHINs. ***It must be noted that the document is considered a guide only for informational purposes and is not a contractual requirement.***

Schedule D: Directives , Guidelines and Policies

Community Support Services

2017-2018

Health Service Provider: London InterCommunity Health Centre

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 – OHRIS/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: London InterCommunity Health Centre

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	21.2%	<=25.5%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	N/A	-
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	N/A	-
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>		

Schedule E2a: Clinical Activity- Detail

2017-2018

Health Service Provider: London InterCommunity Health Centre

OHRS 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*	12.00	n/a
Total Cost for Functional Centre	72 1	\$1,776,139	n/a
Clinics/Programs - General Clinic 72 5 10 20			
* Full-time equivalents (FTE)	72 5 10 20	31.50	n/a
Individuals Served by Functional Centre	72 5 10 20	4,600	4140 - 5060
*Total Cost for Functional Centre	72 5 10 20	\$3,892,578	n/a
Service Provider Interactions	72 5 10 20	26,100	25056 - 27144
Clinics/Programs - Therapy Clinic - Physiotherapy 72 5 10 40 50			
* Full-time equivalents (FTE)	72 5 10 40 50	1.00	n/a
Individuals Served by Functional Centre	72 5 10 40 50	250	200 - 300
*Total Cost for Functional Centre	72 5 10 40 50	\$98,126	n/a
Service Provider Interactions	72 5 10 40 50	1,800	1620 - 1980
Clinics/Programs - Therapy Clinic - Counselling 72 5 10 40 60			
* Full-time equivalents (FTE)	72 5 10 40 60	5.50	n/a
Individuals Served by Functional Centre	72 5 10 40 60	850	723 - 978
Group Sessions	72 5 10 40 60	75	60 - 90
*Total Cost for Functional Centre	72 5 10 40 60	\$452,326	n/a
Group Participant Attendances	72 5 10 40 60	300	240 - 360
Service Provider Interactions	72 5 10 40 60	3,500	3150 - 3850
Clinics/Programs - Chronic Disease Clinic - Diabetes Clinic 72 5 10 50 20			
* Full-time equivalents (FTE)	72 5 10 50 20	5.00	n/a
Individuals Served by Functional Centre	72 5 10 50 20	645	548 - 742
Group Sessions	72 5 10 50 20	50	40 - 60
*Total Cost for Functional Centre	72 5 10 50 20	\$587,302	n/a
Group Participant Attendances	72 5 10 50 20	400	320 - 480
Service Provider Interactions	72 5 10 50 20	6,000	5700 - 6300
Health Prom/Educ. & Com. Dev - Personal Health and Wellness 72 5 50 45			
* Full-time equivalents (FTE)	72 5 50 45	5.00	n/a
Group Sessions	72 5 50 45	350	280 - 420
*Total Cost for Functional Centre	72 5 50 45	\$398,725	n/a
Group Participant Attendances	72 5 50 45	9,000	8550 - 9450
CHC Client Support Services 72 5 85			
* Full-time equivalents (FTE)	72 5 85	6.30	n/a
Individuals Served by Functional Centre	72 5 85	1,000	900 - 1100
Group Sessions	72 5 85	700	595 - 805
*Total Cost for Functional Centre	72 5 85	\$410,642	n/a
Group Participant Attendances	72 5 85	4,000	3600 - 4400
Service Provider Interactions	72 5 85	5,000	4750 - 5250
Service Provider Group Interactions	72 5 85	750	638 - 863
CSS IH - Case Management 72 5 82 09			
* Full-time equivalents (FTE)	72 5 82 09	9.00	n/a

Schedule E2a: Clinical Activity- Detail
2017-2018

Health Service Provider: London InterCommunity Health Centre

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
Visits	72 5 82 09	5,200	4940 - 5460
Individuals Served by Functional Centre	72 5 82 09	330	264 - 396
*Total Cost for Functional Centre	72 5 82 09	\$698,810	n/a
CSS IH - Caregiver Support 72 5 82 50			
* Full-time equivalents (FTE)	72 5 82 50	0.70	n/a
Visits	72 5 82 50	3,000	2700 - 3300
Individuals Served by Functional Centre	72 5 82 50	200	160 - 240
*Total Cost for Functional Centre	72 5 82 50	\$46,500	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		76.00	n/a
Total Visits for all F/C		8,200	7790 - 8610
Total Individuals Served by Functional Centre for all F/C		7,875	7481 - 8269
Total Group Sessions for all F/C		1,175	1058 - 1293
Total Group Participants for all F/C		13,700	13015 - 14385
Total Service Provider Interactions for all F/C		42,400	41128 - 43672
Total Service Provider Group Interactions for all F/C		750	638 - 863
Total Cost for All F/C		8,361,148	n/a

Schedule E2b: CHC Sector Specific Indicators

2017-2018

Health Service Provider: London InterCommunity Health Centre

Performance Indicators		2017-2018 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)		75.0%	>=60%
Colorectal Screening Rate		72.0%	>=57.6%
Inter-professional Diabetes Care Rate		95.0%	>=76.0%
Influenza Vaccination Rate		47.0%	>=37.6%
Breast Cancer Screening Rate		63.0%	>=50.4%
Retention Rate (For NP's and Physicians)		80.0%	>=64.0%
Access to Primary Care		60.0%	>=48.0%
Explanatory Indicators			
Emergency visits best managed elsewhere			
Client Satisfaction -- Access			
Clinic support staff per primary care provider			
Interpretation			
Exam rooms per primary care provider			
New grads/new staff			
Non-Primary Care Activities			
Number of Registered Clients			
Number of New Patients			
Specialized Care			
Supervision of students			
Third next available appointment			
Non-Insured Clients			

Schedule E2d: CSS Sector Specific Indicators

2017-2018

Health Service Provider: London InterCommunity Health Centre

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: London InterCommunity Health Centre

TheHealthline.ca

South West LHIN Health Service Providers agree to regularly update, and annually review, site-specific programs and services information, as represented within thehealthline.ca website.

Indigenous Cultural Safety Training

Health Service Providers are to establish an annual training plan to identify and track the # of staff that register and complete the online Indigenous Cultural Safety (ICS) training course.

Reporting Obligations:

Health Service Providers are required to submit a ICS Training Plan by June 30, 2017 (template available on South West LHIN website by April 1, 2017).

**Schedule E3 FLS Local: Identified Organizations
2017-2018**

Health Service Provider: London InterCommunity Health Centre

French Language Services (FLS)-Identified Health Service Providers (HSP)

- HSPs to work towards the use of the specified linguistic variable from the FLS toolkit available at <http://www.southwestlhin.on.ca/goalsandachievements/Programs/FLS.aspx> to identify, track and report annually on the number of Francophone clients served
- Identify lead/team to work with the FLS Coordinator (by Apr 30, 2017)
- Submit an FLS Progress Report (by Apr 30, 2017)
- Submit an annual refresh of the FLS Implementation plan (by Jun 1, 2017)

Schedule F: Project Funding
2017-2018

Health Service Provider: London InterCommunity Health Centre

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: London InterCommunity Health Centre

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: London InterCommunity Health Centre

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: London InterCommunity Health Centre

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 Office 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]