

M-SAA AMENDING AGREEMENT

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

BETWEEN:

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

AND

NORWEST COMMUNITY HEALTH CENTRES (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.

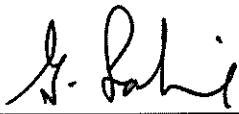
Schedule B: Budget
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E1: Core Indicators: All Sectors
Schedule E2a: Core Indicators: All Sectors
Schedule E2b: CHC Specific Indicators
Schedule E3: LHIN Local Indicators


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.

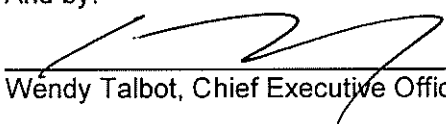
NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:  May - 28, 2017.
 Gil Labine, Chair Date

And by:  May 4, 2017
 Laura Kokocinski, Chief Executive Officer Date

NORWEST COMMUNITY HEALTH CENTRES

By:  March 17, 2017
 David Richards, Chair Date

And by:  March 17, 2017
 Wendy Talbot, Chief Executive Officer Date

Summary of Revenue & Expenses

Schedule B1:
Budget 2017/18

Healthcare Service Provider:

NorWest Community Health Centres

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 10.0	2017/18 Budget Target	2017/18 Budget Amendments	2017/18 Approved Budget
REVENUE					
LHIN Global Base Allocation	1	F 11006	\$7,665,890	\$209,000	\$7,874,890
HBAM Funding (CCAC only)	2	F 11005	\$0	\$0	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0	\$0	\$0
MOHLTC Base Allocation	4	F 11010	\$0	\$0	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0	\$0	\$0
LHIN One Time	6	F 11008	\$0	\$68,404	\$68,404
MOHLTC One Time	7	F 11012	\$0	\$0	\$0
Paymaster Flow Through	8	F 11019	\$0	\$0	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$9,000	\$0	\$9,000
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$7,674,890	\$277,404	\$7,952,294
Recoveries from External/Internal Sources	11	F 120*	\$143,000	\$0	\$143,000
Donations	12	F 140*	\$0	\$0	\$0
Other Funding Sources and Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$43,000	\$0	\$43,000
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$186,000	\$0	\$186,000
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$7,860,890	\$277,404	\$8,138,294
EXPENSES					
Compensation					
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$3,444,240	\$53,123	\$3,497,363
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$630,456	\$13,281	\$643,737
Employee Future Benefit Compensation	19	F 305*	\$0	\$0	\$0
Physician Compensation	20	F 390*	\$1,539,415	\$0	\$1,539,415
Physician Assistant Compensation	21	F 390*	\$0	\$0	\$0
Nurse Practitioner Compensation	22	F 380*	\$1,304,578	\$0	\$1,304,578
All Other Medical Staff Compensation	23	F 390*, [excl. F 39092]	\$0	\$0	\$0
Sessional Fees	24	F 39092	\$0	\$0	\$0
Service Costs					
Med/Surgical Supplies & Drugs	25	F 460*, 465*, 560*, 565*	\$135,169	\$0	\$135,169
Supplies & Sundry Expenses	26	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571,]	\$530,728	\$2,000	\$532,728
Community One Time Expense	27	F 69596	\$0	\$0	\$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	\$84,479	\$0	\$84,479
Amortization on Major Equip, Software License & Fees	29	F 750*, 780*	\$134,000	\$0	\$134,000
Contracted Out Expense	30	F 8*	\$41,000	\$0	\$41,000
Buildings & Grounds Expenses	31	F 9*, [excl. F 950*]	\$150,825	\$209,000	\$359,825
Building Amortization	32	F 9*	\$120,000	\$0	\$120,000
TOTAL EXPENSES Fund Type 2	33	Sum of Rows 17 to 32	\$8,114,890	\$277,404	\$8,392,294
NET SURPLUS/(DEFICIT) FROM OPERATIONS	34	Row 15 minus Row 33	(\$254,000)	\$0	(\$254,000)
Amortization - Grants/Donations Revenue	35	F 131*, 141* & 151*	\$254,000	\$0	\$254,000
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	36	Sum of Rows 34 to 35	\$0	\$0	\$0
FUND TYPE 3 - OTHER					
Total Revenue (Type 3)	37	F 1*	\$0	\$0	\$0
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	39	Row 37 minus Row 38	\$0	\$0	\$0
FUND TYPE 1 - HOSPITAL					
Total Revenue (Type 1)	40	F 1*	\$0	\$0	\$0
Total Expenses (Type 1)	41	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	42	Row 40 minus Row 41	\$0	\$0	\$0
ALL FUND TYPES					
Total Revenue (All Funds)	43	Line 13 + line 32 + line 35	\$8,114,890	\$277,404	\$8,392,294
Total Expenses (All Funds)	44	Line 28 + line 33 + line 36	\$8,114,890	\$277,404	\$8,392,294
NET SURPLUS/(DEFICIT) ALL FUND TYPES	45	Row 43 minus Row 44	\$0	\$0	\$0
Total Admin Expenses Allocated to the TPBEs					
Undistributed Accounting Centres	46	82*	\$254,000	\$0	\$254,000
Admin & Support Services	47	72 1*	\$1,259,144	\$209,000	\$1,468,144
Management Clinical Services	48	72 5 05	\$0	\$0	\$0
Medical Resources	49	72 5 07	\$0	\$0	\$0
Total Admin & Undistributed Expenses	50	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$1,513,144	\$209,000	\$1,722,144
<p>Notes: - Re Line 20 - Actual total physician base salaries & benefits funding at April 1, 2014 = \$1,284,180 (salary) + \$321,040 (benefits) = \$1,605,200 (funding letter dated May 29, 2013) minus (-) approval to reallocate \$87,240 to NP dated April 16, 2009, effective April 1, 2009 = \$1,517,960 (net) for 2014/15. Amended April 1, 2015 to reallocate \$84,207 one-time from NP for 2015/16 and 2016/17 only = \$1,582,167 (net) for 2015/16 and 2016/17. Amended June 26, 2015 for funding adjustment to physician base salaries, with a 2015/16 reduction of \$35,626 and a 2016/17 reduction of \$42,752 = \$1,546,541 (net) in 2015/16 and \$1,539,415 (net) in 2016/17.</p> <p>Amendments: Note 1: October 31, 2016 for base funding for building occupancy costs (\$95,792 fiscal in 2016/17, annualizing to \$209,000 in 2017/18) Note 2: January 23, 2017 for extension of fetal alcohol spectrum disorder diagnostic clinic and support services (2017/18 one time funding of \$68,404)</p>					

**SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES**

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
2015-16	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
2017-18	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

**SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES**

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

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
<i>The HSP will submit annually a Quality Improvement Plan to Health Quality Ontario that is aligned with this Agreement and supports local health system</i>

**SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES**

<i>priorities. A copy of the QIP is to be provided to the LHIN at the time it is submitted to HQO.</i>	
Planning Period	Due Date
April 1, 2016 – March 31, 2017	April 1, 2016
April 1, 2017 – March 31, 2018	April 1, 2017

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY HEALTH CENTRES**

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 – OHRs/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.***

Healthcare Service Provider:

NorWest Community Health Centres

Performance Indicators	2017/18	
	Target	Performance Standard
% Total Margin (Note 1)	0%	>=0%
Fund Type 2- Balanced Budget (Note 2)	0	0
Proportion of Budget Spent on Administration (Notes 3 and 4)	17.5%	< 17.5%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Percentage of Acute ALC Days (Closed Cases) (Note 5)	9.5%	<= 10.4%
Alternate Level of Care (ALC) Rate (Open Cases) (Note 5)	12.7%	<= 14.0%

Explanatory Indicators	
Cost per Individual Served (by program/service)	Proportion of Budget Spent on Volunteer Services
Client Experience (client satisfaction surveys)	Proportion of Budget Spent on Information Systems Support
Proportion of Budget Spent on Plant Operations	Proportion of Budget Spent on General Administration

Note 1 - No negative variance is accepted for Total Margin
 Note 2 - Fund Type 2- Balanced Budget: HSP's are required to submit a balanced budget.
 Note 3 - Target Setting Methodology (BM = Benchmark):
 (a) If HSP budget is > LHIN upper corridor, Target = upper limit of performance corridor. Corridor = lesser of (10% above Target) and (HSP budget)
 (b) If HSP budget is between LHIN BM target and upper corridor, Target = HSP budget, Corridor = LHIN benchmark for upper corridor
 (c) If HSP budget is < LHIN BM target, Target = HSP budget, Corridor = greater of (10% above HSP budget) and (LHIN BM target), unless 0, then 0
 Note 4 - As of April 1, 2014, Proportion of Budget Spent of Administration includes Undistributed Accounting Centres (82*), Admin & Support Services (72 1*), Management Clinical Services (72 5 05), and Medical Resources (72 5 07). This definition applies to the North West LHIN and its Health Services Providers.
 Note 5 - Target represents target established for the North West LHIN area.

CORE INDICATORS- ALL SECTORS

Schedule E2a
Core Indicators - All Sectors

Healthcare Service Provider: **NorWest Community Health Centres**

OHRS Description		Health Service Activity	2017/18	
			Target	Performance Standard
72 5 10 20 Clinics/Programs - General Clinic	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE		30.03	N/A
	Amendments (note 1)		0.66	
	Revised Total		30.69	
72 5 10 20 Clinics/Programs - General Clinic	Service Provider Interactions		46800	45396-48204
	Amendments (note 1)		105	-
	Revised Total		46905	45498-48312
72 5 10 20 Clinics/Programs - General Clinic	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization		6800	6460-7140
	Amendments (note 1)		35	-
	Revised Total		6835	6493-7177
72 5 10 20 Clinics/Programs - General Clinic	Total Cost for Functional Centre *		\$ 3,878,399	N/A
	Amendments (note 1)		\$ 59,498	
	Revised Total		\$ 3,937,897	
72 5 10 40 Therapy Clinic	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE		4.48	N/A
72 5 10 40 Therapy Clinic	Service Provider Interactions		7800	7410-8190
72 5 10 40 Therapy Clinic	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization		950	808-1093
72 5 10 40 Therapy Clinic	Total Cost for Functional Centre *		\$ 430,791	N/A
72 5 10 55 Clinics/Programs - CHC Other Clinic	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE		11.39	N/A
72 5 10 55 Clinics/Programs - CHC Other Clinic	Service Provider Interactions		3500	3150-3850
72 5 10 55 Clinics/Programs - CHC Other Clinic	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization		600	510-690
72 5 10 55 Clinics/Programs - CHC Other Clinic	Total Cost for Functional Centre *		\$ 1,004,078	N/A

*FTE & Total Functional Centre Cost: These values are provided for information purposes only. They are not Accountability Indicators.		2017/18	
OHRS Description	Health Service Activity	Target	Performance Standard
72 5 50 35 20 Health Prom/Educ. & Com. Dev. - Chronic Disease Education, Awareness and Prevention- Diabetes	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	2.07	N/A
72 5 50 35 20 Health Prom/Educ. & Com. Dev. - Chronic Disease Education, Awareness and Prevention- Diabetes	Service Provider Interactions	1850	1665-2035
72 5 50 35 20 Health Prom/Educ. & Com. Dev. - Chronic Disease Education, Awareness and Prevention- Diabetes	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	300	240-360
72 5 50 35 20 Health Prom/Educ. & Com. Dev. - Chronic Disease Education, Awareness and Prevention- Diabetes	Total Cost for Functional Centre *	\$ 270,426	N/A
72 5 50 45 Health Prom/Educ. & Com. Dev. - Personal Health and Wellness	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	5.80	N/A
72 5 50 45 Health Prom/Educ. & Com. Dev. - Personal Health and Wellness	Group Participant Attendance	7500	7125-7875
72 5 50 45 Health Prom/Educ. & Com. Dev. - Personal Health and Wellness	Total Cost for Functional Centre *	\$ 431,162	N/A
72 5 85 CHC Client Support Services	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	7.47	N/A
	Amendments (note 1)	0.08	
	Revised Total	7.55	
72 5 85 CHC Client Support Services	Visits Face-to-face, Telephone In-House, Contracted Out	5500	5225-5775
	Amendments (note 1)	53	-
	Revised Total	5553	5275-5831
72 5 85 CHC Client Support Services	Total Cost for Functional Centre *	\$ 586,890	N/A
	Amendments (note 1)	\$ 8,906	
	Revised Total	\$ 595,796	

Amendments:

Note 1: January 23, 2017 for extension of fetal alcohol spectrum disorder diagnostic clinic and support services (2017/18 one time funding of \$68,404)

Sector Specific Indicators- Community Health Centres (CHC) Sector

Schedule E2b:
CHC Specific Indicators

Healthcare Service Provider:

NorWest Community Health Centres

Performance Indicators	2017/18	
	Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	54.0%	≥ 43.2%
Colorectal Cancer Screening Rate	34.0%	≥ 27.2%
Inter-professional Diabetes Care Rate	79.0%	≥ 63.2%
Influenza Vaccination Rate	15.0%	≥ 12.0%
Breast Cancer Screening Rate	24.0%	≥ 19.2%
Periodic Health Examination Rate	82.0%	≥ 65.6%
Retention Rate for NPs and Physicians	95.0%	≥ 76.0%
Access to Primary Care	95.4%	≥ 76.3%
CHC Clients Hospitalized for Ambulatory Care Sensitive Conditions (ACSC)	N/A	N/A

Explanatory Indicators	
Emergency Visits Best Managed Elsewhere	* Number of New Patients
* Client Satisfaction - Access	Number of Registered Clients
Client Support Staff per Primary Care Provider	Specialized Care
Cultural Interpretation	Supervision of Students
* Exam Rooms per Primary Care Provider	Third Next Available Appointment (3NAA)
New Grads/New Staff	Non-Insured Clients
Non-Primary Care Activities	Note 1: M-SAA Technical Specifications indicate that the Health Service Provider select a minimum of three of the thirteen listed explanatory indicators to report upon. A "*" indicates the ones selected by the Health Service Provider.

LHIN Local Indicators- LHIN Specific

Schedule E3:
LHIN Local Indicators

Healthcare Service Provider:

NorWest Community Health Centres

		2017/18	
		Target	Performance Standard
Performance Indicator:	Cost per Unit of Service by Functional Centre		
Sector:	All Sectors		
Functional Centre			
	72 5 10 20 Clinics/Programs - General Clinic	\$84	≤ \$100
	72 5 10 40 Therapy Clinic	\$55	≤ \$72
	72 5 10 55 Clinics/Programs – CHC Other Clinic	\$130	≤ \$148
	72 5 50 35 20 Health Prom/Educ. & Com. Dev - Chronic Disease Education, Awareness and Prevention- Diabetes	\$60	≤ \$66
	72 5 50 45 Health Prom/Educ. & Com. Dev – Personal Health and Wellness	\$57	≤ \$60
	72 5 85 CHC Client Support Services	\$60	≤ \$66
		\$0	≤ 0
		\$0	≤ 0
		\$0	≤ 0
		\$0	≤ 0
		\$0	≤ 0
		\$0	≤ 0
		\$0	≤ 0
		\$0	≤ 0
		\$0	≤ 0
Notes			
<p>Target setting methodology (BM=Benchmark): If HSP budget is > LHIN upper corridor for the FC, Target = upper limit of performance corridor, Corridor = lessor of (10% above Target) and (HSP budget) If HSP budget is between LHIN BM target and upper corridor, Target = HSP budget, Corridor = LHIN benchmark for upper corridor If HSP budget is < LHIN BM target, Target = HSP budget, Corridor = greater of (% reflected in CPU document above HSP budget) and (LHIN BM target)</p>			