

# Alzheimer Society

T O R O N T O

April 16, 2015

Ms. Kelly Cronin-Cowan  
Toronto Central LHIN  
425 Bloor Street East, Suite 201  
Toronto, ON M4W 3R4

RE: 2014-17 Multi-Sector Service Accountability Agreement

Dear Ms. Cronin-Cowan,

Please find attached the M-SAA 2014-17 for the Alzheimer Society of Toronto, approved and signed by the Board of Directors.

Should you have any questions or concerns, please don't hesitate to be in touch.

Sincerely,



Cathy Barrick  
Chief Executive Officer  
Alzheimer Society of Toronto

March 6, 2015

Ms. Cathy Barrick  
Chief Executive Officer  
Alzheimer Society of Toronto  
20 Eglinton Ave. West  
16th Floor  
Toronto, ON M4R 1K8

Dear Ms. Barrick,

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

When Toronto Central Local Health Integration Network (the "LHIN") and the Alzheimer Society of Toronto (the "HSP") entered into a service accountability agreement for a three-year term effective April 1, 2014 (the "MSAA"), the budgeted financial data, service activities and performance indicators for the second and third year of the agreement (fiscal years 2015/16 and 2016/17) were indicated as "To Be Determined (TBD)". The LHIN would now like to update the MSAA to include the required financial, service activity and performance expectations for 2015/16 fiscal year to the applicable Schedules listed in Appendix 1.

Subject to HSP's agreement, the MSAA will be amended with effect April 1, 2015, by adding the amended Schedules that are included in Appendix 1 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 to Kelly Cronin-Cowan, Administrative Assistant Performance Management **by March 31, 2015**. If you have any questions or concerns please contact Gillian Bone, Senior Consultant Performance Management at 416-969-3322, or [gillian.bone@lhins.on.ca](mailto:gillian.bone@lhins.on.ca).

Toronto Central LHIN appreciates your team's collaboration and hard work during this 2015/16 MSAA refresh process. We look forward to our continued work together.

Sincerely,



Camille Orridge  
Chief Executive Officer

c: Neil Jacoby, Chair, Alzheimer Society of Toronto  
Angela Ferrante, Board Chair, Toronto Central LHIN  
Bill Manson, Senior Director, Performance Management, Toronto Central LHIN  
Gillian Bone, Senior Consultant, Performance Management, Toronto Central LHIN

encl.: Appendix 1

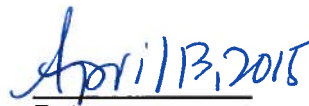
**AGREED TO AND ACCEPTED BY:**

**Alzheimer Society of Toronto**

By:



\_\_\_\_\_  
Cathy Barrick, Chief Executive Officer  
I have the authority to bind Alzheimer Society of Toronto

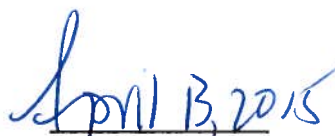


\_\_\_\_\_  
Date

And By:



\_\_\_\_\_  
Neil Jacoby, Chair  
I have the authority to bind Alzheimer Society of Toronto



\_\_\_\_\_  
Date

**APPENDIX 1**

Schedule B1	Total LHIN Funding
Schedule B2	Clinical Activity - Summary
Schedule C	Reports
Schedule D	Directives, Guidelines and Policies
Schedule E1	Core Indicators
Schedule E2a	Clinical Activity - Detail
Schedule E3a	LHIN Local Indicators and Obligations

# Schedule B1: Total LHIN Funding

2014-2017

Health Service Provider: Alzheimer Society Of Toronto

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR Version 9.0	2014/2015 Plan Target	2015/2016 Plan Target	2016/2017 Plan Target
<b>REVENUE</b>					
LHIN Global Base Allocation	1	F 11006	\$931,709	\$981,700	
HBAM Funding (CCAC only)	2	F 11005	\$0	\$0	
Quality-Based Procedures (CCAC only)	3	F 11004	\$0	\$0	
MOHLTC Base Allocation	4	F 11010	\$0	\$0	
MOHLTC Other funding envelopes	5	F 11014	\$0	\$0	
LHIN One Time	6	F 11008	\$0	\$0	
MOHLTC One Time	7	F 11012	\$0	\$0	
Paymaster Flow Through	8	F 11019	\$202,399	\$173,000	
Service Recipient Revenue	9	F 11050 to 11090	\$0	\$0	
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$1,134,108</b>	<b>\$1,154,700</b>	
Recoveries from External/Internal Sources	11	F 120*	\$0	\$0	
Donations	12	F 140*	\$0	\$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	\$0	
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$0</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>\$1,134,108</b>	<b>\$1,154,700</b>
<b>EXPENSES</b>					
<b>Compensation</b>					
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$609,640	\$563,075	
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$89,739	\$107,725	
Employee Future Benefit Compensation	19	F 305*	\$0	\$0	
Physician Compensation	20	F 390*	\$0	\$0	
Physician Assistant Compensation	21	F 390*	\$0	\$0	
Nurse Practitioner Compensation	22	F 380*	\$0	\$0	
Physiotherapist Compensation	23	F 350*		\$0	
Chiropractor Compensation	24	F 390*		\$0	
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0	\$0	
Sessional Fees	26	F 39092	\$0	\$0	
<b>Service Costs</b>					
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0	\$0	
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$424,500	\$483,900	
Community One Time Expense	29	F 69596	\$0	\$0	
Equipment Expenses	30	F 7*, [excl. F 750*, 780* ]	\$0	\$0	
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0	\$0	
Contracted Out Expense	32	F 8*	\$0	\$0	
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$10,229	\$0	
Building Amortization	34	F 9*	\$0	\$0	
<b>TOTAL EXPENSES</b>	<b>FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>	<b>\$1,134,108</b>	<b>\$1,154,700</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>\$0</b>	<b>\$0</b>	
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0	\$0	
<b>SURPLUS/(DEFICIT) Incl. Amortization of</b>	<b>38</b>	<b>Sum of Rows 36 to 37</b>	<b>\$0</b>	<b>\$0</b>	
<b>FUND TYPE 3 - OTHER</b>					
Total Revenue (Type 3)	39	F 1*	\$3,365,892	\$5,435,700	
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$3,365,892	\$5,435,700	
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 3</b>	<b>41</b>	<b>Row 39 minus Row 40</b>	<b>\$0</b>	<b>\$0</b>
<b>FUND TYPE 1 - HOSPITAL</b>					
Total Revenue (Type 1)	42	F 1*	\$0	\$0	
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$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>\$0</b>
<b>ALL FUND TYPES</b>					
<b>Total Revenue (All Funds)</b>	<b>45</b>	<b>Line 15 + line 39 + line 42</b>	<b>\$4,500,000</b>	<b>\$6,590,400</b>	
<b>Total Expenses (All Funds)</b>	<b>46</b>	<b>Line 16 + line 40 + line 43</b>	<b>\$4,500,000</b>	<b>\$6,590,400</b>	
<b>NET SURPLUS/(DEFICIT)</b>	<b>ALL FUND TYPES</b>	<b>47</b>	<b>Row 45 minus Row 46</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>					
Undistributed Accounting Centres	48	82*	\$0	\$0	
Admin & Support Services	49	72 1*	\$103,229	\$105,000	
Management Clinical Services	50	72 5 05	\$0	\$0	
Medical Resources	51	72 5 07	\$0	\$0	
<b>Total Admin &amp; Undistributed Expenses</b>	<b>52</b>	<b>Sum of Rows 48-51 (Included in Fund Type 2 expenses above)</b>	<b>\$103,229</b>	<b>\$105,000</b>	



**SCHEDULE C – REPORTS  
COMMUNITY SUPPORT SERVICES**

***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>OHRs/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

**SCHEDULE C – REPORTS  
COMMUNITY SUPPORT SERVICES**

<b>Annual Reconciliation Report (ARR) through SRI and paper copy submission*</b>	
<b>(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>	
<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

<b>Board Approved Audited Financial Statements *</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

<b>Declaration of Compliance</b>	
<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

<b>Community Support Services – Other Reporting Requirements</b>	
<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



**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES  
COMMUNITY SUPPORT SERVICES**

***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 E1: Core Indicators

2014-2017

Health Service Provider: Alzheimer Society Of Toronto

Performance Indicators		2014/2015 Target	Performance Standard	2015/2016 Target	Performance Standard	2016/2017 Target	Performance Standard
*Balanced Budget - Fund Type 2		\$0	>=0	\$0	>=0		
Proportion of Budget Spent on Administration		9.1%	9.1% - 10.9%	9.1%	9.1% - 10.9%		
**Percentage Total Margin		0.00%	>=0%	0.00%	>=0%		
Variance Forecast to Actual Expenditures		\$0	<5%	\$0	<5%		
Variance Forecast to Actual Units of Service		0	<5%	0	<5%		
Service Activity by Functional Centre		Refer to Schedule E2a	-	Refer to Schedule E2a	-		
Number of Individuals Served		Refer to Schedule E2a	-	Refer to Schedule E2a	-		
<b>Explanatory Indicators</b>							
Cost per Unit Service (by Functional Centre)							
Cost per Individual Served (by Program/Service/Functional Centre)							
Percentage of Acute Alternate Level of Care (ALC) days (Closed Cases)							
Client Experience							
Budget Spent on Administration - AS General Administration 72 1 10							
Budget Spent on Administration - AS Information System Support 72 1 25							
Budget Spent on Administration - AS Volunteer Services 72 1 40							
Budget Spent on Administration - AS Plant Operation 72 1 55							

\* Balance Budget Fund Type 2: HSPs are required to submit a balanced budget  
 \*\* No negative variance is accepted for Total Margin

# Schedule E2a: Clinical Activity-Detail

2014-2017

Health Service Provider: Alzheimer Society Of Toronto

OHRHS Description & Functional Centre		2014-2015		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
<small>†These values are provided for information purposes only. They are not Accountability Indicators.</small>							
<b>Health Promotion and Education 72 5 50</b>							
<b>Health Prom/Educ &amp; Dev - General Geriatric 72 5 50 96 10</b>							
<sup>1</sup> Full-time equivalents (FTE)	72 5 50 96 10	2.79	n/a	2.79	n/a		
Visits	72 5 50 96 10	4,400	3,960 - 4,840	4,400	3,960 - 4,840		
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 10	775	659 - 891	775	659 - 891		
Individuals Served by Functional Centre	72 5 50 96 10	5,700	5,415 - 5,985	5,700	5,415 - 5,985		
Group Sessions	72 5 50 96 10	290	232 - 348	290	232 - 348		
<sup>1</sup> Total Cost for Functional Centre	72 5 50 96 10	\$205,709	n/a	\$205,700	n/a		
<b>CSS In-Home and Community Services (CSS IH COM) 72 5 82*</b>							
<b>CSS IH - Service Arrangement/Coordination 72 5 82 05</b>							
<sup>1</sup> Full-time equivalents (FTE)	72 5 82 05	1.86	n/a	1.86	n/a		
Visits	72 5 82 05	250	200 - 300	273	218 - 328		
Individuals Served by Functional Centre	72 5 82 05	250	200 - 300	273	218 - 328		
<sup>1</sup> Total Cost for Functional Centre	72 5 82 05	\$460,000	n/a	\$495,000	n/a		
<b>CSS IH - Caregiver Support 72 5 82 50</b>							
<sup>1</sup> Full-time equivalents (FTE)	72 5 82 50	5.03	n/a	5.00	n/a		
Visits	72 5 82 50	590	502 - 679	790	672 - 909		
Individuals Served by Functional Centre	72 5 82 50	500	425 - 575	600	510 - 690		
<sup>1</sup> Total Cost for Functional Centre	72 5 82 50	\$365,170	n/a	\$349,000	n/a		
<b>Total Administration Expenses</b>							
<b>Administration and Support Services 72 1 *</b>							
<sup>1</sup> Total Cost for Functional Centre	72 1 *	\$103,229	n/a	\$105,000	n/a		
<b>Total Full-Time Equivalents for All F/C</b>							
		9.68		9.65			
<b>Total Cost for All F/C</b>		\$1,134,108		\$1,154,700			

**Schedule E3a LHIN Local Indicators and Obligations  
2015-2016**

**Health Service Provider: Alzheimer Society of Toronto**

- Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.
- Adopt eHealth and Information Management initiatives that encompass both provincial and local level priorities as identified by TC LHIN.
  - TC LHIN Priorities include: Continued implementation of the Standardized Discharge Summary, submission of data to Integrated Decision Support tool (IDS), and participation in Community Business Intelligence, and all Resource Matching and Referral initiatives.
  - Provincial Priority Projects: Implementation of Provincial Referral Standards, Emergency Management Communications Tool.
- Participate in the TC LHIN Quality Table initiatives, including compliance with reporting requirements and participating in sector specific quality improvement efforts. In support of the TC LHIN quality indicator of measuring patient experience, all HSPs shall:
  - Measure patient, client, resident, and family experience at a minimum annually.
  - Measure patient experience in a comparable manner to peers, as applicable.
  - Where possible and applicable, measure patient experience along the nine domains articulated in the TC LHIN Patient Experience Measurement Report.
  - Report on patient experience results to clients and/or to the public.
- Participate in TC LHIN initiatives related to the development and implementation of both local and regional Health Link initiatives.
- Continue to actively support the TC LHIN Health Equity Priorities by:
  - Supporting the implementation of the Health Equity Impact Assessment tool.
  - Participating in cultural competency initiatives such as Aboriginal Cultural Competency Initiative and the cultural competency eLearning modules developed through Children and Youth Advisory Table.
- Collect Health Card information on clients receiving LHIN funded services. Record the number of clients receiving LHIN funded services that do not have a Health Card.
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall, including those guided by the TC LHIN Emergency Management Implementation Committee.