



YORKMINSTER PARK MEALS ON WHEELS
1585 YONGE ST., TORONTO, ON M4T 1Z9

DECLARATION OF COMPLIANCE

To: The Board of Directors of the Toronto Central Local Health Integration Network (the LHIN)

From: The Board of Directors (The Board) of Yorkminster Park Meals on Wheels

Date: June 15, 2015

Re: April 1, 2014- March 31, 2015

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 June 20th 2015 to declare to you as follows:

After making inquiries of the Executive Director, Mary Carol Healy, and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to the 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.

Heather Brien
Chair, Board of Directors

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March 6, 2015

Ms. Mary Carol Healy
Executive Director
Yorkminster Park Meals on Wheels
1585 Yonge Street
Toronto, ON M4T 1Z9

Dear Ms. Healy,

Re: 2014-17 Multi-Sector Service Accountability Agreement

When Toronto Central Local Health Integration Network (the "LHIN") and the Yorkminster Park Meals on Wheels (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.

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: Heather Brian, Chair, Yorkminster Park Meals on Wheels
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

re: Amendment of 2014-17 MSAA for 2015/16

AGREED TO AND ACCEPTED BY:

Yorkminster Park Meals on Wheels

By:

Mary Carol Healy
Mary Carol Healy, Executive Director
I have the authority to bind Yorkminster Park Meals on Wheels

March 18/15
Date

And By:

BRIEN
Heather Brian, Chair
I have the authority to bind Yorkminster Park Meals on Wheels

March 11/15
Date

Heather Brian

**Schedule E3a LHIN Local Indicators and Obligations Comparison of
2015-2016 to 2014-2015**

Health Service Provider: CMHA, CSS, CCAC, RGP

- Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.

No Change as per 2014-2015 Obligation

- 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.

Minor modification to 2014-2015 obligation with addition of 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.

Modification of previous obligation with additional specific elements to provide greater clarity for HSPs

- Participate in TC LHIN initiatives related to the development and implementation of both local and regional Health Link initiatives.

No change as per 2014-15 obligation.

- Continue to actively support the TC LHIN Health Equity Priorities by:
 - Continuing to rollout collection of demographic/equity variables with the goal of covering more than 75% of patients in the system by March 2016. Continue the submission of equity data and undertaking improvement efforts to advance health equity.
 - Supporting the implementation of the Health Equity Impact Assessment tool.

Modification of previous obligation with additional specific elements to provide greater clarity for HSPs

- 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.

New obligation to support future shared planning capacity for LHINs and HSPs. The LHIN will not receive information that will positively identify clients.

- 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.

Modification of previous 2014-15 obligation and removal of obligation which had expired on March 31, 2015 (development of a emergency response plan by March 31, 2015)

**Schedule E3a LHIN Local Indicators and Obligations
2014-2017**

Health Service Provider: CMHA, CSS, CCAC, RGP

- Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.
- Participation in transformation activities or system level initiatives endorsed by the 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, Integrated Decision Support tool (IDS) and new Resource Matching and Referral pathways
 - Provincial Priority Projects: Implementation of Resource Matching and Referral pathways and participation in initiatives to improve reporting and analytics in the community (e.g. Community Business Intelligence)
- Participate in the TC LHIN Quality Table initiatives, including compliance with reporting requirements and participating in sector specific quality improvement efforts.
- 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 and the cultural competency eLearning modules developed through the Children and Youth Advisory Table.
- Participate in the TC LHIN Quality Table initiatives, including compliance with reporting requirements and participating in sector specific quality improvement efforts.
- Develop a Health Service Provider specific emergency response plan by March 31, 2015 in preparation for Pan Am and Para-Pan Am Games (Summer 2015) and other potential emergencies.
- Participate in initiatives guided by the TC LHIN Emergency Management Implementation Committee to increase preparedness and response levels at your organization, within your sector and the system overall.

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: Yorkminster Park Meals On Wheels

LHIN Program Revenue & Expenses	Row #	Account Financial (F) Reference OHRS Version 9.0	2014-2015 Plan Target	2015-2016 Plan Target	2016-2017 Plan Target
REVENUE					
LHIN Global Base Allocation	1	F 1100A	\$135,518	\$135,518	
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	\$0	\$0	
Service Recipient Revenue	9	F 11050 to 11090	\$173,550	\$166,685	
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$309,068	\$302,203	
Recoveries from External/Internal Sources	11	F 120*	\$0	\$0	
Donations	12	F 140*	\$25,000	\$25,000	
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*]	\$28,342	\$35,660	
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$53,342	\$60,660	
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14	\$362,410	\$362,863
EXPENSES					
Compensation					
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$129,165	\$131,374	
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$18,161	\$19,225	
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	
Service Costs					
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*, 69598, 69571, 72000, 62800, 45100, 69700]	\$204,084	\$201,064	
Community One Time Expense	29	F 69596	\$0	\$0	
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$1,000	\$1,500	
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*]	\$10,000	\$10,000	
Building Amortization	34	F 9*	\$0	\$0	
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34	\$362,410	\$363,163
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0	\$0	
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0	\$0	
SURPLUS/(DEFICIT) Incl. Amortization of	38	Sum of Rows 36 to 37	\$0	\$0	
FUND TYPE 3 - OTHER					
Total Revenue (Type 3)	39	F 1*	\$0	\$0	
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40	\$0	\$0
FUND TYPE 1 - HOSPITAL					
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	
NET SURPLUS/(DEFICIT)	FUND TYPE 1	44	Row 42 minus Row 43	\$0	\$0
ALL FUND TYPES					
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$362,410	\$363,163	
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$362,410	\$363,163	
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46	\$0	\$0
Total Admin Expenses Allocated to the TPSEs					
Undistributed Accounting Centres	48	62*	\$0	\$0	
Admin & Support Services	49	72 1*	\$65,000	\$65,000	
Management Clinical Services	50	72 5 05	\$0	\$0	
Medical Resources	51	72 5 07	\$0	\$0	
Total Admin & Undistributed Expenses	52	Sum of Rows 48-51 (Included in Fund Type 2 expenses above)	\$65,000	\$65,000	

**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 "*".

OHR/MIS Trial Balance Submission (through OHFS)	
2014-2015	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

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

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

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

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

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

Community Support Services – Other Reporting Requirements	
Requirement	Due Date
French language service report through SRI	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">▪ Personal Support Services Wage Enhancement Directive, 2014
<ul style="list-style-type: none">▪ Community Financial Policy, 2015
<ul style="list-style-type: none">▪ Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
<ul style="list-style-type: none">▪ Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
<ul style="list-style-type: none">▪ Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
<ul style="list-style-type: none">▪ Community Support Services Complaints Policy (2004)
<ul style="list-style-type: none">▪ Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
<ul style="list-style-type: none">▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
<ul style="list-style-type: none">▪ Screening of Personal Support Workers (2003)
<ul style="list-style-type: none">▪ Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year
<ul style="list-style-type: none">▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

Schedule E1: Core Indicators

2014-2017

Health Service Provider: Yorkminster Park Meals On Wheels

Performance Indicators	2014/2015	Performance Standard	2015/2016	Performance Standard	2016/2017	Performance Standard
	Target		Target		Target	
*Balanced Budget - Fund Type 2	\$0	>=0	\$0	>=0		
Proportion of Budget Spent on Administration	17.9%	17.9% - 21.5%	17.9%	17.9% - 21.5%		
**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	-		
Explanatory Indicators						
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: HSP's 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: Yorkminster Park Meals On Wheels

OHRS 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>						
CSS In-Home and Community Services (CSS IH COM) 72 5 82*						
CSS IH - Meals Delivery 72 5 82 10						
†Full-time equivalents (FTE)	72 5 82 10	1.90	n/a	1.90	n/a	
Individuals Served by Functional Centre	72 5 82 10	300	240 - 360	290	232 - 348	
Meal Delivered-Combined	72 5 82 10	33,500	32,160 - 34,840	30,500	29,280 - 31,720	
†Total Cost for Functional Centre	72 5 82 10	\$297,410	n/a	\$298,163	n/a	
Total Administration Expenses						
Administration and Support Services 72 1 *						
†Full-time equivalents (FTE)	72 1 *	0.40	n/a	0.40	n/a	
†Total Cost for Functional Centre	72 1 *	\$65,000	n/a	\$65,000	n/a	
Total Full-Time Equivalents for All F/C						
		2.30		2.30		
Total Cost for All F/C						
		\$362,410		\$363,163		

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

Health Service Provider: Yorkminster Park Meals on Wheels

- Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.
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- 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.
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 - 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.
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- 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.