

MSAA AMENDING AGREEMENT

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

BETWEEN:

Central Local Health Integration Network (the "LHIN")

AND

Vaughan Community Health Centre Corporation (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 "MSAA");

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

2.0 Amendments.

2.1 Agreed Amendments. The MSAA 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

2.3 Term. This Agreement and the MSAA 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 MSAA 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.

Central Local Health Integration Network

By:

Warren Jestin, Chair

Date

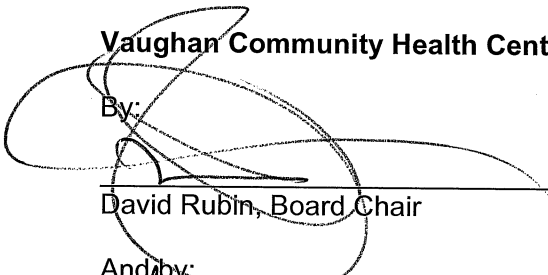
And by:

Kim Baker, Chief Executive Officer

Date

Vaughan Community Health Centre Corporation

By:




David Rubin, Board Chair

Date

March 30, 2017

And by:



Isabel Araya, Executive Director

Date

March 30, 2017

Schedule A2: Population and Geography 2017-2018

Health Service Provider: Vaughan Community Health Centre Corporation

Client Population

Vaughan Community Health Centre's (VCHC) core services are provided to residents of Ontario with a focus on residents of the City of Vaughan. The VCHC gives priority to marginalized populations who are facing barriers to access quality services. The Centre's social programs are mainly designed to meet the needs of youth, seniors and individuals with mental health and addiction issues. The majority of VCHC's clients are newcomers in low or moderate income brackets.

The main cultural communities served by the VCHC are: Italian, South Asian, Russian and Ukrainian. VCHC clients are very diverse, speaking multiple languages and many of them have low English proficiency. The Francophone community in the geographic area served by the VCHC is very small compared to other cultural communities. We are not aware of the presence of an Aboriginal community within our catchment area. Staff at VCHC speaks the following languages: Spanish, Italian, Portuguese, Russian, Polish, Croatian, Cantonese, Mandarin, Farsi, Tamil, Hindi and Urdu. The expected client outcomes is improved quality of life. Particularly, improved individual physical, social and emotional health; as well as improved community health by increasing personal and community capacity.

Geography Served

South West York Region - City of Vaughan including the South West corner of Woodbridge which is in the catchment area of Central West LHIN.

The VCHC provides clinical and health promotion services at 9401 Jane Street, Suite 206. The hours of operations are: Monday & Friday - 8 am to 5 pm; Tuesday to Thursday - 8 am to 8 pm; Saturday - 8 am to 12 pm.

In addition, the VCHC provides health promotion services at:

- Schools: Teston Public School, Romeo Dallaire Public School, Maple Creek Public School, Forest Run Public School
- Community Centres: Maple, Dufferin Clarke Community Centres
- Community based organizations: Vitanova Foundation, Human Endeavour, 360*Kids, Ahmadiyya Mosque
- Primary care organizations: VCHC Diabetes Education Program provides off-site services at Woodbridge Medical Centre Family Health Team, Wellmedica Clinic, Highland Medical Centre, Health Centre of Maple and A. Manohar Medicine Professional Corporation (Pine Valley and Highway 7).

Schedule B1: Total LHIN Funding
2017-2018

Health Service Provider: Vaughan Community Health Centre Corporation

| 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 | \$4,772,817 |
| 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 | \$6,000 |
| Subtotal Revenue LHIN/MOHLTC | 10 | Sum of Rows 1 to 9 | \$4,778,817 |
| Recoveries from External/Internal Sources | 11 | F 120* | \$63,434 |
| 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*] | \$35,400 |
| Subtotal Other Revenues | 14 | Sum of Rows 11 to 13 | \$98,834 |
| TOTAL REVENUE FUND TYPE 2 | 15 | Sum of Rows 10 and 14 | \$4,877,651 |
| EXPENSES | | | |
| Compensation | | | |
| Salaries (Worked hours + Benefit hours cost) | 17 | F 31010, 31030, 31090, 35010, 35030, 35090 | \$1,927,626 |
| Benefit Contributions | 18 | F 31040 to 31085, 35040 to 35085 | \$457,249 |
| Employee Future Benefit Compensation | 19 | F 305* | \$0 |
| Physician Compensation | 20 | F 390* | \$771,548 |
| Physician Assistant Compensation | 21 | F 390* | \$0 |
| Nurse Practitioner Compensation | 22 | F 380* | \$355,812 |
| 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* | \$22,821 |
| Supplies & Sundry Expenses | 28 | F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700] | \$436,872 |
| Community One Time Expense | 29 | F 69596 | \$0 |
| Equipment Expenses | 30 | F 7*, [excl. F 750*, 780*] | \$0 |
| Amortization on Major Equip, Software License & Fees | 31 | F 750*, 780* | \$0 |
| Contracted Out Expense | 32 | F 8* | \$183,529 |
| Buildings & Grounds Expenses | 33 | F 9*, [excl. F 950*] | \$722,194 |
| Building Amortization | 34 | F 9* | \$0 |
| TOTAL EXPENSES FUND TYPE 2 | 35 | Sum of Rows 17 to 34 | \$4,877,651 |
| 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* | \$0 |
| Total Expenses (Type 3) | 40 | F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9* | \$0 |
| 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 | \$4,877,651 |
| Total Expenses (All Funds) | 46 | Line 16 + line 40 + line 43 | \$4,877,651 |
| 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* | \$744,904 |
| Volunteer Services | 50 | 72 1* | \$0 |
| Information Systems Support | 51 | 72 1* | \$139,601 |
| General Administration | 52 | 72 1* | \$468,091 |
| Other Administrative Expenses | 53 | 72 1* | \$0 |
| Admin & Support Services | 54 | 72 1* | \$1,352,596 |
| 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) | \$1,352,596 |

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: Vaughan Community Health Centre Corporation

| Service Category 2017-2018 Budget | OHRS Framework Level 3 | Full-time equivalents (FTE) | Visits F2F, Tel, In House, Cont. Out | Not Uniquely Identified Service Recipient Interactions | Hours of Care In-House & Contracted Out | Inpatient/Resident Days | Attendance Days Face-to-Face | Group Sessions (# of group sessions- not individuals) | Meal Delivered- Combined | Group Participant Attendance (Reg & Non-Reg) | Service Provider Interactions | Service Provider Group Interactions | Mental Health Sessions |
|---|------------------------|-----------------------------|--------------------------------------|--|---|-------------------------|------------------------------|---|--------------------------|--|-------------------------------|-------------------------------------|------------------------|
| Diagnostic and Therapeutic Services (CHC's) | 72.4* | 1.13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,083 | 0 | 0 |
| Primary Care- Clinics/Programs | 72.5 10* | 14.94 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21,017 | 0 | 0 |
| Health Promotion and Education | 72.5 50 | 14.28 | 0 | 0 | 0 | 0 | 0 | 400 | 0 | 4,900 | 4,237 | 0 | 0 |

Schedule C: Reports

Community Health Centres

2017-2018

Health Service Provider: Vaughan Community Health Centre Corporation

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: Vaughan Community Health Centre Corporation

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 |
|-------------|---------------|
| 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 D: Directives, Guidelines and Policies

Community Health Centres

2017-2018

Health Service Provider: Vaughan Community Health Centre Corporation

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.***

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Vaughan Community Health Centre Corporation

| Performance Indicators | | 2017-2018 Target | Performance Standard |
|---|--|-----------------------|----------------------|
| *Balanced Budget - Fund Type 2 | | \$0 | >=0 |
| Proportion of Budget Spent on Administration | | Refer to Schedule E3a | - |
| **Percentage Total Margin | | 0.00% | >= 0% |
| Percentage of Alternate Level of Care (ALC) days (closed cases) | | TBD | - |
| 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 E3a | - |
| Alternate Level of Care (ALC) Rate | | TBD | - |
| Explanatory Indicators | | | |
| Cost per Unit Service (by Functional Centre) | | | |
| Cost per Individual Served (by Program/Service/Functional Centre) | | | |
| Client Experience | | | |

* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget

** No negative variance is accepted for Total Margin

**Schedule E2a: Clinical Activity- Detail
2017-2018**

Health Service Provider: Vaughan Community Health Centre Corporation

| 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* | 3.32 | n/a |
| Visits | 72 1* | 2,052 | 1847 - 2257 |
| *Total Cost for Functional Centre | 72 1* | \$1,352,596 | n/a |
| LAB Pre/Post Analysis 72 4 10 21 | | | |
| * Full-time equivalents (FTE) | 72 4 10 21 | 1.13 | n/a |
| *Total Cost for Functional Centre | 72 4 10 21 | \$136,550 | n/a |
| Service Provider Interactions | 72 4 10 21 | 3,083 | 2775 - 3391 |
| Clinics/Programs - General Clinic 72 5 10 20 | | | |
| * Full-time equivalents (FTE) | 72 5 10 20 | 9.73 | n/a |
| *Total Cost for Functional Centre | 72 5 10 20 | \$1,590,322 | n/a |
| Service Provider Interactions | 72 5 10 20 | 15,000 | 14250 - 15750 |
| Clinics/Programs - Therapy Clinic 72 5 10 40 | | | |
| * Full-time equivalents (FTE) | 72 5 10 40 | 2.89 | n/a |
| *Total Cost for Functional Centre | 72 5 10 40 | \$290,338 | n/a |
| Service Provider Interactions | 72 5 10 40 | 4,337 | 3903 - 4771 |
| Clinics/Programs - Chronic Disease Clinic 72 5 10 50 | | | |
| * Full-time equivalents (FTE) | 72 5 10 50 | 2.32 | n/a |
| *Total Cost for Functional Centre | 72 5 10 50 | \$200,088 | n/a |
| Service Provider Interactions | 72 5 10 50 | 1,680 | 1512 - 1848 |
| Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention- Diabetes 72 5 50 35 20 | | | |
| * Full-time equivalents (FTE) | 72 5 50 35 20 | 9.15 | n/a |
| Group Sessions | 72 5 50 35 20 | 50 | 40 - 60 |
| *Total Cost for Functional Centre | 72 5 50 35 20 | \$877,537 | n/a |
| Group Participant Attendances | 72 5 50 35 20 | 400 | 320 - 480 |
| Service Provider Interactions | 72 5 50 35 20 | 4,237 | 3813 - 4661 |
| Health Prom/Educ.& Com. Dev - Personal Health and Wellness 72 5 50 45 | | | |
| * Full-time equivalents (FTE) | 72 5 50 45 | 5.13 | n/a |
| Group Sessions | 72 5 50 45 | 350 | 280 - 420 |
| *Total Cost for Functional Centre | 72 5 50 45 | \$430,220 | n/a |
| Group Participant Attendances | 72 5 50 45 | 4,500 | 4050 - 4950 |
| ACTIVITY SUMMARY | | | |
| Total Full-Time Equivalents for all F/C | | 33.67 | |
| Total Visits for all F/C | | 2,052 | |
| Total Group Sessions for all F/C | | 400 | |
| Total Group Participants for all F/C | | 4,900 | |
| Total Service Provider Interactions for all F/C | | 28,337 | |
| Total Cost for All F/C | | 4,877,651 | |

Schedule E2b: CHC Sector Specific Indicators

2017-2018

Health Service Provider: Vaughan Community Health Centre Corporation

| Performance Indicators | | 2017-2018 Target | Performance Standard |
|--|--|------------------|----------------------|
| Cervical Cancer Screening Rate (PAP tests) | | 86.0% | > 69.0% |
| Colorectal Screening Rate | | 81.0% | 64.8 - 97.2% |
| Inter-professional Diabetes Care Rate | | 91.0% | 72.8 - 100% |
| Influenza Vaccination Rate | | 60.0% | 48 - 72% |
| Breast Cancer Screening Rate | | 83.0% | 66.4 - 99.6% |
| Retention Rate (For NPs and Physicians) | | 94.0% | >= 75.2% |
| Access to Primary Care | | 82.0% | 77.9 - 86.1% |

| 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 E3a Local: All
2017-2018**

Health Service Provider: Vaughan Community Health Centre Corporation

| Performance Indicators | 2017-2018 Target | Performance Standard |
|---|------------------|----------------------|
| Proportion of Budget Spent on Administration ^{1,2} | 13.69% | ≤ 15% |
| Number of Individuals Served by Organization ³ | 4530 | 4077 - 4983 |

¹ Proportion of Budget Spent on Administration: (Total Admin and support Expenses - Program Rent) / (LHIN Base Allocation + Service Recipient Revenue)
² All Central LHIN HSPs are required to identify the cost related to Program Rent out of the total Administration and Support Expenses
³ Central LHIN HSPs are required to report Total Unique Individuals Served by Organization