

HE-CI-1

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June 18, 2009

Ms. Carolyn Clubine
 LTC Director
 Sheridan Villa (Regional Municipality of Peel)
 44 Peel Centre Drive,
 Brampton, ON

LEGISLATIVE SERVICES	
COPY TO:	FOR:
Chair	Committee
CAO	
Corporate Services	Council
Environment, Transportation and Planning Services	
Employee and Business Services	
Finance	
Health Services	File MDH
Human Services	
Peel Living	

Dear Ms. Clubine:

Re: Year 2 Aging at Home Strategy Proposal

The Mississauga Halton LHIN (MH LHIN) is pleased to support your proposal, *Sheridan Villa Adult Day Service Program: Enhancement of Services and Increased Capacity* as part of the Aging at Home Strategy. Annual funding approval of \$165,476 and one time funding of \$10,000 was communicated to you by Mr. John Magill, Board Chair, MH LHIN in his letter dated May 19, 2009.

REFERRAL TO _____
 RECOMMENDED _____
 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED

Objectives

The MH LHIN Aging at Home Strategy's overall objectives are to:

- Increase community support services capacity in MH LHIN for seniors:
 - to provide an alternative to Long-Term Care (LTC) Home placement
 - to support frail seniors' to remain safely at home
 - to promote seniors' health and wellness
- Reduce acute care pressures through reduced Alternate Level of Care (ALC) patient days in hospitals
- Reduce unnecessary Emergency Department (ED) visits by seniors

Evaluation

Your program/service will be evaluated on the basis of giving priority for service to higher needs clients that will assist in reducing one or more of the following performance measures:

- Reduce % of ALC patient days in hospital
- Reduce rate of ED visits by seniors that could have been managed elsewhere
- Reduce or maintain waitlist for LTC Home
- Reduce wait time to LTC Home

Further evaluation of your program will be based on the achievement of those performance deliverables and requirements outlined in Attachment A.

Funding

Continued funding for your program is based on:

- being able to demonstrate that program/service gives priority to clients with the highest needs and achieves performance measures (outlined above under Evaluation), and
- achieving or exceeding the performance deliverables and requirements (as outlined in Attachment A).

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The MH LHIN reserves the right to reallocate funding to achieve the most effective use of the funding in meeting the MH LHINs priorities and objectives which may change over time.

The following are the administrative details regarding the funding:

2009/10	Annualized Increase	\$ 165,476
2009/10	9 months base operating funding	\$ 124,107
	One time*	\$ 10,000
	Total	\$ 134,107

*One-time Funding is approved for specific non-recurring start-up expenditures. Examples include consultation, training, computer related items, office supplies and minor renovations. These one-time costs need to be specified in the detail budget resubmission Attachment B.

Please note that the first payment for the initiative will be on August 4th 2009 or later, depending on the return of your sign-back (Attachment A), retroactive to July 1, 2009.

Please complete:

- 1) Attachment A - Sign Back Agreement for Aging at Home Year 2 Funding
- 2) Attachment B - Updated Aging at Home Budget – Summary of Revenue and Expenses (for this proposal)

Return to MH LHIN, to the attention of Maria Fernandes (maria.fernandes@lhins.on.ca) no later than **July 6, 2009**.

MH LHIN will be following up to assist you in the completion of a Multi-Sector Service Accountability Agreement (M-SAA) between Sheridan Villa (Regional Municipality of Peel) and the Mississauga Halton LHIN due to this new funding.

See Attachment A for detailed Reporting Requirements related to the Aging At Home funding.

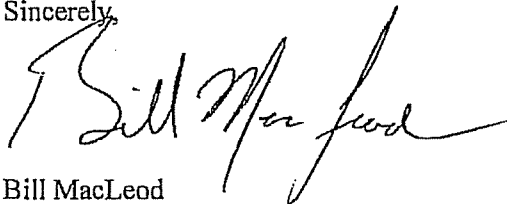
If you have any questions, please do not hesitate to contact Judy Bowyer, Senior Lead, Performance & Integration at ext. 209 or Paulette Zulianello, Senior Lead, Funding and Allocation at ext. 216.

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I would like to take the opportunity to thank Sheridan Villa (Regional Municipality of Peel) for your work with the MH LHIN and commitment to improving services for seniors in our community.

Sincerely,



Bill MacLeod
Chief Executive Officer

c: Emil Kolb, Regional Board Chair, Regional Municipality of Peel
Narendra Shah, Chief Operating Officer, MH LHIN

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ATTACHMENT A
Sign-Back Agreement for Aging at Home Year 2 Funding

**1.1. Funding for Proposal – Sheridan Villa Adult Day Service Program: Enhancement of Services and Increased Capacity
Sheridan Villa (Regional Municipality of Peel)**

Annualized Funding Allocation	Cash Flow	1. 1 Performance Deliverables	Start Date	Coding for Service (OHS)
\$165,476	\$124,107 (based on start up of July 1, 2009)	<ul style="list-style-type: none"> • 10 clients for Day Services (annualized) • 45 Crisis and Intervention and Support clients (annualized) • 45 Caregiver Support clients (annualized) • 536 attendance days (annualized) • 4,160 visits for crisis and intervention (annualized) • 1,820 visits for caregiver support (annualized) 	July 1, 2009	FC 72 5 82 20 (Day Services) – attendance days FC 7 25 82 15 (Crisis Intervention)- visits FC72 5 82 50 (Caregiver Support)- visits
	One time: \$10,000			

1.2. Performance Requirements:

- Give priority to the frail elderly whose needs may require additional community programs and/or services to continue to stay at home and to ensure they receive care in the most appropriate setting.
- Must communicate program/service details to other providers and the broader community through a variety of methods (e.g. newspaper, advertising, 211, 310-CCAC, etc.).
- Must commit to working with the MH LHIN, sector colleagues and/or other MH LHIN community partners such as the MH CCAC, hospitals and/or LTC Homes to reduce one or more of the following:
 - % of ALC patient days in hospital
 - ED visits by seniors that could have been managed elsewhere
 - Waitlist for LTC Home
 - Wait time to LTC Home
- Must work with the MH LHIN and other sector colleagues and/or community partners to improve health system performance (e.g. common intake and assessment processes; common assessment instruments; creation of a centralized waitlist; streamlined referral processes; data collection tools and/or methodologies; common, targeted indicators and outcome measurements; etc.)
- Must be able to show on monthly or quarterly data reports (e.g. MAPLe scores, CPS scores, CHES scores, RUGS scores, combination of scores, or other methodologies) that the program/service provides care and/or all available vacancies in the program/service were prioritized to those clients with the highest needs.

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1.3 Reporting Requirements:

- Q2 Supplementary Reporting Template for Initiatives – due Nov 6/09 on WERS (Q1 not required for initiatives funded in 2009/10)
- Q3 Supplementary Reporting Template for Initiatives - due Feb 5/10
- Q4 Supplementary Reporting Template for Initiatives - due June 7/10
- The agency will include Aging at Home revenue and expenses as well as statistical information with the quarterly WERS actual/forecast reporting. If other reports are required by the LHIN, a template with instructions will be provided.

I acknowledge that the funding for opening *Sheridan Villa Adult Day Service Program: Enhancement of Services and Increased Capacity* has been allocated with the understanding that *Sheridan Villa* will achieve:

- the performance deliverables (1.1),
- the performance requirements (1.2), and
- the reporting requirements (1.3)

I also acknowledge that continued funding for this program/service is based on:

- the program achieving the performance deliverables and requirements
- the MH LHIN priorities and objectives continue to align with my agency's program/service in order to achieve the most effective use of the funding, and the funding may be subject to recovery if the agreed upon targets are not achieved.

Emil Kolb

Regional Board Chair
Regional Municipality of Peel

Signature

Date

Carolyn Clubine

LTC Executive Director
Regional Municipality of Peel

Signature

Date

Note:

Please return this form by July 6, 2009 to Maria Fernandes at the Mississauga Halton LHIN using one of the following methods:

- fax: (905) 337-8330
- scan copy and send by email to: maria.fernandes@lhins.on.ca

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ATTACHMENT B - UPDATED AGING AT HOME BUDGET

HEALTHCARE PROVIDER:

Summary of Revenue and Expenses

Category	Line No	Account: Financial (F) Reference OHRS VERSION 6.2	2009/2010 BUDGET REQUEST months	(Annualized)
FUND TYPE 2				
REVENUE				
Funding - Local Health Integrated Networks (LHIN) (Allocation)	1	F 11006		
Funding - Provincial MOHLTC	2	F 11010		
Funding - MOHLTC Other funding envelopes	3	F 11014		
Funding - LHINs One Time	4	F 11008		
Funding - One Time Payments	5	F 11012		
Funding - Paymaster / Flow Through	6	F 11019		
Service Recipient Revenue	7	F 11050 to 11090		
Subtotal Revenue LHIN/MOHLTC	8	Sum of lines 1 to 7	\$0	\$0
Recoveries from External/Internal Sources	9	F 12*, [excl. F 1217*, 1219*, 122*]		
Donations	10	F 140*		
Amortization - Grants/Donations Revenue	11	F 131*, 141* & 151*		
Other Funding Sources and Other Revenue	12	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090,		
Subtotal Other Revenues	13	Sum of lines 9 to 12	\$0	\$0
TOTAL REVENUE	14	Sum of line 8 and line 13	\$0	\$0
EXPENSES				
Compensation				
Salaries and Wages (Worked + Benefit + Purchased)	15	F 31010, 31030, 31090, 35010, 35030, 35090		
Benefit Contributions	16	F 31040 to 31085 , 35040 to 35085		
Employee Future Benefit Compensation	17	F 305*		
Nurse Practitioner Remuneration	18	F 380*		
Medical Staff Remuneration	19	F 390*, [excl. F 39092]		
Sessional Fees	20	F 39092		
Service Costs				
Med/Surgical Supplies and Drugs	21	F 460*, 465*, 560*, 565*		
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	22	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]		
Community One Time Expense (For budget use only- Note 1)	23	F 69596		
Equipment Expenses	24	F 7*, [excl. F 750*, 780*]		
Amortization on Major Equip and Software License and Fees	25	F 750* , 780*		
Contracted Out Expense	26	F 8*		
Buildings and Grounds Expenses	27	F 9*, [excl. F 950*]		
Building Amortization	28	F 950*		
TOTAL EXPENSES	29	Sum of lines 15 to 28	\$0	\$0
NET SURPLUS/(DEFICIT) FROM OPERATIONS	30	Line 14 minus line 29	\$0	\$0

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Summary of Revenue and Expenses

Total Administration Expenses Allocated to the TPBEs in all worksheets

Undistributed Accounting Centres	40	82*		
Administration and Support Services	41	72 1*		
Management Clinical Services	42	72 5 05		
Medical Resources	43	72 5 07		
Total Administrative & Undistributed Expenses (included in fund type 2 expenses above)	44	Sum of line 40 to 43 (included in Fund Type 2 expenses above)	\$0	\$0

Note1 - Any one-time funding for the fiscal period must be explained below (dollar amount and purpose):