

MINISTRY LHIN PERFORMANCE AGREEMENT (“MLPA”) 12/13 EXTENSION

THIS AMENDING AGREEMENT (the “Agreement”) effective as of April 1, 2012.

BETWEEN:

Her Majesty the Queen in right of Ontario, as represented by the Minister of Health and Long-Term Care (“MOHLTC”)

- and -

Hamilton Niagara Haldimand Brant Local Health Integration Network (“LHIN”)

WHEREAS the parties entered into an accountability agreement for fiscal years 2010—2012 pursuant to section 18 of the *Local Health System Integration Act, 2006* (“MLPA”);

AND WHEREAS the parties wish to amend the MLPA on the terms and conditions set out herein.

NOW THEREFORE in consideration of the mutual covenants and agreements contained in this Agreement and other good and valuable consideration (the receipt and sufficiency of which are hereby acknowledged by each of the parties), 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 MLPA.

2.0 Amendments.

2.1 Agreed Amendments. The Parties agree that the MLPA shall be amended as set out in this Article 2.

2.2 Expiration Date.

(a) The date “March 31, 2012” found on the title page of the MLPA is deleted and replaced with the date “March 31, 2013”; and .

(b) The first sentence of paragraph 1.2 is deleted and replaced with the following:

“The purpose of this Agreement is to set out the mutual understandings between the MOHLTC and the LHIN of their respective performance obligations in the period from April 1, 2010 to March 31, 2013 covering the 2010-2011, 2011-2012 and 2012-2013 fiscal years.”

2.4 Paragraph 6.1. The date “April 1, 2012” found in paragraph 6.1 is deleted and replaced with the date “April 1, 2013”

2.5 Paragraph 7.4. The first sentence of paragraph 7.4 is deleted and replaced with the following:

“Each Schedule applies to the 2010-13 fiscal years, unless stated otherwise in a Schedule.”

- 2.6 Tables 1 through 4 of Schedule 3: Funding and Allocations are deleted and replaced with the Tables 1 through 4 attached to this Amending Agreement as Appendix A.
- 2.7 Table A of Schedule 4: Local Health System Performance is deleted and replaced with the Table A attached to this Amending Agreement as Appendix B.
- 2.8 The table referred to in section 1 of Schedule 5: Integrated Reporting and set out in Schedule 5: Integrated Reporting is deleted and replaced with the Reporting Table attached to this Amending Agreement as Appendix C.
- 3.0 Effective Date.** The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2012. All other terms of the MLPA 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.

IN WITNESS WHEREOF the parties have executed this Agreement.

**Her Majesty the Queen in right of Ontario,
as represented by the Minister of
Health and Long-Term Care:**

The Honourable Deb Matthews
Minister of Health and Long-Term Care

Hamilton Niagara Haldimand Brant Local Health Integration Network

By:

Michael Shea, Chair

APPENDIX A

Table 1: Statement of Total LHIN 2012/2013 Funding Allocation

	2012/13 Funding Allocation (000's)	2013/14 Funding Target (000's)	2014/15 Funding Target (000's)
Total LHIN Budget	23,930,545.6	TBD	TBD
Total Capital Budget (see table 1b)	.0	TBD	TBD
Total Operating Budget (see table 1a)	23,930,545.6	TBD	TBD

1 The 2012/13 funding allocation is updated as of August 31, 2012 from the approved 2012/13 multi-year Results Based Plan and the 2012/13 Printed Estimates.

2 Updates to the 2012/13 funding allocations include additional one-time and base funding designated throughout the year, and any reallocations initiated by the LHINs. These reallocations are between agencies, sectors and LHINs.

Table 1a: Statement of Total LHIN 2012/2013 Funding Allocation - Operating Budget

		2012/13 Funding Allocation (000's)	2013/14 Funding Target (000's)	2014/15 Funding Target (000's)
Total LHIN Operating Budget		23,930,545.6	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector	(1) (2)	23,854,663.4	TBD	TBD
Operation of LHIN		63,920.2	TBD	TBD
Initiatives	(3)	11,962.0	TBD	TBD
E-Health		.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector				
Operations of Hospitals	(4)	15,907,146.3	TBD	TBD
Grants to compensate for Municipal Taxation - public hospitals		3,749.7	TBD	TBD
Long Term Care Homes	(5)	3,296,056.7	TBD	TBD
Community Care Access Centres		2,086,762.4	TBD	TBD
Community Support Services		407,324.1	TBD	TBD
Acquired Brain Injury		46,075.8	TBD	TBD
Assisted Living Services in Supportive Housing		219,449.8	TBD	TBD
Community Health Centres		327,708.6	TBD	TBD
Community Mental Health		646,903.7	TBD	TBD
Addictions Program		171,278.4	TBD	TBD
Specialty Psych Hospitals		594,274.9	TBD	TBD
Grants to compensate for Municipal Taxation - psychiatric hospitals		121.8	TBD	TBD
Initiatives	(6)	147,811.2	TBD	TBD

1 The 2012/13 funding allocation is updated as of August 31, 2012 from the approved 2012/13 multi-year Results Based Plan and the 2012/13 Printed Estimates.

2 Updates to the 2012/13 funding allocations include additional one-time and base funding designated throughout the year, and any reallocations initiated by the LHINs. These reallocations are between agencies, sectors and LHINs.

3 LHIN Operations initiatives include Aboriginal Community Engagement, French Language Health Services, French Language Health Planning Entities, Emergency Room/Alternate Level of Care (ALC) Performance Leads, Emergency Department LHIN Leads, Critical Care LHIN Leads, Primary Care LHIN Leads, Behavioural Supports Ontario project, and Orleans Family Health Hub project.

4 The 2012/13 funding allocation for Operations of Hospitals includes funding relief provided through the Working Fund initiative.

5 The Long Term Care (LTC) Homes funding allocation is an estimate only, and is subject to change, as the Ministry adjusts the funding allocation for the LTC Homes based on changes in Case Mix Index (CMI), bed numbers, resident revenue and construction cost funding.

6 Funding for non-sector specific initiatives, such as Community Investment, Aging at Home, Urgent Priorities Funds, ALC Investment, and Behavioural Support Ontario Project, is reported under Initiatives. Throughout the year, as the LHINs make funding allocation decisions at the sector level, initiative allocations will be distributed to the appropriate sectors.

The 2012/13 Community Investment funding provided to all LHINs is \$128.0M. This is intended for the distribution among Community Care Access Centres, Community Support Services, Acquired Brain Injury, Assisted Living Services in Supportive Housing, Community Health Centres, Community Mental Health and Addictions Programs.

Table 1b: Statement of Total LHIN 2012/2013 Funding Allocation - Capital Budget

	2012/13 Funding Allocation (000's)	2013/14 Funding Target (000's)	2014/15 Funding Target (000's)
Total Capital Budget	.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector	.0	TBD	TBD
LHIN-Specific Capital Initiatives	.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector			
Hospitals	.0	TBD	TBD
Long Term Care Homes	.0	TBD	TBD
Acquired Brain Injury	.0	TBD	TBD
Assisted Living Services in Supportive Housing	.0	TBD	TBD
Community Health Centres	.0	TBD	TBD
Community Mental Health	.0	TBD	TBD
Addictions Program	.0	TBD	TBD

Table 2: Statement of LHIN 2012/2013 Funding Allocation

	2012/13 Funding Allocation (000's)	2013/14 Funding Target (000's)	2014/15 Funding Target (000's)
Total LHIN Budget	2,697,393.9	TBD	TBD
Total Capital Budget (see table 1b)	.0	TBD	TBD
Total Operating Budget (see table 1a)	2,697,393.9	TBD	TBD

1 The 2012/13 funding allocation is updated as of August 31, 2012 from the approved 2012/13 multi-year Results Based Plan and the 2012/13 Printed Estimates.

2 Updates to the 2012/13 funding allocations include additional one-time and base funding designated throughout the year, and any reallocations initiated by the LHINs. These reallocations are between agencies, sectors and LHINs.

Table 2a: Statement of LHIN 2012/2013 Funding Allocation - Operating Budget

		2012/13 Funding Allocation (000's)	2013/14 Funding Target (000's)	2014/15 Funding Target (000's)
Total LHIN Operating Budget		2,697,393.9	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector	(1) (2)	2,691,597.5	TBD	TBD
Operation of LHIN		4,916.2	TBD	TBD
Initiatives	(3)	880.2	TBD	TBD
E-Health			TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector				
Operations of Hospitals	(4)	1,806,379.6	TBD	TBD
Grants to compensate for Municipal Taxation - public hospitals		464.0	TBD	TBD
Long Term Care Homes	(5)	438,729.0	TBD	TBD
Community Care Access Centres		257,730.2	TBD	TBD
Community Support Services		42,612.1	TBD	TBD
Acquired Brain Injury		6,651.2	TBD	TBD
Assisted Living Services in Supportive Housing		27,494.2	TBD	TBD
Community Health Centres		24,627.3	TBD	TBD
Community Mental Health		54,568.2	TBD	TBD
Addictions Program		15,405.3	TBD	TBD
Specialty Psych Hospitals			TBD	TBD
Grants to compensate for Municipal Taxation - psychiatric hospitals			TBD	TBD
Initiatives	(6)	16,936.4	TBD	TBD

1 The 2012/13 funding allocation is updated as of August 31, 2012 from the approved 2012/13 multi-year Results Based Plan and the 2012/13 Printed Estimates.

2 Updates to the 2012/13 funding allocations include additional one-time and base funding designated throughout the year, and any reallocations initiated by the LHINs. These reallocations are between agencies, sectors and LHINs.

3 LHIN Operations initiatives include Aboriginal Community Engagement, French Language Health Services, French Language Health Planning Entities, Emergency Room/Alternate Level of Care (ALC) Performance Leads, Emergency Department LHIN Leads, Critical Care LHIN Leads, Primary Care LHIN Leads, Behavioural Supports Ontario project, and Orleans Family Health Hub project.

4 The 2012/13 funding allocation for Operations of Hospitals includes funding relief provided through the Working Fund initiative.

5 The Long Term Care (LTC) Homes funding allocation is an estimate only, and is subject to change, as the Ministry adjusts the funding allocation for the LTC Homes based on changes in Case Mix Index (CMI), bed numbers, resident revenue and construction cost funding.

6 Funding for non-sector specific initiatives, such as Community Investment, Aging at Home, Urgent Priorities Funds, ALC Investment, and Behavioural Support Ontario Project, is reported under Initiatives. Throughout the year, as the LHINs make funding allocation decisions at the sector level, initiative allocations will be distributed to the appropriate sectors.

The 2012/13 Community Investment funding provided to all LHINs is \$128.0M. This is intended for the distribution among Community Care Access Centres, Community Support Services, Acquired Brain Injury, Assisted Living Services in Supportive Housing, Community Health Centres, Community Mental Health and Addictions Programs.

Table 2b: Statement of LHIN 2012/2013 Funding Allocation - Capital Budget

	2012/13 Funding Allocation (000's)	2013/14 Funding Target (000's)	2014/15 Funding Target (000's)
Total Capital Budget	.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector	.0	TBD	TBD
LHIN-Specific Capital Initiatives	.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector			
Hospitals	.0	TBD	TBD
Long Term Care Homes		TBD	TBD
Acquired Brain Injury		TBD	TBD
Assisted Living Services in Supportive Housing		TBD	TBD
Community Health Centres		TBD	TBD
Community Mental Health		TBD	TBD
Addictions Program		TBD	TBD

Table 3: Statement of Total 2012/13 Dedicated Funding by Sector

	2012/13 Dedicated Funding Envelope ⁽¹⁾
Hospitals	
Cardiac Services	\$507,204,043
Chronic Kidney Disease	\$407,440,993
Critical Care	\$97,036,386
Wait Times Strategy ⁽²⁾	\$106,323,500
Health Infrastructure Renewal Fund	TBD
Post Construction Operating Plan	\$1,442,852,977
eHealth	TBD
Long Term Care Homes	
Convalescent Care Beds ⁽³⁾	\$26,451,481
Interim Beds ⁽³⁾	\$19,546,686
Community Health Centres	
Uninsured Persons Services	\$2,886,782
Community Mental Health	
Crisis Intervention programs and services (funded through Health Accord and Service Enhancement)	\$43,817,593
Short-Term Residential Crisis Beds (Safe Beds)	\$11,297,893
Assertive Community Treatment Teams (ACTT)	\$34,541,300
Intensive Case Management (funded through Health Accord and Service Enhancement)	\$29,672,466
Court Diversion / Supports	\$4,606,000
Supportive Housing Supports	\$10,387,000
Early Intervention in Psychosis programs (funded through Health Accord)	\$22,202,188
Forensic Case Management Initiatives	\$2,040,000
Sessional services in hospitals (Psychiatric Out-Patient Medical Salaries)	\$13,967,953
Sessional services provided by community-based agencies	\$15,881,658
Eating Disorder Services	\$15,460,112
Consumer Survivor Initiatives	\$12,000,355
Addictions	
Problem Gambling Treatment Services	\$10,108,400
Programs for pregnant women with addictions (funded through federal Early Childhood Development initiative)	\$3,200,000
Methadone Case Management Services	\$740,680
Sessional services provided by community-based agencies	\$748,358
Community Care Access Centres	
School Health Professional and Personal Support Services	\$84,091,615
Chronic Kidney Disease	\$1,236,400
Other	
Direct Funding Self-Managed Attendant Services (Centre for Independent Living Toronto)	\$24,117,702
Compensation Under Specified Initiatives / Agreements	TBD

Notes

(1) Actual Dollar Amounts

(2) One-Time component of Wait Times Strategy figure is subject to change, based on implementation of Health System Funding Reform (HSFR)

(3) Estimated Funding based on current per diem as of July, 2012 and are subject to change due to the fluctuations in the number of beds, Acuity level (CMI), occupancy levels and Resident Revenue.

As per July 2012 Payment Notice, there are 323 funded convalescent care beds and 494 funded interim beds; based on RbP approval, the dedicated initiative is for up to 340 convalescent care beds and up to 500 interim beds.

Table 4: Dedicated Funding by Sector for Hamilton Niagara Haldimand Brant LHIN

	2012/13 Dedicated Funding Envelope ⁽¹⁾
Hospitals	
Cardiac Services	\$68,175,348
Chronic Kidney Disease	\$48,442,245
Critical Care	\$9,533,931
Wait Times Strategy ⁽²⁾	\$12,538,100
Health Infrastructure Renewal Fund	TBD
Post Construction Operating Plan	\$103,886,475
eHealth	TBD
Long Term Care Homes	
Convalescent Care Beds ⁽³⁾	\$2,888,811
Interim Beds ⁽³⁾	\$1,622,296
Community Health Centres	
Uninsured Persons Services	\$128,795
Community Mental Health	
Crisis Intervention programs and services (funded through Health Accord and Service Enhancement)	\$4,793,200
Short-Term Residential Crisis Beds (Safe Beds)	\$340,600
Assertive Community Treatment Teams (ACTT)	\$5,587,400
Intensive Case Management (funded through Health Accord and Service Enhancement)	\$3,482,633
Court Diversion / Supports	\$336,000
Supportive Housing Supports	\$840,000
Early Intervention in Psychosis programs (funded through Health Accord)	\$1,805,000
Forensic Case Management Initiatives	\$170,000
Sessional services in hospitals (Psychiatric Out-Patient Medical Salaries)	\$974,505
Sessional services provided by community-based agencies	\$1,850,428
Eating Disorder Services	\$1,329,174
Consumer Survivor Initiatives	\$1,008,874
Additions	
Problem Gambling Treatment Services	\$712,800
Programs for pregnant women with addictions (funded through federal Early Childhood Development initiative)	\$300,000
Methadone Case Management Services	\$85,260
Sessional services provided by community-based agencies	\$3,720
Community Care Access Centres	
School Health Professional and Personal Support Services	\$9,370,448
Chronic Kidney Disease	\$0
Other	
Direct Funding Self-Managed Attendant Services (Centre for Independent Living Toron	N/A
Compensation Under Specified Initiatives / Agreements	TBD

Notes

⁽¹⁾ Actual dollar amounts

⁽²⁾ One-Time component of Wait Times Strategy figure is subject to change, based on implementation of Health System Funding Reform (HSFR)

⁽³⁾ Estimated Funding are based on current per diem as of July, 2012 and are subject to change due to the fluctuations in the number of beds, Acuity level (CMI), occupancy levels and Resident Revenue.

As per July 2012 Payment Notice, there are 323 funded convalescent care beds and 494 funded interim beds; based on RbP approval, the dedicated initiative is for up to 340 convalescent care beds and up to 500 interim beds.

APPENDIX B

Table A: Performance Indicators				
- Objective: To improve persons' access and outcomes as they move through the continuum of healthcare services. - Expected Outcome: Persons will experience improved access and outcomes related to the health care services identified below. - Other indicators may be considered as a measure of this expected outcome.				
INDICATOR	Provincial target	LHIN Baseline 2012-13	LHIN Target 2012-13	Data Provided to LHINs
90 th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	8 hours	35.45 hours	28.3 hours	May 14, 2012 August 13, 2012 November 13, 2012 and February 11, 2013
90 th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	8 hours	7.75 hours	7.5 hours	
90 th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	4 hours	4.87 hours	4.5 hours	
Percentage of Alternate Level of Care (ALC) Days	9.46%	15.37 %	11.00%	
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions	TBD	19.93%	18.40%	
Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions	TBD	22.4%	21.40%	
90 th Percentile Wait Time from Community for CCAC In-Home Services – Application from Community Setting to First CCAC Service (excluding case management)	TBD	29 days	26 days	
Readmission within 30 Days for Selected CMGs	TBD	14.02%	14.50%	
90 th Percentile Wait Times for Cancer Surgery	Provincial Priority IV Target: 84 days	62 days	58 days	
90 th Percentile Wait Times for Cardiac By-Pass Procedures	Provincial Priority IV Target: 182 days	46 days	48 days	
90 th Percentile Wait Times for Cataract Surgery	Provincial Priority IV Target: 182 days	143 days	150 days	

Table A: Performance Indicators

- Objective: To improve persons' access and outcomes as they move through the continuum of healthcare services.
- Expected Outcome: Persons will experience improved access and outcomes related to the health care services identified below.
- Other indicators may be considered as a measure of this expected outcome.

INDICATOR	Provincial target	LHIN Baseline 2012-13	LHIN Target 2012-13	Data Provided to LHINs
90 th Percentile Wait Times for Hip Replacement	Provincial Priority IV Target: 182 days	229 days	182 days	
90 th Percentile Wait Times for Knee Replacement	Provincial Priority IV Target: 182 days	267 days	182 days	
90 th Percentile Wait Times for Diagnostic MRI Scan	Provincial Priority IV Target: 28 days	91 days	75 days	
90 th Percentile Wait Times for Diagnostic CT Scan	Provincial Priority IV Target: 28 days	45 days	41 days	

APPENDIX C

Due Date		Description of Item
2012/2013		
APRIL		
April 16, 2012		MOHLTC will provide to the LHIN a Report confirming interim actual expenditures, recoverables and payables related to its transfer payments as of March 31 of the preceding fiscal year
April 30, 2012		MOHLTC will provide to the LHIN the forms for the Year-end Consolidation Report
April 30, 2012		The LHINs will submit to the MOHLTC a Quarterly Expense Report using the forms provided by the MOHLTC
By April 30, 2012		The LHIN will submit to the MOHLTC a Declaration of Compliance (Attestation)
MAY		
May 14, 2012		The MOHLTC will provide to the LHIN the most recent quarter of performance data for indicators in Schedule 4: Local Health System Performance
May 14, 2012		MOHLTC will provide to the LHIN a Report with <u>updated</u> interim actual expenditures, recoverables and payables related to its transfer payments as of March 31, of the preceding fiscal year
May 18, 2012		The MOHLTC will provide to the LHIN for planning and reporting purposes the initial <u>preliminary</u> allocation for the current fiscal year
May 28, 2012		The LHIN will submit to the MOHLTC a report on performance indicators using the forms provided by the MOHLTC
May 31, 2012		The LHIN will submit to the MOHLTC the year-end consolidation report using forms provided by the MOHLTC and the draft Audited Financial Statement if the signed statements are not ready by May 31 of each fiscal year to which this agreement applies
JUNE		
On or about the 7 th working day (date may depending on the IFIS GL close)		MOHLTC will provide to the LHIN a Q1 Report confirming year-to-date expenditures, recoverables and payables related to LHIN transfer payments
June 29, 2012		The LHIN will submit to the MOHLTC Q1 Regular and Consolidation Report using the forms provided by the MOHLTC
By June 30, 2012		The LHIN will submit to the MOHLTC an Annual Report for the previous fiscal year in accordance with MOHLTC requirements
JULY		
By July 31, 2012		The LHINs will submit to the MOHLTC a Quarterly Expense Report using the forms provided by the MOHLTC
By July 31, 2012		The LHIN will submit to the MOHLTC an Attestation as required under the <i>Broader Public Sector Accountability Act (BPSAA)</i>
AUGUST		
August 13, 2012		The MOHLTC will provide to the LHIN the most recent quarter of performance data for indicators in Schedule 4: Local Health System Management

Due Date	Description of Item
August 15, 2012	The MOHLTC will provide the preliminary approved allocation for the current fiscal year, as of July 31 of the current fiscal year, and the funding targets for the next year, if available.
August 27, 2012	The LHIN will submit to the MOHLTC a report on performance indicators using the forms provided by the MOHLTC
August 31, 2012	MOHLTC will provide to the LHIN the forms and information requirements for the 2012/13 Annual Business Plan
August 31, 2012	MOHLTC will provide to the LHIN the forms and information requirements for the Multi-year Consolidation Report
SEPTEMBER	
On or about the 7 th working day (date may vary on IFIS GL close)	MOHLTC will provide to the LHIN a Q2 Report confirming year-to-date expenditures, recoverables and payables related to LHIN transfer payments
September 28, 2012	The LHIN will submit to the MOHLTC Q2 Regular and Consolidation Report using the forms provided by the MOHLTC
OCTOBER	
October 31, 2012 (or date necessary to meet central agency reporting requirements)	The LHIN will submit to the MOHLTC a Multi-year Consolidation Report using the form provided by the MOHLTC
By October 31, 2012	The LHIN will submit to the MOHLTC an Attestation as required under the BPSAA
October 31, 2012	The LHINs will submit to the MOHLTC a Quarterly Expense Report using the forms provided by the MOHLTC
NOVEMBER	
November 13, 2012	MOHLTC will provide to the LHIN the most recent quarter of performance data for indicators in Schedule 4: Local Health System Management
November 27, 2012	The LHIN will submit to the MOHLTC a report on performance indicators using the forms provided by the MOHLTC
DECEMBER	
On or about the 7 th working day (date may vary depending on the IFIS GL close)	MOHLTC will provide to the LHIN a Report confirming year-to-date expenditures, recoverables and payables related to LHIN transfer payments
December 28, 2012	LHIN will submit to the MOHLTC Q3 Regular and Consolidation Report including final year-end forecast using the forms provided by the MOHLTC
JANUARY	
By January 31, 2012	The LHIN will submit to the MOHLTC an Attestation as required under the BPSAA
January 31, 2013	The LHIN will submit to the MOHLTC a Draft Annual Business Plan for the next fiscal year using the forms provided by the MOHLTC
January 31, 2013	MOHLTC will provide the LHIN with year end instructions (including templates)

Due Date	Description of Item
January 31, 2013	The LHINs will submit to the MOHLTC a Quarterly Expense Report using the forms provided by the MOHLTC
FEBRUARY	
February 11, 2012	MOHLTC will provide the LHIN with most recent quarter of performance data for indicators in Schedule 4: Local Health System Performance
February 15, 2013	MOHLTC will provide to the LHIN the forms and requirements for the Annual Report (non-financial content)
February 26, 2013	The LHIN will submit to the MOHLTC a report on performance indicators using the forms provided by the MOHLTC
February 28, 2013	The LHIN will submit to the MOHLTC Year-End Reallocation Report on planned vs. actual expenditures related to in-year reallocations
MARCH	
March 29, 2013	MOHLTC will provide to the LHIN the forms for the Annual Report (financial content)
2013/2014	
APRIL	
April 15, 2013	MOHLTC will provide to the LHIN a Report confirming interim actual expenditures, recoverables and payables related to its transfer payments as of March 31 of the preceding fiscal year
April 30, 2013	MOHLTC will provide to the LHIN the forms for the Year-end Consolidation Report
By April 30, 2013	The LHIN will submit to the MOHLTC an Attestation as required under the BPSAA
April 30, 2013	The LHINs will submit to the MOHLTC a Quarterly Expense using the forms provided by the MOHLTC
MAY	
May 13, 2013	The MOHLTC will provide to the LHIN the most recent quarter of performance data for indicators in Schedule 4: Local Health System Performance
May 13, 2013	MOHLTC will provide to the LHIN a Report with <u>updated</u> interim actual expenditures, recoverables and payables related to its transfer payments as of March 31, of the preceding fiscal year
May 17, 2013	The MOHLTC will provide to the LHIN for planning and reporting purposes the initial <u>preliminary</u> allocation for the current fiscal year
May 28, 2013	The LHIN will submit to the MOHLTC a report on performance indicators using the forms provided by the MOHLTC
May 31, 2013	The LHIN will submit to the MOHLTC the year-end consolidation report using forms provided by the MOHLTC and the draft Audited Financial Statement if the signed statements are not ready by May 31 of each fiscal year to which this agreement applies
JUNE	
On or about the 7 th working day (date may depending on the IFIS GL close)	MOHLTC will provide to the LHIN a Q1 Report confirming year-to-date expenditures, recoverables and payables related to LHIN transfer payments
June 28, 2013	The LHIN will submit to the MOHLTC Q1 Regular and Consolidation Report using the forms provided by the MOHLTC

Due Date	Description of Item
By June 30, 2013	The LHIN will submit to the MOHLTC an Annual Report for the previous fiscal year in accordance with MOHLTC requirements