**Schedule 3A**

**Consolidated Services Schedule**

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**THE CONSOLIDATED SERVICES SCHEDULE**

**SCHEDULE 3A TO THE GENERAL CONDITIONS**

# INTERPRETATION

## Definitions

“**Adverse Event**” is defined in SS Section 5.5(3);

“**Annual Indicators**” is defined in SS Section 7.3(2)(h);

“**Annual Report**” is defined in SS Section 8.5(1);

“***Audiology and Speech-Language Pathology Act***” means the Ontario *Audiology and Speech-Language Pathology Act*, *1991*, S.O. 1991, Chapter 19, as amended from time to time;

“**Caregiver**” means any individual who is responsible for the care of a Patient and who provides care to the Patient without remuneration, and includes the Patient’s substitute decision-maker as defined in the *Home Care and Community Services Act*;

“**Care Delivery Plan**” is defined in SS Section 3.1.2(1);

“**Care Delivery Plan Goals**” is defined in SS Section 3.1.2(3)(c);

“**Care Plan Goals**” means the expected health care outcomes to be achieved by the Patient through the delivery of LHIN Community Services;

“**CDA**” means a communicative disorders assistant as described in the Special Conditions of the Agreement;

“**Change of Status Report**” is defined in SS Section 5.4(1);

“**College Standards and Guidelines**” is defined in the General Conditions;

“**Consolidated Services**” means the services to be provided by the Service Provider, directly or indirectly and acting in its capacity as prime contractor, to Patients and as set out in this Consolidated Services Schedule;

“**Consolidated Services Treatments**” is defined in SS Section 3.3.1;

“**Consolidated Services Wait List**”means the list of Patients for whom,

##### a Service Request has been made to all service providers with whom the LHIN has signed an agreement to provide Consolidated Services but has been refused by all service providers;

##### a Service Request has been made to a service provider but only partially accepted and the remaining Services have been refused by all service providers; or

##### the LHIN intends to make a Service Request, but such Service Request has not yet been made for funding, resource or other reasons;

“**Controlled Act**” means a controlled act as defined in the *Regulated Health Professions Act*;

“***Dietetics Act***” means the Ontario *Dietetics Act*, 1991, S.O. 1991, Chapter 26, as amended from time to time;

“**Discharge Report**” is defined in SS Section 5.7(1)(b);

“**Discretionary Consolidated Services**” is defined in SS Section 2.1(1)(c);

“**Emergency Plan**” is defined in SS Section 7.2(2)(e);

“**Equipment and Supplies**” means the Standard Equipment and Supplies, the LHIN Equipment and Supplies and, if applicable, the Equipment and Supplies provided by the LHIN pursuant to SS Section 4.1(2);

“***French Language Services Act***” means the Ontario *French Language Services Act*, R.S.O. 1990, Chapter F.32, as amended from time to time;

 “***Health Care Consent Act***” means the Ontario *Health Care Consent Act*, *1996*, S.O. 1996, Chapter 2, Schedule A, as amended from time to time;

“***Health Protection and Promotion Act***” means the Ontario *Health Protection and Promotion Act*, R.S.O. 1990, Chapter H.7, as amended from time to time;

##### “***Home Care and Community Services Act***” means the Ontario *Home Care and Community Services Act*, *1994*, S.O. 1994, Chapter 26, as amended from time to time;

“**Homemaking Tasks**” means those instrumental activities of daily living which Support Workers are qualified to carry out;

“**Initial Report**” is defined in SS Section 5.3(1);

“**LHIN Assessment**” is defined in SS Section 2.2(1);

“**LHIN Care Coordinator**” means the care coordinator designated by the LHIN;

“**LHIN Community Services**” means professional services, personal support services and homemaking services, as defined in the *Home Care and Community Services Act,* that are funded by the LHIN;

“**LHIN Equipment and Supplies**” is defined in SS Section 4.2(1);

“**LHIN Mandated OBPs**” is defined in SS Section 2.1(1)(a);

“**LHIN Policies and Procedures**” means the written policies and procedures of the LHIN provided to the Service Provider, as amended from time to time;

“**LHIN Service Authorization Date**” means the date the LHIN authorizes the provision of the specified service to the Patient;

“**Listed LHIN Equipment and Supplies**” is defined in SS Section 4.2(1)(a);

##### “**Missed Care**” means any scheduled Fixed Period Visit or Hourly Visit to a Patient, authorized by the LHIN as part of the Patient Care Plan, that has been accepted by the Service Provider but that the Service Provider fails to attend and fails to reschedule the visit time to the satisfaction of the Patient in accordance with the Patient Care Plan and includes a Fixed Period Visit or Hourly Visit required by the Patient Care Plan that the Service Provider originally accepts and then subsequently informs the LHIN that it is unable to carry out;

“**Negotiated Consolidated Services**” is defined in SS Section 2.1(1)(b);

“**Non-LHIN Community Services**” means community services, including professional services, personal support services and homemaking services and community support services, that are delivered to a Patient and that are not funded by the LHIN;

“**Non-LHIN Providers**” means providers of Non-LHIN Community Services and school personnel;

“***Nursing Act***” means the Ontario *Nursing Act*, *1991*, S.O. 1991, Chapter 32, as amended from time to time;

“**OBP**” means outcome-based pathway;

“**OBR**” means outcome-based reimbursement;

“**Occupational Therapist**” means a registered occupational therapist with a valid general certificate of registration as a registered occupational therapist in Ontario under the *Occupational Therapy Act*;

“***Occupational Therapy Act****”* means the Ontario *Occupational Therapy Act*, 1991, S.O. 1991, Chapter 33, as amended from time to time;

“**Orientation Sessions**” is defined in SS Section 7.4(1)(f);

“**OTA**” means an occupational therapy assistant as described in the Special Conditions of the Agreement;

“**Other Equipment and Supplies**” is defined in SS Section 4.2(1)(b);

“**Other LHIN Providers**” means providers of LHIN Community Services other than the Service Provider;

“**Part Quarter**” means either of the following periods, as applicable:

##### the period commencing on the Starting Date and ending on the day before the beginning of the first complete Quarter in the Agreement Term; or

##### the period commencing on the day after the last complete Quarter prior to the End Date and ending on the End Date;

“**Patient**” means any individual determined by the LHIN to be eligible to receive Services from the Service Provider;

“**Patient Care Plan**” is defined in SS Section 2.2(2);

“**Patient Case Conference**” is defined in SS Section 3.3.4(2)(a);

“**Patient Identifiers**” means the Patient’s name and the identification number used by the LHIN to identify the Patient;

“**Patient Interim Report**” is defined in SS Section 5.6(1);

“**Personal Support Tasks**”means those activities of daily living, clinical care services and controlled acts which Support Workers are qualified to carry out;

“**Planned Discharge Date**” means the date on which the Patient is expected to be discharged by the LHIN for each LHIN Community Service;

“**Physiotherapist**” means a registered physiotherapist with a valid certificate of registration as a registered physiotherapist in Ontario in the *Physiotherapy Act*;

“***Physiotherapy Act***” means the Ontario *Physiotherapy Act*, 1991, S. O. 1991, Chapter 37, as amended from time to time;

“**Province-Wide OBPs**” is defined in SS Section 2.1(1)(a);

“**PTA**” means a physiotherapist assistant as described in the Special Conditions of the Agreement;

“**Quality Management Program**” is defined in SS Section 7.3(1);

“**Quarter**” means any of the following three month periods:

##### April 1st to June 30th;

##### July 1st to September 30th;

##### October 1st to December 31st; and

##### January 1st to March 31st;

“**Quarterly Indicators**” is defined in SS Section 7.3(2)(g);

“**Quarterly Report**” is defined in SS Section 8.4(1);

“**Referral**” is defined in SS Section 2.3(1)(a);

“**Referral Information Package**” is defined in SS Section 2.4.2(1);

“**Refusal**” means a Service Provider’s decision not to accept a Referral, a Resumption Request, a Service Increase Request or an Urgent Consolidated Services Request, in accordance with this Consolidated Services Schedule, when requested by the LHIN;

“**Registered Dietitian**” means a registered Dietitian with a valid general certificate of registration as a registered dietitian in Ontario under the *Dietetics Act;*

“**Registered Social Worker**” means registered Social Worker with a valid general certificate of registration as a registered dietitian in Ontario under the *Social Work and Social Services Work Act;*

“***Regulated Health Professions Act***” means the Ontario *Regulated Health Professions Act*, *1991*, S.O. 1991, Chapter 18, as amended from time to time;

“**Regulated Service Supervisor**” means a Service Supervisor who is an RN, an RPN, an Occupational Therapist or a Physiotherapist;

“***Respiratory Therapy Act***” means the Ontario *Respiratory Therapy Act*, *1991*, S.O. 1991, Chapter 39, as amended from time to time;

**“Respiratory Therapist”** means a registered respiratory therapist,

##### with a valid general certificate of registration issued by the College of Respiratory Therapists of Ontario;

##### with a valid limited certificate of registration issued by the College of Respiratory Therapists of Ontario prior to February 25, 1999; or

##### with a valid graduate certificate of registration issued by the College of Respiratory Therapists of Ontario,

with standard terms, conditions and limitations.

“**Resumption Request**” is defined in SS Section 2.3(1)(b);

“**Risk Event**” is defined in SS Section 5.5(1);

“**Risk Event Report**” is defined in SS Section 5.5(5);

“**Risk Management Program**” is defined in SS Section 7.2(1);

“**RN**” means a registered nurse with a valid general certificate of registration as a registered nurse in Ontario under the *Nursing Act*;

“**RPN**” means a registered practical nurse with a valid general certificate of registration as a registered practical nurse under the *Nursing Act*;

“**Service Delivery Location**” is defined in SS Section 2.7(1);

“**Service Increase Request**” is defined in SS Section 2.3(1)(c);

“**Service Managers**” is defined in the Special Conditions of the Agreement;

“**Service Provider Assessment**” is defined in SS Section 3.1.1(1);

“**Service Provider Personnel**” means individuals employed, retained by, or acting on behalf of Service Providers or Subcontractors of the Service Provider;

“**Service Provider Policies and Procedures**” is defined in SS Section 7.7(1);

“**Service Requests**” is defined in SS Section 2.3(1);

“**Service Supervisor**” is defined in the Special Conditions of the Agreement;

“**Services**” means all services to be provided by the Service Provider in accordance with this Consolidated Services Schedule and includes both services provided directly to the Patient and services provided to the LHIN;

“***Social Work and Social Services Work Act”*** means the Ontario *Social Work and Social Services Work Act*, 1998, S.O. Chapter 31, as amended from time to time;

“**Special Function**” is defined in SS Section 3.2.2(6);

“**Speech-Language Pathologist**” means a registered speech-language pathologist with a valid general certificate of registration as a registered speech-language pathologist in Ontario under the *Audiology and Speech-Language Pathology Act*;

“**Standard Equipment and Supplies**” is defined in SS Section 4.1(1);

“**Standard OBPs**” is defined in SS Section 2.1(1)(a);

“***Substitute Decisions Act***” means the Ontario *Substitute Decisions Act, 1992*, S.O. 1992, Chapter 30, as amended from time to time;

“**Supervisor**” is defined in SS Section 3.2.2(5);

“**Support Worker**” means an individual qualified to carry out Personal Support Tasks and Homemaking Tasks as set out in the Special Conditions of the Agreement;

“**Unplanned Visit**” is defined in SS Section 3.4(2);

“**Urgent Consolidated Services**” is defined in SS Section 2.5.3(1); and

“**Urgent Consolidated Services Request**” is defined in SS Section 2.3(1)(d).

## Supplementing the General Conditions

The provisions contained in this Consolidated Services Schedule are intended to supplement the General Conditions for the purpose of providing greater specificity to the Services that the Service Provider shall perform.

# LHIN Requests to deliver CONSOLIDATED SERVICES

## Types of Consolidated Services

#### The LHIN may request Consolidated Services in any of the following categories of Consolidated Services:

##### Consolidated Services which are either,

###### an OBP identified by the LHIN for phased implementation on a province-wide basis and for which there is an established province-wide reimbursement methodology or OBR (“Province-Wide OBPs”); or

###### an OBP that the LHIN is directed to implement by the LHIN and for which there is a pre-established reimbursement methodology or OBR (“LHIN Mandated OBPs”),

###### collectively, (“Standard OBPs”);

##### Consolidated Services that are neither Standard OBPs or Discretionary Consolidated Services that the LHIN wishes, in its sole discretion, to implement and in respect of which the LHIN and the Service Provider have mutually agreed to a quantum and method of compensation (“Negotiated Consolidated Services”); and

##### Consolidated Services which are either,

###### directed by the LHIN, in its sole discretion, for implementation but which are paid for by the LHIN on a Fixed Period Visit or Hourly Visit basis; or

###### directed by the LHIN for implementation by the LHIN but which are paid for by the LHIN on a Fixed Period Visit or Hourly Visit basis,

######  collectively, (“Discretionary Consolidated Services”).

#### If a Patient is designated by the LHIN to receive “Consolidated Services”, the Service Provider shall be responsible for the clinical management and delivery of the Consolidated Services to the Patient.

## LHIN Assessment and Patient Care Plan

#### The LHIN shall assess the Patient’s requirements for LHIN Community Services and Non-LHIN Community Services in accordance with the *Home Care and Community Services Act*. The LHIN shall make a report on the LHIN assessment (the “LHIN Assessment”) available to the Service Provider in respect of each Patient to whom the Service Provider will deliver Consolidated Services.

#### The LHIN shall, in accordance with the Applicable Law, prepare a plan of service for each Patient (the “Patient Care Plan”).

#### The LHIN shall notify the Service Provider with respect to a change to the Patient Care Plan and the LHIN shall deliver to the Service Provider, at the Service Provider’s request, a written description of such a change to the Patient Care Plan.

## Service Requests

#### The LHIN shall request Consolidated Services to be provided by the Service Provider for a Patient,

##### by a LHIN request to provide Consolidated Services to a new Patient (a “Referral”);

##### by a LHIN request to resume Consolidated Services to a Patient that has been “on hold” as defined by the Ministry of Health and Long-Term Care or LHIN Policies and Procedures (a “Resumption Request”);

##### by a LHIN request to increase Consolidated Services to an active Patient (a “Service Increase Request”); and

##### by a LHIN request to provide Urgent Consolidated Services (an “Urgent Consolidated Services Request”),

(collectively, “Service Requests”). The Service Provider shall be available to receive Service Requests during the hours and days set out in the Special Conditions of the Agreement.

#### The LHIN shall make a Service Request to the Service Provider (and the Service Provider shall receive Service Requests) either by,

##### personal contact by telephone;

##### facsimile;

##### voicemail; or

##### other electronic means,

as instructed by the LHIN, in writing, from time to time.

#### If the Service Provider refuses the Service Request pursuant to SS Sections 2.4.1(2), 2.5.1(1), 2.5.2(1) or 2.5.3(4), the Service Provider shall,

##### provide reasons, in the format specified by the LHIN, for refusing the Service Request; and

##### provide the earliest date on which the Service Provider can accept the Service Request.

#### If the Service Provider refuses the Service Request pursuant to SS Section 2.4.1(2), 2.5.1(1), 2.5.2(1)or 2.5.3(4) or is considered to have refused the Service Request pursuant to SS Section 2.4.1(4) or 2.4.1(5), the LHIN may submit the Service Request to any Other LHIN Provider or place the Patient on the Consolidated Services Wait List.

#### Unless explicitly permitted otherwise in this Agreement, the Service Provider shall not repeatedly refuse the same type of Service Request on the basis of,

##### the Service Delivery Location of the Patient;

##### the day of the week or time of day of the required visit to the Patient;

##### the number or frequency of Fixed Period Visits, Hourly Visits or hours specified in the Service Request;

##### the type and magnitude of interventions required by the Patient;

##### the ethnic, religious or linguistic characteristics or needs of a Patient; or

##### any other similar characteristic of a Service Request.

For clarity, a consistent pattern of Refusal by a Service Provider of a particular type of Service Request puts the Service Provider in contravention of this Consolidated Services Schedule, even if the Service Provider has met the Performance Standards for accepting a Referral pursuant to SS Section 2.4.1(2) or for accepting an Urgent Consolidated Services Request pursuant to SS Section 2.5.3(3).

#### Subject to SS Section 2.3(7), the LHIN may,

##### submit the same Service Request to the Service Provider more than once; and

##### if a Service Provider refuses the same Service Request more than once, count a Service Provider’s Refusal of the same Service Request separately for the purposes of the Performance Standards Schedule.

#### The LHIN shall not resubmit the same Service Request to a Service Provider prior to the earliest date provided by the Service Provider for accepting such Service Request pursuant to SS Section 2.3(3)(b).

## Referrals

### General

#### The LHIN shall, in its sole discretion, determine the terms of the Referral, which may include,

##### the reason for referral;

##### a description of Consolidated Services required;

##### a range of starting dates and times on which the delivery of Consolidated Services may begin;

##### if applicable to the type of Consolidated Services being referred, the frequency of Fixed Period Visits or Hourly Visits, or both, required;

##### if applicable to the type of Consolidated Services being referred, the number of Fixed Period Visits or Hourly Visits, or both, required;

##### the type of Service Delivery Location;

##### the general location of the Service Delivery Location in the Service Area;

##### any safety risks to Service Provider Personnel that have been identified by the LHIN and that can be managed or mitigated by the Service Provider; and

##### a description of any special requirements, including,

###### any ethnic, spiritual, linguistic, familial and cultural requirements; and

###### any scheduling requirements.

#### The Service Provider shall, within the amount of time specified in the Special Conditions of the Agreement for accepting a Referral, accept or refuse the Referral. For clarity, for the purposes of this SS Section 2.4.1(2), the amount of time shall be calculated beginning at the time specified for the Service Provider to be able to receive Service Requests pursuant to SS Section 2.3(1). The Service Provider shall accept the percentage of Referrals required by the Performance Standards Schedule.

#### Immediately after accepting a Referral, the Service Provider shall, unless otherwise directed by the LHIN, be responsible for the provision of Consolidated Services to the Patient as set out in the Patient Care Plan, as it is amended from time to time by the LHIN, until the Patient is discharged pursuant to SS Section 3.6.

#### If the LHIN does not receive an acceptance from the Service Provider in accordance with SS Section 2.4.1(2), the LHIN shall consider the Referral as refused by the Service Provider.

#### If the LHIN,

##### attempts to make a Referral during the required hours of operation of the Service Provider (as required by the Special Conditions of the Agreement) and discovers that the Service Provider is not available to receive Referrals; or

##### the Service Provider is unable to receive Referrals in the manner instructed by the LHIN,

the Service Provider shall be considered to have refused all Referrals that the LHIN would have referred to the Service Provider for the time periods for which SS Section 2.4.1(5)(a) or (b) apply.

### Referral Information Package

#### The LHIN shall prepare a Referral information package for each Patient (the “Referral Information Package”).

#### The Referral Information Package shall include,

##### the Patient Identifiers;

##### the Patient Care Plan including, the Care Plan Goals and, if applicable, the care pathway to be followed by the Service Provider;

##### the LHIN Assessment;

##### medical orders, where applicable;

##### any communication or interpretation requirements of the Patient;

##### any other information determined to be relevant by the LHIN; and

##### an indication of necessary consents.

#### The LHIN shall deliver the Referral Information Package to the Service Provider after the Referral has been accepted by the Service Provider pursuant to SS Section 2.4.1(2).

#### Except as provided in SS Section 2.5.3(6), the Service Provider shall not deliver any Consolidated Services to a Patient prior to receiving a Referral Information Package.

## Other Service Requests

### Resumption Requests

#### The Service Provider shall, within the amount of time specified in the Special Conditions of the Agreement for accepting a Service Request, accept or refuse the Resumption Request.

#### If the LHIN does not receive an acceptance from the Service Provider in accordance with SS Section 2.5.1(1), the LHIN shall consider the Resumption Request as refused by the Service Provider.

#### If the Service Provider refuses a Resumption Request, SS Section 2.4.1(4) shall apply to a Resumption Request by substituting the words “Resumption Request” for the word “Referral”.

#### If the Service Provider accepts a Resumption Request, the LHIN shall provide the following information to the Service Provider:

##### If the Service Provider has previously received a Patient Care Plan for the Patient, the LHIN shall provide any changes or additions to the Patient Care Plan; and

##### If the Service Provider has not previously received a Patient Care Plan for the Patient, the LHIN shall provide an updated Patient Care Plan.

#### Immediately after accepting a Resumption Request, the Service Provider shall, unless otherwise directed by the LHIN, be responsible for the provision of Consolidated Services to the Patient as set out in the Patient Care Plan, as it is amended from time to time by the LHIN, until the Patient is discharged pursuant to SS Section 3.6.

### Service Increase Requests

#### The Service Provider shall, within the amount of time specified in the Special Conditions of the Agreement for accepting a Service Request, accept or refuse the Service Increase Request.

#### If the LHIN does not receive an acceptance from the Service Provider in accordance with SS Section 2.5.2(1), the LHIN shall consider the Service Increase Request as refused by the Service Provider.

#### If the Service Provider refuses a Service Increase Request, SS Section 2.4.1(4) shall apply to a Service Increase Request by substituting the words “Service Increase Request” for the word “Referral”.

#### If the Service Provider accepts a Service Increase Request, the LHIN shall provide the following information to the Service Provider:

##### If the Service Provider has previously received a Patient Care Plan for the Patient, the LHIN shall provide any changes or additions to the Patient Care Plan; and

##### If the Service Provider has not previously received a Patient Care Plan for the Patient, the LHIN shall provide an updated Patient Care Plan.

#### Immediately after accepting a Service Increase Request, the Service Provider shall, unless otherwise directed by the LHIN, be responsible for the provision of Consolidated Services to the Patient as set out in the Patient Care Plan, as it is amended from time to time by the LHIN, until the Patient is discharged pursuant to SS Section 3.6.

### Urgent Consolidated Services Requests

#### If required by the needs of the Patient, the LHIN may request that a Service Provider carry out a visit to a Patient for whom the Service Provider is already providing Services or to a new Patient,

##### no later than 4 hours after the LHIN makes the request or Referral, as applicable, unless a longer time is specified by the LHIN; or

##### no later than 2 hours after the LHIN makes the request or Referral, but only if the Price Form specifies a special rate of the type required by SS Section 2.5.3(2),

(“Urgent Consolidated Services”).

#### A request for Urgent Consolidated Services made pursuant to SS Section 2.5.3(1)(b) shall be paid at a Special Rate-Fixed Period or Special Rate-Hourly as specified in the Price Form.

#### When requesting Urgent Consolidated Services pursuant to SS Section 2.5.3(1), the LHIN shall, in its sole discretion, determine the terms of the request and shall specify the amount of time within which the Service Provider has to accept or decline the request. Each Service Provider shall be given the same amount of time within which to accept or decline the request. The Service Provider shall accept the percentage of Urgent Consolidated Services requests required by the Performance Standards Schedule.

#### The Service Provider shall notify the LHIN whether the Service Provider accepts or refuses the Urgent Consolidated Services Request within the time period specified by the LHIN for responding to the request.

#### If the LHIN does not receive notification from the Service Provider pursuant to SS Section 2.5.3(4) within the amount of time specified in the Urgent Consolidated Services Request, the Service Provider shall be considered to have refused the Urgent Consolidated Services Request.

#### If the Service Provider accepts the Urgent Consolidated Services Request, and it is a Patient for which a Referral Information Package has not previously been provided, the LHIN shall authorize the Service Provider to provide Consolidated Services until the LHIN delivers a Referral Information Package for the Patient.

#### Immediately after granting authorization to the Service Provider pursuant to SS Section 2.5.3(6), the LHIN shall provide the Service Provider with sufficient information to enable the Service Provider to provide Urgent Consolidated Services.

#### The Service Provider shall consult with the LHIN with respect to a plan of care for the Patient prior to providing Consolidated Services pursuant to this SS Section 2.5.3.

## Management of the Consolidated Services Wait List

#### The LHIN shall be solely responsible for the development and the management of the Consolidated Services Wait List.

#### The LHIN shall, in its sole discretion, determine the priority of each Patient on the Consolidated Services Wait List.

#### The LHIN shall update the Consolidated Services Wait List weekly and shall provide a monthly status report on the Consolidated Services Wait List to the Service Provider and, if applicable, Other LHIN Providers that provide services.

## Service Delivery Location

#### The Service Provider shall deliver Consolidated Services at any location in the Service Area specified by the LHIN (the “Service Delivery Location”). For greater certainty, a Service Delivery Location may be a Patient’s home, a school, a long-term care home, a retirement home, a shelter, any other institution or any other location specified by the LHIN.

#### The Service Provider shall comply with any applicable policies and procedures in place for a Service Delivery Location.

#### If the Service Provider cannot immediately locate the Patient at the Service Delivery Location at the scheduled time for a Fixed Period Visit or Hourly Visit, the Service Provider shall take reasonable steps, having regard to the risks to the Patient, to locate the Patient at the Service Delivery Location.

#### If the Service Provider cannot locate the Patient at the Service Delivery Location, the Service Provider shall notify the LHIN pursuant to SS Section 5.1(1)(d).

#### The Service Provider shall ensure that Service Provider Personnel produce photo identification to the Patient and, if applicable, the Caregiver before entering the Service Delivery Location. The photo identification shall identify the Service Provider Personnel as an employee, agent or representative of the Service Provider. If the Service Delivery Location is a long-term care home, retirement home, school, institution or similar Service Delivery Location, the Service Provider shall ensure that Service Provider Personnel produce photo identification as required by the Service Delivery Location and, if applicable, before entering the Patient’s individual residence in the Service Delivery Location.

#### The Service Provider shall ensure that all written materials that are produced by the Service Provider and that are provided to the Patient at the Service Delivery Location state, in a clear manner, that the Services are being provided by the Service Provider pursuant to an agreement with the LHIN.

# SERVICE PROVIDER DELIVERY OF CONSOLIDATED SERVICES

## Service Provider Assessment and Development of Care Delivery Plan

### Service Provider Assessment and Access to Resources

#### The Service Provider shall, based on the LHIN Assessment and the Patient Care Plan, carry out a clinical assessment of each Patient’s health condition and functional limitations as identified as the reason for referral in the LHIN Assessment (the “Service Provider Assessment”).

#### The Service Provider Assessment shall include,

##### a review of the Referral Information Package;

##### if necessary, additions to the LHIN Assessment with respect to,

###### the Patient’s view of his or her reason for referral;

###### any ethnic, spiritual, linguistic, familial and cultural needs or preferences of the Patient that may have an impact on the delivery of Consolidated Services to the Patient;

###### the LHIN Equipment and Supplies requirements of the Patient;

###### the LHIN Community Services that the Patient is receiving; and

###### the Non-LHIN Community Services that the Patient is receiving;

##### consultation with the Caregiver, family members and members of the Patient’s household, as necessary;

##### identification of any Patient health conditions, functional limitations and Patient preferences that are not set out in the Referral Information Package;

##### identification of any immediate safety concerns in the Patient’s physical environment that are not set out in the Referral;

##### consultation with the Patient’s physician, as necessary;

##### a determination of whether the medication required for the delivery of Consolidated Services is available to the Patient and a review of all of the Patient’s medication (including those prescribed and taken by the Patient); and

##### a consent to treatment from the Patient.

#### If the Service Provider identifies a health condition or functional limitation of a Patient that affects the delivery of Consolidated Services that has not already been identified by the LHIN, the Service Provider shall carry out a clinical assessment of the identified health condition or functional limitation.

### Care Delivery Plan

#### For each Patient, the Service Provider shall prepare a written plan describing how the Service Provider and the Service Provider Personnel will deliver Consolidated Services to the Patient (the “Care Delivery Plan”).

#### The Service Provider shall ensure that the Care Delivery Plan is in accordance with the Patient Care Plan.

#### The Care Delivery Plan shall include, depending on the type of Consolidated Services being provided to the Patient,

##### a description of the Patient’s reason for referral;

##### a summary of the Service Provider Assessment;

##### if applicable to the category of Consolidated Services being provided to the Patient, a description of, and timeframe for, the expected health care outcomes to be achieved by the Patient, including discharge planning, through the delivery of Consolidated Services in accordance with the Care Delivery Plan (the “Care Delivery Plan Goals”);

##### if applicable to the category of Consolidated Services being provided to the Patient, the frequency of Fixed Period Visits and Hourly Visits, if any, as authorized by the LHIN in the Patient Care Plan or if the Patient Care Plan has been amended in accordance with this Consolidated Services Schedule to change the frequency, the amended frequency;

##### if applicable to the category of Consolidated Services being provided to the Patient, the number of Fixed Period Visits and Hourly Visits, as authorized by the LHIN in the Patient Care Plan, if any or if the Patient Care Plan has been amended in accordance with this Consolidated Services Schedule to change the number of visits, the amended number of visits;

##### if applicable to the category of Consolidated Services being provided to the Patient, a detailed plan of the Consolidated Services Treatments to be delivered to the Patient;

##### strategies to manage identified safety risks at the Service Delivery Location;

##### any contingency plans relating to the care of the Patient;

##### if applicable, a list of the Controlled Acts that will be delegated by the Service Provider and the individuals who will be performing the Controlled Acts;

##### if applicable, a list of the activities that will be taught by the Service Provider and the individuals who will be performing the activities under the direction of the Service Provider;

##### if applicable, a description of the LHIN Equipment and Supplies required by the Service Provider to deliver Consolidated Services to the Patient;

##### if applicable to the category of Consolidated Services being provided to the Patient, a description of the carepathways.

#### The Service Provider shall update and revise the Care Delivery Plan, as necessary and in accordance with the Patient Care Plan, to achieve the Care Plan Goals.

#### The Service Provider shall carry out the Consolidated Services, other than the Service Provider Assessment, in accordance with the Care Delivery Plan.

#### If, at any time, the LHIN determines that the Care Delivery Plan does not comply with the Patient Care Plan or is deemed not to be an appropriate use of LHIN resources by the LHIN, the LHIN may require the Service Provider to make changes to the Care Delivery Plan and provide the LHIN with written confirmation, no later than five days after the LHIN’s instruction to make changes, that the Care Delivery Plan has been revised.

#### If a Service Provider accepts a Resumption Request or a Service Increase Request to provide Consolidated Services to the Patient, in accordance with SS Section 2.5, the Service Provider shall prepare an updated Care Delivery Plan and shall ensure that it is in accordance with the updated Patient Care Plan prepared pursuant to SS Section 2.5.1(4) or 2.5.2(4), as applicable.

#### If a Service Provider recommends a change to the number or frequency, or both, of Fixed Period Visits and Hourly Visits to be provided to the Patient, the Service Provider shall request authorization from the LHIN Care Coordinator or designate, or recommend the change in the Patient’s Initial Report or Change of Status Report and the LHIN may authorize the change.

### Substitute Decision-Makers

#### If a Patient is incapable with respect to a treatment, admission to a care facility or a personal assistance service, as defined in the *Health Care Consent Act* and a substitute decision-maker is authorized under the *Health Care Consent Act*, to give or refuse consent on behalf of that Patient, the Service Provider shall consult with and obtain the consent of the substitute decision-maker, as required, to provide the Consolidated Services.

#### If the *Health Care Consent Act* does not apply and the Patient has given a written power of attorney for personal care pursuant to the *Substitute Decisions Act*, the Service Provider shall consult with and obtain the consent of the attorney under the power of attorney for personal care, as required, to provide the Consolidated Services.

## Assignment of Service Provider Personnel and Qualifications of Service Provider Personnel

### Assignment of Service Provider Personnel – General

#### The Service Provider shall assign to each Patient, Service Provider Personnel who meet the qualifications set out in the Special Conditions of the Agreement and are capable of delivering the applicable Consolidated Service,

##### as set out in the Care Delivery Plan;

##### in accordance with College Standards and Guidelines; and

##### in accordance with GC Section 3.3(1).

The Service Provider shall assign Service Provider Personnel to maximize continuity of care to each Patient in accordance with the Performance Standards.

#### The Service Provider shall assign, to each Patient, Service Provider Personnel who are responsive to the ethnic, spiritual, linguistic, familial and cultural preferences of the Patient or Caregiver, if applicable, in accordance with the Patient Care Plan.

#### If the Service Provider,

##### is assigned a Patient that speaks only a language that is not one usually spoken among the various ethnic communities of the LHIN;

##### has made its best efforts to find a family member or friend to interpret for the Patient; and

##### has explored other available options to find an appropriate interpreter,

the Service Provider may request that the LHIN arrange and pay for interpretation services or communication services necessary to provide Consolidated Services to the Patient and the LHIN shall consider the request reasonably. This SS Section 3.2.1(3) does not apply if the Patient’s language is French, in which case the Service Provider shall be responsible for all costs and expenses of interpretation services or communication services, even if the circumstances set out in SS Section 3.2.1(3)(a), (b) and (c) apply. For clarity, the LHIN shall be obliged to pay for interpretation or communication services only if, in the LHIN’s opinion, acting reasonably, the circumstances set out in SS Section 3.2.1(3)(a), (b) and (c) exist.

### Access to Service Managers, Service Supervisors and Clinical Resources

#### The Service Provider shall provide Service Provider Personnel with access to Service Managers.

#### The Service Managers shall assist with the delivery of Consolidated Services, as required by Service Provider Personnel.

#### In addition to the assistance provided pursuant to SS Section 3.2.2(2), the Service Managers shall monitor and supervise the delivery of Consolidated Services by Service Provider Personnel.

#### During the hours of Service specified in SS Section 3.3.1(2), the Service Provider shall provide Service Provider Personnel with access to clinical advice and clinical reference resources relating to the delivery of Consolidated Services to Patients.

#### The delivery of Consolidated Services to clients by Support Workers shall be supervised by a Service Supervisor or a Regulated Service Supervisor (each a “Supervisor”). The Supervisor shall manage, monitor, train and assist Support Workers in the delivery of Consolidated Services to Patients. During the hours of Service specified in SS Section 3.3.1(2), the Service Provider shall provide Support Workers with access to Supervisors.

#### In addition to the services provided pursuant to SS Section 3.2.2(5) , Regulated Service Supervisors shall, in accordance with the Regulated Service Supervisor’s College Standards and Guidelines,

##### obtain training from a regulated health professional with respect to a task to be assigned to the Regulated Service Supervisors (the “Special Function”);

##### teach Support Workers how to perform a Special Function on a specific Patient in accordance with College Standards and Guidelines;

##### monitor the ability of Support Workers to perform a Special Function on a Patient;

##### monitor the Patient’s progress, as it relates to the Special Function, towards the Care Delivery Plan Goals; and

##### communicate with the LHIN with respect to all matters relating to the Special Function.

(2) At least one of the Regulated Service Supervisors assigned to supervise Service Provider Personnel delivering Personal Support Tasks and Homemaking Tasks shall be an RN.

## Interventions and Services to be Provided

### Clinical Treatments

#### The Service Provider shall provide the following services to Patients who are designated by the LHIN to receive “Consolidated Services”, provided that the LHIN has identified the applicable service as one that is required to carry out the Consolidated Services (the “Consolidated Services Treatments”):

##### nursing that is within the scope of practice of nursing (as set out in the *Nursing Act*), personal as set out in the *Nursing Act*;

##### occupational therapy that is within the scope of practice as set out in the *Occupational Therapy Act*;

##### physiotherapy that is within the scope of practice of physiotherapy as set out in the *Physiotherapy Act*;

##### general dietetic interventions that are within the scope of practice of a dietician as set out in the *Dietetics Act*;

##### speech language pathology that is within the scope of practice of speech-language pathology as set out in the *Audiology and Speech-Language Pathology Act*;

##### general social work interventions that are within the scope of practice of social work as set out in the *Social Work and Social Services Work Act*; and

##### Personal Support Tasks, Homemaking Tasks and all activities that may be taught and that are supervised by a regulated health professional.

#### The Service Provider shall be available 24 hours a day, 7 days a week to provide Consolidated Services to Patients accepted by the Service Provider through the acceptance of a Service Request.

#### The Service Provider shall provide Consolidated Services Treatments in accordance with the Care Delivery Plan to each Patient accepted by the Service Provider through the acceptance of a Service Request.

#### The Consolidated Services shall, in accordance with applicable College Standards and Guidelines, be provided by:

##### an RN or RPN;

##### an Occupational Therapist or OTA;

##### a Physiotherapist or PTA;

##### a Registered Dietitian;

##### a Speech-Language Pathologist or CDA;

##### a Registered Social Worker;

##### a Respiratory Therapist; or

##### a Support Worker,

as applicable.

### Health Teaching and Delegating

#### The Service Provider shall provide health teaching services to the Patient and, if applicable, the Caregiver, Other LHIN Providers and Non-LHIN Providers, as required to meet the Care Delivery Plan Goals.

#### The Service Provider shall obtain the approval of the LHIN before teaching or delegating tasks pursuant to SS Section 3.3.2(1) to employees or agents of Other LHIN Providers.

### Communication between the Service Provider and Patients and Caregivers

The Service Provider shall be available to respond to, and shall respond to, 24 hours a day, 7 days a week, any requests from a Patient accepted by the Service Provider through the acceptance of a Service Request and, if applicable, the Patient’s Caregiver for,

##### clinical assistance; and

##### information,

relating to the Consolidated Services being delivered to the Patient by the Service Provider in a timely manner that is responsive to the Patient’s needs.

### Cooperation

#### The Service Provider shall cooperate with the LHIN, Caregivers and Non-LHIN Providers that are involved in providing Consolidated Services and Non-LHIN Community Services to the Patient.

#### The Service Provider’s obligation to cooperate pursuant to SS Section 3.3.4(1) shall include,

##### participating in meetings as requested by the LHIN, either in person or by telephone, to discuss a specific Patient Care Plan where a representative of the LHIN is present (a “Patient Case Conference”);

##### communicating with the LHIN, Caregivers, Other LHIN Providers and Non-LHIN Providers as required to provide Consolidated Services;

##### scheduling the delivery of Consolidated Services in coordination with Non-LHIN Providers that deliver Non-LHIN Community Services and in accordance with the Patient Care Plan; and

##### any additional requirements set out in the Special Conditions of the Agreement.

#### If the LHIN organizes a Patient Case Conference pursuant to SS Section 3.3.4(2)(a), the Service Provider shall assign Service Provider Personnel that have the appropriate skills, experience, qualifications and knowledge to deal with the subject matter of the Patient Case Conference and to attend the Patient Case Conference. The LHIN shall pay the Service Provider for a Patient Case Conference either as a Fixed Period Visit or at an Hourly Rate, as determined by the LHIN.

## Extended or Unforeseen Visits (The Unplanned Visit)

#### If the Service Provider,

##### cannot complete the Consolidated Services that were assigned by the LHIN for a particular Fixed Period Visit or Hourly Visit;

##### must extend a Fixed Period Visit or Hourly Visit; or

##### must carry out an additional Fixed Period Visit or Hourly Visit, as applicable, that was not included in the Patient Care Plan,

##### the Service Provider shall immediately contact the applicable LHIN Care Coordinator or the LHIN Care Coordinator’s designate to request an authorization for additional time.

#### The LHIN will authorize additional time for the Service Provider in accordance with SS Section 3.4(3) (an “Unplanned Visit”) only if the Unplanned Visit was reasonably required by unforeseen circumstances and was not required as a result of the act or omission of the Service Provider.

#### If contacted by a Service Provider pursuant to SS Section 3.4(1), the LHIN Care Coordinator, or the LHIN Care Coordinator’s designate, may, in its sole discretion,

##### refuse to authorize further time or compensation;

##### authorize an additional Fixed Period Visit or Hourly Visit, as applicable, for the Patient;

##### authorize additional time at an Hourly Rate or a Special Rate; or

##### authorize additional time on an alternate basis.

#### In exceptional circumstances, the LHIN Care Coordinator may carry out the assessment pursuant to SS Section 3.4(2) and (3) after the Service Provider has carried out the applicable Consolidated Services if,

##### the LHIN Care Coordinator, in his or her sole discretion, determines that the Service Provider made reasonable efforts to contact the LHIN Care Coordinator or the LHIN Care Coordinator’s designate prior to carrying out those Consolidated Services; and

##### the Service Provider Personnel contacted the LHIN Care Coordinator within 24 hours, or the next Business Day, after those Consolidated Services were carried out.

#### If the Service Provider Personnel cannot contact the LHIN to authorize an Unplanned Visit because the LHIN offices are not open and a LHIN Care Coordinator is not available, the LHIN will carry out the assessment pursuant to SS Section 3.4(3) after the Service Provider has carried out the applicable Consolidated Services if and only if the Service Provider Personnel contacts the LHIN Care Coordinator within 24 hours, or the next Business Day, after those Consolidated Services were carried out.

#### If an Unplanned Visit is authorized pursuant to SS Section 3.4(3), the LHIN shall, if necessary, update or revise the Patient Care Plan.

#### If the Service Provider provides an Unplanned Visit pursuant to SS Section 3.4(3) the Service Provider shall notify or provide a report to the LHIN pursuant to SS Section 5.1, 5.4 or 5.5.

#### The LHIN may, in its sole discretion, limit the number of Unplanned Visits for a Patient.

## Evaluating Services to Individual Patients

#### The Service Provider shall, in consultation with the Patient and the Caregiver, evaluate,

##### the Services delivered to theindividual Patient; and

##### the Patient’s progress towards the Care Delivery Plan Goals.

#### The Service Provider’s evaluation pursuant to SS Section 3.5(1) shall include, as applicable,

##### consulting the Patient and the Caregiver;

##### analyzing and interpreting Patient Records;

##### evaluating the effectiveness of the Care Delivery Plan; and

##### subject to SS Sections 3.1.2(2) and 3.5(3), updating and revising the Care Delivery Plan in order to progress towards the Care Delivery Plan Goals.

#### The Service Provider shall not update or revise the Care Delivery Plan pursuant to SS Section 3.5(2)(d) without the prior approval of the LHIN,

##### if the Service Provider is paid on a Fixed Period Visit or Hourly Visit basis and the revision involves an increase in the frequency or the number of Fixed Period Visits or Hourly Visits to be provided;or

##### in the case of Discretionary Consolidated Services and Negotiated Consolidated Services only, if the change relates to a change to the Planned Discharge Date.

## Discharge

#### The Service Provider shall end its delivery of Consolidated Services to a Patient if,

##### the Care Delivery Plan Goals have been achieved;

##### the LHIN notifies the Service Provider that the Patient has been discharged by the LHIN;

##### the LHIN notifies the Service Provider that the Patient will be transferred to an Other LHIN Provider;

##### the Service Provider has withdrawn Consolidated Services pursuant to GC Sections 3.1.5 or 3.1.6; or

##### the Service Provider or the LHIN has suspended or terminated the Agreement pursuant to GC Section 12.1 or 12.2.

#### If the Consolidated Services have ended pursuant to SS Section 3.6(1)(a), the Service Provider shall,

##### unless the LHIN has discharged the Patient or notice has been given under another section of this Consolidated Services Schedule, notify the LHIN; and

##### submit a Discharge Report to the LHIN pursuant to SS Section 5.7.

#### If the LHIN disagrees with the Service Provider’s determination that the Care Delivery Plan Goals have been achieved and the Service Provider’s decision to end its provision of Consolidated Services to a Patient pursuant to SS Section 3.6(1)(a), the Service Provider and the LHIN shall meet, at a time and place specified by the LHIN, to review the Service Provider’s decision.

# Equipment and Supplies

## Supply of Standard Equipment and Supplies

#### The Service Provider shall provide and maintain the “Standard Equipment and Supplies” required for the Consolidated Services as listed on the OALHIN website (the “Standard Equipment and Supplies”).

#### The LHIN may, in its discretion, provide certain Standard Equipment and Supplies if the LHIN determines that those items are required for the ongoing treatment of a Patient.

#### If the LHIN determines that a Patient requires an item for ongoing treatment pursuant to SS Section 4.1(2), then such item shall be deemed to be an item of LHIN Equipment and Supplies for that Patient.

#### Except as provided in SS Section 4.1(5), the Service Provider shall not bear the cost for the provision of additional equipment and supplies (that is in addition to the Standard Equipment and Supplies) that are required to deal with a public health crisis in the Service Area if such public health crisis has been formally declared to exist by the World Health Organisation, the Chief Medical Officer of Health of the Province of Ontario or the applicable local Medical Officer of Health. If a public health crisis has been formally declared and a Service Provider is required to provide additional equipment and supplies to protect a Patient or the Service Provider Personnel in accordance with SS Section 4.1(5), the Service Provider shall be eligible for either reimbursement from the LHIN for the cost of providing the additional equipment and supplies or shall be eligible to receive additional equipment and supplies directly from the LHIN, at the discretion of the LHIN.

#### Nothing in this SS Section 4, including the LHIN's decision as to whether to provide LHIN Equipment and Supplies to a Service Provider or to reimburse the cost of additional equipment and supplies pursuant to SS Section 4.1(4), affects, in any way, the Service Provider's obligations to the Patients or the Service Provider Personnel under,

##### the Applicable Law;

##### any other College Standards and Guidelines or professional standard related in any way to the protection of the Patients or the Service Provider Personnel, including any clinical obligations that the Service Provider Personnel may have regarding preparedness for a public health crisis; or

##### any direction from a governmental agency regarding a public health issue.

For clarity, the Service Provider shall comply with all directions of the Government of Ontario or the applicable local Medical Officer of Health relating to the stockpiling of equipment and supplies.

## LHIN Equipment and Supplies

#### The LHIN shall provide medical equipment or supplies that are not included in Standard Equipment or Supplies where,

##### the medical equipment or supplies are on the LHIN’s standard list of medical equipment and supplies to be provided by the LHIN, as the list is amended from time to time by the LHIN in the LHIN’s sole discretion (the “Listed LHIN Equipment and Supplies”); and

##### the medical equipment and supplies are not Standard Equipment and Supplies or Listed LHIN Equipment and Supplies but have been approved by the LHIN in accordance with SS Section 4.4 (“Other Equipment and Supplies”),

(the “LHIN Equipment and Supplies”).

## Requesting Listed LHIN Equipment and Supplies

#### For those Listed LHIN Equipment and Supplies which have not already been ordered or provided by the LHIN, the Service Provider shall submit a request, to the LHIN, in the format specified by the LHIN and in accordance with the LHIN’s instructions, for the Listed LHIN Equipment and Supplies required.

#### The LHIN shall approve, clarify or decline a request for Listed LHIN Equipment and Supplies submitted pursuant to SS Section 4.3(1) no later than 3 Business Days after either,

##### the submission of the request; or

##### if the LHIN has a specified deadline for the submission of equipment and supply orders, the day of the deadline.

#### If the LHIN does not notify the Service Provider that the request has been declined by the deadline set out in SS Section 4.3(2), the request is deemed to be approved.

#### For all re-ordering of Listed LHIN Equipment and Supplies, the Service Provider shall submit requests as required for the care of the Patient and in a timely fashion that ensures the continuous availability of Listed LHIN Equipment and Supplies necessary to carry out the Consolidated Services to the Patient as specified in the Patient Care Plan, and in accordance with this SS Section 4.3.

## Requesting Other Equipment and Supplies

#### The Service Provider may submit a request, to the LHIN, for Other Equipment and Supplies.

#### The LHIN shall approve, clarify or decline a request for Other Equipment and Supplies submitted pursuant to SS Section 4.4(1) no later than 10 Business Days after either,

##### the submission of the request; or

##### if the LHIN has a specified deadline for the submission of equipment and supply orders, the day of the deadline.

#### If the LHIN does not approve, clarify or decline the request by the deadline set out in SS Section 4.4(2), and the LHIN does not contact the Service Provider to indicate that additional time is necessary to consider the request, the request shall be deemed to have been declined by the LHIN.

## Management of Equipment and Supplies

#### The LHIN shall arrange for the delivery of LHIN Equipment and Supplies to either the Service Delivery Location or an alternate location as specified in the Special Conditions of the Agreement.

#### If the LHIN has specified an alternate location for the delivery of LHIN Equipment and Supplies to the Service Provider in the Special Conditions (instead of delivery to the Service Delivery Location), the Service Provider shall pick-up all LHIN Equipment and Supplies at that alternate location, deliver the LHIN Equipment and Supplies to the Service Delivery Location and, if required, return the LHIN Equipment and Supplies to the alternate location.

#### The Service Provider shall request and use all the Equipment and Supplies in a responsible manner and in a manner that minimizes waste and misuse, including,

##### placing the Equipment and Supplies used by the Service Provider in a safe storage location at the Service Delivery Location in accordance with the supplier’s and manufacturer’s guidelines, if applicable;

##### following standard health protection and infection control procedures when using and disposing of Equipment and Supplies;

##### conducting minor cleaning of the Equipment and Supplies used by the Service Provider;

##### replacing batteries, as needed, in the Equipment and Supplies used by the Service Provider in accordance with the supplier’s and manufacturer’s guidelines, if applicable;

##### promptly reporting any problems with the LHIN Equipment and Supplies, including the failure of any equipment, to the LHIN; and

##### monitoring usage of Equipment and Supplies required for the delivery of Consolidated Services.

# NOTIFICATION AND service delivery reports

## Notification Requirements

#### The Service Provider shall immediately notify the LHIN Care Coordinator or designate if,

##### except in the case of Standard OBPs, the Service Provider is unable to proceed with a Fixed Period Visit or Hourly Visit as set out in the Patient Care Plan and such Fixed Period Visit or Hourly Visit has not been rescheduled in accordance with the Care Delivery Plan;

##### the Patient is admitted unexpectedly to a hospital or a health care facility;

##### a Caregiver is expected to be unable to provide care to a Patient for a significant period of time;

##### the Service Provider encounters a Not Seen, Not Found Event; or

##### a communicable or reportable disease, as defined in the *Health Protection and Promotion Act*, develops in a Patient, Caregiver, a Service Provider Personnel or any other person at the Service Delivery Location.

#### The Service Provider shall notify the LHIN Care Coordinator or designate no later than 24 hours after the event if,

##### the Service Provider is aware that there is a change in Non-LHIN Community Services; or

##### the Service Provider has concerns regarding the effectiveness or lack of use of the LHIN Equipment and Supplies used in the delivery of Consolidated Services, unless the Service Provider’s concerns may pose a risk to the Patient, in which case the Service Provider shall treat the matter as a Risk Event.

## Reports – General Requirements

#### Except as provided in SS Section 5.2(2), all reports shall be submitted to the LHIN in writing. All reports shall be submitted in accordance with the requirements of the Performance Standards Schedule.

#### The following exceptions to SS Section 5.2(1) apply:

##### In respect of Risk Event reporting as defined in SS Section 5.5, the Service Provider shall provide an immediate oral report, followed by a written report before the deadline specified in SS Section 5.5(5);

##### In respect of a change to the Patient’s Planned Discharge Date, if the LHIN has a verbal or voicemail system for the purpose of such reporting, a written report is not required;

##### In respect of a change to the Patient’s requirements for LHIN Equipment and Supplies in accordance with SS Section 5.4(1)(b)(iv), if the LHIN has a verbal or voicemail system for the purpose of requesting LHIN Equipment and Supplies, a written report is not required; and

##### In respect of a Change of Status Report as defined in SS Section 5.4(1), if the LHIN has specified in the Special Conditions to this Agreement that a written report is not required then a written report is not required.

#### Notwithstanding SS Sections 5.2, 5.3, 5.4, 5.6, and 5.7,

##### in the case of Standard OBPs, the OBP may specify, or the Parties may agree to, a different reporting regime for the Consolidated Services as an alternative to the requirements set out in SS Sections 5.2, 5.3, 5.4, 5.6, and 5.7;

##### in the case of Discretionary Consolidated Services, the reporting regime shall be as set out in this Article 5 or the Parties may agree to a different reporting regime as an alternative; and

##### in the case of Negotiated Consolidated Services, the reporting regime shall be as agreed by the Parties.

 For clarity, in all cases, the Service Provider shall comply with SS Section 5.5.

## Initial Reports

#### The Service Provider shall submit a report to the LHIN Care Coordinator or designate for each Patient in the format specified by the LHIN (the “Initial Report”).

#### The Initial Report shall include,

##### the Patient Identifiers;

##### a summary of the Service Provider’s Assessment or, in the case of children in school programs, a summary of the Service Provider’s Assessment as of the date of the Initial Report;

##### if applicable to the category of Consolidated Services being provided to the Patient, a summary of the Care Delivery Plan, for children in school programs to the extent that it has been developed, including,

###### the Care Delivery Plan Goals;

###### the Planned Discharge Date; and

###### a list of the tasks, including Controlled Acts, that will be taught or, if applicable, delegated by the Service Provider, and a list of the individuals who will perform the tasks and, if applicable, the delegated Controlled Acts;

##### if applicable to the category of Consolidated Services being provided to the Patient, recommended changes to the Patient Care Plan, if any, including recommended changes to the number or frequency, or both, of Fixed Period Visits and Hourly Visits to be provided to the Patient; and

##### any other relevant information.

#### The Service Provider shall submit the Initial Report no later than seven days after completing the initial Fixed Period Visit or Hourly Visit.

#### If requested by the LHIN, prior to the submission of an Initial Report, the Service Provider shall notify the LHIN that a Service Provider Assessment has been completed.

#### In the case of a Patient who is a child in a school program, the Service Provider shall provide a report to the LHIN Care Coordinator that completes the Service Provider’s Assessment and summary of the Care Delivery Plan, to the extent that the information was not already provided as part of the Initial Report. The Service Provider shall submit this report no later than seven days after the completion of the Service Provider’s Assessment.

#### If the Consolidated Services include Personal Support Tasks or Homemaking Tasks, the Initial Report shall be completed by Supervisor.

## Change of Status Reports

#### The Service Provider shall provide a report to the LHIN Care Coordinator or designate in the format specified by the LHIN if,

##### the Service Provider recommends changes to the Patient Care Plan; or

##### there is a change in the Patient’s Care Delivery Plan Goals or progress towards the Care Delivery Plan Goals that requires a change to the Care Delivery Plan in,

###### excluding Standard OBPs and Negotiated Consolidated Services not paid for on a fee for service basis, the frequency of Fixed Period Visits or Hourly Visits;

###### excluding Standard OBPs and Negotiated Consolidated Services not paid for on the basis of a Fixed Period Visit or an Hourly Visit, the number of Fixed Period Visits or Hourly Visits;

###### the Planned Discharge Date;

###### the LHIN Equipment and Supplies requirements of the Patient;

###### the Controlled Acts that will be delegated by the Service Provider; or

###### the type of Personal Support Tasks or Homemaking Tasks required by the Patient; or

##### a Regulated Service Supervisor is required to teach a Special Function to a Support Worker,

(the “Change of Status Report”).

#### The Change of Status Report shall include,

##### the Patient Identifiers;

##### a description of the change in the Patient’s progress towards the Care Delivery Plan Goals;

##### an assessment of why the change in the Patient’s progress towards the Care Delivery Plan Goals occurred;

##### changes to the Care Delivery Plan, if any; and

##### recommended changes to the Patient Care Plan, if any.

#### The Service Provider shall submit a Change of Status Report in a time sensitive manner considering the Patient’s change in status but, in any event, no later than 48 hours after the end of the Fixed Period Visit or Hourly Visit when the Service Provider Personnel identified the change in the progress of Patient care.

#### The Service Provider shall not make any changes to the Care Delivery Plan that are not consistent with the Patient Care Plan.

#### If the Consolidated Services include the delivery of Personal Support Tasks or Homemaking Tasks, the Supervisor shall complete the Change of Status Report.

## Risk Event Reporting

#### For the purposes of the Service Provider’s notification requirements set out in this SS Section 5.5, a risk event means an unforeseen event that has given rise to or may reasonably be expected to give rise to danger, loss or injury relating to the delivery of the Consolidated Services, including danger, loss or injury to the Patient, Caregiver, Service Provider Personnel or loss or damage to the LHIN or the Service Provider (a “Risk Event”).

#### For the purpose of SS Section 5.5(1), a Risk Event includes,

##### an improper procedure or intervention;

##### a situation where the Service Provider is aware that medical orders have not been followed;

##### a Patient injury;

##### a Patient fall;

##### a medication error;

##### a situation where the Service Provider believes that an infectious disease at the Service Delivery Location that was required to be reported has not been reported;

##### the actual or potential abuse of a Patient;

##### an actual or alleged theft at the Service Delivery Location;

##### the unexpected death of a Patient;

##### any unsecured animals at the Service Delivery Location;

##### any unsecured weapons at the Service Delivery Location;

##### an unsafe Patient environment;

##### any abuse or threat of injury to Service Provider Personnel related to the delivery of Consolidated Services;

##### a Privacy and Security Event as defined in GC Section 1.1;

##### an instance of Missed Care, or in the case of Standard OPBs, a failure to meet critical deadlines specified in the applicable care pathway;

##### a situation where Consolidated Services declined by the Patient;

##### a situation where Consolidated Services refused by Service Provider Personnel due to a risk issue;

##### any accidental damage to property at the Service Delivery Location;

##### the late delivery or delivery to the incorrect location of LHIN Equipment and Supplies;

##### any medical equipment required for the delivery of Consolidated Services that is soiled or malfunctioning;

##### the Service Provider believes that a risk to the Patient or the Service Provider exists that was known to the LHIN but was not communicated to the Service Provider by the LHIN; and

##### the commencement of a claim, legal proceeding or police investigation relating to a Patient that involves the Service Provider or the LHIN.

#### An “Adverse Event” is any Risk Event that meets the following three criteria:

##### the Risk Event is related to a Patient;

##### the Risk Event causes an unintended injury to the Patient or complication that results in disability, death or increased use of healthcare resources; and

##### the Risk Event is caused by healthcare management, including any care or treatment provided as part of a formal care plan that is provided by healthcare workers, formal or informal caregivers or as self-care by the Patient.

#### The Service Provider shall immediately orally notify the LHIN Care Coordinator or designate, if

##### a Risk Event occurs that involves,

###### the safety of the Patient or any person involved in the Patient’s care;

###### the Patient’s ability to receive Consolidated Services;

###### the Service Provider’s ability or suitability to deliver Consolidated Services; or

###### a Privacy and Security Event as defined in GC Section 1.1, or

##### an Adverse Event occurs.

#### Except as set out in SS Section 5.5(7), in addition to the oral notice pursuant to SS Section 5.5(4), the Service Provider shall submit a report to the LHIN Care Coordinator or designate when a Risk Event occurs (the “Risk Event Report”) or no later than 3 days after the Risk Event. If, in the LHIN’s opinion, acting reasonably, the Risk Event Report is required urgently, the LHIN may require the Service Provider to submit the Risk Event Report sooner than 3 days after the Risk Event.

#### The Risk Event Report shall include, if applicable,

##### the Patient Identifiers;

##### the date and approximate time of the Risk Event;

##### a detailed description of the Risk Event, including the names of any witnesses to the Risk Event;

##### the name of the Service Provider Personnel involved;

##### a description of the Service Provider’s response to the Risk Event;

##### a description of the actions taken by the Service Provider to address the Risk Event; and

##### whether the Risk Event is an Adverse Event.

#### If specified by the LHIN, the Service Provider may submit a Risk Report for any instance of Missed Care verbally, provided that,

##### the LHIN has a verbal or voicemail system for the purpose of such reporting; and

##### the Missed Care has not given rise, nor can it be expected to give rise to, danger, loss or injury to the Patient or the Caregiver.

## Patient Interim Reports

#### The Service Provider shall provide a report to the LHIN Care Coordinator or designate, upon the reasonable request of the LHIN Care Coordinator or designate, with respect to the progress of the Patient toward meeting the Care Delivery Plan Goals if the LHIN requires information about the Patient (the “Patient Interim Report”).

#### The Patient Interim Report shall include,

##### the schedule of Consolidated Services for the Patient;

##### the Patient’s current health condition and functional status at the time of the last Fixed Period Visit or Hourly Visit, if the Patient’s health condition or functional status is different than as indicated in the last report provided to the LHIN with respect to that Patient;

##### a description of the progress made towards the Care Delivery Plan Goals;

##### the reasons for any failure to progress towards the Care Delivery Plan Goals; and

##### any additional feedback as reasonably requested by the LHIN Care Coordinator or designate.

#### The Service Provider shall submit a Patient Interim Report no later than 3 days after the LHIN’s request, unless otherwise agreed by the LHIN Care Coordinator or designate.

#### For Patients receiving Consolidated Services for a period in excess of six months, if the LHIN intends to request regular Patient Interim Reports, the LHIN shall provide the Service Provider with a schedule, in advance, of any of the regular Patient Interim Reports that the LHIN intends to request.

## Discharge Reports

#### When the Service Provider has discontinued the delivery of Consolidated Services to a Patient pursuant to SS Section 3.6, the Service Provider shall,

##### notify the LHIN Care Coordinator or designate; and

##### provide a report to the LHIN Care Coordinator or designate with respect to the discharged Patient (the “Discharge Report”).

#### The Discharge Report shall include, if applicable,

##### the date and description of the last Fixed Period Visit or Hourly Visit;

##### the Patient’s health condition and functional status at the time of the last Fixed Period Visit or Hourly Visit;

##### the reasons for discontinuing the delivery of Consolidated Services to the Patient;

##### a description of the progress made towards the Care Delivery Plan Goals;

##### the reasons for any failure to meet the Care Delivery Plan Goals; and

##### recommendations with respect to further requirements for LHIN Community Services, Non-LHIN Community Services and LHIN Equipment and Supplies.

#### The Service Provider shall submit a Discharge Report in the format specified by the LHIN no later than,

##### seven days after the LHIN’s recorded discharge date for the Consolidated Services for that Patient; and

##### in the case of Patients who are in school programs, no later than seven days after the Patient is discharged.

# EXPERT ADVICE AND ASSISTANCE

## Expert Advice and Assistance

#### The Service Provider shall provide, at the reasonable request of the LHIN, ongoing advice and assistance to the LHIN in respect of all matters relating to,

##### the delivery of the Consolidated Services ; and

##### the Equipment and Supplies relating to the delivery of the Consolidated Services .

#### The Service Provider’s advice and assistance pursuant to SS Section 6.1(1) shall include,

##### advising the LHIN with respect to new developments and initiatives in the delivery of Consolidated Services;

##### assisting the LHIN in implementing new methods for the delivery of Consolidated Services;

##### advising the LHIN with respect to new equipment and supplies available in the marketplace and their application to the delivery of Consolidated Services;

##### providing expertise to support the LHIN’s planning activities;

##### participating on LHIN committees with respect to the delivery of Consolidated Services ; and

##### assisting with media relations and issues.

# organizational requirements

## Information Systems

#### The Service Provider shall have information systems in place to manage information in an efficient and effective way that allows the ready retrieval of information. The Service Provider’s information systems shall include,

##### a system to store, format and transmit information to the LHIN;

##### a system to ensure its information systems are compatible with the LHIN information systems;

##### a system to track Patient information;

##### a system to track Performance Standards set out in the Performance Standards Schedule;

##### a system to document and manage requests for LHIN Equipment and Supplies; and

##### an internal auditing system to ensure that Requests for Payment submitted by the Service Provider to the LHIN are consistent with the Fixed Period Visits or Hourly Visits completed by Service Provider Personnel.

#### The Service Provider shall have a Patient satisfaction monitoring system that includes,

##### plans to communicate to Patients and, if applicable, to Caregivers that complaints regarding the Service Provider’s delivery of Consolidated Services may be submitted directly to the LHIN or to the Service Provider;

##### a system to receive, handle, respond to and track all Patient and, if applicable, Caregiver queries, complaints and requests including queries, complaints and requests with respect to,

###### Service Provider Personnel; and

###### the quality of Consolidated Services delivered by the Service Provider; and

##### a system for conducting Patient and Caregiver satisfaction surveys in coordination with the LHIN on a frequency and schedule approved by the LHIN, acting reasonably.

## Risk Management Program

#### The Service Provider shall implement a risk management program to identify, assess, analyse, prepare for, manage, mitigate, and, if applicable, prevent,

##### safety risks at the Service Delivery Location, including physical, environmental and psycho-social risks, for the Patient, the Caregiver and Service Provider Personnel that affect or may affect the health of the Patient or the delivery of Consolidated Services; and

##### organizational risks for the Service Provider that affect or may affect the delivery of the Consolidated Services ,

(the “Risk Management Program”).

#### The Risk Management Program shall include,

##### strategies and procedures for communicating safety risks to the Patient, the Caregiver, the LHIN and Other LHIN Providers;

##### strategies for communicating organizational risks to the LHIN;

##### a program to track and assess financial risks, contingencies, liabilities and irregular transactions and the provision of advance notice to the LHIN in the event of negative financial performance;

##### a program to track and report Risk Events to the satisfaction of the LHIN;

##### procedures for the Service Provider to follow when encountering emergency, disaster or unforeseen situations and a plan to train and prepare Service Provider Personnel for emergencies, disasters and unforeseen situations in accordance with the Risk Management Program, including regular drills and testing, (the “Emergency Plan”), including,

###### natural disasters;

###### war or other hostilities;

###### severe weather;

###### terrorist acts;

###### public infrastructure failure;

###### strikes, lock-outs or other labour actions and disruptions;

###### failure of Service Provider infrastructure;

###### failure or major disruption of Service Provider information or communication systems;

###### fire;

###### Patient-specific medical emergencies;

###### a plan for reporting to the LHIN regarding all Patient Care Plans to facilitate transition to another service provider in the event that the Service Provider is unable to deliver the Consolidated Services due to a public health crisis;

###### abuse of a Patient, Caregiver or Service Provider Personnel;

###### accident or injury to a Patient, Caregiver or Service Provider Personnel;

###### legal proceedings against the Service Provider; and

###### insolvency or bankruptcy of the Service Provider;

##### policies and procedures for managing and reporting on Patients, Caregivers, and Service Provider Personnel with communicable diseases and reportable diseases as defined in the *Health Protection and Promotion Act*;

##### policies and procedures for managing the protection of Service Provider Personnel, Patients and Caregivers from communicable and reportable diseases through the implementation of health protection and infection control procedures; and

##### technologies available to the Service Provider to protect and back-up information and communication systems in the event of failure or disruption.

#### The Emergency Plan shall be consistent with the LHIN’s emergency plan.

## Quality Management Program

#### The Service Provider shall implement a program to monitor, record, evaluate and improve the Service Provider’s performance in the delivery of the Consolidated Services (the “Quality Management Program”) that,

##### develops an annual continuous quality improvement plan that aligns with the LHIN’s annual continuous quality improvement plan;

##### employs valid and reliable tools and techniques for process analysis;

##### results in decisions that are based on reliable data, information and performance analysis;

##### establishes a process for identifying, implementing and maintaining improvements;

##### is designed to track the Service Provider’s record of improvements in business practices and delivery of the Consolidated Services ; and

##### involves Service Provider Personnel, at all levels, in the improvement process.

#### The Quality Management Program shall include,

##### the incorporation of the Performance Standards set out in the Performance Standards Schedule into the Service Provider’s existing quality management plan, and the measurement and reporting on Performance Standards;

##### the measurement and tracking of performance indicators developed and tracked by the Service Provider, in addition to Quarterly and Annual Indicators, relating to the quality of Consolidated Services delivered by the Service Provider;

##### the implementation of corrective action where a Performance Standard is not achieved;

##### the implementation of clinical outcome measurement tools;

##### the monitoring and reporting of any corrective action taken pursuant to SS Section 7.3(2)(c) and the results of the corrective action;

##### the review, assessment and improvement of organizational processes on a regular basis;

##### the measurement and reporting of the following information related to the delivery of Consolidated Services by the Service Provider in each Quarter or Part Quarter (the “Quarterly Indicators”):

###### the number of Patient and Caregiver complaints received by the Service Provider itself in the applicable Quarter or Part Quarter divided by the number of Patients in the applicable Quarter or Part Quarter;

###### the types of Patient and Caregiver complaints received by the Service Provider itself in the applicable Quarter or Part Quarter; and

###### the number of Patient Records returned by Service Provider Personnel or the Patient to the Service Provider in the applicable Quarter or Part Quarter divided by the number of Patients discharged in the applicable Quarter or Part Quarter; and

##### the measurement and reporting of a summary of the results of any Patient or Caregiver satisfaction surveys undertaken by the Service Provider in the applicable Fiscal Year (the “Annual Indicators”).

#### In addition to the indicators measured by the Service Provider pursuant to SS Sections 7.3(2)(g) and (h), the Service Provider shall, as agreed by the LHIN and the Service Provider, collect any other information relating to the Consolidated Services and report the information to the LHIN.

#### The Service Provider acknowledges and agrees that the LHIN may implement a standard provincial performance management framework during the Agreement Term.

#### The Service Provider acknowledges and agrees that the LHIN intends to disclose, to the public, on a periodic basis, information with respect to the Service Provider’s performance of its obligations under this Agreement in relation to the Performance Standards and applicable Health Quality Ontario indicators and that, in accordance with GC Section 7.2, such disclosure is permitted.

## Human Resources Requirements

#### The Service Provider shall manage the recruitment, retention, training, deployment, development, supervision and performance of the Service Provider Personnel to,

##### recruit and retain an appropriate number of Service Provider Personnel to provide Consolidated Services to Patients as referred to the Service Provider by the LHIN;

##### recruit and retain Service Provider Personnel that,

###### have the necessary experience and qualifications to provide Consolidated Services, including the experience and qualifications set out in the Special Conditions of the Agreement;

###### recognize, are sensitive to and can respond to the ethnic, spiritual, linguistic, familial and cultural needs of the Service Area population; and

###### have skills to meet the communication needs of the Service Area population;

##### recruit a sufficient number of Service Managers that have the necessary management qualifications and experience, including the experience and qualifications set out in the Special Conditions of the Agreement to monitor, assist and supervise Service Provider Personnel;

##### verify the qualifications of Service Provider Personnel on a continual basis;

##### implement appropriate screening measures for Service Provider Personnel;

##### provide orientation programs that include education for new Service Provider Personnel with respect to Service Provider Policies and Procedures and LHIN Policies and Procedures (the “Orientation Sessions”);

##### ensure that Service Provider Personnel are familiar with, and follow, the requirements of the Bill of Rights as set out in the *Home Care and Community Services Act*;

##### monitor new developments in the delivery of Consolidated Services and the skills needed to provide new delivery methods;

##### monitor, in each Fiscal Year, the types of Service Provider Personnel who cease to work for the Service Provider;

##### report on initiatives undertaken by the Service Provider to respond to anticipated changes in the labour market for Service Provider Personnel;

##### provide a comprehensive training and development program for Service Provider Personnel;

##### provide anti-discrimination and anti-harassment education to Service Provider Personnel;

##### regularly evaluate the performance and competency of Service Provider Personnel;

##### manage any restrictions on a Service Provider Personnel’s certificate of registration or other licencing requirements;

##### if the LHIN is a designated agency or operates in a designated area as defined in the *French Language Services Act* and as specified in the Special Conditions of the Agreement,

###### recruit and retain Service Provider Personnel who have the necessary experience and qualifications to provide Consolidated Services in French; and

###### verify the French language skills of Service Provider Personnel who provide Consolidated Services in French; and

##### verify that each Service Provider Personnel who will provide Consolidated Services has obtained a Canadian Police Information Centre computer check and provides an annual offence declaration.

#### The Service Provider acknowledges and agrees that it shall have sole responsibility for hiring, training, management, administration, supervision, discipline and dismissal of Service Provider Personnel.

## LHIN Participation in Service Provider Orientation Sessions

#### In order to educate Service Provider Personnel with respect to the LHIN and the role of LHIN Care Coordinators, the LHIN may elect to attend and participate in any Orientation Session.Participation by the LHIN may include the distribution of LHIN materials to Service Provider Personnel.

#### If the LHIN elects to participate in any Orientation Session, and the LHIN informs the Service Provider that it wishes to participate, the Service Provider shall keep the LHIN informed of the schedule of Orientation Sessions.

## Patient Transition Plan

### Start-up Transition

#### The Service Provider shall implement the LHIN’s transition plan, for the transition of the care of Patients from Other LHIN Providers at the beginning of the Agreement Term.

#### In implementing the LHIN’s transition plan pursuant to SS Section 7.6.1(1), the Service Provider shall,

##### develop and implement a system of status reporting for each Patient when transitioning Patients from the Other LHIN Providers;

##### provide a weekly report to the LHIN on the Service Provider’s success or failure in retaining sufficient Service Provider Personnel to provide Consolidated Services at the Service Provider’s Required Market Share;

##### cooperate with the LHIN, and the Other LHIN Providers, during the implementation of the transition plan;

##### communicate to transitioned Patients and, if applicable, Caregivers with respect to a transition in a manner consistent with the LHIN’s transition communication plan;

##### regularly and in a timely manner, report transition problems to the LHIN; and

##### attend meetings at a frequency determined by the LHIN to discuss transition issues.

### End Date Transition

#### If the Service Provider will cease to provide Consolidated Services to LHIN Patients after the End Date, in the 90 days immediately prior to the End Date, the Service Provider shall carry out the transition of the Patients to whom it has been providing Consolidated Services to the Other LHIN Providers.

#### The Service Provider shall carry out the End Date Transition in accordance with the instructions of the LHIN and shall,

##### communicate with the LHIN’s Patients, on all transition matters, as generally instructed by the LHIN;

##### gradually, as instructed by the LHIN, reduce the number of Patients served by the Service Provider prior to the End Date;

##### refrain, and direct and enforce that the Service Provider Personnel refrain from making complaints to Patients about why the Service Provider’s Agreement is terminating;

##### cooperate with Other LHIN Providers in transitioning Patients, including carrying out joint visits to Patients with the Other LHIN Providers;

##### in respect of Service Provider Personnel that the Service Provider intends to lay-off or terminate, cooperate with Other LHIN Providers who may wish to retain those employees;

##### prepare Discharge Reports for all Patients under the care of the Service Provider; and

##### attend transition meetings at a frequency determined by the LHIN, to discuss transition issues.

## Service Provider Policies and Procedures

#### The Service Provider shall implement policies and procedures for the delivery of the Consolidated Services (the “Service Provider Policies and Procedures”).

#### The Service Provider shall ensure that all Service Provider Personnel understand and follow the Service Provider Policies and Procedures.

## Change Management Program

#### The Service Provider shall implement a change management program which supports the successful implementation and sustainability of defined changes.

# MEETINGS, COMMUNICATION, patient RECORDS AND organizationalREPORTING

## Meetings between the Service Provider and LHIN

#### The Service Provider shall meet with the LHIN on a quarterly basis, at the LHIN’s request and at the time and place specified by the LHIN, to discuss issues that are not specific to individual Patients, or more frequently at the LHIN’s request.

#### The LHIN may request that the Service Provider assign specific Service Provider Personnel to attend a meeting. The Service Provider shall assign the identified Service Provider Personnel, or Service Provider Personnel that have the appropriate skills, experience, qualifications and knowledge to deal with the subject matter of the meeting.

## Communication with the LHIN

#### The Service Provider shall reply to all requests from the LHIN for information in accordance with the following deadlines:

##### for an urgent request, as specified by the LHIN at the time of the request, no later than 30 minutes from the time of the request; and

##### for all other requests for information, no later than 24 hours from the time of the request.

#### The LHIN may request that specific Service Provider Personnel respond to the LHIN’s request for information. The Service Provider shall make available the identified Service Provider Personnel, or Service Provider Personnel that have the appropriate skills, experience, qualifications and knowledge to deal with the request for information.

#### The Service Provider may provide feedback to the LHIN with respect to the appropriateness of Referrals, complaints from Patients and Caregivers about the LHIN and general comments regarding the effectiveness of the LHIN Community Services.

#### The Service Provider shall immediately notify the LHIN if an unforeseen event occurs that has affected or may reasonably be expected to affect the Service Provider’s ability or suitability to deliver Consolidated Services including,

##### the decision of the Service Provider to initiate bankruptcy or insolvency proceedings;

##### the receipt by the Service Provider of a coroner’s warrant for seizure or a warrant for a coroner’s inquest;

##### an illegal act is alleged to have been committed by the Service Provider while delivering the Consolidated Services ;

##### the filing of any mandatory reports by the Service Provider with the governing professional college with respect to any Service Provider Personnel;

##### the imposition or issuance of an order or decision against a Service Provider Personnel by the governing professional college;

##### a request for information regarding current or former Patients is made by any Third Party; and

##### the Service Provider at any time fails to meet the Performance Standards for SS Sections 2.4.1(2) or 2.5.3(3).

## Service Provider Audit of Patient Records

#### The Service Provider shall carry out random audits of Patient Records that are maintained by Service Provider Personnel to ensure that the Patient Records are,

##### complete, accurate and reliable; and

##### maintained in accordance with College Standards and Guidelines.

Audits shall be carried out at least once per Fiscal Year and shall use a 95% confidence level and a confidence interval of 10% to determine the sample size, or less if agreed by the LHIN.

## Quarterly Reports

#### In addition to the other reports required by the Agreement, the Service Provider shall prepare and deliver to the LHIN a report for each Quarter or Part Quarter (the “Quarterly Report”), that includes,

##### a performance standard report containing information and analysis with respect to the Service Provider’s performance in relation to the Performance Standard for SS Section 3.2.1(1);

##### an indicator report setting out the results of the Service Provider’s Quarterly Indicator monitoring program pursuant to SS Section 7.3(2)(g);

##### a report on any innovative approaches to the delivery of Consolidated Services adopted by the Service Provider;

##### the results of any corrective action taken pursuant to SS Section 7.3(2)(c);

##### a status report on any material or substantive changes to the plans and programs listed in SS Section 7; and

##### the rate of occurrence of Adverse Events attributable to or contributed by the Service Provider.

#### The Service Provider shall submit each Quarterly Report no later than 30 days after the last day of each applicable Quarter or Part Quarter.

## Annual Report

#### The Service Provider shall, no later than July 1 of each year during the Agreement Term, submit to the LHIN an annual report (the “Annual Report”), which shall include,

##### an executive summary of the results and outcomes of the Service Provider’s performance indicator measurement and tracking pursuant to SS Section 7.3(2)(b) in the preceding Fiscal Year;

##### an indicator report setting out the results of the Service Provider’s Annual Indicator monitoring program pursuant to SS Section 7.3(2)(h);

##### a performance standard report containing information and analysis with respect to the Service Provider’s performance in relation to the Performance Standards for SS Section 3.2.1(1);

##### a valid certificate of good standing (clearance certificate) issued by the Workplace Safety and Insurance Board, dated no earlier than June 1 of the year of the Agreement Term in which the Annual Report is delivered;

##### the number of Care Delivery Plan Goals achieved by discharged Patients from a statistically significant sampling of Patient Records in the applicable Quarter or Part Quarter divided by the number of Care Delivery Plan Goals of discharged Patients in the sampling of Patient Records in the applicable Quarter or Part Quarter;

##### a summary of the results of staff satisfaction surveys;

##### a summary of findings obtained through Patient complaints and Risk Event occurrences and the resulting quality improvement actions to be undertaken by the Service Provider;

##### compliance with the *French Language Services Act*;

##### the Service Provider’s continuous quality improvement plan prepared in accordance with SS Section 7.3(1); and

##### any other information that may reasonably be required by the LHIN.

#### For greater certainty, where a Service Provider has provided Consolidated Services under the Agreement for a partial Fiscal Year, at the beginning or end of the Agreement Term, the Annual Report shall include the information required in SS Section 8.5(1) for the partial Fiscal Year.

## Ministry of Health and Long-Term Care Reports

The Service Provider shall submit to the LHIN a report containing the information required by the Ministry of Health and Long-Term Care, in the format and frequency required by the Ministry of Health and Long-Term Care.

# french language service requirements

## Designated French Language Service Area

In accordance with the *French Language Services Act*, the Service Provider shall be obliged to provide all Consolidated Services in French as instructed by the LHIN and in accordance with SS Sections 9.1.1, 9.1.2, 9.1.3, 9.1.4, and 9.1.5.

### Delivery of Consolidated Services in French

#### The Service Provider shall deliver all Consolidated Services to a Patient in French at the instruction of the LHIN and as indicated in the Patient Care Plan.

#### The Service Provider shall ensure that Patients are able to exercise their preference to receive Consolidated Services in French and shall not discourage Patients, directly or indirectly, from asserting their preference to receive Consolidated Services in French.

#### The Service Provider shall ensure that all Service Provider Personnel who will deliver Consolidated Services to a Patient are aware of that Patient’s preference to receive Consolidated Services in French.

#### If required by the Patient Care Plan, the Service Provider shall assign Service Provider Personnel to a Patient who are capable of delivering Consolidated Services in French.

#### If, in exceptional circumstances, the Service Provider cannot assign Service Provider Personnel who can communicate with a Patient in French, the Service Provider shall arrange and pay for interpretation services or communication services necessary to provide Consolidated Services to the Patient.

### Communication

#### The Service Provider shall be able to answer and respond to all requests from a Patient and, if applicable, a Caregiver, in both English and French. The Service Provider must respond to any correspondence from a Patient in the language of the Patient’s correspondence.

#### The Service Provider shall, at the instruction of the LHIN, provide, to Patients, all forms, consents and written materials produced by the Service Provider in French.

#### Without limiting the generality of SS Section 9.1.2(1), the Service Provider’s receptionist and switchboard staff must be capable of responding to calls in French. In exceptional circumstances, if the receptionist and switchboard staff are not capable of responding to calls in French on a consistent basis, a back-up protocol must be established.

### Notification and Reporting

The Service Provider shall notify the LHIN Care Coordinator or designate if a Patient indicates a preference to receive Consolidated Services in French if no such preference is indicated in the Patient Care Plan.

### Equipment and Supplies

The Service Provider shall provide assessment tools and education materials, where available and if required in the Patient Care Plan, and any written materials produced by the Service Provider in French.

### Quality Management Program

The Service Provider’s Patient service monitoring system shall include a plan to evaluate the satisfaction of Patients receiving Consolidated Services in French.

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