PH 7-2021 Appendix 3

# Annual Reconciliation Report

The Regional Municipality of Niagara Public Health Department Community Mental Health Program

March 31, 2021

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## **Independent Auditor's Report**

To the Members of Council of the Regional Municipality of Niagara, Ontario Health – West Region and the Ontario Ministry of Health

## **Opinion**

We have audited the accompanying schedules (ARRFin1 and ARRFin2) and the Proxy Pay Equity Reconciliation Report (excluding statistics and FTEs) of the Annual Reconciliation Report of the Regional Municipality of Niagara Public Health Department Community Mental Health Program (the "Program") for the year ended March 31, 2021 and note to the schedules (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Program for the year ended March 31, 2021 have been prepared, in all material respects, in accordance with the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2016) issued by the Ontario Ministry of Health (the "guidelines").

### **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedules* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## **Emphasis of Matter - Basis of Accounting**

We draw attention to Note 1 to the schedule, which describes the basis of accounting. The schedules are prepared to assist the Program in complying with the guidelines. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

## Responsibilities of Management and Those Charged with Governance for the

Management is responsible for the preparation of the schedules in accordance with the guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedules that are free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

### **Auditor's Responsibilities for the Audit of the Schedules**

Our objectives are to obtain reasonable assurance about whether the schedules are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the schedules.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedules, whether due to fraud or
  error, design and perform audit procedures responsive to those risks, and obtain audit evidence
  that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a
  material misstatement resulting from fraud is higher than for one resulting from error, as fraud
  may involve collusion, forgery, intentional omissions, misrepresentations, or the override of
  internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants June 25, 2021

IFIS / Recipient #		100238
SRI Organization Code		473
Report Name	2020-21 Account Reconciliation Report	
LHIN Name	Hamilton Niagara Haldimand Brant (Hnhb)	
Service Provider Name	Community Mental Health Program	
Service Provider Legal Name	Community Mental Health Program	
Service Provider Address		
Address 1	1815 Sir Isaac Brock Way	
Address 2		0
City	Thorold	
Postal Code	L2V 4T7	
HSP Contact Name	Michael Leckey	
HSP Contact Position	Program Financial Specialist	·
HSP Contact Phone Number	905-685-4225 x 7439	·
HSP Contact E-mail Address	michael.leckey@niagararegion.ca	·

# **TOTAL AGENCY**

Form ARRfin 1- Total LHIN & Ministry Managed- Financial Community Mental Health Program

		TOTAL HSP
TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line #	
Total Revenue Fund Type 1	115	-
Total Expenses Fund Type 1	116	-
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-
Total Revenue Fund Type 2 (Above)	118	6,572,233
Total Expenses Fund Type 2 (Above)	119	6,737,582
Net Surplus/Deficit Fund Type 2 (Community Programs) 120		- 165,349
Total Revenue Fund Type 3	121	-
Total Expenses Fund Type 3	122	-
Net Surplus/Deficit Fund Type 3 (Other)	123	-
Total Revenue for the Provider	124	6,572,233
Total Expenses for the Provider	125	6,737,582
Net Surplus/Deficit	126	- 165,349

## Form ARRfin2 - LHIN Managed Programs Community Mental Health Program

Table B	Community Mental Health Program			LHIN - CMHP1
Funding Initiative				
LHIN Cash Flow:   Funding - Local Health Integration Network (LHIN)	Table B	Line #	2020-21 Final	
LHIN Cash Flow:   Funding - Local Health Integration Network (LHIN)	Funding Initiative		Select Funding	Initiative (where applicable)
Funding   Local Health Integration Network (LHIN)	•		Coloct Landing	, milativo (miloto appiroabio)
Funding - Provincial MOH-TIC		1	6 540 441	
Funding - Provincial MOHLTC One-Time			-	
Sessional fee funding _ HONLTC		-	19,596	
Sessional fee funding - MOHLTC			<u>-</u>	
Total LHINMOHLTC funding as per cash flow   7   8,550,037			-	
Recoveries from External/Internal Sources   9	Total LHIN/MOHLTC funding as per cash flow	7	6,560,037	
Donations	Service Recipient Revenue		-	
Other Funding Sources and Other Revenue			-	
Total FUND TYPE 2 funding for settlement purposes			12,196	
Total FUND TYPE 2 Funding for settlement purposes   14   6,572,233			-	
Deferred LHINMMP funding used to purchase capitalized items in the current user (Enter as Negative Amount)				
The current year   Enter as Negative Amount   The Amortization of donation revenue and LHIN funding in the current   Tiscal year   Total Revenue   Total Rev			6,572,233	
Insert   Search   S		15	-	
Comments required   18	<u> </u>	16		
Comments required   10			-	
Total Revenue FUND TYPE 2   19   6,572,233	comments required)	18	_	
Component   Salaries and Wages (Worked + Benefit + Purchased)   20	Total Revenue FUND TYPE 2	19	6,572,233	
Salaries and Wages (Worked + Benefit + Purchased)				
Benefit Contributions		20	4.263.226	
Nurse Practitioner Remuneration				
Medical Staff Remuneration   24			-	
Sessional Fees   25				
Service Costs   Med/Surgical Supplies and Drugs   26				
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)				
Supplies and Sundry Expenses (excl. Medi/Surg Supplies & Drugs)   284,023	Med/Surgical Supplies and Drugs	26	-	
Community One Time Expense	Supplies and Supply Expanses (avel Med/Surg Supplies & Drugs)	27	294 022	
Equipment Expenses		28	204,023	
Contracted Out Expense	Equipment Expenses		48,904	
Buildings and Grounds Expenses   32   327,214			-	
Building Amortization   33   -				
TOTAL EXPENSES Fund Type 2   34   6,737,582     Depreciation/Amortization of Capital Assets for the Program and Admin & Support     Total Capitalized Purchases and Services in current year (CHC & Home Care purposes only) Inadmissible salary expenses   37   .     (CHC & Home Care purposes only) Less: Other adjustments   38   .     Total Expenses for Settlement Purposes   39   6,737,582     Less sessional fee expenses (Enter as Negative Amount)   40   .     Less one time expenses as per listing below (Negative sum of lin Total operating expenses for settlement purposes   43   6,717,986     Operating Recovery   44   .     Sessional Fee Recovery   45   .     Total Settlement Recovery   46   .     Total Settlement Recovery   47   .     TABLE C: One-Time Expenses Capitalized purchases from One Time funding   48   .     Total Settlement Recovery   49   .     Sestion C-1   48   .     49   .     50   .     51   .     52   .     53   .     54   .     55   .     56   .     57   .     58   .			-	
Admin & Support	TOTAL EXPENSES Fund Type 2	34	6,737,582	
Total Capitalized Purchases and Services in current year (CHC & Home Care purposes only) Inadmissible salary expenses   37		35		
(CHC & Home Care purposes only) Inadmissible salary expenses       37       -         (CHC & Home Care purposes only) Less: Other adjustments       38       -         Total Expenses for Settlement Purposes       39       6,737,582         Less sessional fee expenses (Enter as Negative Amount)       40       -         Less one time expenses as per listing below (Negative sum of ling Appears of the expenses for settlement purposes)       43       -         Operating Recovery       44       -       -         Sessional Fee Recovery       45       -       -         One Time Recovery       46       -       -         TABLE C: One-Time Expenses       Line #       2020-21 Final       Comments (Max 255 Characters)         Capitalized purchases from One Time funding Section C-1       48       -       -         48       -       -       -       -         50       -       -       -       -         50       -       -       -       -         50       -       -       -       -         50       -       -       -       -         51       -       -       -       -         53       -       -       -       -		36	-	
CCHC & Home Care purposes only) Less: Other adjustments   38				
Total Expenses for Settlement Purposes   39   6,737,582	· · · · · · · · · · · · · · · · · · ·		-	
Less sessional fee expenses (Enter as Negative Amount)	(CHC & Home Care purposes only) Less: Other adjustments		- 6 727 502	
Less one time expenses as per listing below (Negative sum of lin   42   19,596     Total operating expenses for settlement purposes   43   6,717,986     Operating Recovery   44   -			6,737,562	
Add	Less one time expenses as per listing below (Negative sum of lin		- 19,596	
Sessional Fee Recovery			6,717,986	
New Time Recovery			-	
Line # 2020-21 Final   Comments (Max 255 Characters)			-	
TABLE C: One-Time Expenses  Capitalized purchases from One Time funding Section C-1   48  49  50  51  52  - 53  - 54  - 55  - 56  - 57  - 58  - 58  -  (Max 255 Characters)	Total Settlement Recovery	47	-	
TABLE C: One-Time Expenses  Capitalized purchases from One Time funding Section C-1   48		Line #		
Section C-1       48       -         49       -         50       -         51       -         52       -         53       -         54       -         55       -         56       -         57       -         58       -			2020-21 Final	(Max 255 Characters)
48       -         49       -         50       -         51       -         52       -         53       -         54       -         55       -         56       -         57       -         58       -				
49       -         50       -         51       -         52       -         53       -         54       -         55       -         56       -         57       -         58       -			-	
51       -         52       -         53       -         54       -         55       -         56       -         57       -         58       -			-	
52     -       53     -       54     -       55     -       56     -       57     -       58     -			-	
53     -       54     -       55     -       56     -       57     -       58     -				
54       -         55       -         56       -         57       -         58       -		53		
56     -       57     -       58     -		54	-	
57     -       58     -				
58 -				
59 -				
		59	-	

Form ARRfin2 - LHIN Managed Programs Community Mental Health Program

Community Mental Health Program	]		LHIN - CMHP1
			LITTIN - CIVILIF I
	61		
	62	-	
	62		
Total One-time capitalized purchases from One-time funding	63	-	
Operating expenses from One Time Funding			
Section C-2			
	64	19,596	
	65	-	
	66	-	
	67	-	
	68	-	
	69 70	-	
	71	-	
	72	-	
	73	-	
	74	_	
	75	_	
	76	-	
	77	-	
	78	-	
Total One-time operating expenses from One-time funding	79	19,596	
TABLE D: Operating Expenses	Line #	2020-21 Final	Comments (Max 255 Characters)
Capitalized expenses Sourced from Operating Funding (Section D-1) ( All capitalized items regardless of amount)			
( All capitalized items regardless of allount)	80	_	
	81	-	
	82	-	
	83	_	
	84	-	
	85	-	
	86	-	
	87	-	
	88	-	
	89	-	
	90	-	
	91	-	
	92	-	
	93	-	
Total Canitalized superson from Operation Funding	94	-	
Total Capitalized expenses from Operating Funding	95	-	
Non- capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2)			
Sourced from Operating Funding (Section D-2)	96	_	
	97	-	
	98	-	
	99	-	
	100	_	
	101	-	
	102	-	
	103	-	
	104	-	
	105	-	
	106	-	
	107	-	
	108	-	
	109	-	
Total Non Conitalized One time symptom has 200 form	110	-	
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	111		
Total One Time Expenses	112	19,596	
Total One Time Expenses	112	19,596	
TABLE F: Sessional Fees Summary			
TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)			
TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees)	113	0	
(Enter the # of Sessions Delivered)	113 114	0.00	

## PROXY PAY EQUITY ANNUAL REPORT

This form is to be completed by transfer payment organizations who receive proxy pay equity funding from the Ministry of Health and Long-Term Care, pursuant to the April 23, 2003 Memorandum of Settlement. It must be completed on an annual basis until an organization no longer has a pay equity obligation.

	SECTION 1: BASIC PROGRAM INFO	RMATION			
	Name of Agency: Community Mental Health Program				
	Vendor #: Reporting Period: from	to			
	Contact Person: Phone:				
	SECTION 2: EXPENDITURE REF	PORT			
Source	es of Proxy Pay Equity Funds				
	Ministry of Health and Long-Term Care	S	A		
	Other (Specify)				
	TOTAL	0.00			
<u>Expen</u>	<u>nditures</u>				
Actua	al Proxy Pay Equity Expenses		В		
Surp	olus(Deficit)	0.00	A-B		
Curren	nt Outstanding Liabilities				
Total Nu	Total Number of Individuals Receiving Proxy Pay Equity				
SECTION 3: CERTIFICATION					
I,		hereby certify that to the b	est of my		
	knowledge the financial data is correct and it is reflected in the year	ear-end settlement.			
	Title:				
	(Signature of Health Service Provider Authority)				

## **Certification by Provider Fiscal 2020-21**

Having the authority to bind the Health Service Provider, we certify that the information provided in ARRFin1, ARRFin2 a ARRFin3 are complete and accurate

Community Mental Health Program	
NA	
Name of Signing Officer	Date
Signing Officer***	
N/A	
Title	•
Name of Signing Officer	Date
Signing Officer***	•
Title	•

<sup>\*\*\*</sup>I have the authority to bind the Health Service Provider

# The Regional Municipality of Niagara Public Health Department Community Mental Health Program

Note to the Annual Reconciliation Report March 31, 2020

## 1. Significant accounting policies

#### Basis of accounting

These Schedules have been prepared for the Ontario Ministry of Health and the Ontario Health – West Region. They are prepared in accordance with Canadian public sector accounting standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial information necessarily involves the use of estimates and approximations. These have been made using careful judgments.

### Revenues and expenses

Revenues and expenses are reported on the accrual basis of accounting, with the exception of employee future benefits below.

The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

#### Capital assets

Tangible capital assets acquired are reported as an expenditure, and amortization is not recorded.

## Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.