# Community Accountability Planning Submission (CAPS)

A Step by Step
User Guide
for completion of the
2014-2017
CAPS

Prepared by: LHIN SRI Report Working Group

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#### Introduction

The LHIN *Community Accountability Planning Submission User Guide* is developed to take you step by step through the completion of the LHIN Managed 2014-17 Community Accountability Planning Submission (CAPS). The instructions will also apply to the Ministry Managed 2014-17 CAPS.

Please note, the timeframe to complete and return your 2014-17 CAPS is tight. Health Service Providers are expected to make all necessary arrangements to prepare for the immediate completion of their CAPS following the launch date to SRI on October 1, 2013 and are expected to submit the CAPS by November 15, 2013.

#### What is CAPS?

The CAPS is divided into two distinct Parts with 4 components in total. The Health Service Provider (HSP) will submit Part A, by email directly to the LHIN. Part A is available on the LHIN Website effective October 1, 2013. Part B will be available to the HSP on the Self Reporting Initiative (SRI) on October 1, 2013. The following table summarizes the 2 Parts and 4 components of CAPS:

Part A: file will be available on LH	IN website effective October 1, 2013	
A1. Service Plan Narrative	This worksheet tab allows you to tell the LHIN about the services you provide with LHIN Funding and some additional detail related to those services. This narrative will not be included in the final M-SAA agreement.	Not in Final MSAA
A2. Description of Services	This is the same form from the last CAPS where the HSP will provide information about where they provide services. (Intra and Inter LHIN). This information will be used to populate Schedule A1 in the M-SAA agreement.	In Final MSAA
A3. Population and Geography Narrative	This is the existing form from the last CAPS where the HSP's provided Population and Geography Narratives. This information will be used to populate Schedule A2 in the M-SAA Agreement	In Final MSAA
Part B: file must be downloaded l	by HSP from SRI effective October 1, 2013	
B1. CAPs File from SRI	Downloaded from SRI and submitted to SRI by the 15 <sup>th</sup> of November. This file contains the HSP's Financial and Activity plans for 2014-2017.	CAPS file from SRI

#### The Use of SRI

There are several steps that have been put together to help your organization with the "Checking Out" and "Checking In" of the CAPS from SRI. Please register yourself immediately with SRI to allow for successful access to your file on October 1, 2013. However, if there are any issues with access to the website or acquiring or submitting the file, please contact SRI immediately at:

sri@ontario.ca 1-800-495-9986

#### Other Information:

Further information in regards to definitions of financial and statistical accounts for your subsector can be found in the Ontario Healthcare Reporting Standards (OHRS) which is located on the Health Data Branch web site, <a href="https://hsimi.on.ca/hdbportal/">https://hsimi.on.ca/hdbportal/</a>. Instructions on accessing to this will be available on the main page. You should also be familiar with your 2011/14 Multi-Sector Service Accountability Agreement (M-SAA).

## **Key Enhancements to the 2014-17 CAPS**

Following the last CAPS and M-SAA process the LHINs sought feedback from the HSPs as well as the LHINs on how to improve on the overall process. As a result of the feedback, the following enhancements were made to the 2014-17 CAPS by the LHIN SRI Working Group:

- 2013-14 CAPS budget information is automatically loaded into the forms. No need to load additional files.
- Clinical information from Community Healthcare Centre's asked for in prior CAPS submissions have been replaced with OHRS compliant reporting on the Service Activity Page.
- New lines have been added to the Identification page to allow for communication of contact changes for several positions in the organization.
- Additional lines have been added to the finance screens to provide new calculations and a further breakdown of information (Physicians, Physician Assistants, Nurse Practitioners, and Other Medical Staff) where applicable.
- The LHIN name is selected by the providers on the first page of the CAPS file.
- Administration FTE on the LHIN Service Summary screen is updated automatically from the Total FTE on the LHIN Financial Summary.
- Worked Hours and Benefit Hours have been combined on one line in CAPS to make the process easier for the providers. Benefit contributions remains a separate line entry.
- The schedules have been removed from the CAPS file.

#### **Future Enhancements to the 2014-17 CAPS**

Unfortunately, with every file there are limitations, therefore as many of the suggestions as possible were incorporated into the New CAPS tool and M-SAA for 2014-17.

Future enhancements to the CAPS will be potentially possible during the next refresh of the CAPS Tool

# Before you get started

Before you begin completing your CAPS please review the "Reference Overview" document available to you through your LHIN.

The purpose of the Reference Overview document is to provide additional information to assist HSPs in the community sectors to complete their 2014-17 CAPS.

The Reference Overview document contains a section called "Getting Started". Please read this section first and be aware of the important timelines that are identified to help you complete your CAPS and submit your CAPS to the LHIN by November 15, 2013.

# **Completing the CAPS**

Part A1, A2 and A3 of the CAPS will be available to each HSP on the LHIN website on October 1, 2013 and the document will be due November 15, 2013

# **Completing Part A1: Service Plan Narrative**

The CAPS Service Plan Narrative is an opportunity for the Health Service Providers to provide additional information to their LHIN for the fiscal years 2014-17.

#### **Service Plan Narrative**

 <u>Detailed Description of Services.</u> Please list the Program Names of services your organization provides under the corresponding Functional Centre(s). Identify what percentage of current LHIN funding supports the program and list all programs services your organization provides even if the LHIN is funding 0% of the program presently and funding is from other sources

#### Example:

The "HSP" as pe	er current M-SA	A: ABC Commun	uity Services		
Functional Center Name- Code #	Program Name	Program Site(s) Address (Include #,Street Name, City, Province, PC)	Description of Service (Max 270 Character Limit)	% of LHIN funding that supports this Program Service	Other Funders %
Assisted Living Services- 72 5 82 45	The Safe Sleep Program	123 Service Street, Healthy, ON, L2T3V7	This service may include homemaking, personal support, attendant services and core components of independence training to clients who are living in a supportive housing setting or own residence and require assisted living services, accessible on a 24-hour basis.	80%	20%
Visiting and Social Safety- 72 5 82 60	The Check- in Program	456 Safe Street, Strong, ON, L2T 4B8 777 Social Way, Happy, ON L2C 5Y7	Volunteers deliver services to the client to check the health, safety and social needs of the client. The clients are isolated seniors or their significant others. The contact is through a phone call or face to face visit.	100%	0%
Meals Delivery- 72 5 82 10	Happy Meals	789 Happy Ave, Hungry, ON, L2T IM2	The meals are delivered by volunteers who also provide a regular social contact and check the health and safety of the client during visits.	50%	50%
N/A	A Helping Hand	411 Handy Street, Helping, ON, I2M 4U2	Assist clients living in home with shopping, light housekeeping, meal preparation, paying bills, caring for children and laundry and training the person to perform these activities.	0%	100%

2.	Is your HSP associated w	vith Health Links in one	of these aspects? (Please check all that apply to your HSP)
	Care Planning Business Planning Not at All	_ _ _	
	If Not at All, please clarify Not yet Approached Declined Participation Other: (please explain)	v, (Please check one, o — — — —	r explain)
3.	LHIN in the next 3 years t	to improve service deli	tunities between your organization and other organizations in the very? If there are, please list up to three opportunities and delivery improvement will be achieved as a result.
	70 Character Limit per cell		
Pote	ential Partnerships/Integrat	ions Opportunities	Resulting System Improvement
4.		,	d service delivery over the next 3 years, the level of potential risk

and provide the mitigation strategies to manage each of the identified risks.

(Max 270 Character Limit per cell)

Type of Risk (i.e. Financial, Program, Operational, etc.)	Level of Potential Risk (High, Medium, Low)	Mitigating Strategy

# **Completing Part A2: Detailed Description of Services**

This is the same form from the last CAPS where the HSP will provide information about where they provide services. (Intra and Inter LHIN). This information will be used to populate Schedule A1 in the M-SAA. Each LHIN will be able to pre-populate the Areas Within LHIN or provide HSP's with Area names to correspond with your LHIN.

**Detailed Description of Services Narrative** 

Schedule A1: **Detailed Description of Services** 

**Healthcare Service Provider:** 

Services Provided - With LHIN Funding																									
											Ca	tchme	ent Are	ea Sen	red										
	Within LHIN								Other LHIN Areas																
Service	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	ALL	ES	WS	WWV	HNHB	CW	MI	тс	CEN	CE	ЭS	СН	NS	Z m	WN

# **Completing Part A3: Client Population and Geography Served Narrative**

This is the existing form from the last CAPS where the HSP's provided Population and Geography narratives. This information will be used to populate Schedule A2 in the M-SAA.

Client Population: In this section provide a profile of client supported by your LHIN funded programs.

The *client profile* is simply a very clear description of the type of client you're supporting today, or it could be a combination of qualities you've seen in past and current clients.

Geography Served: In this section provide further detailed information on what your HSP identified in Part A2: Detailed Description of Services.

Population and Geography Narratives	Schedule A2: Population and Geography
Healthcare Service Provider: 0	<del></del>
Client Population	
Geography Served	
deography served	

# **Completing Part B1: Financial and Statistical Planning**

Please find below a detailed step by step guide to help with the completion of Part B of the Community Accountability Planning Submission.

- 1. Go to https://www.sri.moh.gov.on.ca/UserRegistration/faces/login/index.jsp
- 2. If you are already registered, you can follow the **red** arrow and click <u>"SRI Submissions".</u> If not, you can follow the **purple** arrow and click <u>"Register Here"</u>

## **SRI Submissions**

Log in to create, review and approve submissions

# Forgot your password

Forgot your password? (registered users only)

# User Update Profile

Update your name, email address, registered facilities, etc

# **User Registration Administration**

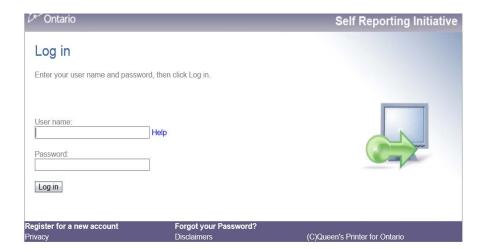
Access to the Administration Module (authorized internal OPS staff only)

# Organization Search

Search by SRI Health Facility Name or WERS Organization Name

Not Yet Registered? Register Here

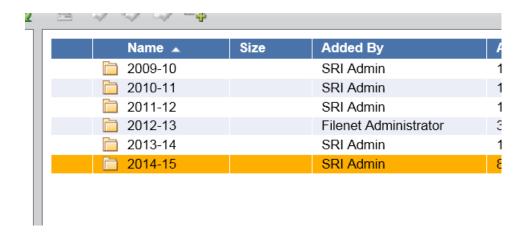
3. Once you click on SRI Submissions, you can enter in your user name and password



#### 4. Click "SRI\_SR1OS"



#### 5. Double click "2014-15"



# 6. Double click "Community Sectors"



7. Double click "LHIN Managed"



8. Double click "Community Annual Submission (CAPS)"



9. Double Click "Community Annual Submission – LHIN Managed"



10. Select the drop down menu and click "No Content" and then go to the bottom right and select "Next".



11. Then enter in your WERS number and select "Next". If you do not know your WERS number, go to the home page of SRI and select "Organization Search" (you can go to the SRI Home page to find this link)

Filename: None

Entry template: Community Annual Submission - LHIN Managed

Location: SRI SRI1OS. Change selection SRI\_SRI1OS

Class: SRI XLS Q2 Community. Change selection SRIXLS Q2 Community

**Properties** 

Document Title: Temp Community Annual Submission - LHIN Managed

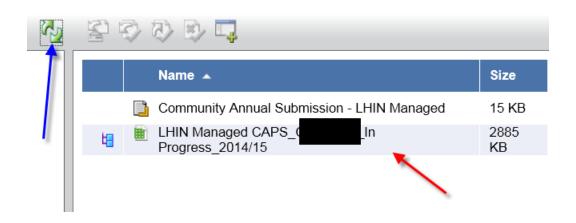
SRI Reporting Year: 2014/15 SRI Submission Status: In Progress

SRI XLS Version: 8

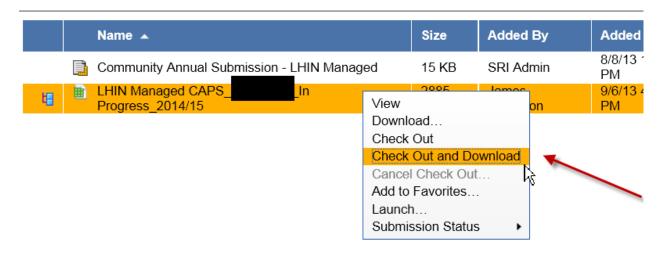
\* SRI WERS Org: SRI WERS Org. Required.



12. The "LHIN Managed CAPS\_XXX\_In Progress\_2014/15" should appear. If it does not appear in five minutes, follow the blue arrow and select the "Refresh" button.



13. Right click on the "LHIN Managed CAPS\_XXXXXX\_In Progress\_2014/15" and select "Check Out and Download." Do not select the order "Download" or "Checkout" at this stage,

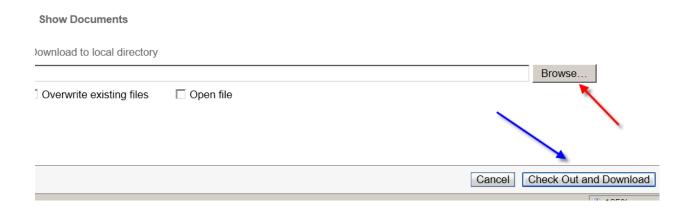


14. Now you will need to choose a place on your computer for where you want to save your file.

When you complete your file, you will need to Check Out and Download it back into SRI, so make sure you have it saved to a place that is easy to remember.

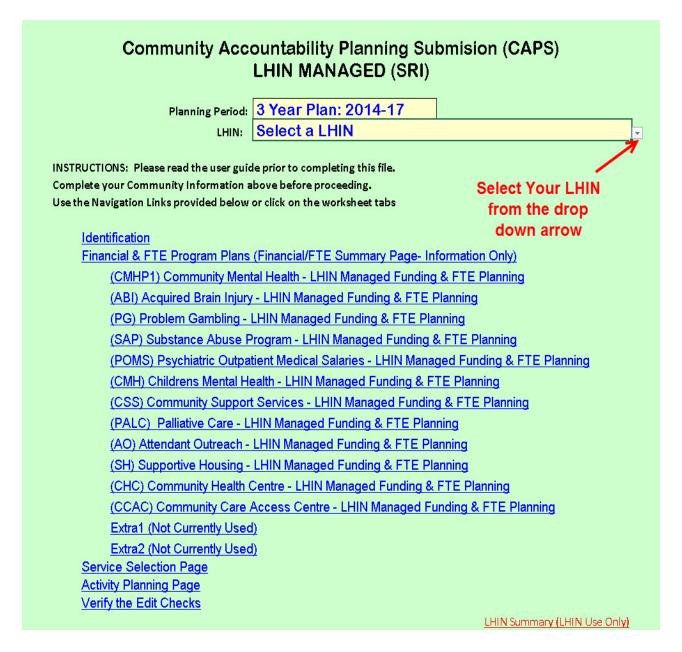
You can select "Browse" to find that location.

When done, you can select "Check Out and Download" (you should then receive a message stating..."Checked Out and Downloaded successfully" then click "OK"



#### **Main Page**

When the CAPS file is first launched the following Menu Page will display. This page provides links to each form contained within the CAPS.



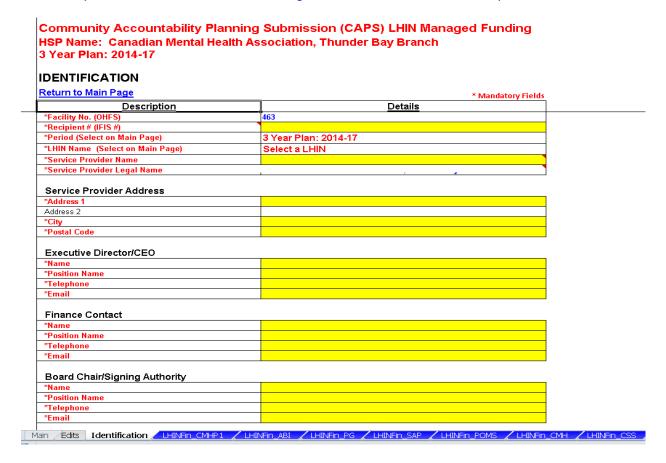
- This menu page in the CAPS document will allow users to navigate to different forms by clicking on the links.
- Users can return to the main menu at any time by clicking on <u>Return to Main Page</u> at the top of each form contained in this file.

Note: The ID edit Check will fail if you don't "Select a LHIN" on the Main Menu

#### Identification

Below is an example of the Identification screen. Users will populate this screen with relevant information to the CAPS. LHINs will use this information during review to send inquiries about the submission.

- It is <u>very important</u> that Health Service Providers (HSP) complete all mandatory information on this form and ensure that it is as up to date as possible.
- All yellow highlighted cells are mandatory fields, indicated with red text.
- After completion, select Return to Main Page to continue with the next step.



# Completing the LHIN Managed Funding & FTE Planning form

Below you will see a screen shot of the LHIN-Managed Funding & FTE Planning form for the CMHP1 TPBE. Please note that the forms for all other TPBE(s) should be completed the same way.

# Community Accountability Planning Submission (CAPS) LHIN Managed Funding HSP Name:

3 Year Plan: 2014-17

# (CMHP1) Community Mental Health - LHIN Managed Funding & FTE Planning

Return to Main Page

.HIN Program: Revenue & Expenses	(CMHP1) Co	mmunity Menta	al Health - LHIN	Managed Fun
	2013-14 Budget (Historical)	2014-15 Plan Target	2015-16 Plan Target	2016-17 Plan Target
Revenue	1		<u>'</u>	
.HIN Global Base Allocation	\$44	\$0	\$0	\$0
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0
MOHLTC Base Allocation	\$48	\$0	\$0	\$0
MOHLTC Other funding envelopes	\$52	\$0	\$0	\$0
HIN One Time	\$56	\$0	\$0	\$0
MOHLTC One Time	\$60	\$0	\$0	\$0
Paymaster Flow Through (Row 76)	\$0	\$0	\$0	\$0
Service Recipient Revenue	\$68	\$0	\$0	\$0
Subtotal Revenue LHIN/MOHLTC	\$328	\$0	\$0	\$0
Recoveries from External/Internal Sources	\$76	\$0	\$0	\$0
Donations	\$80	\$0	\$0	\$0
Other Funding Sources & Other Revenue	\$84	\$0	\$0	\$0
Subtotal Other Revenues	\$240	\$0	\$0	\$0
TOTAL REVENUE FUND TYPE 2	\$568	\$0	\$0	\$0
EXPENSES				
Compensation				
Salaries (Worked hours + Benefit hours cost) (Row 91+104)	\$1,432	\$0	\$0	\$0
Benefit Contributions (Row 92+105)	\$728	\$0	\$0	\$0
Employee Future Benefit Compensation  Main Edits Identification LHINFin CMHP1 LHINFin ABI / LHINFin PG / LHINF	s112	\$0 POMS / LHINFIN CM	SO H / LHINFIN CSS /	LHINFIN PALC /

From the Main page, select the first Transfer Payment Business Entity (TPBE), that is LHIN-funded and complete the financial and FTE details. The FTE Planning section can be found below the Revenue & Expenses section.

#### **Description of Columns**

- **2013-14 Budget (Historical):** This value represents the prior year's budget. This information will be pre-populated from the HSP's 2013-2014 CAPS.
- 2014-15 Plan Target: This value is the organization's Budget Target for the first year of the new M-SAA. Enter the LHIN/MINISTRY base revenue that you expect to receive based on your 2013-14 Payment Notice. Please include LHIN approved planning assumptions for one time revenue. Enter the remaining Revenue and Expense information for each TBPE that apply to your HSP.
- 2015-16 Plan Target: This value is the organization's Budget Target for the second year of the new M-SAA. Enter the LHIN/MINISTRY base revenue that you expect to receive based on your 2013-14 Payment Notice. Please include LHIN approved planning assumptions for one time revenue. Enter the remaining Revenue and Expense information for each TBPE that apply to your HSP.
- 2016-17 Plan Target: This value is the organization's Budget Target for the third year of the new M-SAA. Enter the LHIN/MINISTRY base revenue that you expect to receive based on your 2013-14 Payment Notice. Please include LHIN approved planning assumptions for one time revenue. Enter the remaining Revenue and Expense information for each TBPE that apply to your HSP.
- **Comments:** The Comments column <u>should be used</u> to explain differences between the budgets across the years indicated. The comments provide clarification and will help the LHIN understand why Reallocations/Budget changes are being made.

#### **General instructions for completing the Revenue and Expenses section:**

- The Total Revenues must Balance with the Total Expenses to pass the final edit check;
- Record the Administration Expenses that <u>are</u> included in the Fund Type 2 expenses on the Administration and Support Services line. This value will populate your Total Cost for the Administration and Services Functional Centre.
- If Paymaster agreements apply to your HSP, this information can be completed at the bottom of the form. If your HSP is the payer, the revenue should be recorded as negative. If your HSP is the payee, the revenue should be recorded as positive. The total Paymaster will transfer automatically to row 20.
- Salary and Benefit values are transferred automatically to rows 30-31 and 33-36 from the values entered in the FTE Planning at the bottom of the form. Instructions on how to complete this section can be found in Step 2.

#### **General Instructions for completing the FTE Planning section**

- The FTE Planning section is divided into 3 areas; Administration and Support Services, Direct Services, and Medical Staff Remuneration.
- Within each of the 3 areas, you will need to enter the following:
  - FTE: The FTE is planned by program and subdivided by MOS and UPP FTE (reminder: 1FTE is equivalent to 1,950 hours)
  - Hours Cost: Enter the planned costs for worked and benefit hours, and benefit contributions.
     These amounts entered will be automatically transferred to the Financial Planning section.
  - Volunteers: If your HSP is supported by volunteers in Administration and Support Services, and/or Direct Services, enter the # of volunteers and the corresponding hours. This information is not used by the Financial Planning section.
- Once the form has been completed, return to the Main page and select the next TPBE as necessary and repeat until all financial and FTE information has been entered for all LHIN funded programs.
- Note the red triangles that appear in the upper right corners in the line description column (1<sup>st</sup> column) are comments that describe corresponding OHRS codes. To view the codes, hover your mouse over the desired line item as shown above. If the red triangles are not visible on your computer, click on the "Review Tab" at the top of the excel screen and select "Show all Comments"
- Definitions of OHRS codes may be found in the Ontario Healthcare Reporting Standards available on <a href="https://www.hsimi.on.ca">www.hsimi.on.ca</a>

## **Service Selection Page**

- Within the Ontario Healthcare Reporting Standards (OHRS) chart of accounts for Service Activity, there
  are over 190 potential functional centers within which services may be provided by community HSPs in
  Ontario.
- The individual functional centers are listed in the left column with their corresponding OHRS codes showing directly beside the service. Type an "x" in the right column (containing yellow cells) to select services that the agency delivers. This will cause the services that appear on the Activity Planning Page to be specific in the next step.
- Administration and Support Services is mandatory and has been pre-selected for you.

Community Accountability Planning Submission (CAPS) LHIN Managed Funding

HSP Name : 3 Year Plan: 2014-17

#### SERVICE SELECTION SCREEN

Return to Main Page

SERVICE SELECTION SCREEN		
Enter an "s" under the "LHIN Funded Services" column below for each service	that your agency provides.	
	LHIN Funded Servi	ices
Total Administration Expenses		
Undistributed Accounting Centres	82*	
Administration and Support Services	72 1*	x
COM Clinical Management	72 5 05	
COM Medical Resources	72 5 07	
Diagnostic and Therapeutic Services 72 4* (Community Health Centres)		
LAB Pre/Post Analysis	72 4 10 21	
MI Combined Functions	72 4 15 99	
NV Non - Invasive Cardiology - Combined	72 4 30 20	
Case Management 72 5 09*		
Case Management (CCAC)	72 5 09 30	
Case Management - Mental Health	72 5 09 76	
Case Management Addictions - Substance Abuse	72 5 09 78 11	
Case Management Addictions - Problem Gambling	72 5 09 78 12	
Primary Care- Clinics/Programs 72 5 10*		
Practice	72 5 10 05	
Clinics/Programs - Walk In Clinic	72 5 10 10	
Nursing Clinic	72 5 10 15	
Clinics/Programs - General Clinic	72 5 10 20	
Combined Clinic	72 5 10 30	
Therapy Clinic	72 5 10 40	
Clinics/Programs – Oral Health Clinic	72 5 10 45	
Clinics/Programs – Chronic Disease Clinic	72 5 10 50	
Clinics/Programs – CHC Other Clinic	72 5 10 55	
Clinics/Programs - Oncology - Treatment Outreach Clinic	72 5 10 66 10	
Clinics/Programs - Oncology - Preventative Clinics	72 5 10 66 20	
Clinics Programs - MH Counseling and Treatment	72 5 10 76 12	
MH Assertive Community Treatment Teams	72 5 10 76 20	
MH Community Clinic	72 5 10 76 30	
MH Vocational/Employment	72 5 10 76 40	
MH Clubhouses	72 5 10 76 41	

• Return to Main Page after selecting all of your HSPs functional centers.

## **Activity Planning Page**

- The Activity Planning Page in CAPS includes all service data for the HSP and is not broken down by TPBE. All of the functional centers that were selected on the Service Selection Page are displayed, as well as the service activity statistics (e.g. Visits Face to Face, Individuals Served by functional centre, etc.) that are mandatory. Please note that mandatory Service Activity statistics vary between functional centers. For additional information on Ontario Healthcare Reporting System (OHRS) functional centers and mandatory service activity reporting, please refer to the Health Data Branch Web Portal site <a href="https://hsimi.on.ca/hdbportal/">https://hsimi.on.ca/hdbportal/</a>
- If a functional center that you require is not appearing on the Activity Planning Page, please return to Service Selection Page and ensure that an "x" has been placed within the LHIN Funded Service Column for all required functional centers.

		I				
Community Accountability Plar	nning Sub	mission	(CAPS) L	HIN Man	aged Fun	dina
HSP Name :	-	ı	,		-	_
		I		1		
3 Year Plan: 2014-17						
ACTIVITY SUMMARY						
Return to Main Page						
Functional/Accounting Centre Service	MIS F/C	2013-14	2014-15	2015-16	2016-17	
Show HSP Specific Show All	м	Budget (Historical)	2014-15 Plan Target	2015-16 Plan Target	2016-17 Plan Target	
		(**************************************				
Total Administration Expenses						
Undistributed Accounting Centres 82*						
Full-time equivalents (FTE)	82*	125.00	0.00	0.00	0.00	
Visits	82*	130	0.00	0.00	0.00	
Not Uniquely Identified Service Recipient Interactions	82*	135	0	0	0	
Hours of Care	82*	140	0	0	0	
Inpatient/Resident Days	82*	145	0	0	0	
Individuals Served by Functional Centre	82*	150	0	0	0	
Attendance Days Face-to-Face	82*	155	0	0	0	
Group Sessions	82*	160	0	0	0	
Meal Delivered-Combined	82*	165	0	0	0	
Total Cost for Functional Centre	82*	\$170	\$0	\$0	\$0	
Group Participant Attendances	82*	180	0	0	0	
Service Provider Interactions	82*	185	0	0	0	
Administration and Support Services 72 1*						
Full-time equivalents (FTE)	72 1*	7824.00	0.00	0.00	0.00	
Visits	72 1*	55	0	0	0	
Not Uniquely Identified Service Recipient Interactions	72 1*	60	0	0	0	
Hours of Care	72 1*	65	0	0	0	
Inpatient/Resident Days	72 1*	70	0	0	0	
Individuals Served by Functional Centre	72 1*	75	0	0	0	
Attendance Days Face-to-Face	72 1*	80	0	0	0	
Group Sessions	72 1*	85	0	0	0	
Meal Delivered-Combined	72 1*	90	0	0	0	
Total Cost for Functional Centre	72 1*	2832	0	0	0	
Group Participant Attendances Service Provider Interactions	72 1*	180	0	0	0	
	72 1*	185	0	0	0	
COM Clinical Management 72 5 05 Full-time equivalents (FTE)	70 E 0E	200.00	0.00	0.00	0.00	
Full-time equivalents (FTE) Visits	72 5 05 72 5 05			0.00		
Visits Not Uniquely Identified Service Recipient Interactions	72 5 05	205	0	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 05	210 215	0	0	0	

- The Activity Planning Page has the same columns as the LHIN-Managed Funding & FTE Planning form.
- The 2013-14 Budget (Historical) column will be pre-populated from the 2013-14 CAPS.
- Each of the yellow cells (mandatory for OHRS reporting) must be completed within the 2014-15 Plan Target, 2015-16 Plan Target and 2016-17 Plan Target columns.
- **Comments:** The Comments column <u>should be used</u> to explain differences between the budgets across the years indicated. The comments provide clarification and will help the LHIN understand why Reallocations/Budget changes are being made.

# **Verify the Edit Checks**

- Green happy faces indicate successful edit checks. Red sad faces indicate failed edit checks, which must be corrected before submitting the report.
- If you see a red sad face, a description of the problem to be resolved will appear in the Message Area of the row.

Community Accountability Planning Submission (CAPS) LHIN Managed Funding

HSP Name: Hopital Montfort 3 Year Plan: 2014-17

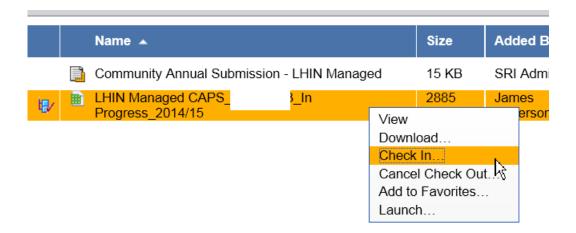
#### **EDIT CHECKS**

#### Return to Main Page

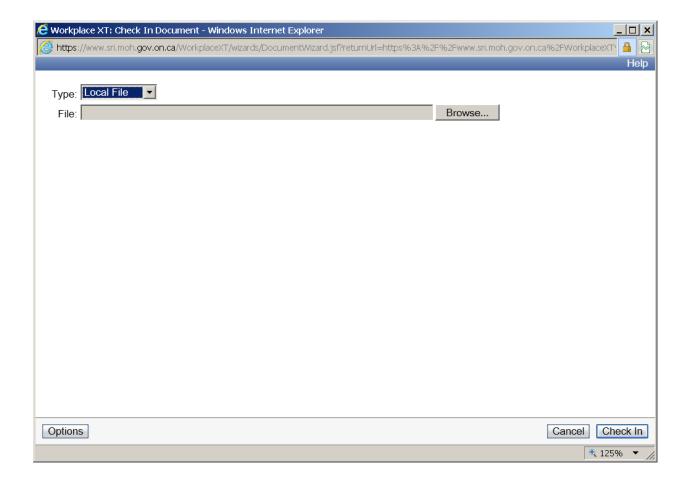
EDIT CHECKS	Year 1	Year 2	Year 3						Messag	je Area					
The HSP Identification Screen is Complete	(6)			Plearees	Pleare earure all line items un the Identification shoot that are 'yelluu' are complete.										
All expenses planned are allocated to Functional Centres on the LHIN Activity Screen.	(3)	8	8		The total of your Fund Type 2 expenses in rou 47 on the LHINFin_Summery sheet is not equal to your total allocated expenses in rou 2441 on the LHIMACT_Summery sheet.										
All FTEs planned are allocated to Functional Centres on the LHIN Activity Screen.	☺	⊕	⊕												
Total Fund Type 3 is not planned as a Deficit.	0	Θ	Θ												
TPBE SPECIFIC EDIT CHECKS		)	(ABI)	(PG)	(SAP)	(POMS)	(CMH)	(C\$\$)	(PALC)	(AO)	(SH)	(CHC)	(CCAC)	Extra1	Extra2
All LHIN budgeted TPBEs (Fund Type 2) are planned with a Surplus/Deficit.		8	⊕	0	0	0	☺	0	0	1	0	0	0	0	0
All budgeted TPBEs are planned with Administration Expertion (WARNING ONLY).	nses	8	⊕												
All budgeted TPBEs are planned with FTE allocations.		8	☺												

#### Checking in the file to SRI

- 15. Once completed, you are now able to upload the file to SRI
- 16. Now go back to SRI, go back to the file. Right click and select "Check In". Do not select any of the other options.



17. Click "Browse", find the file and then select "Check In"



18. This screen will confirm that the check in was successful.

Filename: LHIN Managed CAPS\_C

Location: SRI\_SRI1OS

Class: SRIXLS Q2 Community

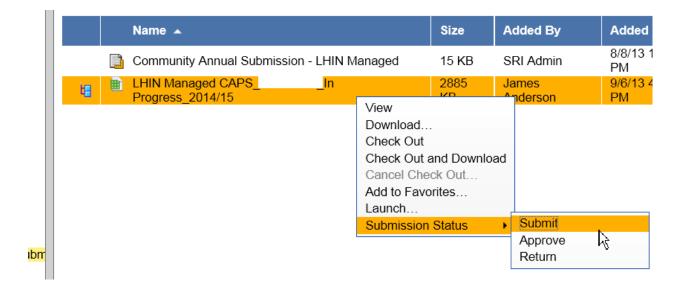
Version: 3.0

Checkin succeeded for: LHIN Managed CAPS\_

In Progress\_2014/15

19. You can now submit the report. To do so, right click and select "**Submission Status**" and then "**Submit**". If it does not work, you may need to wait a few minutes so that the upload will take.

014\_15.xls



# **Main Contacts**

If you have any questions about the CAPS that you have "Checked Out" from SRI, or any questions about definitions or specifics, please phone or email your LHIN contact at:

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