



First Nations Health Authority
Health through wellness

FNHA Health Funding Agreements Tutorial



Introduction and Welcome

Hello and welcome to the FNHA Health Funding Agreements tutorial!

This tutorial is intended to help you easily understand and navigate FNHA Funding Agreements.



There are 5 key documents included in your package:

The first is a letter outlining the FNHA's approach to renewing your new Health Funding agreement, including key things to know about:

- Your community or organization's Community Health and Wellness Plan
- Increases to meal and mileage rates under First Nations Health Benefits - Medical Transportation program if applicable
- The FNHA Reporting Guide
- Documents that are needed to complete the renewal of your Health Funding Agreement
- Where and how to return your fully signed Health Funding Agreement



2. Your new Health Funding Agreement

Once you have signed, please return the signature page to the contact identified in your letter by fax, email or mail before March 15 of the current fiscal year.

FNHA will then sign the signature page and a fully signed copy of the agreement will be returned to you for your records.

Summary of Improvements to Contribution Agreements		
Agreement Changes	Current Agreement inherited from FNIHB	Renewal Agreement Improvements
Combine reporting schedules and streamline reporting requirements where possible.	<ul style="list-style-type: none"> Agreements currently contain reporting requirements spread throughout the document and often repetitive in numerous places. Varying annual reporting dates (e.g. Set agreements are due June 30; Flexible and Block agreements due July 29). 	<ul style="list-style-type: none"> Remove Schedules that can be better accommodated in a supporting document or guide. For example, detailed information in Schedules 11 "Non-Insured Health Benefits Reporting Requirements" and 12 "Other Reporting Requirements" will be provided in a generic supporting document entitled "First Nations Health Benefits and Other Reporting Requirements Guide". Consolidate reporting schedules into one clear <i>Summary of Reporting Requirements</i> schedule to the agreement. Align annual reporting dates to be July 29 across all agreements.
Simplify financial schedules.	FNIHB required an updated Schedule 3 cash flow forecast each time an amendment is done for all future years of the agreement. Given each agreement is amended annually, future year cash flows are not reflective of the evolving needs and priorities of communities (exception basis).	<p>As an initial step to shortening the agreement and subsequent amendments, new Schedule 3 will include the current year cash flow.</p> <p>*An adjusted Schedule 2 (<i>Program Funding</i>) showing program budgets for the duration of the agreement will continue to be provided with each amendment.</p>
Simplify schedules and integrate key provisions into main body of the agreement.	Multiple Schedules to contribution agreements that make the agreement lengthy and overly complex to follow as information is pieced throughout the agreement. For example, schedules for "Surplus", "Use of Capital Facilities and Moveable Assets".	Simplify and move key content of these schedules to the main body of the agreement.
Move away from federal government references throughout the agreement.	There are a number of schedules and provisions that reflect federal government processes, which no longer apply to FNHA. For example, Special Interchange and Cost Recovery schedule, provisions on Official Languages, Lobbyists, etc.	Remove provisions and agreement schedules that reflect federal government processes or requirements.
Enhance the use of Notice of Budget Adjustment (NOBA).	NOBA's can only be used to increase or reallocate funding for <i>existing</i> programs in the community's contribution agreement and is done via a formal template inherited from FNIHB.	A NOBA can be used to make minor amendments to any Health Programs and Services or activities, or to add any <i>new</i> Programs and Services or activities to a community's contribution agreement. Adjustments can be made via a written letter outlining the specific changes to the agreement and communities have the ability to decline an adjustment. This letter is referred to as a Funding Adjustment Letter (FAL) and will replace the previous "NOBA" format.

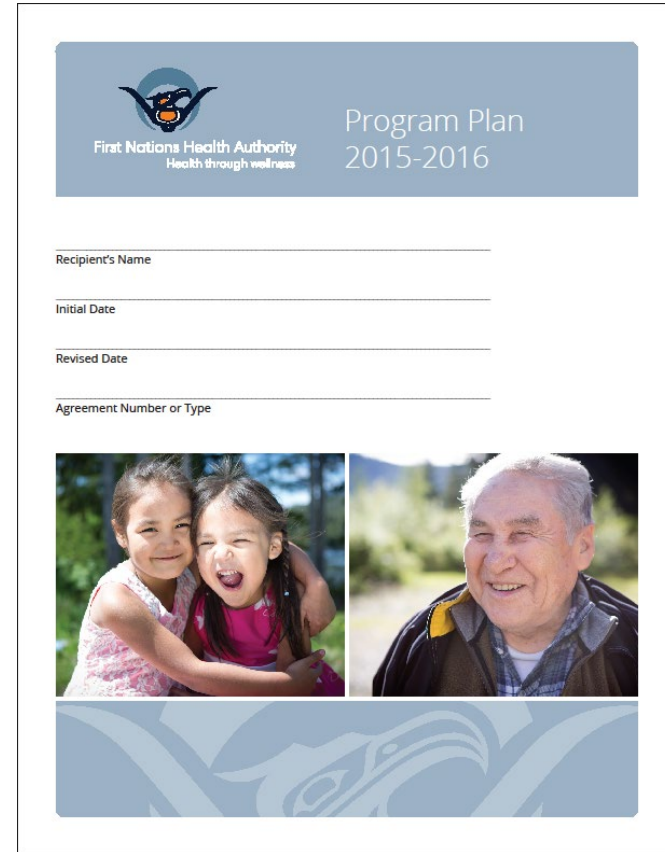


3. The Program Plan

This is a customized document that is tailored to your SET Health Funding Agreement and the SET funded programs of your FLEX and BLOCK agreements. FLEX and BLOCK agreements do not require a program plan.

The program plan outlines specific objectives and activities for programs within the SET activity model of your agreement - for example, First Nations Health Benefits programs.

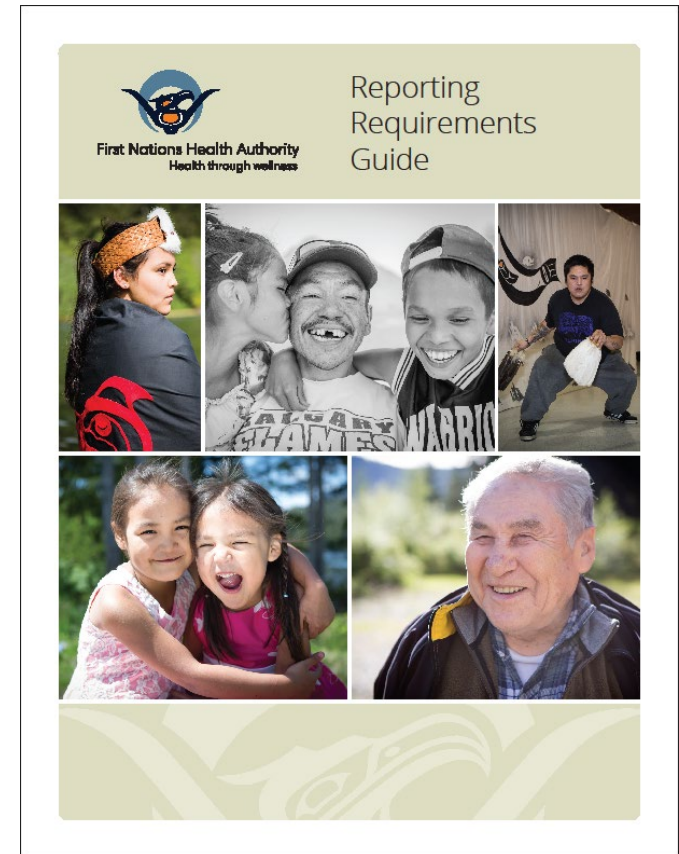
It is organized and colour coded to correspond with the *FNHA Funding Model Activity Structure* Map also included in your package.





4. The FNHA Reporting Requirements Guide

If your community or health service organization has a funding agreement with the FNHA, you are required to send us financial and program performance reports. These reporting requirements, which are explained in this guide, allow us to ensure that the services and programs funded are meeting high operational standards and that our work is accountable and transparent.

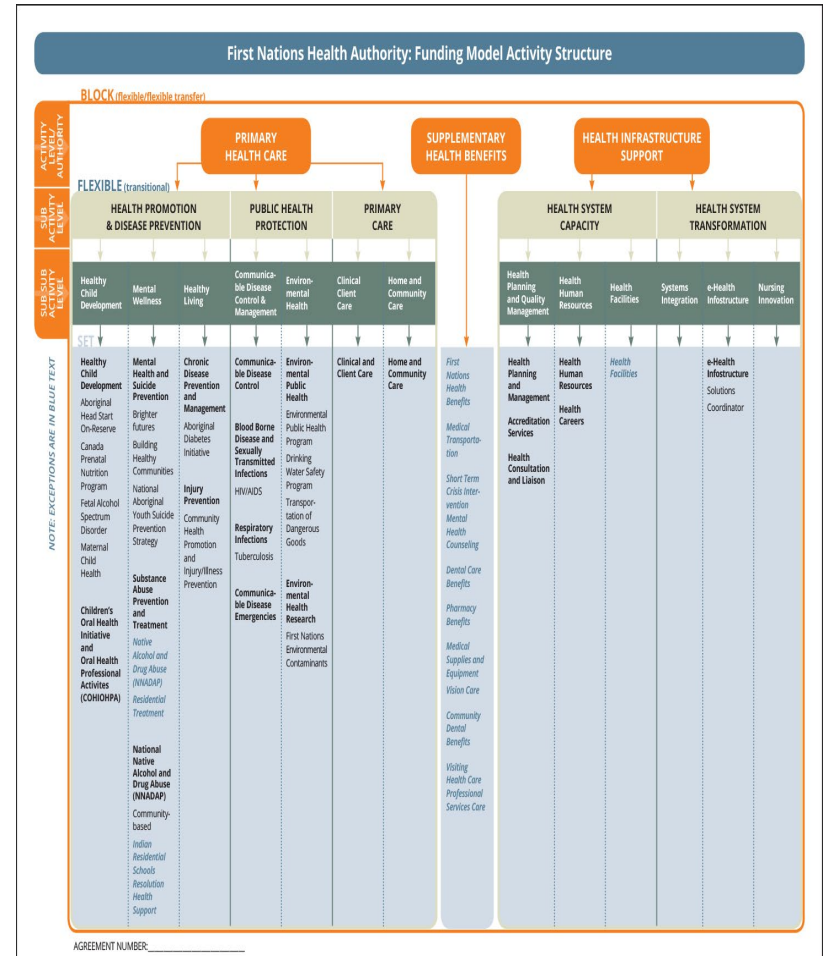




5. FNHA Funding Model Activity Structure Map

This document shows you how funding may be reallocated across programs within SET, FLEXIBLE and BLOCK agreements;

The ability to re-allocate funds between FNHA programs depends on the funding models used in the funding agreement. The flexibility of the funding models to reallocate funds increases upward through the *FNHA Funding Model Activity Structure Map*.





FNHA Funding Model Activity Structure Map (Cont'd)

- **The diagram illustrates the FNHA's Funding Model Activity Structure and the relationship between it and the flexibility offered by the funding models to re-allocate funds.**
- **The SET funding model limits the re-allocation of funds to programs that fall within the same sub sub-activity. For example, if you have Aboriginal Head Start On-Reserve program funding, you can reallocate it to any of the other programs listed under Healthy Child Development but not Brighter Futures or Aboriginal Diabetes Initiative as these fall under Mental Wellness and Healthy Living.**
- **The FLEXIBLE funding model provides the opportunity for re-allocation of funds between sub-activities within the same program authority (such as Primary Health Care). For example, under this model you could reallocate Aboriginal Head Start On-Reserve funds to Aboriginal Diabetes Initiative OR Home and Community Care, so long as the program was listed under the FLEXIBLE model in *Schedule 1 "Program Funding"* of your new Health Funding Agreement.**
- **The BLOCK funding model allows for re-allocation of funds across all program authorities.**



In Closing

- In order to avoid interruptions to funding, please ensure to send the signed signature page back to Funding Arrangements Development at the address identified in your letter by March 15th.
- If you have any questions or need clarification on your agreement or any of the information you have received in your renewal package, please do not hesitate to contact your Funding Arrangement Advisor identified in your letter.
- Thank you for your time and we look forward to our continued partnership in this journey!