

COMPLETING VCH'S NEW FINANCIAL REPORTING TEMPLATES

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NEW CHANGES TO THE FINANCIAL REPORTING TEMPLATES

As you may know, Vancouver Coastal Health (VCH) has just developed a new contract database, the Contract Lifecycle Management System (CLMS). VCH Finance has created a module within the CLMS that will help automate and standardize financial information related to our community health service contracts.

With this change, we are introducing a new template for your financial reporting. The new template encourages accuracy, consistency, and efficiency among service providers. These instructions outline how to fill out the form and the major differences between this and the previous years' template.

WHY WE'RE CHANGING THE TEMPLATE

There are a number of benefits to using this new template for both VCH and service providers:

- Having **standardized data** across all service providers helps VCH have a better picture of the financial health of our community health services. In turn, this allows us to report on your work to the Ministry of Health more quickly.
- Including **more dropdown fields and automated calculations** helps reduce manual work and improve accuracy.
- Having more accurate funding information **helps us get you your payments faster** as we can calculate information more easily on our end.

IMPORTANT THINGS TO KNOW BEFORE COMPLETING THE TEMPLATE

When completing the new template, please make sure you do the following:

- Save a copy before editing.

- Fill out **only** the cells that are editable, which are typically in light blue. Grey cells have formulas attached to them so please **do not** fill them in.
- Follow the sequence outlined below so that your information populates correctly.
- Provide notes in the blue lines at the bottom of the Income_Statement tab if there are any discrepancies between your actual costs and what you budgeted.
- If you have any questions, please contact vcfinplan&contractsp@vch.ca.

FILLING OUT THE INCOME STATEMENT TAB

1. Open the FY26 template and go to the tab named Income_Statement.
2. Complete the light blue cells **only** under the provider information: # of Client Spaces, # of Clients, #of VCH funded beds, #of Beds not funded by VCH, #of meals.

| | | | | | |
|-----------------------------|----|-----------------|--------|----|---------|
| # of Client Spaces: | 10 | For the Period: | 4/1/25 | to | 9/30/25 |
| # of Clients: | 10 | | | | |
| # of VCH Funded Beds | | | | | |
| # of Beds not funded by VCH | | | | | |
| # of Meals | | | | | |

3. Revenue: Enter values in the blue cells only under the Revenue section. Leave the grey calculation fields blank. They will automatically populate subtotals and totals.

| REVENUE | |
|---|--------------|
| 01 VCH Operational Funding | \$14,189 |
| 02 VCH Capital Funding | \$ 8,754.00 |
| 03 Deferred/Surplus Revenue | |
| 04 VCH Funding (SSO, Wage Levelling, Visitation, COVID, Leap Year...) | \$ 57,554.00 |
| 05 Private Pay Beds | \$ 20.00 |
| 06 VCH Other Funding | |
| VCHA Subtotal | \$80,517 |

4. Expenditures: Please complete the Benefits section and rows 144-146. Other amounts will flow in automatically after you complete the Compensation tab. If applicable, fill in the blue cells in Facility & Equipment, Client Supplies/Services, Administration, Capital, and other sections.

| | | |
|--|--------------|---------------------|
| Benefits | | |
| 1 E.I. | | |
| 2 C.P.P. | | |
| 3 W.C.B. | | \$ 56,756.00 |
| 4 E.H.T. | | |
| 5 M.S.P. | | |
| 6 Pension Plan | | |
| 7 Extended Health & Dental | | \$ 456,236.00 |
| 8 Group Life, A.D.D. & L.T.D. | | |
| 9 (Less: Benefit Recovery) | | |
| 0 Other Benefits: | | |
| Total Benefits | 18.8% | \$512,992 |
| Total Staffing Costs | | \$13,494,988 |
| Facility & Equipment | | |
| 1 BCMHC / CMHC Replacement Reserve | | |
| 2 Building, Vehicle & Facilities Insurance | | |
| 3 Maintenance & Repairs | | \$ 12,312.00 |
| 4 Rent | | |
| 5 Equipment, Furniture, Kitchen | | |

FILLING OUT THE COMPENSATION TAB

The addition of this tab is the most significant change to the financial reporting template. The information you'll provide here gives us a better understanding of how your staffing supports service delivery. There are three ways you could fill out this tab based on your Employer Association. Find the instructions that best fit your company or organization:

A. For HSCIS/HEABC-affiliated organizations

1. Go to the Compensation tab.
2. For each position, **complete the blue cells** (grey cells are protected). Enter the HSCIS Classification Code which will auto-populate the Classification Name, Rate/Grid, and Group.

If you are unsure about the HSCIS Classification Code, go to the HSCIS_Class_Codes tab, last tab in the sheet, for a list of the codes and classification names.

| HSCIS Classification Code | HEABC Classification Name | Rate/Grid Code | Designated Group | Shift Type | FTE Hours per week | Relief % | Total hours ex relief |
|---------------------------|---------------------------|----------------|------------------|------------------|--------------------|----------|-----------------------|
| 10001 | Clerk III, Admitting | 11 | Facilities | Default In-House | 35.00 | | 1174.50 |
| 20101 | Cook I | 17 | Facilities | Default In-House | 37.50 | | 939.60 |

3. Enter the Shift Type (In-House or Contracted), FTE hours/week (choose from the dropdown list of hours per work week), Relief % (if applicable), and Total hours ex relief. Please complete the required fields – Total Regular \$ Paid, Total Premium and Relief \$, and Related to direct Care % (Columns N, O, and S)
4. Repeat for all positions needed for the reporting period. Use one row per unique classification/shift type pairing.

5. Save your work. Proceed to the Staffing_Summary tab to verify that it has populated correctly.

B. For CCSEA-affiliated organizations

1. Go to the Compensation tab.
2. Choose the position under the Job Name column from the dropdown list.
3. Enter the Shift Type (In-House or Contracted), FTE hours/week (choose from the dropdown list of hours per work week), Relief % (if applicable), and Total hours ex relief. Please complete the required fields – Total Regular \$ Paid, Total Premium and Relief \$, and Related to direct Care % (Columns N, O, and S)
4. Repeat for all positions needed for the reporting period. Use one row per unique classification/shift type pairing.
5. Save your work. Proceed to the Staffing_Summary tab to verify that it has populated correctly.

| Job Name | Shift Type | FTE Hours per week | Relief % | Total hours ex relief | Actual Hours | Relief Hours | Total Hours |
|-------------------------|------------------|--------------------|----------|-----------------------|--------------|--------------|-------------|
| Special Services Worker | Default In-House | 35.00 | | 1174.50 | 45.00 | | 1174.50 |
| Truck Driver | Default In-House | 37.50 | | 939.60 | 36.00 | | 939.60 |
| Vocational Worker | Default In-House | 37.50 | | 2856.73 | 109.45 | | 2856.73 |

C. For organizations with no employer associations (all other service providers)

1. Go to the Compensation tab.
2. Choose the position details under the Job Type and Job Name column from the dropdown list.
3. Enter the Shift Type (In-House or Contracted), FTE hours/week (choose from the dropdown list of hours per work week), Relief % (if applicable), and Total hours ex relief. Please complete the required fields – Total Regular \$ Paid, Total Premium and Relief \$, and Related to direct Care % (Columns N, O, and S)
4. Repeat for all positions needed for the reporting period. Use one row per unique classification/shift type pairing.
5. Save your work. Proceed to the Staffing_Summary tab to verify that it has populated correctly.

| Job Type | Job Name | Shift Type | FTE Hours per week | Relief % | Total hours ex relief |
|----------------------------|--------------------|------------------|--------------------|----------|-----------------------|
| DIRECT CARE - Care Workers | Care Aides | Default In-House | 35.00 | | 1174.50 |
| DIRECT CARE - Nursing | Nursing - RN & RPN | Default In-House | 37.50 | | 939.60 |

STAFFING SUMMARY

Important note: Please **do not** fill in any cells for the Staffing_Summary tab. It will auto-populate based on the information you've entered into the compensation tab.

1. Open the Staffing_Summary tab. You should see grey read-only totals auto-filled for Non-Relief Hours, Relief Hours, Total Hours, Total \$, Average Rate, and FTE Count grouped by category (e.g., Direct Care – Nursing, Professional Workers, Support, Admin).
2. Confirm that the totals are correct. You can do this by comparing a couple of the roles against the Compensation tabs.
3. Return to the Income_Statement tab and confirm staffing dollars are now populated in the grey staffing section.
4. If any figures are missing or incorrect, revisit the Compensation tab.

| Staffing Table Summary | | | | | | | | | |
|--|--|---------------------|--------------|-------------|--------------------------|---------------------|------------|------------------------|------------------------|
| Staffing (including Relief) <i>Staffing Profile to be completed on Pg.3</i> | | Non Relief Hours | Relief Hours | Total Hours | Total regular \$ paid | Total Premium \$ | Total \$ | Average Hourly Rate | Admin Staff Dollars |
| Total Staff | | 38,489 | 617 | 39,117 | 12,981,951 | 45 | 12,981,996 | 331.88 | 12,980,700 |

REVIEW, VALIDATE, AND SUBMIT YOUR TEMPLATE

1. Confirm that all the required blue cells include information.
2. Make sure you used drop-down choices wherever available and that you did not enter text instead.
3. Scan the subtotals and confirm that there is no variance. Ensure there are no negative or outlier \$/Client Day unless you can justify why that happened.
4. Check that the \$ amounts in the Compensation and Staffing Summary tab match the Income Statement amount.
5. Submit the template using the CLMS Supplier Portal. Instructions can be found [here](#). Please go to the Managing Deliverables section on page 18 of the CLMS Supplier Portal User Manual.