



ATTESTATION

Prepared in accordance with section 14 of the
Broader Public Sector Accountability Act, 2010 (“BPSAA”)

To: The Board of Directors, Ontario Health atHome

**From: Anna Greenberg, Interim Chief Executive Officer
Ontario Health atHome**

**Re: Quarterly Declaration of Compliance
Reporting period of July 1, 2025 – September 30, 2025 (“the Applicable Period”)**

On behalf of Ontario Health atHome, I attest to:

- The completion and accuracy of reports, pursuant to section 5 of the BPSAA, on the use of consultants;
- Compliance with the prohibition, pursuant to section 4 of the BPSAA, on engaging lobbyist services using public funds;
- Compliance with all obligations under applicable directives issued by the Management Board of Cabinet; and
- Compliance with the obligations under the Memorandum of Understanding Among Minister of Health, Chair of Ontario Health, and Chair of Ontario Health atHome during the Applicable Period.

In making this attestation, I have exercised the care and due diligence that would reasonably be expected of a Chief Executive Officer (“CEO”) in these circumstances, including making due inquiries of Ontario Health atHome staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Toronto, Ontario, this 10th day of September 2025.

Original signed by

Anna Greenberg
Interim Chief Executive Officer
Ontario Health atHome

Schedule A

CEO Certificate of Compliance

For the Applicable Period: July 1 – September 30, 2025

1. COMPLIANCE WITH OBLIGATIONS UNDER THE MEMORANDUM OF UNDERSTANDING AMONG MINISTER OF HEALTH, CHAIR OF ONTARIO HEALTH, AND CHAIR OF ONTARIO HEALTH AT HOME

See below

2. COMPLETION AND ACCURACY OF REPORTS, PURSUANT TO SECTION 5 OF THE BPSAA, ON THE USE OF CONSULTANTS

No known exceptions

3. COMPLIANCE WITH THE PROHIBITION, PURSUANT TO SECTION 4 OF THE BPSAA, ON ENGAGING LOBBYIST SERVICES USING PUBLIC FUNDS

No known exceptions

4. COMPLIANCE WITH APPLICABLE DIRECTIVES ISSUED BY MANAGEMENT BOARD OF CABINET

a. OPS Procurement Directives

- See below

b. OPS Travel, Meal and Hospitality Expenses Directive

- No known exceptions

c. OPS Perquisites Directive

- No known exceptions

Ontario Health atHome is non-compliant in the following instances:

Note 1– Ontario Digital and Data Directive, 2021

The Directive requires all data created, collected and/or managed by ministries and provincial agencies to be made public as open data, unless it is exempt for privacy, confidentiality, security, legal or commercially sensitive reasons. There will be an assessment of the current state to inform a plan to improve compliance, with full compliance expected by 2028. In the interim, Ontario Health atHome ensures that they respond to data requests from the public in a timely manner.

Note 2 – Archives and Recordkeeping Act, 2006

Non-compliance with the Archives and Recordkeeping Act, 2006 (the “ARA”) is primarily related to the capability to implement the Patient Care records series in CHRIS, which is not yet available. Ontario Health is working on a technical solution and once complete, Ontario Health atHome will proceed to identify the records and execute a plan to manage those records.

A new Records Management System has been implemented with configuration aligned to the Archives and Recordkeeping Act which includes identification of the proper record series, retention period and disposition. Legacy records from the former 14 Organizations SharePoint environment and network folders are in the process of being migrated to the Records Management System. New records are being created and stored in the new Records Management System.

Note 3 – Leases

Some Community Care Access Centres (CCACs) leases were re-negotiated by legacy Local Health Integration Networks without prior s.28 approval under the *Financial Administration Act (FAA)* thereby directly or indirectly increasing the indebtedness or contingent liabilities of the Crown. There are CCAC leases not captured under the exemption regulation of the FAA. Also, there are office sites operating on a month-to-month rental basis. The process for obtaining S.28 approval has been to work alongside Infrastructure Ontario (IO) to incorporate the S.28 approval requests into the broader work of extending leases as they come up for renewal decisions. This is deemed the most efficient way of obtaining S.28 approvals due to the costs associated with Ontario Health atHome’s requirement to utilize IO services for these activities. Ontario Health atHome will continue to address non-compliant leases as they come up for renewal. The last legacy lease to expire is March 31, 2029.

Note 4 – Accommodation Funding – Retirement Homes

In two transitional care programs (TCP) in retirement homes, the program funding includes funding for patient accommodation which is not permitted under the *Connecting Care Act, 2019*. Ontario Health atHome continues to work internally on a phased approach to cease the current practice of funding accommodation costs.

Note 5 – Client Services Procurement Policy & Procedures for CCACs – Procurement of Service Provider Overflow No Volume Contracts

Ontario Health atHome is non-compliant with the Contract Management Guidelines for Local Health Integration Networks, issued in May 2017 where we are directed to adhere to the *2007 Client Services Procurement Policy & Procedures for CCACs*. Although Service Provider Organization (SPO) capacity is improving, the use of overflow contracts to augment patient care continues to be required in order to meet the escalating demand. Those SPOs with overflow no volume contracts exceeding \$250,000 in value have been requested to submit an application to Ontario Health to move through the current Pre-Qualification Process in progress. The completion of prequalification will move Ontario Health atHome closer to compliance with the Guidelines; full compliance will only be achieved once there are no active contracts in place that have not been procured competitively or through Ministry-approved sole source assignment.

Note 6 – Single or Sole Source Procurement

Ontario Health atHome is non-compliant with single or sole source procurement requirements. Single or sole source procurements require approved annual business cases with valid non-competitive exemptions.

- Annual renewal of software licenses which is non-compliant with competitive procurement requirements. The Docushare solution (Docushare), an integral component of the Client Health and Related Information System (CHRIS), is specific to one vendor and has not been competitively procured. Docushare holds more than 10 million patient records. Docushare was originally procured by the Ontario Association of Community Care Access Centres as a solution for document management in CHRIS. Docushare is a tightly integrated solution, which has been customized to provide interoperability with the CHRIS and Health Partner Gateway (HPG) solution components and deployed specifically to enable enhanced security of stored personal health information. A solution to migrate to Ontario Health CHRIS Document Services is currently in progress and expected to be completed in the 4th quarter of fiscal year 2025-26 by Ontario Health.
- Continued non-competitive procurement of the existing Benefits carrier contracts. Ontario Health atHome received approval of its business case submission for an exemption from the open competitive requirements of the OPS Procurement Directive to renew the existing Benefits Carrier contracts for a term of up to eight months to April 1, 2024. However, as part of that approval, Ontario Health atHome was also directed to report the non-compliance. A competitive procurement proceeded, however, there was no successful vendor, and the competitive procurement was deemed to be a failed procurement. To ensure continued benefit coverage for eligible employees as required through employment contracts and Collective Agreement provisions, Ontario Health atHome received Treasury Board Secretariat (TBS) approval for a further extension of the existing contracts to March 31, 2025, with opportunity for further extension to September 2025. Ontario Health atHome exercised the extension option prior to March 31, 2025. Ontario Health atHome has relaunched a competitive procurement for Employee Benefits Carrier(s) in Q1 2025-26. Email notification was received from MOH advising that approval was received by TBS on January 15, 2025, with Cabinet

ratification received by TBS on January 16, 2025. Ontario Health atHome has made adjustments to the planned procurement and process to significantly reduce likelihood of a failed procurement. The procurement team posted the Request for Bid (RFB) on May 28, 2025 with the submission deadline of July 23, 2025.

The evaluation of vendor submissions is underway at this time, with contract negotiation to be finalized with the successful bidder by end of August, 2025. After the selection of a benefits carrier, the estimated go live implementation timeline is approximately seven months.

- Ontario Health atHome has been utilizing the same labour relations vendor who has supported HCCSS and its predecessor organizations for more than twelve years. This support includes acting as a spokesperson(s) for all labour relations and negotiations, such as collective bargaining and pay equity matters with bargaining agents; negotiating central bargaining processes covering unionized employees; and preparing arbitration briefs. Ontario Health atHome requires continuity of support for these matters particularly to support the Public Sector Labour Relations Transition Act activities for Ontario Health atHome. To ensure the historical and legacy knowledge of labour relations and collective bargaining is maintained, Ontario Health atHome entered into a two-year single source contract from April 1, 2024, to March 31, 2026.
- Ontario Health atHome is currently operating under expired janitorial contracts on a month-to-month basis, as Ontario Health atHome has received formal notice from the Ministry of Health that effective April 1, 2026, all service contracts of this nature will be consolidated under the administration and control of the Minister of Infrastructure in alignment with the “Centralization of Broader Real Estate Authority (CBREA)” initiative. Planning for this transition is underway with the Ministry of Health, the Ministry of Infrastructure, and Infrastructure Ontario.
- Five contracts are non-compliant as it relates to the eShift Clinic Model of Care. The system licenses renew annually unless terminated. The model began as a pilot project using a new specialized technology. Contract extensions were implemented when the project was still in a research and development phase and there were no comparable solutions. It is now clear that alternative technology solutions may exist and Ontario Health atHome will explore new models of virtual care and the associated technology to do so. This technology is heavily embedded within SPO contracts and an integral component of patient care.
- Ontario Health atHome has entered into a single sourced agreement with a third-party vendor for wound care technology, utilized by the nurse and patient in the patient’s home. This agreement is specific to the legacy Central East agency and no procurement was undertaken. For this wound care technology, the Ministry has advised future procurement will be completed through the Ministry of Health Supply Chain Modernization which will result in a contract available to all Ministry agencies. The estimated timeline for a provincial procurement and implementation is estimated at up to 18 months, and therefore the legacy Central East agreement was approved to renew for an additional one-year term, until November 17, 2025, to bridge Central East to the provincial solution, and submission and approval for a required extension following that date is in progress.

- Ontario Health atHome has ten single source contracts for remote care monitoring, which have been extended to May 23, 2026, at which time Ontario Health atHome will have fully transitioned to the solution procured by Ontario Health. The new provincial solution will not have capacity to support all patients immediately, necessitating an extension of up to one year with the incumbent vendor.

Note 7 – Legislative/Policy Requirements (Corporate Policy on Information Sensitivity Classification, Corporate Policy on Recordkeeping, Corporate Policy on the Protection of Personal Information)

Ontario Health atHome has not consistently implemented these policies to their full extent, however it has ensured robust implementation with respect to access and privacy of records. SharePoint Online (Purview) has been configured and deployed as Ontario Health atHome's formal records management system. The system has capabilities that will support compliance with the Directives. Staff are being onboarded to the records management features (e.g. applying a classification sensitivity and the appropriate records series.) The Legacy records are being reviewed and are in the process of being migrated to the new records management system. New records are being created and stored in the new Records Management System. Ontario Health atHome is actively updating these corporate policies, and expects to have them completed by the end of FY 25/26.

Note 8 – Receipt of money outside of the Crown in right of Ontario

Under section 27.8(4) of *the Connecting Care Act, 2019*, Ontario Health atHome shall not receive money or assets from any person or entity except the Crown in right of Ontario or Ontario Health without the approval of the Minister of Health. On October 3, 2017, HCCSS received a limited approval to receive money from designated non-Crown in right of Ontario sources. Subsequently, Ontario Health atHome identified multiple situations of receiving money from entities that may not be captured by the October 2017 approval. Ontario Health atHome has worked to resolve all instances with the exception of one program; home care to Canadian Armed Forces members. Ontario Health atHome has been directed by the Ministry of Health to wind-down this service, however, in a recent communication, the Ministry has requested that Ontario Health atHome pause any wind-down planning.

Note 9 – Memorandum of Understanding (MOU) Among Minister of Health, Chair of Ontario Health, and Chair of Ontario Health atHome

a) Annual Balanced Budget Requirements

Ontario Health atHome is required to operate within its approved budget in fulfilling its mandate as per Section 10.4(u) and 10.5(e). Ontario Health atHome is projecting a deficit position in its Patient Services envelope for fiscal year 2025-26 as the patient demand continues to grow and is expected to exceed funding.

In collaboration with Ontario Health, Ontario Health atHome has proactively engaged the Ministry to share projected service volumes and funding pressure and to discuss potential mitigation strategies. Without additional funding, OH atHome would have to reduce services to patients or waitlist patients in order to balance the budget.

In its Administration envelope, OH atHome will face funding pressure without continuation of one-time funding to address:

- Transition supports and IT investments, to address continuous transition and modernization costs post amalgamating 14 HCCSS organizations into OH atHome.
- Additional compensation costs expected due to Public Sector Labour Relations Transition Act (PSLRTA)

b) Ontario Health atHome programs and Ontario Health atHome funding of external organizations outside of Ministry-approved programs:

Legacy LHIN initiatives unintentionally remained with Home and Community Care Support Services after the transfer of legacy LHIN functions to Ontario Health. Ontario Health atHome is working with Ontario Health on a plan to transfer these initiatives as appropriate, as they do not align with the mandate and accountabilities of Ontario Health atHome.

Funding provided to external organizations has been transferred to Ontario Health effective August 1, 2025.

Functions provided by Ontario Health atHome:

- Musculoskeletal Rapid Access Clinics - Centralized intake service and MSK Advanced Practice Physiotherapists provided by Ontario Health atHome to local hospitals for processing patent referrals to the hospital's Rapid Access Clinic for hip/knee and lower back care.
- Self-Management Program - provides educational sessions of varying lengths and frequencies to people living with chronic condition(s) on how to manage their conditions to keep them healthier and living independently in their own homes longer.
- Behavioral Supports Ontario - Dedicated regional program management from Ontario Health atHome for quality improvement and education coordination for long-term care homes and funding for a director lead role, responsible for overseeing region wide, planning and operation for integrated behavioral supports services, through direction and collaboration with Ontario Health.
- Shared Services Operations Model - hosts a Client Information System for 46 community support service organizations
- Purchase of Caredove software license, an intake and referral interface for community support service (CSS) agencies through which the CSS agencies can initiate a referral or make an appointment with any of the community agencies participating in the arrangement.
- Psychosocial spiritual clinicians support Hospice Niagara and Palliative Pain and Symptom Management consultation services support community providers
- Exercise and falls prevention

- Palliative care education and consultation services
- Specialized geriatric assessment services
- Psychogeriatric Resource Consultants
- Hospice Palliative Care RN and Team Assistant to support the local Palliative Care physicians
- Elder Mediator Program: respite and relief for caregivers

Ontario Health atHome Funding to other organizations/individuals:

- Lansdowne Children’s Treatment Centre in Brantford for shift nursing services for their summer respite program.
- Physicians who participate in the Palliative Care Outreach Team consultations and on call services.

Note 10 – Quarterly OHRS/Management Information Systems (MIS) Trial Balance Submission

Ontario Health atHome is non-compliant with its reporting obligation to submit a quarterly OHRS/Management Information Systems (MIS) Trial Balance Submission through OHFS. Ontario Health atHome is unable to submit because the Health Data Branch of the Ministry of Health has not created a submission account for Ontario Health atHome as a new legal entity. Ontario Health atHome is working with the Ministry of Health to enable submission of this report and to achieve compliance.