



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, Chief Executive Officer
Ontario Health atHome**

**Re: Quarterly Declaration of Compliance
Reporting period of October 1, 2025 – December 31, 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 2nd day of December 2025.

Original signed by

Anna Greenberg
Chief Executive Officer
Ontario Health atHome

Schedule A

CEO Certificate of Compliance

For the Applicable Period: October 1 – December 31, 2025

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

No known exceptions

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

No known exceptions

3. 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

4. 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

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 publicly available as open data, unless it is exempt for privacy, confidentiality, security, legal or commercially sensitive reasons.

Ontario Health atHome is in the process of categorizing its data holdings and is implementing a plan to be compliant with the requirement to have a catalogue of data holdings. Ontario Health atHome continues to respond to data requests received from the public in a timely manner.

Note 2 – Archives and Recordkeeping Act, 2006

The Archives and Recordkeeping Act, 2006 (the “ARA”) requires public bodies to develop and comply with a record retention schedule (Schedule). The schedule requires that records are classified under a record series and are destroyed or archived after a certain time period. Currently, Ontario Health atHome is not in compliance with the ARA because certain records have not yet been classified in accordance with the schedule. These records include the legacy records of 14 separate entities that have been amalgamated and that had disparate recordkeeping and record retention practices. Ontario Health atHome is systematically sorting through the records from its various amalgamated geographical areas and destroying or archiving the records that have reached their destruction dates.

For patient records stored in Client Health Related Information System (CHRIS), there is no mechanism for destruction. Ontario Health is working on a technical solution to address these issues and once complete, Ontario Health atHome will continue identifying, indexing, and destroying records according to the Schedule.

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. 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 up to March 31, 2026. All the leases will transfer to Ministry of

Infrastructure (MOI)-General Real Estate Portfolio effective April 1, 2026, under the Centralization of Broader Real Estate Authority (CBREA) initiative, at which point MOI will assume responsibility for the related legal controls and accountabilities.

Note 4 – Accommodation Funding – Transitional Care Units in 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. The non-compliance issue is estimated to be resolved by Q2, 2026/27.

Ontario Health atHome is working with OH and participating on a provincial committee whose goal is to standardize service offerings and eligibility for all Transitional Care Units across the province, regardless of who funds the programs. This includes accommodation costs. The approach for Ontario Health atHome to fully cease funding accommodation costs will be dependent on the outcomes of this provincial committee.

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 to substantial compliance with the Guidelines.

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 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 2nd quarter of fiscal year 2026-27 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 the end of September 2025. Ontario Health atHome exercised the extension option prior to March 31, 2025. On August 13, 2025, TB/MBC approved an up to 12-month extension of the current OH atHome benefit carrier contracts. The extension will cover a period of 6 months (October 1, 2025 to March 31, 2026) with an optional 6-month extension (April 1, 2026 to September 30, 2026). Ontario Health atHome has been asked to continue to report on this item even though approvals are in place for the current benefit carriers.

The Ministry of Health confirmed via email that Treasury Board Secretariat (TBS) approval to proceed with procurement was granted on January 15, 2025, followed by Cabinet ratification on January 16, 2025. With these approvals, the procurement team issued the Request for Bid (RFB) on May 28, 2025, with the submission deadline of July 23, 2025. The posted RFB allowed vendors to submit bids for two streams: Stream A – Life/ADD & Disability Insurance and Stream B – Extended Health and Dental.

A successful vendor for each stream has been selected. Contracts with both successful vendors have been secured. The estimated go live implementation timeline is planned for April 2026 for both streams.

- 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, and will be seeking a two-year extension to March 31, 2028.
- 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. A compliance plan has been established, with target completion anticipated by Q1 2028-29.
- 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.

Note 7 – Legislative/Policy Requirements (Ontario Government Corporate Policy on Information Sensitivity Classification, Ontario Government Corporate Policy on Recordkeeping, Access and Privacy)

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). New records are being created and stored in the new Records Management System. Ontario Health atHome is required to have these policies in place. It is in the process of updating its provincial corporate policies to align with current requirements and expects to have them completed by the end of FY 25/26.

Note 8 – 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 possible 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. On October 27, 2025, the government issued its Fall Economic Statement (FES). The FES announced an 8% increase in funding that will provide funding of \$327.5M for fiscal 2025/26. With current trends in service volumes and anticipated growth projected for the remainder of the fiscal

year, OH atHome is experiencing growth of ~9%. These estimates result in a possible in-year deficit of approximately \$20M. OH atHome remains in close dialogue with OH to identify potential additional in-year funding that will be available to fully eliminate any remaining deficit.

In its Administration envelope for fiscal year 2025-26, 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.

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
- Community Physiotherapy Reform - Exercise and falls prevention
- Specialized Geriatric assessment services
- Hospice Palliative Care RN and Team Assistant to support the local Palliative Care physicians
- Elder Mediator Program: respite and relief for caregivers
- Mental Health and Addictions Integrated Transitions Project

- Diabetes intake and assessment for the Centre for Complex Diabetes

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 9 – 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. The target is to be able to submit the Q3 MIS TB by January 31, 2026, and develop a submission plan for the prior year and Q2 25/26 submissions with MOH.