

ATTESTATION

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

To: The Board of Directors to Central Local Health Integration Network, operating as Home and Community Care Support Services Central

From: Donna Cripps, Interim CEO, Home and Community Care Support Services

**Re: Quarterly Declaration of Compliance
Reporting period of July 1 - September 30, 2021 (“the Applicable Period”)**

On behalf of Home and Community Care Support Services Central (“HCCSS”), I attest to:

- The completion and accuracy of reports required of the HCCSS, pursuant to section 5 of the BPSAA, on the use of consultants;
- The HCCSS’s compliance with the prohibition, pursuant to section 4 of the BPSAA, on engaging lobbyist services using public funds;
- The HCCSS’s compliance with all of their obligations under applicable directives issued by the Management Board of Cabinet
- The HCCSS’s compliance with their obligations under their respective Memorandum of Understanding with the Ministry of Health (the “Ministry”) in effect; and
- The HCCSS’s compliance with their obligations under their respective Ministry-LHIN Accountability Agreement in effect

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 HCCSS 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 Brampton, Ontario, this 31st day of October, 2021.

Original signed by

Donna Cripps

Interim CEO

Home and Community Care Support Services

Schedule A

CEO Certificate of Compliance

For the Applicable Period: July 1 - September 30, 2021

1. MEMORANDUM OF UNDERSTANDING

See below

2. MINISTRY-LHIN ACCOUNTABILITY AGREEMENT

See below

3. COMPLETION AND ACCURACY OF REPORTS REQUIRED PURSUANT TO SECTION 5 OF THE BPSAA

No known exceptions

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

No known exceptions

5. 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

Note 1 – Healthcare Insurance Reciprocal of Canada (HIROC)

The HCCSS may be non-compliant with section 28 of the *Financial Administration Act* (“FAA”): The Community Care Access Centres (“CCACs”) HIROC Subscribers’ Agreements were transferred to the Local Health Integration Networks (“LHINs”) pursuant to a transfer order of the Minister of Health and Long-Term Care (“Minister”), as it then was, under section 34.2 of the historical version of the *Local Health Systems Integration Act, 2006* (“LHSIA”). A reciprocal, by its nature and composition, poses a compliance question under the *Financial Administration Act* because risks are shared amongst all the members; as noted below, there is uncertainty about the compliance of this specific HIROC arrangement. It is not certain from the Minister’s order or from applicable legislation whether or not this increase in the contingent liability of the Crown placed HCCSS in non-compliance with the FAA and with each Ministry-LHIN Memorandum of Understanding. Furthermore, the HCCSS has no direct knowledge as to whether or not this matter was addressed in Cabinet’s approvals in respect of the legislative amendment that enabled the transfer.

The HCCSS had previously understood, from the Ministry, that the transfer of the agreement under the Minister’s order does not give rise to non-compliance by HCCSS. However, in December 2020, Ontario Health submitted a business case to the Ministry requesting that the Ministry submit HCCSS’s situation to Treasury Board for an exemption. The HCCSS awaits the outcome from this recent submission.

Note 2 – Ontario Digital and Data Directive, 2021

The assets, liabilities, rights and obligations of the Community Care Access Centres (“CCACs”) were transferred to the HCCSS pursuant to a Minister’s transfer order under section 34.2 of the historical version of LHSIA. As a consequence, the HCCSS took possession of the predecessor CCAC records and other information that are not in compliance with the Digital and Data Directive.

HCCSS has suspended work on achieving compliance with the data requirements of the Digital and Data Directive. This work was suspended until further administrative direction given the current system transformation. In the meantime, the HCCSS ensures they respond to data requests from the public in a timely manner.

Note 3 – Archives and Recordkeeping Act, 2006

Pursuant to a transfer order issued by the Ministry under the historical version of LHSIA, the records of the CCAC transferred to the HCCSS. The transfer of these records has resulted in

non-compliance with the *Archives and Recordkeeping Act, 2006* (the “ARA”) primarily related to record series alignment and adoption timelines.

The LHINs submitted two Patient Care Record Series (“Record Series”) to the Archivist of Ontario on November 8, 2019 as part of the record scheduling requirements of the ARA. The Archives Office has advised that the two Record Series submissions have been reviewed for archival appraisal and are compliant with recordkeeping requirements. In addition to the Patient Care Record Series, a Source Document Series is required. The next steps are for LHINs to complete, approve and submit a Source Document Series before the Archivist releases the full Patient Record Series.

Note 4 – Leases – HCCSS Central

HCCSS Central – The HCCSS’s leases were negotiated by Central LHIN and may inadvertently violate s. 28 of the FAA by directly or indirectly increasing the indebtedness or contingent liabilities of the Crown. HCCSS Central is working with Infrastructure Ontario on potential new leases.

The legacy CCAC leased office and clinical space in various locations in Central LHIN. Central LHIN, working together with the Ministry’s LHIN Liaison Branch, Infrastructure Ontario, and LHIN Legal (now Agencies Legal), was advised to independently proceed with leasing arrangements for leases which came to an end shortly after transition. This resulted in HCCSS negotiating the required leases at that time. For new leases, HCCSS will proceed with Infrastructure Ontario.

Note 5 – Non-Compliance - Procurement of Service Provider Overflow Contracts

The Central HCCSS is non-compliant with the requirement under the Memorandum of Understanding to adhere to the 2007 CCAC Client Services Procurement Policy & Procedure. Under the Procurement Policy & Procedure, HCCSS may exercise operational considerations where the resulting total contract price will be equal to or less than \$250,000. These contracts provide no guarantee of volume to the Service Provider and are contemplated to augment patient care in scenarios whereby Market Share Service Providers do not have capacity or resources. Due to continued health human resource challenges, these no-volume contracts have exceeded the \$250,000 threshold but continue to be required to ensure patient care. Ontario Health (“OH”), has requested that HCCSS agencies with current overflow contracts exceeding \$250,000 in value should provide direction to the overflow contracted Service Providers, requesting each Service Provider to submit an application to OH to move through the current round of the Pre-qualification Process.

Note 6 – Single or Sole Source Procurement – Multiple HCCSS

HCCSS Central is non-compliant with single or sole source procurements. Single or sole source procurements require approved annual business cases with valid non-competitive exemptions.

The non-compliance relates to the Human Resources Performance, Learning and Development system. The system license renews annually unless terminated. The termination date has passed.

The work to move the Human Resources system to the Ontario Health solution was stopped as HCCSS staff did not transfer. The potential use of the Ontario Health solution by HCCSS requires further dialogue with Ontario Health and the Ministry. In addition, further administrative direction is required given the current system transformation under-way to determine whether HCCSS should procure a new system or seek other options.