

HOME AND COMMUNITY CARE SUPPORT SERVICES

ATTESTATION

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

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

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

**Re: Quarterly Declaration of Compliance
Reporting period of April 1 – June 30, 2021 (“the Applicable Period”)**

On behalf of Home and Community Care Support Services Mississauga Halton (“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 30th day of June, 2021.

Original signed by

Donna Cripps
Interim CEO
Home and Community Care Support Services Mississauga Halton

Schedule A

CEO Certificate of Compliance

For the Applicable Period: April 1 – June 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
 - No known exceptions
- 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 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.

As part of its work to seamlessly integrate the CCAC and HCCSS, the HCCSS has been working towards achieving compliance with the data requirements of the Digital and Data Directive. This work has been suspended until further administrative direction given the current system transformation. This work has included some involvement of the Ministry. 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. At the direction of the Archives Office, the next step is for the Record Series to be signed by the CEO for the LHINs. Once the Record Series are signed, the Archivist of Ontario will also sign and release the series for HCCSS Implementation.

Note 4 – Accommodation Funding – Retirement Homes – HCCSS Mississauga Halton

In 2017, the legacy Mississauga Halton CCAC funded two retirement homes to support the accommodations of 21 beds whose operations supported patients designated as Alternate Level of Care (“ALC”) waiting for Long-Term Care Home placement. This provided needed capacity to support system patient flow and maximize appropriate utilization of acute care capacity. HCCSS Mississauga Halton is providing accommodation funding for these beds which does not fall within the legislative scheme of the *Home Care and Community Services Act, 1994* in that home and community care funding can only be used to fund the provision of direct care. HCCSS Mississauga Halton will review operations and intends to comply through either alternate funding arrangements and/or capacity alignment with other available services now that pandemic-related system pressures appear to be stabilizing.

Note 5 – Expiration of Procurement Exception Contract and Funding – HCCSS Mississauga Halton

In fiscal 2019-20 and 2020-21 the Ministry provided an approval to the Mississauga Halton LHIN of an exception under section 6.0(d) of the “Client Services Procurement Procedures for Community Care Access Centers, January 2007”, (Procurement procedures document), which allowed the Mississauga Halton LHIN to enter into a non-competitive contract for the provision of Personal Support and Homemaking Services for 24 beds at a local retirement home. Funding for fiscal 2021-22 has not been confirmed and the beds continue to operate without the approved procurement exception from the Ministry. Home and Community Care Support Services in partnership with Ontario Health (Central) is seeking confirmation from the Ministry to

support service continuity and/or will reassess required capacity and align accordingly with other local system capacity.