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# Financial statements of Ontario Health atHome

March 31, 2025

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June 24, 2025

#### Management's Responsibility for Financial Information

Management of Ontario Health atHome is responsible for the integrity, consistency, objectivity and reliability of the financial statements. These financial statements have been prepared by management in accordance with Canadian public sector accounting standards including the 4200 series for government not-for-profit organizations and, where appropriate, include amounts based on management's best estimates and judgements. Estimates and assumptions are based on historical experience, current conditions and various other assumptions believed to be reasonable in the circumstances.

Management is responsible for establishing and maintaining a system of internal controls designed to provide reasonable assurance that the financial records are relevant, reliable and accurate, and that assets are properly accounted for and safeguarded. The system includes formal policies and procedures and an organizational structure that provides for appropriate delegation of authority and segregation of responsibilities.

Ontario Health atHome's Board of Directors is responsible for ensuring that management fulfills its responsibilities for financial reporting and internal controls. The Board of Directors reviews and approves the financial statements and meets with management regularly.

The Office of the Auditor General, appointed by our legislation has audited the financial statements in accordance with Canadian generally accepted auditing standards, as stated in their Independent Auditor's Report. The Office of the Auditor General has full and unrestricted access to the Board of Directors to discuss their audit and related findings

On behalf of Ontario Health atHome Management,



Anna Greenberg

Interim Chief Executive Officer



Cindy Ward

Interim Chief Financial Officer

## INDEPENDENT AUDITOR'S REPORT

### To Ontario Health atHome

#### Opinion

I have audited the financial statements of Ontario Health atHome, which comprise the statement of financial position as at March 31, 2025, and the statements of operations, changes in accumulated deficit and cash flows for the period from June 28, 2024 to March 31, 2025, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Ontario Health atHome as at March 31, 2025, and the results of its operations, changes in its accumulated deficit and its cash flow for the period from June 28, 2024 to March 31, 2025 in accordance with Canadian public sector accounting standards.

#### Basis for Opinion

I conducted my audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of Ontario Health atHome in accordance with the ethical requirements that are relevant to my audit of the financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing Ontario Health atHome's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless Ontario Health atHome either intends to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Ontario Health atHome's financial reporting process.

## Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ontario Health atHome's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Ontario Health atHome's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ontario Health atHome to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Toronto, Ontario  
June 24, 2025

Shelley Spence, FCPA, FCA, LPA  
Auditor General

**Ontario Health atHome**  
**Statement of Financial Position**

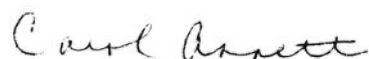
As at March 31, 2025

(in thousands of dollars)


	Notes	2025 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash		375,531
Due from Ontario Health and the Ministry of Health		399
Accounts receivable		25,846
Prepaid expenses		17,217
<b>Total current assets</b>		<b>418,993</b>
Capital assets	3	1,874
<b>Total assets</b>		<b>420,867</b>
<b>Liabilities and Accumulated Deficit</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	11	319,542
Due to Ontario Health and the Ministry of Health	4	100,497
<b>Total current liabilities</b>		<b>420,039</b>
Deferred capital contributions	5	1,874
Employee future benefits	6	14,835
<b>Total liabilities</b>		<b>436,748</b>
<b>Accumulated Deficit</b>		
Unrestricted		(1,048)
Internally restricted related to care fund		2
Internally restricted related to employee future benefits		(14,835)
<b>Total accumulated deficit</b>		<b>(15,881)</b>
<b>Total liabilities and accumulated deficit</b>		<b>420,867</b>

The accompanying notes are an integral part of the financial statements

Approved by the Board



Carol Annett, Board Chair



Kate Fyfe, Vice Chair

**Ontario Health atHome  
Statement of Operations**

For the period from June 28, 2024 to March 31, 2025  
(in thousands of dollars)

	Notes	2025 \$
<b>Revenue</b>		
Ontario Health funding – operations and initiatives		3,389,718
Ontario Health funding - Ontario Renal Network		4,648
Ministry of Health funding - translation and nurse practitioner		676
Amortization of deferred capital contributions	5	762
Other income		1,534
<b>Total revenue</b>		<b>3,397,338</b>
<b>Expenses</b>		
Contracted health care services		
In-home/clinic services		2,415,020
School services		12,242
Hospice services		62,738
Salaries and benefits	6	676,269
Medical supplies		141,308
Medical equipment rental		24,758
Buildings and grounds		21,053
Supplies and sundry	11	44,251
Amortization	3	762
<b>Total expenses</b>		<b>3,398,401</b>
<b>Deficiency of revenue over expenses before the undernoted</b>		<b>(1,063)</b>
Net liabilities transferred to Ontario Health atHome	12	(14,895)
Employee future benefits recovery	6	96
Expense from care fund		(19)
<b>Deficiency of revenue over expenses</b>		<b>(15,881)</b>

The accompanying notes are an integral part of the financial statements

**Ontario Health atHome**  
**Statement of Changes in Accumulated Deficit**

For the period from June 28, 2024 to March 31, 2025  
*(in thousands of dollars)*

	Unrestricted	Internally restricted care fund	Internally restricted employee future benefits	2025 Total
	\$	\$	\$	\$
<b>Accumulated deficit, beginning of period</b>	-	-	-	-
Deficiency of revenue over expenses	(971)	21	(14,931)	(15,881)
Transfer to employee benefits and care fund	(77)	(19)	96	-
<b>Accumulated deficit, end of period</b>	<b>(1,048)</b>	<b>2</b>	<b>(14,835)</b>	<b>(15,881)</b>

The accompanying notes are an integral part of the financial statements



**Ontario Health atHome**  
**Statement of Cash Flows**

For the period from June 28, 2024 to March 31, 2025  
*(in thousands of dollars)*

	Notes	2025 \$
<b>Cash flows from operating activities</b>		
Deficiency of revenue over expenses		(15,881)
Adjustments for non-cash items:		
Amortization of capital assets		762
Amortization of deferred capital contributions		(762)
Changes in non-cash working capital items	9	391,412
<b>Net cash flows from operating activities</b>		<b>375,531</b>
<b>Cash flows from capital activities</b>		
Purchase of capital assets		(93)
<b>Cash flows from financing activities</b>		
Receipt of contributions for capital assets		93
Net increase (decrease) in cash		375,531
Cash, beginning of period		—
<b>Cash, end of period</b>		<b>375,531</b>

The accompanying notes are an integral part of the financial statements

# **Ontario Health atHome**

## **Notes to the Financial Statements**

March 31, 2025

(in thousands of dollars)

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### **1. Purpose of the Organization**

Ontario Health atHome is a Crown agency established on June 28, 2024 pursuant to the *Convenient Care at Home Act, 2023 (Act)*.

The purpose of the Act is to streamline and enhance home and community care services across the province. The Act provided for the amalgamation of the 14 local health integration networks, each operating as Home and Community Care Support Services organizations and their related assets, liabilities, rights, obligations and employees to be transferred to form Ontario Health atHome a single new service organization.

The objective of the Ontario Health atHome, which is set out in the *Connecting Care Act, 2019*, is the provision of home and community care services to its patients.

These services include the provision of shared services, as well as operational supports to client providers including care co-ordination services, placement management services and the provision of information to the public about, and making referrals to, health and social services.

Ontario Health atHome is a subsidiary of Ontario Health (OH) with its own board of directors and chief executive officer. It is directly accountable to OH and, indirectly accountable to the Minister of Health (MOH) through OH.

The financial results of Ontario Health atHome are not included in the OH financial statements as Ontario Health atHome is controlled by the Province of Ontario and is included in the consolidated financial statements of the Province.

Ontario Health atHome has entered into a Service Accountability Agreement (SAA) with OH, effective June 28, 2024 which sets out the terms and conditions on which OH will provide funding to Ontario Health atHome to fulfill its statutory obligations. Ontario Health atHome is also party to a tripartite Memorandum of Understanding (MOU) with the MOH and OH, which provides the framework for the accountabilities, roles and responsibilities with respect to the *Connecting Care Act, 2019*.

As a crown agency, Ontario Health atHome is exempt from payment of federal and provincial income taxes under section 149 of the *Income Tax Act (Canada)*.

### **2. Significant accounting policies**

#### *Basis of presentation*

The financial statements of Ontario Health atHome are prepared in accordance with Canadian public sector accounting standards including the 4200 series for government not-for-profit organizations, as issued by the Public Sector Accounting Board. Significant accounting policies adopted by Ontario Health atHome are:

#### *Economic dependence*

Ontario Health atHome is funded by the Province of Ontario in accordance with the SAA, which sets out budgetary arrangements established by OH and the MOH. These financial statements include operating funds included in the SAA and amended by OH and MOH funding letters. Due to the nature of the SAA, Ontario Health atHome is economically dependent on OH and the MOH.

# Ontario Health atHome

## Notes to the Financial Statements

March 31, 2025

(in thousands of dollars)

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### 2. Significant accounting policies (continued)

#### *Revenue recognition*

Ontario Health atHome follows the deferral method of accounting for contributions, which includes funding received from OH and the MOH. Contributions from OH and the MOH represent externally restricted contributions which must be spent within the fiscal year provided. Unspent contributions from OH and the MOH are recorded as repayable at the end of the fiscal year. Unrestricted contributions are recorded as revenue when received or receivable if the amount to be received can be reasonably estimated and collected and is reasonably assured.

Contributions externally restricted for the acquisition or development of capital assets are recorded as deferred capital contributions and are amortized to operations on the same basis as the related asset is depreciated.

All interest income earned by Ontario Health atHome is recorded as a liability payable to OH.

#### *Internally restricted accumulated deficit*

Included in the Statement of Accumulated Deficit is internally restricted accumulated deficit related to employee future benefits. These liabilities are presented as internally restricted because they are funded as benefit payments fall due. The future obligations are unfunded.

Included in the Statement of Accumulated Deficit is internally restricted accumulated deficit relate to the Care Fund. Charitable donations received by the former North Simcoe Muskoka CCAC are used to support Care Fund activities such as caregiver respite, medical equipment, staff education and organizational development activities.

#### *Capital assets*

Capital assets are recorded at cost, less accumulated amortization and write-downs, if any. The historical cost of tangible capital assets includes the cost directly related to the acquisition, design, construction, development, improvement or betterment. Repairs and maintenance costs are charged to expense.

Amortization begins when capital assets are available for use (i.e. when it is in the location and condition necessary for it to be capable of operating in the manner intended by management). For capital assets acquired or brought into use, during the year, amortization is provided for one half of a year.

Capital assets are amortized on a straight-line basis based on their estimated useful life as follows:

Computer equipment and software	3 years
Furniture and equipment	3-10 years
Medical equipment	5 years
Leasehold improvements	2-15 years

#### *Financial instruments*

Financial assets and financial liabilities are recognized on the statement of financial position when Ontario Health atHome becomes a party to the contractual provisions of the instrument.

Financial assets and liabilities are measured at amortized cost and include cash, due from Ontario Health and the Ministry of Health, accounts receivable, accounts payable and due to Ontario Health and the Ministry of Health. Financial instruments measured at amortized cost are initially recognized at acquisition cost, including transaction costs that are directly attributable to the acquisition or issuance.

**Ontario Health atHome**  
**Notes to the Financial Statements**

March 31, 2025

(in thousands of dollars)

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**2. Significant accounting policies (continued)**

Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the Statement of operations and changes in net assets.

*Employee future benefits*

(i) Non-pension and defined benefit pension plans:

Ontario Health atHome provides sick leave, post-employment benefits and a defined benefit pension plan sponsored by Ontario Health atHome to certain employees and accrues obligations as the employees render the service necessary to earn the benefits.

The actuarial determination of the accrued benefit obligation uses the projected benefit method prorated on service (which incorporates management's best estimate of future salary levels, retirement ages of employees and other actuarial factors). Under this method, the benefit costs are recognized over the expected average service life of the employee group.

Actuarial gains and losses on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. Any gains or losses are amortized over the estimated average remaining service life of the employees. The most recent actuarial evaluation of the plans was as of March 31, 2025.

For the purposes of calculating expected return on plan assets related to the defined benefit pension plan, these assets are valued at fair value.

(ii) Multi-employer, defined pension plan:

Substantially all of the employees of Ontario Health atHome are eligible to be members of the Health Care of Ontario Pension Plan (HOOPP), which is a multi-employer, defined benefit, final average earnings and contributory pension plan. Defined contribution plan accounting is applied to HOOPP as Ontario Health atHome does not have sufficient information to apply defined benefit accounting. As a result, Ontario Health atHome recognizes an expense equal to the required contributions provided for employees' services rendered during the period. Any outstanding contributions are included in accounts payable and accrued liabilities in the Statement of Financial Position.

*Use of estimates*

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements as well as the reported amounts of revenue and expenses during the reporting period. Significant areas requiring the use of estimates include employee future benefits.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. By their nature, estimates are subject to measurement uncertainty. Therefore, actual results may differ materially from the estimates.

Employee future benefits liability is subject to measurement uncertainty because actual results may differ significantly from Ontario Health atHome's best long-term estimate of expected results. For example, the difference between actual results and actuarial assumptions regarding discount rates and health care cost trend rates for retiree benefits may be significant.

**Ontario Health atHome**  
**Notes to the Financial Statements**

March 31, 2025

(in thousands of dollars)

**3. Capital assets**

	<b>Cost</b>	<b>Accumulated amortization</b>	<b>2025 Net book value</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Computer equipment and software	38,305	(38,110)	195
Furniture and equipment	35,427	(34,945)	482
Medical equipment	2,451	(2,359)	92
Leasehold improvements	41,531	(40,426)	1,105
	<b>117,714</b>	<b>(115,840)</b>	<b>1,874</b>

**4. Due to Ontario Health and the Ministry of Health**

The changes in the amounts due to OH and the MOH are as follows:

	<b>2025 \$</b>
Due to OH and MOH, beginning of year	—
Transfers to Ontario Health atHome (note 12)	160,149
Funding repaid to OH	(96,196)
Funding repayable to OH related to current year activities	26,847
Funding repayable to MOH related to current year activities	—
Interest income to be remitted to OH for the current year	9,697
Due to OH and MOH, end of year	<b>100,497</b>

**5. Deferred capital contributions**

The changes in the deferred capital contributions balance are as follows:

	<b>2025 \$</b>
Deferred capital contributions, beginning of year	—
Transfers to Ontario Health atHome (note 12)	2,543
Amounts received from OH	93
Amortization of deferred capital contributions	(762)
Deferred capital contributions, end of year	<b>1,874</b>

**6. Employee Future Benefits**

Ontario Health atHome provides the following employee future benefits to certain employees:

- (i) Post-employment benefit programs are provided to certain employees. Reimbursement of medical and some life insurance expenses is available provided specific conditions are met.
- (ii) A vested sick leave plan is provided to certain employees. Accumulated sick leave not taken is paid upon departure, provided certain conditions are met.
- (iii) Non-vested sick leave plans are provided to certain employees. Sick leave not taken in the year, can be accumulated and used in future years of employment for illness or injury.
- (iv) A defined benefit pension plan, sponsored by Ontario Health atHome and managed by The Manufacturers Life Insurance Company is provided to certain employees.

**Ontario Health atHome**  
**Notes to the Financial Statements**

March 31, 2025

(in thousands of dollars)

**6. Employee Future Benefits (continued)**

- (v) Ontario Health atHome contributes to HOOPP which is a multiemployer plan. The amount contributed to HOOPP for fiscal March 31, 2025 was \$49,126 for current service costs and is included as an expense in the Statement of Operations. The last actuarial valuation was completed for the plan as of December 31, 2024 disclosed net assets available for benefits of \$123,017,000 with pension obligations of \$112,579,000.

An actuarial valuation of the future liabilities associated with these employee future benefits has been determined and forms the basis for the liability reported in these financial statements.

The significant assumptions used in the actuarial valuation are as follows:

	<b>Vested and Non-Vested Sick Leave</b>	<b>Post employment benefit obligations</b>	<b>Defined benefit plan</b>
Discount rate			
-Beginning of Period	4.0%	4.0%	4.0%
-End of Period	3.9%	3.9%	3.9%
Rate of compensation increases	1.5% - 3.8%	1.5% - 3.0%	1.5%
Health care cost trend	n/a	5.5%	n/a
Expected long-term rate of return on plan assets	n/a	n/a	5.0%
Employee average remaining service life (years)	7.3 - 12.3	7.3 - 12.3	7.3 - 12.3

*Employee future benefits – sick leave and post-employment benefits:*

	<b>Vested and Non-Vested Sick Leave</b>	<b>Post employment benefit obligations</b>	<b>2025</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Accrued benefit obligation	9,473	6,985	16,458
Unamortized net actuarial gains	(2,115)	492	(1,623)
Employee future benefits liability at March 31, 2025	<b>7,358</b>	<b>7,477</b>	<b>14,835</b>
Employee future benefits recovery	951	446	1,397
Employer contributions	(1,016)	(321)	(1,337)
Underfunded (overfunded) portion of expense	<b>(65)</b>	<b>125</b>	<b>60</b>

**Ontario Health atHome**  
**Notes to the Financial Statements**

March 31, 2025

(in thousands of dollars)

**6. Employee Future Benefits (continued)**

*Employee future benefits – defined benefit pension plan:*

	<b>2025</b>
	<b>\$</b>
Accrued benefit obligation	(332)
Pension fund assets	587
Funded status - plan surplus	255
Unamortized actuarial losses (gains)	(27)
Valuation allowance	(228)
Pension liability at March 31, 2025	-
Amortization of actuarial gains	13
Change in valuation allowance during year	(24)
Contributions	-
Interest during year	11
Total pension related expenses	-

A valuation allowance was required to reduce the accrued benefit asset at March 31, 2025 and was determined by comparing the accrued benefit asset adjusted for unamortized amounts with the value of the expected future benefit.

**7. Commitments**

Ontario Health atHome has commitments under various operating leases extending to 2030 as follows:

	<b>\$</b>
2026	7,390
2027	3,949
2028	2,383
2029	980
2030	—
	<b>14,702</b>

**8. Contingencies**

Ontario Health atHome has been named as a defendant in various claims due to the nature of its operations as well as grievances filed by its various unions. Management has recorded its best estimate of the outcome of these claims in these financial statements.

Ontario Health atHome is a member of the Healthcare Insurance Reciprocal of Canada (HIROC), which is a pooling of the liability insurance risks of its members. Members of the pool pay annual premiums that are actuarially determined. HIROC members are subject to reassessment for losses, if any, experienced by the pool for the years in which they are members, and these losses could be material. \$Nil reassessments have been made to March 31, 2025.

Should these result in additional revenues or costs, the difference will be recorded in the year of settlement.

**Ontario Health atHome**  
**Notes to the Financial Statements**

March 31, 2025

(in thousands of dollars)

**9. Change in non-cash working capital items**

	<b>2025</b>
	<b>\$</b>
Due from OH and MOH	(399)
Accounts receivable	(25,846)
Prepaid expenses	(17,217)
Accounts payable and accrued liabilities	319,542
Due to OH and MOH	100,497
Employee future benefits	14,835
Total change in non-cash working capital items	<b>391,412</b>

**10. Financial risk management**

Ontario Health atHome through its exposure to financial assets and liabilities has exposure to credit risk and liquidity risk as follows:

- (i) Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. Ontario Health atHome's maximum exposure to credit risk is the carrying value reported on the Statement of Financial Position of cash, due from Ontario Health and the Ministry of Health, and accounts receivable. Credit risk is low associated with cash since it is held with a major financial institution with a high credit rating. Credit risk associated with accounts receivable is low because they are either related to other provincial government organizations or risk is mitigated through collection practices.
- (ii) Liquidity risk is the risk that Ontario Health atHome will encounter difficulty in meeting obligations associated with financial liabilities that are to be settled by delivering cash or another financial asset. Ontario Health atHome mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and cash flow analysis.

**11. Related party transactions and balances**

Related parties of Ontario Health atHome include the Government of Ontario ministries, agencies, and all other entities subject to common control of the province. The Agency enters into transactions with these entities in the normal course of business. Related party transactions are measured at the exchange amount.

Related party transactions during the period consisted of the following:

- (i) Ontario Health atHome incurred expenses of \$3,603 to OH for software licensing and one employee secondment. As at March 31, 2025 there is no payable to OH.
- (ii) Ontario Health atHome incurred expenses of \$617 to the Ministry of Finance related to legal services, supplies and printing. As at March 31, 2025, accounts payable and accrued liabilities included \$62 due to the Ministry of Finance.
- (iii) Ontario Health atHome incurred expenses of \$373 to Infrastructure Ontario related to realty services and lease payments. As at March 31, 2025 there is no payable to Infrastructure Ontario.
- (iv) Ontario Health atHome incurred expenses of \$122 to the Ministry of Public and Business Services Delivery and Procurement related to supplies and printing. As at March 31, 2025, accounts payable and accrued liabilities included \$37 due the Ministry of Public and Business Services Delivery and Procurement.
- (v) Ontario Health atHome incurred expenses of \$2 to the Ministry of Health related to supplies and printing. As at March 31, 2025, accounts payable and accrued liabilities included \$1 due to the Ministry of Health.



Ontario Health atHome
Notes to the Financial Statements
March 31, 2025
(in thousands of dollars)

12. Transfers to Ontario Health atHome

On June 28, 2024, the asset, liabilities, rights, obligations and employees of each of the 14 Local health Integration Networks were transferred to Ontario Health atHome for no consideration. Below are the details of the net assets and liabilities transferred to Ontario Health atHome based on their carrying values at June 27, 2024:

	Central East	Central	Central West	Champlain	Erie St. Clair	Hamilton Niagara Haldimand Brandt	Mississau ga Halton	North East	North West	North Simcoe Muskoka	South East	South West	Toronto Central	Waterloo Wellington	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Assets</b>															
Cash	50,712	32,734	10,613	28,953	13,385	2,235	26,994	26,832	9,804	20,626	22,953	20,532	8,047	10,542	284,962
Due from the Ministry of Health	9,126	17,703	8,029	4,457	9,692	30,117	3,831	2,553	1,541	774	432	4,290	10,224	7,917	110,686
Accounts receivable	1,207	2,318	1,032	1,324	556	729	792	808	152	703	527	975	963	2,149	14,235
Prepaid expenses	2,402	1,929	437	1,218	1,386	2,924	1,520	2,085	122	514	701	2,175	1,359	1,550	20,322
Capital assets	195	907	66	457	138	282	—	7	7	—	18	310	149	7	2,543
	63,642	55,591	20,177	36,409	25,157	36,287	33,137	32,285	11,626	22,617	24,631	28,282	20,742	22,165	432,748
<b>Liabilities</b>															
Accounts payable and accrued liabilities	47,032	34,372	18,034	22,885	15,562	23,760	16,314	14,435	5,166	11,443	11,313	14,972	15,809	13,978	265,075
Due to Ontario Health and the MOH	15,238	20,312	2,077	11,831	9,137	11,624	16,823	17,827	6,453	10,949	12,431	13,001	4,784	7,662	160,149
Deferred revenue	1,177	—	—	1,236	475	622	—	—	—	205	869	—	—	518	5,102
Employee future benefits	—	—	—	—	2,606	3,839	—	3,949	—	1,497	—	544	—	2,339	14,774
Deferred capital contributions	195	907	66	457	138	282	—	7	7	—	18	310	149	7	2,543
	63,642	55,591	20,177	36,409	27,918	40,127	33,137	36,218	11,626	24,094	24,631	28,827	20,742	24,504	447,643
<b>Accumulated deficit transferred to Ontario Health atHome</b>	—	—	—	—	(2,761)	(3,840)	—	(3,933)	—	(1,477)	—	(545)	—	(2,339)	(14,895)

Ontario Health atHome
Schedule 1: Ontario Health and Ministry of Health Funding Reconciliation

March 31, 2025
(in thousands of dollars)

	Due from MOH transferred from HCCSS	Due from OH transferred from HCCSS	Payable to MOH transferred from HCCSS	Payable to OH transferred from HCCSS	Deferred Revenue transferred from HCCSS	Funding Received (Recovered) during period (9 months)	Amounts Recognized as Revenue during period (9 months)	Deferred Revenue end of period	Due from MOH end of period	Due from OH end of period	Payable to MOH end of period	Payable to OH end of period
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Transferred from HCCSS	(110,685)	-	103,313	56,804	5,086	(95,405)	104,732.00	-	-	-	7,040	56,804
Current Period												
Direct Services												
Base	-	-	-	-	-	3,195,289	(3,177,486)	-	-	-	-	17,803
One-time												
Hospice	-	-	-	-	-	19,185	(17,893)	-	-	-	-	1,292
Budget pressure funding	-	-	-	-	-	163,000	(163,000)	-	-	-	-	-
Integrated Administration/ Governance												
Base	-	-	-	-	-	116,715	(116,715)	-	-	-	-	-
One-time												
Time Limited Transition Support	-	-	-	-	-	8,580	(3,131)	-	-	-	-	5,449
IT Investment	-	-	-	-	-	16,620	(14,552)	-	-	-	-	2,068
Medical Equipment and Supplies - implementation	-	-	-	-	-	500	(500)	-	-	-	-	-
Consulting Services for the Development of a Service Model and Change Plan	-	-	-	-	-	500	(265)	-	-	-	-	235
IT Investment - Additional	-	-	-	-	-	1,000	(1,000)	-	-	-	-	-
Other												
Ontario Health - Cancer Care Division/ Ontario Renal Network	-	-	-	907	-	3,360	(4,648)	-	-	(381)	-	-
Nurse Practitioner - MOH direct funding	-	-	-	-	-	607	(607)	-	-	-	-	-
Translation - MOH direct funding	-	-	33	-	16	113	(70)	-	(19)	-	110	-
Total	(110,685)	-	103,346	57,711	5,101	3,430,063	(3,395,134)	-	(19)	(381)	7,150	83,651