

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 April 1, 2026 – June 30, 2026 (“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 22nd day of June, 2026.



Anna Greenberg
Chief Executive Officer
Ontario Health atHome

Schedule A

CEO Certificate of Compliance

For the Applicable Period: April 1, 2026 – June 30, 2026

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 – Archives and Recordkeeping Act, 2006

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 defined enhancement request is in development to provide options for Ontario Health atHome as an interim measure to identify records appropriate for destruction and mitigate inappropriate access. This would include the proposal of new technical controls. Next steps will include deliberation with Ontario Health to understand technical feasibility and development efforts.

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 2 – 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 Q4 of 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 outcome of this provincial committee.

Note 3 – 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 (i.e. record classification, archiving, and destruction across geographies), 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 Directive. 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. Legacy records, however, remain in the process of being sorted, categorized, and classified to implement the various policies.

Note 4 – 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) of the MOU. Due to continued growth in patient demand, Ontario Health atHome is projecting a funding shortfall in its Patient Services envelope for fiscal 2026/27.

In collaboration with Ontario Health, Ontario Health atHome has proactively engaged the Ministry to share projected service volumes and funding pressure. In April, 2026, the 2026 provincial budget was announced, and it included an additional \$1.1B funding over three years to strengthen home and community care services. This investment of \$303M for 2026/27 will support an 8% service volume growth in home care. However, expected YOY growth based on 2025/26 service volume growth is 12% and early indication in April shows that the growth could be higher than 15%. If this recent trend continues, OH atHome will require an additional ~\$250M-\$270M above the \$303M committed from the Ministry to stay balanced. Ontario Health atHome has developed strategies to manage growth pressures. These strategies have been presented to the Ministry for approval and Ontario Health atHome continues to engage the Ministry to ensure a balanced in-year financial position can be achieved.

In its Administration envelope for fiscal year 2026/27, Ontario Health atHome is expected to achieve a balanced financial position with identified in-year savings opportunities despite some costs pressures such as facilities cost increase due to Return to Office initiative, CBREA transfer and union contract labour rate increases.

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 patient 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 (2 programs) - 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
- Specialized Geriatric assessment services (2 programs)
- Hospice Palliative Care RN and Team Assistant to support the local Palliative Care physicians
- 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.