

WE ARE YOUR DOL



Employer's Annual Compliance Statement of Wage Parity, Hours and Expenses

- This form is required to be submitted to each CHHA, MCO, & LTHHCP with which the Employer contracts for home health aide services during the year indicated below and shall be provided to accompany the Employer's
o Annual Written Certification
o Independently-Audited Financial Statement Verifying Wage Parity hours and expenses
• To be retained for a period of 10 years
• To be made available upon request by the Departments of Health and/or Labor

Calendar Year Covered by this Statement: _____ to _____

To:

Firm name: _____ Firm type: _____

Address: _____

From:

Employer name: _____ Employer type: _____

Employer address: _____

Period covered: _____ Representative name: _____

Representative signature Title Date prepared

- 1. Total wage parity episodes of care _____
- 2. Total home care aides providing episodes of care _____
- 3. Total wage parity hours of care _____
- 4. Total wage parity base* wage paid _____
- 5. Total wage parity additional* wages paid _____
- 6. Total wage parity supplemental* wages paid (e.g.)
Total health benefits paid _____
Total education benefits paid _____
Total pension benefits paid _____

Other paid time off or supplement in lieu of benefits paid (list the type of paid time off or paid benefit and the amount. List additional items as necessary).

Benefit _____ total paid _____

*wage parity base, additional, and supplemental wages as defined

Directions for completion of the Annual Compliance Statement of Wage Parity Hours and Expenses

1. The Employer required to complete this form are Licensed Home Care Services Agencies (“LHCSA”), Fiscal Intermediaries (“FIs”), or other third parties that are subject to the requirements of Public Health Law section 3614-c.
2. This Form must be completed for each calendar year in which the Employer provides any home care aide services under a contract with a Certified Home Health Agency (“CHHA”), Managed Care Organization (“MCO”), or Licensed Long-Term Home Health Care Plan (“LTHHCP”). The contract with the CHHA, MCO, or LTHHCP need not cover the full calendar year.
3. Employer must complete a separate Statement for each CHHA, MCO, or LTHHCP in which had a contract during the Calendar year AND it provided home care aide services under that contract. The information supplied must apply to the home care aide services provided to the CHHA, MCO, or LTHHCP.
4. Completed forms must be provided to the CHHA, MCO, or LTHHCP to which the home care aide services being reported apply AND to the Employer’s independent auditor who shall verify the expenses being reported on this form.
5. The Employer’s Representative responsible for signing this Form shall be the same person that is signing the Certification which this Form accompanies.

Definitions

Base Wage is the minimum amount of the total compensation that must be paid in cash wages directly to the home care aide as regular hourly wages for all hours worked.

Additional Wages are the amount of the total compensation that employers may satisfy through additional payments directly to home care aides for hours not worked and for differentials and premiums other than overtime. Examples include paid leave (vacation, holiday, sick and personal days) and differentials or premiums for certain shifts (nights, weekends and holidays) or assignments (sleep-in or live-in work, care for multiple clients during the same shift). Additional Wages do not include overtime compensation required under the Fair Labor Standards Act (FLSA) or State minimum wage orders or extra compensation creditable toward required overtime compensation for hours worked in excess of normal, regular or maximum daily or weekly hours.

Supplemental Wages are the amount of total compensation that employers may satisfy indirectly, for example, by providing education, pension benefits, or health insurance benefits.