

# WE ARE YOUR DOL



## Annual Compliance Statement of Wage Parity, Hours and Expenses

This form must be submitted to each CHHA, MCO, & LTHHCP with which the LHCSA or FI contracts for home health aide services during the year, or period indicated below, in the affected regions of New York City, Westchester, Nassau and Suffolk. For more information review the Guidelines for Licensed Home Care Services Agencies, Fiscal Intermediaries, or other Third Parties Providing Wage Parity Covered Services under Section 3614 – c (LS302).

### From: LHCSA or FI

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Representative/Preparer Name: \_\_\_\_\_

Representative/Preparer Title: \_\_\_\_\_

Representative/Preparer Signature: \_\_\_\_\_

Calendar year or period covered by this statement: \_\_\_\_\_ Date: \_\_\_\_\_

### To: CHHA, MCO, or LTHHCP

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Definitions and Instructions

**Total Wage Parity Hours (Item #1)** includes all Medicaid billable hours worked by all home care aides regardless of whether they were or were not overtime hours.

**Total Wage Parity Expenses (Item #2)** includes only base hourly wages and does not include overtime premiums. Wage parity is calculated on base wage rates, not on the half time overtime premium. For example, if a home care aide works 60 hours in a week at a base wage rate of \$15/hour, the expenses to be listed would be 60 hours x \$19.09 = \$1,145.40 (assumes NYC and \$15/hr.+\$1.69 add'l.+\$2.40 supp.) and not the full payment, including half time overtime pay. This amount is based on the date of service during the calendar year.

**Base Wage (Item #3)** 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. List only the lowest base wage rate paid to home care aides. E.g., if an agency pays home care aides a range of \$15/hour to \$20/hour depending on the length of time of employment and raises given, only list the \$15/hour amount.

**Additional Wages (Item #4)** 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. This only applies to the NYC region.

**Supplemental Wages (Items 5 and 5a-5d)** are the amount of total compensation that employers may satisfy indirectly, for example, by providing education, pension benefits, or health insurance benefits. Include the total minimum rate allowed for home care aides in this category in item #5. Break down this total in items 5a – 5d and provide a description of all benefits included in 5d.

**Statement of Hours and Expenses:** Complete table listing the rates or values for all areas of service that apply during the statement period. If there is more than one rate, please list all rates. Use an additional sheet if needed.

<b>Wage Parity Rates</b>	<b>New York City</b>	<b>Westchester/ Nassau/Suffolk</b>
1. Total wage parity hours (includes all hours worked)		
2. Total wage parity expenses	\$	\$
3. Lowest wage parity base wage rate	\$/hour	\$/hour
4. Wage parity additional wages rate/s (NYC only)	\$	N/A
5. Wage parity supplemental wage rate/s	\$	\$
5a. Health benefits rate/s	\$	\$
5b. Education benefits rate/s	\$	\$
5c. Pension benefits rate/s	\$	\$
5d. Other paid time benefit/s rate/s in lieu of 5a, 5b and 5c (please describe).	\$	\$