

WE ARE YOUR DOL



Independent Auditor’s Statement Verifying Employer’s Wage Parity Hours and Expenses

- This form is required to accompany:
 - Employer’s Annual Written Certification
 - Employer’s Annual Compliance Statement of 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

The undersigned has conducted an independent audit of the following Employer’s financial statements and business records using Generally Accepted Accounting Principles (GAAP) according to the Financial Accounting Standards Board (FASB) to assess the accuracy of the Employer’s Annual Compliance Statement of Wage Parity Hours and Expenses to which this is attached.

The undersigned verifies:

- The Compliance Statement of Wage Parity Hours and Expenses for the Employer for the period stated below is accurate.
- The Independent Auditing Firm listed below is independent of the Employer.

Calendar Year Covered by this Statement: _____ to _____

Employer name: _____ Employer type: _____

Employer address: _____

Provider ID: _____ Provider’s FEIN: _____

Independent Auditing Firm name: _____

Address: _____

Phone: _____

Auditor/Firm Representative name: _____

Auditor/Firm Representative signature

Title

Date

Directions for completion of the Independent Auditor's Statement Verifying Employer's Wage Parity Hours and Expenses

1. The Employer required to complete the Employer's Annual Compliance Statement of Wage Parity Hours and Expenses to which this Independent Auditor's Statement is attached are Licensed Home Care Services Agencies ("LHCSAs"), Fiscal Intermediaries ("FIs"), or other third parties that are subject to the requirements of Public Health Law section 3614-c.
2. This Independent Auditor's Statement 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. Independent Auditing Firm must be independent of the Employer as that term is commonly understood to mean.
4. Completed Independent Auditor's Statements must be provided to the CHHA, MCO, or LTHHCP to which the home care aide services being reported apply AND must be made available upon request to the New York State Department of Health or the Department of Labor.