



**Human Resources
Administration**
Department of
Social Services

W-2-424-P
Rev. 02/18

Special Services

**Home Care Services
Program**

8/23/23

**Molly Wasow Park
DSS Commissioner**

**Lisa C. Fitzpatrick
HRA Administrator**

**Annette Holm
Chief Special
Service Officer**

**Randa Henry-Jenkins
Deputy Commissioner**

**785 Atlantic Avenue
Brooklyn, NY 11238**

929 221-0848 Tel

**Chinese American Planning
1 York Street, 2nd Flr
New York, NY 10013**

Dear Ling

This letter is to inform you of the results of the Fiscal Compliance Audit which was conducted on your agency by the Home Care Services Program (HCSP) in June/August 2023.

The evaluation included a review of the following areas:

- 1. Payroll & FLSA**
- 2. Payroll Taxes**
- 3. Unemployment Insurance Benefit**
- 4. Worker Compensation/Disability**
- 5. Autotime**
- 6. Manual Timesheet**
- 7. Conflict of Hours Report**

The results of your agency's performance are contained on the attached Audit Report. Any questions regarding these compliance scores and the submission of Corrective Action Plans, which are required for any area not in compliance, should be directed to the undersigned.

Sincerely,
Aaron Dialah, Management Auditor
Division of Home Care Services Program
Contract Management

cc: Daniella Wisham
Board Chairperson
File

FISCAL AUDIT REPORT

Fiscal Year 2022
Round 1

NAME OF VENDOR AGENCY:
Chinese American Planning

NAME OF FISCAL MANAGER:
Aaron Dialah

CASE SIZE OF VENDOR AGENCY
-

SIGNATURE OF FISCAL MANAGER


DATES OF AUDIT: August 2023

Listed below are the compliance areas reviewed and the corresponding performances indicator rating. One hundred percent is the minimum rating for achieving compliance in the following performance indicators: Hours Billed, Days & Time (Both Autotime and Manual Timesheet) and Conflict of Hours Report.

Ninety percent **90%** is the minimum rating for achieving compliance in the rest of performance indicators: HCW Name, Call In/Out, Client signature, HCW Signature and Original Timesheet.

1. COMPLIANCE AREA: Payroll & FLSA

A. Minimum Wage

HCWs must receive at least the minimum wage pay for hours worked.

Sample Size: 20 Rating: 100%

B. Paid Wage

HCWs must receive all wages for hours worked.

Sample Size: 20 Rating: 100%

C. Overtime

HCWS must be compensated for the correct rate and hours of overtime they worked

Sample Size: 20 Rating: 100%

D. PTO

Full time HCWs are allowed at the minimum 15 days of leave time per calendar year.

Sample Size: 20 Rating: 100%

E. Holidays

HCWs must be granted holidays according to Federal laws.

Sample Size: 20 Rating: 100%

F. Non-Work Compensation

HCWs must be compensated for any number of hours performed that are work related and required by the agency.

Sample Size: - Rating: -

G. Car Fare

HCWs must be compensated for travel fare between HCSP's clients within one working day.

Sample Size: - Rating: -

2. COMPLIANCE AREA: Payroll Taxes

A. Payroll Tax-Federal

Employer must pay HCWs' federal tax according to their payroll records.

Sample Size: 20 Rating: 100%

B. Payroll Tax-City & State

Employer must pay HCWs' city and state taxes according to their payroll records.

Sample Size: 20 Rating: 100%

3. COMPLIANCE AREA: Unemployment Insurance Benefit

There must be a Conflict of Hours Report if a worker work for more than one agency, the report must prove that the workers does not have any overlapped schedule.

Sample Size: 20 Rating: 100%

4. COMPLIANCE AREA: Worker Compensation/Disability

There must be a Conflict of Hours Report if a worker work for more than one agency, the report must prove that the workers does not have any overlapped schedule.

Sample Size: 20 Rating: 100%

5. COMPLIANCE AREA: Autotime

A. HCW Name

The HCW name on the autotime must match the HCW name on the schedule.

Sample Size: 20

Rating: 100%

B. Call In/Out

HCW must call in and out every time and on time. If there is no call in or out, there must be an exception report or explanation in order to be considered for passing rate. If the HCW is late or not reported to client's address on the scheduled date for more than 20% of total authorized time, there must be a disciplinary action report.

Sample Size: 20

Rating: 100%

C. Hours Billed

Hours registered on the Autotime must match the hours billed.

Sample Size: 20

Rating: 100%

D. Days & Time

Days and time registered on the Autotime must be authorized and match M11A.

Sample Size: 20

Rating: 100%

6. COMPLIANCE AREA: Manual Timesheet

A. HCW Name

The HCW name on the timesheet must match the HCW name on the schedule.

Sample Size: 20

Rating: 100%

B. Client Signature

The timesheet must have the client's signature confirming that the timesheet is correct.

Sample Size: 20

Rating: 100%

C. HCW Signature

The timesheet must have the HCW's signature confirming that the timesheet is correct.

Sample size: 20

Rating: 100%

D. Original Timesheet

The timesheet must be an original and no lateness or missing work day.*

Sample size: 20

Rating: 100%

E. Hours Billed

Hours recorded on the timesheet must match the hours billed.

Sample size: 20

Rating: 100%

F. Days & Time

Days and time recorded on the timesheet must be authorized and match M11A.

Sample size: 20

Rating: 100%

* If the HCW is late or not reported to client's address on the scheduled date for more than 20% of total authorized time, there must be a disciplinary action report.

7. COMPLIANCE AREA:

Conflict of Hours Report

There must be a Conflict of Hours Report if a worker work for more than one agencies, the report must prove that the workers does not have any overlapped schedule

Sample size: 20

Rating: 100%

General observations made by the Fiscal Manager during the field evaluation: N/A

FISCAL EVALUATION REPORT- (PAYROLL - AUTOTIME)

The Fiscal Evaluation on payroll AND autotime for period April 2021 to March 2022 conducted on Chinese American on the dates of June – August 2023 to review fiscal compliance in the areas of:

1. Payroll	
A) Minimum Wage	<u>100</u> %
B) Correct Paid	<u>100</u> %
C) Overtime Pay	<u>100</u> %
D) Sick Leave & Vacation	<u>100</u> %
E) Holidays	<u>100</u> %
F) Non-Work Pay	<u>-</u> %
G) Transportation Reimbursement	<u>-</u> %
2. Payroll Taxes	
A) City & State Taxes	<u>100</u> %
B) Federal Tax	<u>100</u> %
3. Unemployment/Disability Insurance	<u>100</u> %
4. Worker Compensation	<u>100</u> %
5. Auto-time (Call in/out)	
A) HCW Name	<u>100</u> %
B) Call In/Out	<u>100</u> %
C) Hours Recorded	<u>100</u> %
D) Days & Time	<u>100</u> %
6. Manual Timesheet	
E) HCW Name	<u>100</u> %
F) Client Signature	<u>100</u> %
G) HCW Signature	<u>100</u> %
H) Original Timesheet	<u>100</u> %
I) Hours Recorded	<u>100</u> %
J) Days & Time	<u>100</u> %
7. Conflict of Hours	<u>100</u> %

The Fiscal Evaluation Report will contain specific findings responding to all comments and documentations offered by the agency.

Comments or particular issues acknowledged to be resolved are: N/A

Comments by the Fiscal Manager to provide information are: N/A

I accept the results of this evaluation and waive my right to comment within five working days.

I do not accept the results of this evaluation and exercise my right to comment within five working days.

It is understood that the findings and recommendations of the Fiscal Manager are subject to review by supervisory personnel prior to the preparation of the Fiscal Evaluation Report. Any changes in compliance scores or findings resulting from the review and follow-up audit performed by the Project Manager will be communicated to the Program Director together with the factual basis for these changes. The Program Director will be given five working days to comment and offer new information on any of these changes. The five days period, if requested, will begin when the changes are communicated to the Program Director.

The signature below indicates that the Program Director acknowledge receipt of the Fiscal Evaluation Report.

X 

Fiscal Manager Name :
Title:

X 

Vendor Representative Name : Ling Ma
Title: Chief Program Officer / Program Director