

Fiscal Intermediary Category Selection Form- Attachment 1

Service Selection	Short Code	Unit Definition	Cap Rate	Provided Rate
Personal Attendant Services	PAS	percent (%) per month	8% of total payroll	
Personal Attendant Services: VD-HCBS Program	VA PAS	flat rate	\$95.00	Y <input type="checkbox"/> N <input type="checkbox"/>

In order for an application to be processed, the following items must be submitted at time of application as well as maintained throughout the life of the contract. Applications submitted without all required items will be held for thirty (30) days, after which the application will be considered invalid and will be destroyed. Failure to maintain all items throughout the life of the contract will result in service suspension and/or contract termination.

City Business License- If currently operating out of Utah, submit a copy of the comparable document from the city of operation.

Agency brochure, pamphlet, or other informational flyer

Agency Continuity of Operations Plan/Emergency Plan

Direct Deposit Form (please leave SUPPLIER NUMBER field blank)

Voided Check

-or-

Bank Letter

Worker's Compensation Insurance verification

Commercial General Liability Insurance- must be presented on an occurrence form

Name of Insured

State of Utah, DHS/DAAS, Salt Lake County listed as additional insured and certificate holder

Minimum amount of \$1,000,000 per occurrence

Minimum amount of \$3,000,000 general policy aggregate