

Home Health Service Category Selection Form- Attachment 1

Service Selection	Short Code	Unit Definition	Cap Rate	Provided Rate
Home Health Aide	HHA	15 minutes = 1 unit	\$6.00	
Companionship Home Health Aide	CHHA	15 minutes = 1 unit	\$6.25	
Homemaker	HMK	15 minutes = 1 unit	\$5.50	
Companionship Homemaker	CHMK	15 minutes = 1 unit	\$5.75	
Non-Medical Transportation	NMT	1 way trip = 1 unit	\$13.91	
Medical Transportation	MT	1 way trip = 1 unit	\$13.91	
Chore Services (requires bid)	CS	per occurrence	up to \$1,000	
Registered Nurse	RN	15 minutes = 1 unit	\$16.25	
Licensed Practical Nurse	LPN	15 minutes = 1 unit	\$8.50	
Personal Budget Assistance	PBA	15 minutes = 1 unit	\$4.72	
Agency-Based Personal Attendant	ABPAS	15 minutes = 1 unit	\$3.71	
Personal Attendant Training	PAS Training	15 minutes = 1 unit	\$15.92	

Applicants wishing to provide services listed in Attachment 1 may not apply as a provider for services listed in Attachment 2.

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.

Utah Department of Health License- If currently operating out of Utah, submit a copy of the comparable document from the state of operation. This contract will not be executed until Salt Lake County Aging and Adult Services receives a copy of this license.

Utah Department of Health Agency Service Review- If currently operating out of Utah, submit a copy of the comparable document from the state of operation.

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

Professional Liability Insurance

(Required only for providers that employ doctors, dentists, social workers, mental health therapists, or other professionals that will provide direct services under this contract)

Name of Insured*

*Salt Lake County is **not** to be listed as an additional insured for professional liability insurance

Minimum policy limit of \$1,000,000 per occurrence

Minimum amount of \$3,000,000 aggregate

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

Name of Insured

Coverage for owned, hired, and non-owned automobiles

Minimum of single combined limit of \$1,000,000