

Specialized Medical Equipment, Supplies, and Assistive Technology- Attachment 2

**Specialized Medical Equipment, Supplies, and Assistive Technology Definition-** Specialized Medical Equipment, Supplies, and Assistive Technology includes devices, controls, or other appliances which are of direct medical or remedial benefit to the individual and items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment.

Device/Supply	Unit Definition	List Price	% Off List Price per Unit	County Price
<b><u>RAISED TOILET SEAT-</u></b> Durable polyethylene plastic. One piece molded seat with tapered flange. Seat 4 ¾ inches high fits 10 inch to 12 inch openings.	Each			
<b><u>ROLLING SHOWER CHAIR-</u></b> PVC construction with heavy duty casters, mesh back, fits over standard height toilets.	Each			
<b><u>TRANSFER BENCH-</u></b> Adjustable seat and back. Supports up to 300 lbs.	Each			
<b><u>BATH SEAT W/BACK-</u></b> Rust proof with adjustable seat. Anodized aluminum tubing with non-slip tips. Seat and backrest molded of high-density plastic.	Each			
<b><u>HAND HELD SHOWER-</u></b> Instant on and off water supply to prevent scalding. Reinforced vinyl hose 7 ft. long. Installs on a threaded shower arm.	Each		_____ %	
<b><u>BED RAIL-</u></b> Rail to aid users with bed mobility and transfers to and from bed. For use with any size spring style bed.	Each			
<b><u>GRAB BARS-</u></b> Chrome 1 inch in diameter and extends only 3 inches from wall.	Each			
<b><u>TOILET FRAME RAILS-</u></b> Aluminum frame with foam armrests. Adjustable height from 26 inches to 31 inches. Adjustable width 18 inches to 24 inches. Supports up to 250 lbs.	Each			

Device/Supply	Unit Definition	List Price	% Off List Price per Unit	County Price
<b><u>TUB GRAB BARS-</u></b> Heavy gauge steel nylon coated. Bar fits variety width of tubs. Adjustable clasp for easy installation with no tools.	Each		_____ %	
<b><u>E-Z REACHER-</u></b> Flexible aluminum tongs and suction cups. Long handle easy trigger action. Jaws up to 3 to 12 inches. Grasps weight to 2 lbs.	Each			
<b><u>FOLDING WALKER-</u></b> Steel cross-brace. Weight 5 ¾ lbs. Height adjusts from 32 inches to 36 inches. Width is 16 inches.	Each			
<b><u>PANT LINERS-</u></b> Protective pads for underwear.	Per Case			
<b><u>BELTED UNDERGARMENTS-</u></b> (Belted style) highly absorbent polymer. Adjustable straps with buttons.	Per Case			
<b><u>WINGED UNDERGARMENTS-</u></b> (Tape tab style) full fit polymer composite and acid neutralizer. Refasten table tabs.	Per Case			
<b><u>PULL-UP BRIEFS-</u></b> Pull up, one-piece construction, cloth-like breathable outer cover. Thin, super absorbent core, contains fluid and odor inhibiting polymer. Tear away sides.	Per Case			
<b><u>DISPOSABLE UNDERPADS-</u></b> Flame retardant, polypropylene backing.	Per Package			
<b><u>WASHABLE UNDERPADS-</u></b> Fabric pads lined with a waterproof backing. Machine wash and dry.	Each			
<b><u>NON STERILE GLOVES-</u></b> Latex boxed gloves.	Per Box			

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.

Product(s) 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