

## EXHIBIT 3

### SERVICE SELECTION TABLE

All four programs under this RFA use a unit cost for the direct provision of services. The unit cost for resulting contracts will be referred to as service rates. The service rates stipulated by Salt Lake County Aging & Adult Services (AAS), and the service rates specified by the provider herein are the rates allowed for each unit of services to be delivered. Any service rate increase to the contract must be approved by a written amendment to the contract.

Please select the service(s) your organization is applying for using the table below and indicate the Service Rate per Unit for each (unless fixed by AAS):

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
<b>HOME HEALTH AGENCY (HHA) / PERSONAL CARE AGENCY (PCA)</b>						
<input type="checkbox"/>	<b>Home Health Aide (HHA1)</b>	Services consist of but not be limited to personal care assistance, incontinent care, light housekeeping, light meal preparation, basic nursing and health maintenance provided by a certified home health aide to an individual. Home Health Aides must be able to conduct errands, provide routine household care, conversation, activities, and minimal pet care. Home Health Aides must be appropriately licensed as a certified nursing assistant, its equivalent, or higher.	\$8.00 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Companionship Home Health Aide (CHHA1)</b>	Companionship Home Health Aide services are designed to provide socialization and support to isolated and fragile clients. Companionship Home Health Aides must be able to perform all services listed above in Home Health Aide. Companionship Home Health Aides must be appropriately licensed as a certified nursing assistant, its equivalent, or higher.	\$8.00 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Homemaker (HMK1)</b>	Serves the purpose of maintaining a clean and sanitary living environment in the individual's residence. Services consist of general household activities provided by a trained Homemaker to assist the person in maintaining his/her health and safety, including ensuring safe access and egress to their residence. Homemakers must be able to assist with verbal medication reminders, verbal cues, meal preparation, conduct errands, provide routine household care, conversation activities, and minimal pet care. Homemakers do not need to hold any type of professional license. Homemakers may not, under any circumstance, provide skilled or hands-on care to the individual.	\$8.00 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
<input type="checkbox"/>	<b>Companionship Homemaker (CHMKI)</b>	Companionship Homemaker services provide socialization and support to isolated and fragile clients. Companionship Homemakers must be able to perform all the services of a Homemaker. Companionship Homemakers do not need to hold any type of professional license. Companionship Homemakers may not, under any circumstances, provide skilled or hands-on care to the individual.	\$8.00 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Non-Medical Transportation (NMT)</b>	Companionship Home Health Aide or Companionship Homemaker providing transportation of clients to community services, activities, and resources as specified by the program Case Manager care plan. This service shall be used with the Companion Home Health Aide or Companion Homemaker service. <b><i>Non-Medical Transportation (one way trip) is limited to a 10 miles radius. Any medical transportation beyond 10 miles will be considered an additional unit per every 10 miles.</i></b>	\$15.00 (One way trip = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Medical Transportation (MT)</b>	Home Health Aide or Companionship Home Health Aide transporting a client to medical appointments and accompanying a client to a medical office. Aides must note physician change in care instructions and report changes to the program case manager and agency supervisor. <b><i>Medical Transportation (one way trip) is limited to a 10 miles radius. Any medical transportation beyond 10 miles will be considered an additional unit per every 10 miles.</i></b>	\$15.00 (One way trip = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Chore Services</b> Requires bid. (CS)	Consists of heavy household chores such as washing windows, floors, and walls, as well as moving heavy furniture items. Yard work and snow removal are not within the scope of Chore Services as defined within this contract.	Up to \$1,000 per occurrence	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Registered Nurse (RN)</b>	Includes services listed in the plan of care that are within the scope of the State of Utah Nurse Practice Act and are provided by a Registered Nurse.	\$16.25 (15 minutes = 1 unit)	Fixed	License for Home Health Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, &

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
						Professional Liability
<input type="checkbox"/>	<b>Licensed Practical Nurse (LPN)</b>	Includes services listed in the care plan that are within the scope of the State of Utah Nurse Practice Act and are provided by a Licensed Practical Nurse under the supervision of a Registered Nurse licensed to practice in the State of Utah.	\$8.50 (15 minutes = 1 unit)	Fixed	License for Home Health Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Personal Budget Assistance (PBA)</b>	Provides assistance with financial matters, fiscal training, supervision of financial resources, savings, retirement, earnings and funds monitoring, monthly check writing, bank reconciliation, budget management, tax and fiscal record keeping and filing and fiscal interaction on behalf of the individual. The purpose of this service is to offer opportunities for participants to increase their ability to provide for their own basic needs, increase their ability to cope with day-to-day living, maintain more stability in their lives and maintain the greatest degree of independence possible, by providing timely financial management assistance to participants in the least restrictive setting.	\$8.00 (15 minutes = 1 unit)	Fixed	Not Applicable	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Agency-Based Personal Attendant (ABPAS)</b>	Personal Attendant Services include physical and/or cognitive assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. This service may also include assistance with preparation of meals but does not include the cost of the meals themselves, homemaker services, or chore services. Providers of Personal Attendant Services may include agency-employed staff when the agency agrees to support the individual's control over specified staffing decisions relating to his or her personal attendant provided by the agency in keeping with the participant-direct service method. <b><i>Providers who wish to offer Agency-Based Personal Attendant Services must also sign up to provide Personal Attendant Training Services.</i></b>	\$3.75 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Personal Attendant Training (PAS Training)</b>	Provides personalized training and instruction to the individual, family members, surrogates, and personal attendants. Training and instruction topics include explanation of the treatment regimens involved, proper performance of personal services, proper use of equipment, maintenance of a safe environment, and management activities associated with the employer/employee relationship.	\$15.92 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement,

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
		Training shall include updates as necessary to maintain the individual's safety at home. Specific Personal Attendant Training services will be agreed upon by the individual, the program case manager, and the provider included in the client care plan.				Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Emergency Visit for Biohazard Cleanup (EBC)</b>	This service may include safely removing, decontaminating, and disinfecting areas contaminated by biomedical waste such as blood, bodily fluids, tissues, or microorganisms that can cause infection. Provider must respond within one (1) hour of receiving service authorization.	\$12.50 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	<b>Holiday and/or Weekend Visit (HWV)</b>	This includes services delivered on a holiday and/or a weekend that are vital to the client and cannot be adjusted. This service is limited to one (1) hour maximum.	\$12.50 (15 minutes = 1 unit)	Fixed	License for Home Health Agency - OR - License for Personal Care Agency	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<b>EMERGENCY RESPONSE SYSTEM (ERS) / MEDICATION REMINDER SYSTEM (MRS)</b>						
<input type="checkbox"/>	<b>Emergency Response System Installation (ERS Install)</b>	Services consist of the installation, testing, or the removal of an Emergency Response System. Emergency Response Systems shall not be installed or removed without a service authorization generated by the program case manager. The testing of Emergency Response Systems must be included in the unit rate of the system and is not eligible as a separate billable charge.	\$50.00 Cap (1 unit = 1 time occurrence)	\$		
<input type="checkbox"/>	<b>Emergency Response System (Landline) (ERS)</b>	Services consist of an in-home electronic support system that enables high risk individuals to secure help in the event of an emergency. Provides two-way verbal communication and provides access to a monitoring center seven (7) days a week, twenty-four (24) hours per day. This service may be provided only to those individuals who live alone or who are alone for significant parts of the day. This system requires a landline.	\$40.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Emergency Response System (SIM/Wireless) (ERS2)</b>	Services consist of an in-home electronic support system that enables high risk individuals to secure help in the event of an emergency. Provides a two-way verbal communication and provides access to a monitoring center seven (7) days a week, twenty-four hours per day. This service may be provided only to those individuals who live alone or who are alone for significant	\$40.00 Cap (1 unit = 1 month of service)	\$		

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
		parts of the day. This system is for people who do not have access to a landline.			Federal Communications Commission Registration	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, & Auto Liability
<input type="checkbox"/>	<b>Emergency Response System w/ GPS (ERS3)</b>	This button automatically detects when a fall occurs and will call the monitoring center directly to make sure everything is okay and then respond accordingly.	\$45.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Emergency Response System w/ Auto Alert (Landline) (ERS + Auto)</b>	This button automatically detects when a fall occurs and will call the monitoring center directly to make sure everything is okay and then respond accordingly.	\$45.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Emergency Response System w/ Auto Alert (SIM/Wireless) (ERS2 + Auto)</b>	This button automatically detects when a fall occurs and will call the monitoring center directly to make sure everything is okay and then respond accordingly.	\$45.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Emergency Response System w/ GPS &amp; Auto Alert (ERS3 + Auto)</b>	This button automatically detects when a fall occurs and will call the monitoring center directly to make sure everything is okay and then respond accordingly.	\$50.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/> C	<b>Emergency Response Additional Button (ERS Add)</b>	Provides an additional emergency response button for the spouse of caregiver of the high-risk individual when ordered by the case manager. This service may be provided only to those individuals who live alone or who are alone for significant parts of the day.	\$5.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Medication/Health Care Reminder (1 call per day) (MRS1)</b>	Services consist of an electronic device or verbal communication of a type that allows the individual to receive scheduled reminders to perform critical health care related activities (such as medication reminders).	\$14.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Medication/Health Care Reminder (2 calls per day) (MRS2)</b>		\$20.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Medication/Health Care Reminder (3 calls per day) (MRS3)</b>		\$26.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Medication/Health Care Reminder (4 calls per day)</b>		\$32.00 Cap (1 unit = 1 month of service)	\$		

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
	(MRS4)					
<input type="checkbox"/>	<b>Automated Medication Dispenser Installation</b> (AMD Install)	Services consist of the installation, testing, or the removal of Automated Medication Dispensers. Automated Medication Dispensers shall not be installed or removed without a service authorization generated by the program Case Manager. The testing and removal of Automated Medication Dispensers must be included in the unit rate of the system and are not eligible as separate billable charges.	\$50.00 Cap (1 unit = 1 time occurrence)	\$		
<input type="checkbox"/>	<b>Automated Medication Dispenser</b> (AMD)	Services consist of an automated mechanical medication dispenser and reminder equipment that is used when more simple methods of medication reminders are ineffective with a client.	\$86.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Automated Medication Dispenser</b> (Wireless) (AMD2)	Services consist of an automated mechanical medication dispenser and reminder equipment that is used when more simple methods of medication reminders are ineffective with a client.	\$86.00 Cap (1 unit = 1 month of service)	\$		
<input type="checkbox"/>	<b>Personal Alert System- Purchase</b> (UPAS Purchase)	Services consist of an in-home electronic support system that enables low to medium risk individuals to secure help in the event of an emergency. Provides a two-way verbal communication through a wireless, GPS- enabled device. If the device allows users to set their own emergency contacts, the provider may not make changes without first receiving written authorization from the program case manager and 9-1-1 must be set as an immutable contact. This service may be provided only to those individuals who live alone or who are alone for significant parts of the day. This system is for people who do not have access to a landline. As the device will be unmonitored, providers will be required to explain in detail in the Continuity of Operations/Emergency Plan how the client will get help in an emergency.	\$250.00 Cap (1 unit = 1 time occurrence)	\$		
<input type="checkbox"/>	<b>Personal Alert System- Repair</b> (UPAS Repair)		\$75.00 Cap (1 unit = 1 time occurrence)	\$		
<input type="checkbox"/>	<b>Personal Alert System- Monthly Service</b> (UPAS)		\$15.00 Cap (1 unit = 1 month of service)	\$		

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
<b>SPECIALIZED MEDICAL EQUIPMENT, SUPPLIES AND ASSISTIVE TECHNOLOGY (SMESAT)</b> <i>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.</i>						
<input type="checkbox"/>	Raised Toilet Seat	Durable polyethylene plastic. One-piece molded seat with tapered flange – Seat 4 ¾ inches high, fits 10-inch to 12-inch openings.	\$35.00 Cap (Each = 1 Unit)	\$	Not Applicable	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, & Auto Liability
<input type="checkbox"/>	Rolling Shower Chair	PVC construction with heavy duty casters, mesh back, fits over standard height toilets.	\$210.00 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Transfer Bench	Adjustable seat and back. Supports up to 300 lbs.	\$89.60 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Bath Seat with Back	Rust proof with adjustable seat. Anodized aluminum tubing with non-slip tips. Seat and backrest molded of high-density plastic.	\$37.10 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Handheld Shower	Instant on and off water supply to prevent scalding. Reinforced vinyl hose 7 ft. long. Installs on a threaded shower arm.	\$47.57 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Bed Rail	Rail to aid users with bed mobility and transfers to and from bed. For use with any size spring style bed.	\$228.23 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Grab Bars	Chrome 1-inch in diameter and extends only 3 inches from wall.	\$39.28 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Toilet Frame Rails	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.	\$28.00 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Tub Grab Bars	Heavy gauge steel nylon coated. Bar fits a variety of tub width. Adjustable clasp for easy installation with no tools.	\$39.28 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	E-Z Reacher	Flexible aluminum tongs and suction cups. Long handle easy trigger action. Jaws up to 3 to 12 inches. Grasps weight to 2 lbs.	\$21.00 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Folding Walker	Steel cross-brace. Weight 5 ¾ lbs. Height adjusts from 32 inches to 36 inches. Width is 16 inches.	\$35.00 Cap (Each = 1 Unit)	\$	Not Applicable	
<input type="checkbox"/>	Pant Liners	Protective pads for underwear.	\$45.50 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Belted Undergarments	Belted-style, highly absorbent polymer. Adjustable straps with buttons.	\$47.60 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Winged Undergarments	(Tape-tab style), full fit polymer. Composite and acid neutralizer. Refasten-able tabs.	\$35.00 Cap (Each = 1 Unit)	\$	Not Applicable	

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<input type="checkbox"/>	Pull-up Briefs	Pull up, one-piece construction, cloth-like breathable outer cover. Thin super absorbent core contains fluid and odor inhibiting polymer. Tear away sides.	\$50.40 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Disposable Underpads	Flame retardant, polypropylene backing.	\$35.00 Cap (Each = 1 Unit)	\$		
C	Washable Underpads	Fabric pads lined with a waterproof backing. Machine wash and dry.	\$17.50 Cap (Each = 1 Unit)	\$		
<input type="checkbox"/>	Non-Sterile Gloves	Vinyl boxed gloves.	\$17.50 Cap (Each = 1 Unit)	\$		
ADULT DAY CARE (ADC)						
<input type="checkbox"/>	Adult Day Care Services Full day (ADC1)	Full-day services consist of an eight (8) hour stay and exclude Non-Medical Transportation services. Provider shall include the cost of client meals in full-day and 6-hour day services, all social activities available to other clients, staff time, personal client assistance, documentation, and supervision time in the unit rates. The provider must also include the cost of incontinence care including toileting every two (2) hours as needed and changing incontinence pads.	\$55.00 Cap (1 day = 1 unit)	\$	Adult Day Care License	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	Adult Day Care Services Full-day VDC (ADCV)					
<input type="checkbox"/>	Adult Day Care Services 6-hour day (ADC2)	Six-hour (6-hour) day services consist of a five (5) to seven (7) hour stay and may or may not include Non-Medical Transportation services. Clients shall not spend less than five (5) hours participating in adult day care program activities. Provider shall include the cost of client meals in full-day and 6-hour day services, all social activities available to other clients, staff time, personal client assistance, documentation, and supervision time in the unit rates. The provider must also include the cost of incontinence care including toileting every two (2) hours as needed and changing incontinence pads.	\$43.00 Cap (6 hours = 1 unit)	\$		
<input type="checkbox"/>	Adult Day Care Services 6-hour day VDC (ADCV2)					
<input type="checkbox"/>	Non-Medical Transportation (6-hour day only) (NMT)	Time spent on non-medical transportation services shall be counted separately from time spent participating in program activities	\$8.00 Cap (1 way trip = 1 unit)	\$		
FISCAL INTERMEDIARY (FI)						
<input type="checkbox"/>	Personal Attendant Services (PAS1)	PAS for established clients prior to 02/28/2021.	\$75.00 Cap (Flat rate per month)	\$		General Liability with Sexual



Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
C	Personal Attendant Services (PAS2)	PAS for new client enrollees starting effective 03/01/2021.	\$95.00 Cap (Flat rate per month)	\$	Certified Public Accountant (CPA) License	Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	Personal Attendant Services VDC (VA PAS)	PAS for Veterans Directed Care clients.	\$95.00 Cap (Flat rate per month)	\$		
ASSISTED LIVING FACILITY (ALF)						
<input type="checkbox"/>	Assisted Living Facility Level I Residential Care (Semi-Private) (ALFI)	Services for customers with functional impairments who require twenty-four (24) hour general monitoring and some assistance with personal and social care. Services include, but are not limited to, personal care assistance, bathing, dressing, grooming, medication reminders, laundering of linens and clients' clothes, provision of towels and linens, and incontinence care up to the limits of licensure. Residential services shall be provided in a facility approved by the State of Utah. <b><u>No portion of room and board costs can be included in the service cost per day.</u></b> Services shall be provided in accordance with the client's care plan as developed by the program case manager and shall meet such standards of service as established by the State of Utah for the provision of these activities.	\$80.00 Cap (1 day = 1 unit)	\$	License for Assisted Living – Type I	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability, & Professional Liability
<input type="checkbox"/>	Assisted Living Facility Level I Respite Care (Semi-Private) (ALFI Respite)	Intermittent, time-limited services that meet the same criteria as those described under Assisted Living Facility Level I Residential Care, with the limitation that service provision cannot exceed fourteen (14) days for any single respite stay. This service is provided as a respite to the client's caregiver. Assisted Living Facilities are not required to obtain a respite license from the State of Utah Department of Health; however, they must have respite policies and procedures approved by the Utah Department of Health to provide respite services. Services shall be provided in accordance with the client's care plan developed by the program case manager and shall meet such standards of service as established by the State of Utah for the provision of these activities. <b><u>Service cost per day must include room and board charges.</u></b>	\$200.00 Cap (1 day = 1 unit)	\$	License for Assisted Living - Type I	

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
<input type="checkbox"/>	<b>Assisted Living Facility Level II Residential Care (Semi-Private) (ALF2)</b>	Coordinated supportive personal and health care services provided in an Assisted Living Facility for customers with functional impairments who require twenty-four (24) hour supervision and up to full assistance with personal social, and health care. Services include, but are not limited to personal care assistance, bathing, dressing, grooming, medication reminders and set-up, nursing care, laundering of linens and clients' clothes, provision of towels and linens, and incontinence care up to the limits of licensure. Residential services shall be provided in a facility approved by the State of Utah. <b>No portion of room and board costs can be included in the service cost per day.</b> Services shall be provided in accordance with the client's care plan as developed by the program case manager and shall meet such standards of service as established by the State of Utah for the provision of these activities.	\$80.00 Cap (1 day = 1 unit)	\$	License for Assisted Living – Type II	
<input type="checkbox"/>	<b>Assisted Living Facility Level II Respite Care (Semi-Private) (ALF2 Respite)</b>	Intermittent, time-limited services that meet the same criteria as those described under Assisted Living Facility Level II Residential Care, with the limitation that service provisions cannot exceed fourteen (14) days for any single respite stay. This service is provided as a respite to the client's caregiver. Assisted Living Facilities are not required to obtain a respite license from the State of Utah Department of Health; however, they must have respite policies and procedures approved by the Utah Department of Health to provide respite services. Services shall be provided in accordance with the client's care plan as developed by the program case manager and shall meet such standards of service as established by the State of Utah for the provision of these activities. <b>Service cost per day must include room and board charges.</b>	\$200.00 (1 day = 1 unit)	\$	License for Assisted Living – Type II	
<b>NURSING CARE FACILITY RESPITE (NFR)</b>						
<input type="checkbox"/>	<b>Nursing Care Facility Respite Care Service (NH)</b>	Services consist of care furnished in a licensed, long term care facility during the absence of, or to relieve, the normal caregiver. Each respite care episode is limited to a period of thirteen (13) consecutive days or less not counting the day of discharge. All nursing service and facility furnished supplies must be included in the daily rate.  Program case managers will refer clients to the facility and will coordinate with the facility and the client to have all required documentation in place prior to admission. Program case	\$200.00 (1 day = 1 unit)	\$	License for Nursing Care Facility	General Liability with Sexual Abuse and Molestation Endorsement, Worker's Comp, Auto Liability & Professional Liability

Check	Services/Supply	Definition	AAS Service Rate per Unit	Service Rate per Unit	Professional License Required	Liability Insurance Required
		managers will also ensure that the client has sufficient medication, incontinence supplies, personal items, and any other needed items for the duration of the stay.				

**Authorized Signature for Proposer:** \_\_\_\_\_

**Date:** \_\_\_\_\_