

SERVICE SUMMARY FOR WAIVER/CHOICE/TITLE III/SSBG VENDORS

Services specified here on and under Care Plan shall be in accordance with the Memorandum of Agreement (MOA) specifications. **Effective Date: April 1, 2020 to June 30, 2021**

Vendor Name _____

SERVICE CODES (Agency)	SERVICE	UNIT DEFINITION	CHOICE RATE (FY 2021)	Indicate service(s) below that your agency will provide & any other additional information.
HMK/RHMK	Homemaker/Respite HMK	¼ unit	\$4.99	
ATTC/RATT	Attendant Care/Respite ATTC	¼ unit	\$5.82	
HOHE/RHHA	Home Health Aide/Respite HOHE	¼ unit	\$5.12	
SKNU	Skilled Nursing	¼ unit	\$7.63	
RNUR	Respite Nursing	¼ unit	\$7.79	
ADST	ADS Transportation	one way trip	\$2-4.00	
TLV1	Transportation - Not Assisted	1 unit	.29	
PHTH	Physical Therapy	¼ unit	\$13.92	
OCTH	Occupational Therapy	¼ unit	\$13.01	
SPTH	Speech Therapy	¼ unit	\$15.15	
PRSI	Emergency Response setup	setup	≤\$54.41	
PRSM	Emergency Response	per month	≤\$54.41	
ADS – Level 1,2,3	Adult Day Services	¼ unit	\$3.06	
Other	HDM	1 meal	\$5.50	
Other	Durable Medical Equip			
Other	Home Modifications			
Other	Pest Control	per month		

Please check here if you will provide **Holiday Service** (regular rate) for Labor Day, Thanksgiving Day, Christmas Day, New Year’s Day, Easter, Memorial Day, and Fourth of July. _____

Authorized Signature & Title _____ **Date** _____