

**ATTACHMENT D: UNIT RATE CALCULATION:**

**Tri-Valley, Inc.**

**Provider:**

Per EOE Program Instruction PI-09-20, Extended Hour Service Plans consisting of more than 42 hours per week of Personal Assistance Services (Companion, Homemaker, Personal Care, Supportive Home Care Aide and Home Health Aide) shall be subject to a discounted rate. Tri-Valley will discount each provider’s hourly rate by 5% for companion, personal care, homemaker and supportive home care aide services. The rates for Home Health Services (HHA, SN, PT, OT, ST) are standardized rates set forth by the Executive Office of Health and Human Services.

**HM/PC Calculation of Average (hourly) Employee Compensation**

Base Wages	\$	Health/Life Insurance	\$
Travel Stipend	\$	Training Wages	\$
Holiday Pay	\$	Transportation Expense	\$
Sick Pay Personal Days	\$	Bereavement Pay Annuity Pension	\$
Pay Vacation Pay	\$	Day Care	\$
<b>TOTAL Hourly Average</b>		<b>\$</b>	

**Calculation of Hourly Unit Rate**

- 1. AVERAGE HOURLY COMPENSATION**  
*(Transfer the TOTAL from above—not less than \$19.00)*
  - 2. HOURLY ADMINISTRATIVE OVERHEAD**  
*(Including all costs associated with statutory fringe)*
  - 3. TOTAL HOURLY UNIT RATE**  
*(The sum of lines 1 and 2, above)*

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*For each negotiated rate per ASAP, a completed copy of this page must be signed by both parties, attached to the Provider Agreement, and kept on file at the ASAP.*

\_\_\_\_\_  
*Provider Authorized Signature*

\_\_\_\_\_  
*Printed Name Title*

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

\_\_\_\_\_  
*ASAP Authorized Signature*

\_\_\_\_\_  
*Printed Name Title*

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