Elder Care Network Southeast (ECNS)

Service Proposal Chart

Please check each service and ASAP you propose to contract with

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SERVICE** | **BES** | **CES** | **ESCCI** | **HESSCO** | **OCES** | **SSES** |
| Adult Day Health |  |  |  |  |  |  |
| Alzheimer’s Dementia Coaching |  |  |  |  |  |  |
| Behavioral Health Services |  |  |  |  |  |  |
| Chore |  |  |  |  |  |  |
| Companion |  |  |  |  |  |  |
| Emergency Shelter |  |  |  |  |  |  |
| Environmental Accessibility Adaptations |  |  |  |  |  |  |
| Fiscal Intermediary |  |  |  |  |  |  |
| Goal Engagement Program |  |  |  |  |  |  |
| Grocery Shopping & Delivery |  |  |  |  |  |  |
| Habilitation Therapy |  |  |  |  |  |  |
| Home Based Wandering Response System |  |  |  |  |  |  |
| Home Delivery of Pre-Packed Medications |  |  |  |  |  |  |
| Home Health Services: |  |  |  |  |  |  |
| Certified Home Health Aide |  |  |  |  |  |  |
| Complex Care Training & Oversight (SN) |  |  |  |  |  |  |
| Home Safety / Independence Evaluations (OT) |  |  |  |  |  |  |
| Speech Therapy |  |  |  |  |  |  |
| Homemaker |  |  |  |  |  |  |
| Laundry & Delivery Service |  |  |  |  |  |  |
| Medication Dispensing System |  |  |  |  |  |  |
| Nutritional Assessment |  |  |  |  |  |  |
| Orientation and Mobility |  |  |  |  |  |  |
| Peer Support COAPS |  |  |  |  |  |  |
| Personal Emergency Response System (PERS) |  |  |  |  |  |  |
| Enhanced Technology /Cellular PERS |  |  |  |  |  |  |
| Emergency Response Products with Fall Detection |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SERVICE** | **BES** | **CES** | **ESCCI** | **HESSCO** | **OCES** | **SSES** |
| Personal Care |  |  |  |  |  |  |
| Protective: |  |  |  |  |  |  |
| Competency Evaluations |  |  |  |  |  |  |
| Financial Consultation |  |  |  |  |  |  |
| Legal Services |  |  |  |  |  |  |
| Representative Payee Service |  |  |  |  |  |  |
| Respite Care: |  |  |  |  |  |  |
| Adult Foster Care |  |  |  |  |  |  |
| Rest Home |  |  |  |  |  |  |
| Hospital Based Adult Respite |  |  |  |  |  |  |
| Skilled Nursing Facility |  |  |  |  |  |  |
| Assisted Living Facility |  |  |  |  |  |  |
| Supportive Day Programs |  |  |  |  |  |  |
| Supportive Home Care Aide |  |  |  |  |  |  |
| Translation/Interpreting Services |  |  |  |  |  |  |
| Transportation (including ADH Transportation) |  |  |  |  |  |  |
| Vision Rehabilitation Therapy |  |  |  |  |  |  |
| Wanderer Locator Service |  |  |  |  |  |  |