Please check each service and ASAP you propose to contract with

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SERVICE** | **BES** | **CES** | **ESCCI** | **HESSCO** | **OCES** | **SSES** |
| Adult Day Health  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Behavioral Health Services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Bill Payer Services  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cellular PERS | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Chore | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Companion  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Emergency Shelter | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Environmental Accessibility Adaptations  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Fiscal Intermediary  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Grocery Shopping & Delivery | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Habilitation Therapy  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Home Based Wandering Response System | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Home Delivery of Pre-Packed Medications | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Home Health Services: |  |  |  |  |  |  |
| Certified Home Health Aide | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Skilled Nursing | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Occupational Therapy | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Speech Therapy | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Laundry & Delivery Service | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medication Dispensing System | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Nutritional Assessment | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Personal Emergency Response System (PERS) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Enhanced PERS | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| PERS with Fall Detection | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Protective:  |  |  |  |  |  |  |
| Competency Evaluations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Financial Consultation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Legal Services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Representative Payee Service | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **SERVICE** | **BES** | **CES** | **ESCCI** | **HESSCO** | **OCES** | **SSES** |
| Respite Care: |  |  |  |  |  |  |
| Adult Foster Care | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Rest Home | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Hospital Based Adult Respite | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Skilled Nursing Facility | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Assisted Living Facility | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Supportive Day Programs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Translation/Interpreting Services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Transportation (including ADH Transportation) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Vision Rehabilitation Therapy | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Wanderer Locator Service | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |