

The Boston Consortium
Service Proposal Chart- RFP 2025

Review Attachment A Service Definitions and check appropriate service and ASAP

Service	BSHC	CBES	Ethos
Adult Day Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aide Assisted Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's and Dementia Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's and Dementia Coaching- Telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology- Electronic Comfort Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill Payer/Representative Payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion- Telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Accessibility Adaptations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidenced Based Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery Shopping and Delivery Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery of Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Services			
Complex Care Training and Oversight (formally Skilled Nursing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Safety/Independence Evaluations (formally Occupational Therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Dispensing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation and Mobility (formally Vision Rehabilitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support (Certified Older Adult Peer Specialist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support (Supporting Older Adults Remotely)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Day Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Home Care Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Translation/Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Communication and Monitoring (VCAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanderer Locator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>