**IFP 2021-HCS-4000**

**Establishing a Provider Pool Work Plan Template**

**(Must be submitted with proposals)**

***Timeline, Person Responsible, Offeror’s Response to Planned Scope of Work and Services to be populated by offeror.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Scope of Work Prescribed Tasks** | **Timeline** | **Person Responsible** | **Offeror’s Response to Planned Scope of Work and Services** |
| Establish a stakeholder workgroup that minimally includes representation from individuals with I/DD, families, and agencies that provide direct service to individuals with I/DD, the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), Family Care Council Florida, home health care agencies, and support coordinators to develop a framework for the development and implementation of a provider pool. |  |  |  |
| Identify best practices among provisions of access to personal care, companion, and respite services that work in private and public sectors. |  |  |  |
| Conduct research in the 15 Family Care Council areas to identify providers that are being accessed by other parents via public and private funding. |  |  |  |
| Identify a Medicaid approved pool of people, along with non-Medicaid certified individuals, who can be hired with private or public dollars in the areas of personal care, companion service, and respite. |  |  |  |
| Develop a direct service personnel registry for delivery of these services aligned with Florida’s 15 Family Care Council areas. |  |  |  |
| Assure that all individuals included in the provider pool receive essential training that meets requirements for the delivery of services. Ensure that they meet other qualifications including background clearance. |  |  |  |
| Evaluate and report the increase in access to services by families and individuals with I/DD. |  |  |  |