



illinicare health™



REQUEST FOR PROPOSAL (RFP)

IL-04-18

Barrier Removal Fund (BRF)

Due 5:00 pm (EST), April 6, 2018



2013 H Street, NW
6th Floor
Washington, DC 20006



999 Oakmont Plaza Drive
Suite 400
Westmont, IL 60559

**ILLINICARE HEALTH PROVIDER ACCESSIBILITY INITIATIVE (PAI)
BARRIER REMOVAL FUND (BRF) REQUEST FOR PROPOSAL (RFP)**

I. INTRODUCTION AND BACKGROUND

IlliniCare Health is committed to providing equal access to quality health care and services that are physically and programmatically accessible¹ for our members with disabilities and their companions. IlliniCare Health and the National Council on Independent Living (NCIL) are pleased to announce the availability of grant funds to support the removal of physical and programmatic disability access barriers at IlliniCare Health participating provider group practice/clinic/service locations where IlliniCare Health members are seen.

II. ELIGIBILITY

Participating providers that see IlliniCare Health members at a physical group practice/clinic/service location are eligible to apply. Non-participating providers with single case agreements or other contracts are not eligible.

Completion and submission of the self-reported Illinois Accessibility Form, which was mailed on 2/28/2018, is also a requirement of eligibility to receive a BRF Award.

III. PURPOSE OF THIS RFP

The purpose of this RFP is to increase the percentage of practitioner locations that meet minimum federal and state disability access standards by providing IlliniCare Health participating providers access to grant dollars through a Barrier Removal Fund (BRF). Providers can apply and if chosen for BRF awards will receive training and technical assistance, an on-site Accessibility Site Review (ASR) and written ASR Action Plan, and funding to remediate priority disability access barriers from the National Council on Independent Living, the nation’s preeminent disability organization run by and for people with disabilities.

Grant funds can only be used to cover the following general categories of disability access expenditures:

- Removal of architectural or other barriers necessary to ensure independent entry to, use of, and exit from the facility and/or equipment by individuals with disabilities.
 - *Note that funds cannot be used for the cost of new construction; they can only be used for adaptations to existing facilities that are required to comply with the Americans with Disabilities Act (ADA).

¹ “Physical access,” also referred to as “architectural access,” refers to a person with a disability’s ability to access buildings, structures, and the environment. “Programmatic access” refers to a person with a disability’s ability to access goods, services, activities and equipment.

- To purchase adaptive equipment that is *not already covered by another funding source*², is in compliance with United States Access Board Medical Diagnostic Equipment standards³ and is accessible to, and usable by, individuals with disabilities, including but not limited to accessible:
 - Examination tables and chairs
 - Weight scales
 - Mammography equipment
 - Imaging equipment

- Expenditures necessary to ensure programmatic access *that are not already covered by another funding source*,⁴ including, but not limited to:⁵
 - Production of accessible formats of printed materials (i.e., braille, large print, audio recordings, pictures/diagrams of text, captioning, etc.)
 - Letter/word/picture/translator boards, assistive listening devices, or other assistive technology or equipment necessary to ensure equal communication access
 - Equipment to reduce auditory, visual, or tactile distractions and increase accessibility (such as noise canceling headsets, color communication badges, replacing fluorescent lights with natural lighting, etc.)

Applications are accepted that address any one of the above categories separately OR any combination thereof. Funding is available for the purposes described, and for no other purpose.

IV. FUNDING PARAMETERS AND REQUIREMENTS

The specific number of BRF grants awarded and amount of each grant will depend on the total number of applications received, the impact applications will have on IlliniCare Health disability access network adequacy, and the number of IlliniCare Health members with disabilities impacted. Each grant will be a non-renewable, one-time only award.

² Not that funds cannot be used to purchase durable medical equipment or assistive technology for individual members.

³ <https://www.access-board.gov/guidelines-and-standards>

⁴ The provision of American Sign Language interpreters or real-time captioning services are examples of programmatic access measures that are already provided by and funded through the health plan.

⁵ Note that funds cannot be used for staff salaries. Staff/personnel costs can be reflected in your total proposed BRF budget (if applicable), but funds cannot be requested for those costs through this application.



V. GENERAL REQUIREMENTS

All applications submitted for funding consideration are subject to the conditions specified in this RFP and subject to the BRF Standard Grant Agreement and requirements, and applicable state and federal laws.

IlliniCare Health and NCIL reserve the right to reject any and all applications.

An applicant whose application is selected for funding will be notified of the award. Applicants who are not selected will also be notified. Instructions to finalize formal award packages containing additional information, such as the BRF Standard Grant Agreement, will be provided to successful applicants.

IlliniCare Health and NCIL reserve the right to negotiate final budget and/or BRF project changes prior to making final awards.

VI. HOW TO APPLY

To be considered for an award from the Barrier Removal Fund, complete the application provided, and submit it to the National Council on Independent Living in electronic format to Tim Fuchs (Tim@NCIL.org) before **5:00 pm (EST) on Friday, April 6, 2018**.

Please identify the application as “**BRF Application - IL-04-18**” in the subject line of the email.

Do not submit charts, brochures, graphs, tables, maps or any other format as part of the application. This is necessary in order to submit accessible applications to reviewers.

VII. BRF GRANT AWARD AND IMPLEMENTATION SCHEDULE

IlliniCare Health BRF grants will be awarded according to the following schedule:

3/13/2018	RFP Posted
4/6/2018	RFP Deadline
4/9/2018 – 5/30/2018	Review of Applications (including Accessibility Site Reviews of some or all applicants who responded to the RFP and submitted the self-reported Illinois Accessibility Form.
6/11/2018	Award Notices Sent Out
6/29/2018	BRF Standard Grant Agreements Due
7/2/2018 – 7/6/2018	Grant Awards Released
8/24/2018	Grant Funds Must Be Spent
8/24/2018 – 9/14/2018	Post-Grant Accessibility Site Review



VIII. REVIEW PROCESS AND REVIEW CRITERIA

Applications will be reviewed by the IlliniCare Health Barrier Removal Fund Committee based on the following review criteria:

1. Awardees must be IlliniCare Health participating providers.
2. Grant funds can only be used to cover the following general categories of disability access expenditures (as outlined above in Section III: Purpose of This RFP):
 - a. Removal of architectural or other barriers necessary to ensure independent entry to, use of, and exit from the facility and/or equipment by members with disabilities or their companions who have disabilities;
 - b. To purchase adaptive equipment that is *not already covered by another funding source*, is in compliance with United States Access Board Medical Diagnostic Equipment standards and is accessible to, and usable by, members with disabilities or their companions who have disabilities;
 - c. Expenditures necessary to ensure programmatic access *that are not already covered by another funding source* (including assistive technology).
3. Consideration will be given to:
 - a. The impact proposed BRF projects will have on IlliniCare Health's disability access network adequacy (i.e. geographic location may be given preference, as appropriate).
 - b. The number of IlliniCare Health members with disabilities impacted or potentially impacted;
 - c. The overall organizational budget and whether paying for the proposed BRF project out of the organizational budget would impose an undue hardship.

IX. ADDITIONAL SUBMISSION INFORMATION

Please direct all questions regarding the Barrier Removal Fund application and process to the National Council on Independent Living staff member designated to discuss questions regarding this RFP, Tim Fuchs, at: Tim@NCIL.org. IlliniCare Health staff will be involved in the review and selection of applications to be funded; as such, they cannot answer any questions related to the BRF RFP.

If you have any questions about the self-reported Illinois Accessibility Form which was mailed on 2/28/2018, IlliniCare Health Provider Contracting/Networking staff stand ready to assist at: accessibility@illinicare.com



**ILLINICARE HEALTH PROVIDER ACCESSIBILITY INITIATIVE (PAI)
BARRIER REMOVAL FUND (BRF) APPLICATION**

Provider/Organization Name	
Name and Title (of contact person)	
Provider TIN	
Provider NPI	
Mailing Address	
City, State, Zip	
Service Location Address (where disability access changes will be made – if different from mailing address)	
City, State, Zip	
Do you have another service location? (If yes, please fill out a separate application for that provider site)	
Applicant Email Address	
Provider/Organization Website Address	
Overall Organizational Budget	
Application Category (Check the category/categories that best describe your request)	Building Modifications___ Diagnostic Equipment___ Programmatic Access ___



**ILLINICARE HEALTH PROVIDER ACCESSIBILITY INITIATIVE (PAI)
BARRIER REMOVAL FUND (BRF) APPLICATION, CONTINUED**

1. **Provide a brief description of your organization:**

2. **Number of IlliniCare Health members total served by your organization in the past year: _____**

3. **Number of IlliniCare Health members *with disabilities*⁶ served by your organization in the past year: _____**

4. **BRF Project Description:**
 - a) **Is this a new addition or a modification of something already existing?**
 - New addition
 - Modification
 - b) **Describe the proposed BRF project (disability access barriers to be removed and specific activities to achieve that). *Note that this will be used as an overview by IlliniCare Health staff for publication purposes if the application is selected for funding.**

⁶ The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities.



c) **Define the proposed outcomes of BRF project** – that is, what will the disability access modification(s) accomplish? What will be the impact be on your practice and on the health or quality of life of IlliniCare Health members with disabilities or their companions?

d) **Describe how the project will maximize patient participation and self-management:**

5. **BRF Project Evaluation:** BRF awardees will receive an on-site Accessibility Site Review (ASR) prior to, and after the disability access modification are made. Aside from the ASRs (provided by NCIL at no cost to you), **please describe how you will define and assess the effectiveness and evaluate the overall success of your BRF project:**



6. BRF Project Budget: *Reminder: Funding cannot be used for staff salaries. Staff/personnel costs should be reflected in your total program budget, but funds cannot be requested for those costs through this grant application.*

a) **What is the total budget for the entire BRF project?** \$_____

b) **What is the total amount of funds requested from the BRF?**

\$_____

c) **Will any other sources of funds be used to support this BRF project?**

No

Yes. If yes, please list all other funding sources for your BRF project, including anticipated applications. Please include the organization, amount received (or anticipated) and date received (or anticipated).

7. Sustainability: How will you ensure the continuation or maintenance of changes made through your BRF project after the end of the BRF grant?

8. Please provide any additional information that will help BRF Committee reviewers understand your application.