



P.O. Box 459089 Fort Lauderdale, FL 33345-9089 P.O. Box 31260 Washington, DC 20030

REQUEST FOR PROPOSAL (RFP)

FL-04-24

Barrier Removal Fund (BRF)

Due 5:00 p.m. (EST), June 14, 2024



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

I. INTRODUCTION AND BACKGROUND

Sunshine Health is committed to providing equal access to quality healthcare and services that are physically and programmatically accessible for our members with disabilities and their companions. Sunshine 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 Sunshine Health participating provider group practice/clinic/service locations where Sunshine Health and CMS Health Plan members are seen.

II. ELIGIBILITY

Participating providers that meet all of the following criteria are eligible to apply:

- In the Service Delivery Area of Sunshine Health
- See Sunshine Health and CMS Health Plan members at a physical location; and
- Are accepting new Sunshine Health and CMS Health Plan members; and
- Are in the Sunshine Health and CMS Health Plan provider directories

Non-participating providers with single case agreements or other contracts, and providers (par and non-par) located in hospitals, segregated environments, and institutional settings are not eligible.

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 Sunshine Health participating providers access to grant dollars through the BRF program. Providers can apply and, if chosen as a BRF awardee, 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 NCIL, 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 source², 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:
 - o 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. Examples include
 - Noise canceling headphones
 - Color communication badges
 - Replacing fluorescent lights with circadian or natural lighting
 - Sound proofing walls
 - Items that make dental services more accessible to members with intellectual and developmental disabilities, specifically:
 - Weighted blankets and stuffed animals
 - Noise cancelling headphones
 - TV or DVD player for members needed sensory accommodations to watch while getting dental services
 - Replacing fluorescent lights with circadian or natural lighting

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.

² Note 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.

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 Sunshine Health disability access network adequacy, and the number of Sunshine Health and/or CMS Health Plan members with disabilities impacted. Each grant will be a non-renewable, one-time only award.

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.

Sunshine 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 via email. Applicants who are not selected will also be notified via email. Instructions to finalize formal award packages containing additional information, such as the BRF Standard Grant Agreement, will be provided to successful applicants.

Sunshine 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 a BRF award, please visit the NCIL website at www.ncil.org/floridabrf and complete the application provided.

Submissions are due before 5 p.m. (Eastern) on Friday, June 14, 2024.

VII. BRF GRANT AWARD AND IMPLEMENTATION SCHEDULE

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

4/15/2024	RFP Posted
6/14/2024	RFP Deadline
6/15/2024 - 8/30/2024	Review of Applications (including Accessibility Site
	Reviews of some or all applicants who responded to
	the RFP.
9/3/2024 - 9/6/2024	Award Notices Sent Out
9/30/2024	BRF Standard Grant Agreements Due
10/1/2024	Projects Underway
12/31/2024	Grant Funds Must Be Spent

VIII. REVIEW PROCESS AND REVIEW CRITERIA

Applications will be reviewed by the Sunshine Health BRF Committee based on the following review criteria:

- 1. Awardees must be Sunshine Health and/or CMS Health Plan participating providers.
- 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 Sunshine Health's disability access network adequacy (i.e., geographic location may be given preference, as appropriate).
 - b. The number of Sunshine Health and/or CMS Health Plan 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 BRF application and process to the NCIL staff member designated to discuss questions regarding this RFP, Jenny Sichel, at: jenny@ncil.org. Sunshine 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.

SUNSHINE HEALTH PROVIDER ACCESSIBILITY INITIATIVE (PAI) BARRIER REMOVAL FUND (BRF) APPLICATION DETAILS

Information you will need to apply online for the grant include:

- 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
- How did you hear about this grant opportunity?
- Overall Organizational Budget
- Application Category (Building Modification/Diagnostic Equipment/Programmatic Access)
- A brief description of your organization
- Number of Sunshine Health and/or CMS Health Plan members total served by your organization in the past year
- Number of Sunshine Health and/or CMS Health Plan members with disabilities served by your organization in the past year
- BRF Project Description:
 - New addition or a modification of something already existing
 - Describe the proposed BRF project (What you want to do, how you want to do it, how much it will cost).
 - o How will this modification improve access to members with disabilities?
- BRF Project Budget
 - o How much money are you asking for from NCIL?
 - What are those funds for? Provide an itemized list of what those items are, and the cost associated with each.
 - o Is the amount you're requesting enough to cover the entire cost of the project? If not, will you request funds from other sources? If so, what are those sources?
- Any additional information that will help BRF Committee reviewers understand application