



## **Provider Accessibility Initiative (PAI) and Barrier Removal Fund (BRF) General Overview/Frequently Asked Questions**

### **WHAT is the PAI?**

The goal of the PAI is to increase the number of Meridian Health Plan providers that meet minimum federal and state disability access standards by:

1. Improving the accuracy, completeness, and transparency of provider self-reported disability access data in all products and all markets nationwide by integrating “minimum accessibility” standards into the provider application, credentialing and directory processes; and
2. Giving participating providers competitive access to grant dollars through a BRF. Providers that apply and are chosen for BRF awards receive an on-site disability accessibility review completed by a local Center for Independent Living (CIL) and funding to remediate priority disability access barriers.

### **WHO is responsible for administering the BRF?**

- Meridian Health Plan is proud to partner with the National Council on Independent Living (NCIL) on the administration of the BRF. NCIL is the longest-running national cross-disability, grassroots organization run by and for people with disabilities.
- NCIL provides technical assistance to Meridian Health Plan and helps coordinate a local BRF Committee that selects BRF awardees. NCIL also coordinates with local CILs to conduct the on-site accessibility reviews of BRF applicants, provide training, and distribute grant funds to BRF awardees to remediate priority disability access barriers identified by the local BRF Committee.

### **WHY are the PAI and BRF important?**

- It's the right thing to do. Studies show that Medicaid and Medicare beneficiaries with disabilities receive less preventive care due to inaccessible exam rooms and/or diagnostic equipment;<sup>i</sup>
- Federal laws and regulations require that MCO providers have disability access and that MCO provider directories include a complete and accurate description of provider disability access.<sup>ii</sup>

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<sup>i</sup> <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Brief-Physical-AccessibilityBrief.pdf>

<sup>ii</sup> The 2016 Medicaid/CHIP Managed Care Final Rule states that: 1. MCO providers must provide physical access, accommodations, and accessible equipment for consumers with physical or mental disabilities by July 1, 2018 (42 CFR Section 438.206(c)(3)); 2. Provider directories must indicate the following for all physicians, hospitals, pharmacies, behavioral health providers, and LTSS providers: linguistic capabilities, completion of cultural competence training, and whether the provider's offices, exam rooms, and equipment accommodate individuals with physical disabilities by July 1, 2017 (42 CFR Section 438.10(1)); and 3. State network adequacy standards must consider the ability of MCO network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid enrollees with physical or mental disabilities by July 1, 2018 (42 CFR Section 438.68(c)(1)).

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- Question: How do I submit a BRF application?
    - *Fill out the online application at <https://ncil.org/initiatives/provider-accessibility-initiative/illinois/>*
  - Question: Who is eligible to submit an application for Barrier Removal Funds?
    - *Participating providers that meet all of the following criteria are eligible to apply:*
      - *In the Service Delivery Area of Meridian Health Plan;*
      - *See Meridian Health Plan members at a physical location (i.e., not telehealth or mobile services);*
      - *Are accepting new Meridian Health Plan members; and*
      - *Are active in the Meridian Health Plan provider directory.*
    - **Non-eligible providers:**
      - *Non-participating providers with single case agreements or other contracts; and*
      - *Providers (par and non-par) located in hospitals and institutional settings or segregated environments (i.e., providers that only see patients with disabilities) are not eligible.*
      - *Examples of non-eligible providers:*
        - *Long-term care and rehabilitation agencies*
        - *Home healthcare agencies*
        - *Nursing facilities*
        - *Hospitals*
        - *Day habilitation programs*
        - *Group homes*
  - Question: What is the deadline to submit the BRF application? Can it be extended for any reason?
    - *March 20, 2026, 5:00 p.m. (EST). Meridian Health Plan reserves the right to extend the deadline.*
  - Question: Will there be another BRF application in the future?
    - *We do not have information regarding future applications surrounding accessibility improvements at this time.*
  - Question: What if I miss the deadline for submitting my application?
    - *Unfortunately, we cannot accept additional applications beyond the deadline.*

- Question: Can I change my BRF application response after I have submitted it?
  - *Changes or edits can be made through the final submission date of March 20, 2026, 5:00 p.m. (EST).*
- Question: How will I know if my application was received?
  - *You will receive a confirmation email when you submit your application. You may also contact Mary-Kate Wells at NCIL at [mary-kate@ncil.org](mailto:mary-kate@ncil.org) or call 202-864-4254 or toll-free at 844-778-7961.*
- Question: What happens after I submit my application?
  - *Applicants will receive an email from Mary-Kate Wells at NCIL at [mary-kate@ncil.org](mailto:mary-kate@ncil.org) in March if they have been found eligible. You will also be informed if your application was found ineligible.*
  - *Eligible applicants must participate in an on-site accessibility site review (at no cost to the provider) in March- June 2026. This will be used in our final award decisions.*
  - *Applicants will be notified of final award decisions in July 2026.*
  - *Projects must be completed by December 31<sup>st</sup>. 2026.*

*This timeline is subject to change, but providers will be notified.*

- Question: How will I know if I am chosen to be awarded funds?
  - *You will receive an email from Mary-Kate Wells at NCIL at [mary-kate@ncil.org](mailto:mary-kate@ncil.org). You will also be informed if your application was not selected for funding.*
- Question: If I have a question about the BRF application, who should I contact?
  - *Contact Mary-Kate Wells at NCIL at [mary-kate@ncil.org](mailto:mary-kate@ncil.org) or call 202-864-4254 or toll-free at 844-778-7961.*
- Question: How much will this award fund per submission?
  - *Award amounts will vary based on the specific number of BRF grants awarded. There is no funding cap per award, however most grants to date have been in the range of \$500 - \$15,000.*

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- Question: How are award amounts determined?
    - *Amount of each grant will depend on the total number of applications received, the impact applications will have on Meridian Health Plan disability access network adequacy, and the number of Meridian Health Plan members with disabilities impacted.*
  - Question: Are there costs for which my organization is responsible?
    - *Meridian Health Plan will cover the cost of the accessibility site review, technical assistance, and approved modification(s). Any additional costs are the responsibility of the awardee.*
  - Question: Can I include multiple pieces of equipment or modifications?
    - *Yes, include all items for which you are seeking funding.*
  - Question: I have multiple sites; do I need to submit a BRF application for each site?
    - *Yes, please submit separate applications for each site where you serve members.*
  - Question: How soon can I expect award funding to arrive?
    - *This is a reimbursement grant, so grantees will complete purchases and improvements and invoice NCIL for actual costs incurred, up to the approved amount. If grantees cannot afford to pay for the work ahead of time, we will consider requests to pay vendors or contractors directly.*
  - Question: Will you grant dollars outside of my state, given that you have a national presence?
    - *BRF dollars granted by the Meridian Health Plan BRF Committee are for the participating providers in Illinois only.*
  - Question: What happens if I choose to term with Meridian Health Plan?
    - *You must remain in the network (and in good standing) for 1 year following grant funding or full re-payment [or return of equipment] will be required. If you leave the network after 18 months, you will repay 50%. After 2 years, fully-funded, no repayment will be due.*

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- Question: What if the accessibility improvements cannot be completed by the timeline listed in the application due to reasons I cannot control (i.e., the part is on backorder, or the contractor is not able to start the work within the timeline)?
    - *Contact Mary-Kate Wells at NCIL at [mary-kate@ncil.org](mailto:mary-kate@ncil.org) or call 202-864-4254 or toll-free at 844-778-7961 to further discuss your concerns.*
  - Question: What happens if the accessibility improvement costs change after the contractor begins work?
    - *The initial decisions are final. The provider is responsible for any additional costs.*
  - Question: My question isn't listed. Who can I contact?
    - *Contact Mary-Kate Wells at NCIL at [mary-kate@ncil.org](mailto:mary-kate@ncil.org) or call 202-864-4254 or toll-free at 844-778-7961.*