

Taken to Access

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Question of the month:

Q. What is the difference between Architectural Barriers Prospective Reporting versus Quarterly Progress Reporting?

R. Affiliates are required to report architectural barrier removal progress twice a year. Half of affiliates report on the 1st and 3rd quarter while the other half are required to report on the 2nd and 4th quarter. These reporting milestones capture barriers removed up to date and will provide information on cause of delays and new completion dates for unresolved barriers.

The Annual Prospective Report includes all work scheduled for the current year and it reflects the affiliate's commitment as it was established in the ABRP's originally submitted to Class Counsel as well as barriers that were reassigned from previous years. The Annual Prospective Report happens once a year and all affiliates are required to report at the same time. This year the internal deadline for submissions is February 12, 2015. When reviewing your prospective report keep in mind that pushing barriers to future years will no longer be an option unless under unique circumstances that have been negotiated in advance with the Office of General Counsel.

BARRIER REMOVAL TRIGGERS & FUNDING

As of mid-January 2015, we have close to 50 active barrier removal projects. These projects are for the sole purpose of removing barriers identified in the ABRP's. The cost at a system level is significant and as such FPS PAC must be actively engaged to ensure that the appropriate barrier removal scope is being identified and implemented. Affiliates and PAC must work together to keep costs to a minimum by identifying triggers in advance and keeping the scope limited to barrier remediation.

From the onset of the barrier removal program additional potential costs from unforeseen conditions were excluded from the system ADA funding allocation. If for example, during accessibility upgrades hazardous materials are encountered, affiliates are expected to fund all costs for abatement, for establishing mitigation guidelines, for obtaining hygienist reports and for securing final testing. (Some facilities may qualify for FIN-47 reimbursement while others may have to accrue yearly to pay for costs as they arise.)

In other instances, some affiliates may decide to incorporate small modifications or deferred maintenance improvements with the barrier removal projects. While it makes sense to gain access to a space at the same time to address all conditions, it's important to recognize that when a barrier removal project incorporates other elements it may no longer qualify under 2013 CBC 11B-202.4 Exception 4 and path of travel upgrades may be triggered. And again, any costs associated with the non-barrier removal scope must be funded from a separate source and not the system ADA allocation.

It's important to note that even when a project is strictly barrier removal, certain agencies having jurisdiction (AHJ's) may determine that an accessible path of travel to the area of alteration is required, particularly if the barriers being removed are not one of the 19 identified in section 11B-202.4 Exception 4. In those instances, do not assume that the guidance from the AHJ's should be followed automatically. Instead, reach out to FPS PAC to initiate discussions with the AHJ's as we have in-house code expertise and access to nationally recognized 3rd party code experts and may arrive at a different code interpretation.

Last, there may be instances when affiliates in responding to complaints or in an effort to increase accessibility may provide upgrades to already compliant spaces. Examples include installing automatic door openers to operate heavy doors or providing additional informational signage for better direction. While these types of projects may be a great idea for improving access to our patients, the funds to cover their costs must come from a source other than the system ADA allocation.

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