

# AGENDA

## BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS

### RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE MEETING

Thursday, November 7, 2024 at 5:00 pm

Behavioral Health Center, Room 225, 201 Mulholland Street, Bay City, MI 48708

	Committee Members:	Present	Excused	Absent	Committee Members	Present	Excused	Absent	
	Patrick McFarland, Ch	_____	_____	_____	Toni Marie Reese	_____	_____	_____	Others Present: BABH: Melissa Prusi, Chris Pinter, and Sara McRae  Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
	Sally Mrozinski, V Ch	_____	_____	_____	Laurie Van Wert	_____	_____	_____	
	Robert Bowers	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	
	Kathy Niemiec	_____	_____	_____	Richard Byrne, Ex Off	_____	_____	_____	
	Justin Peters	_____	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Advisory Committee Report 3.1) Executive Summary of Complaints Through October 31, 2024		3.1) No action necessary
4.	Training 4.1) Photographing, Video Recording, Audio Taping Fingerprinting Recipients, 3-3-6 4.2) Investigation Scenarios		4.1) No action necessary  4.2) No action necessary
5.	Unfinished Business 5.1) None		
6.	New Business 6.1) November Site Visits 6.2) Joint Guidance Document		6.1) No action necessary  6.2) No action necessary

# AGENDA

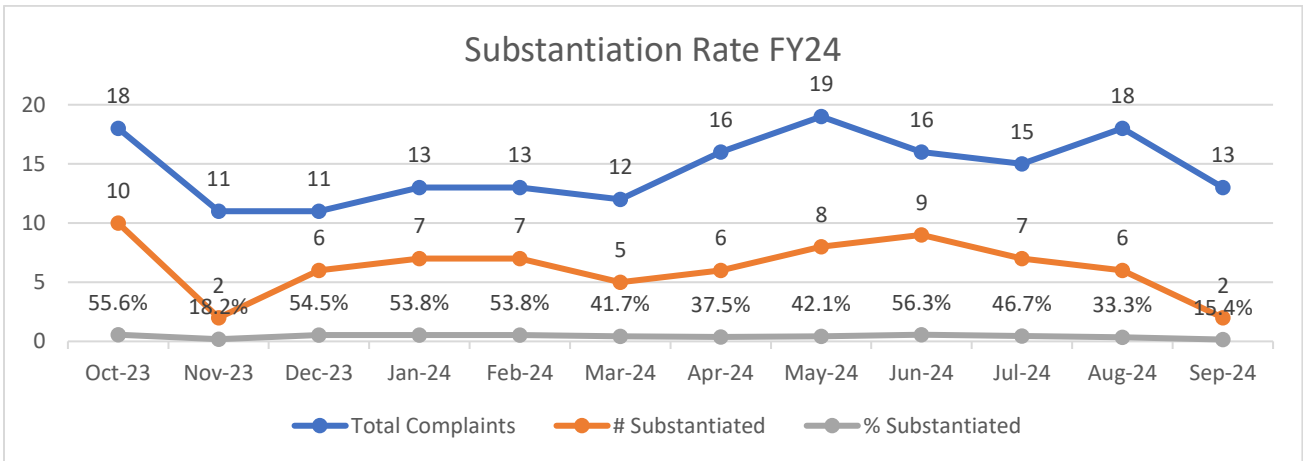
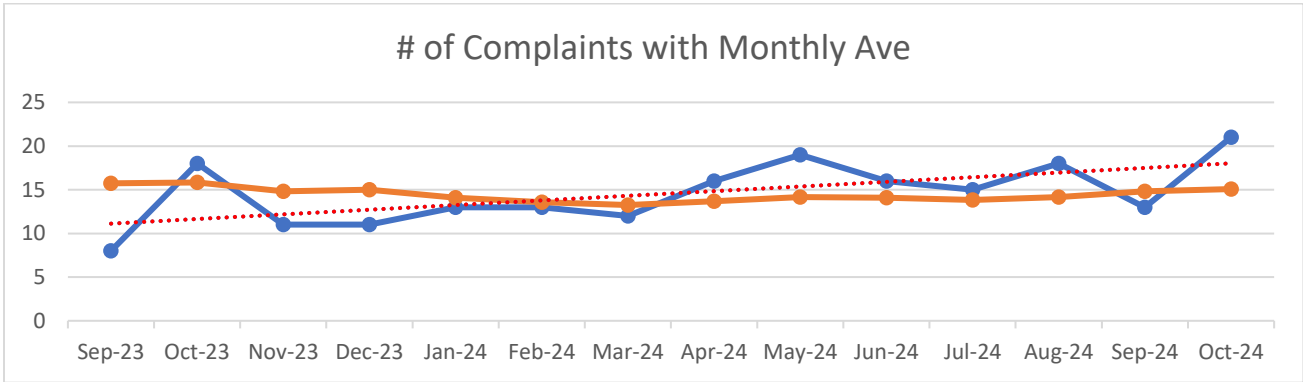
BAY ARENAC BEHAVIORAL HEALTH  
BOARD OF DIRECTORS  
RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE MEETING  
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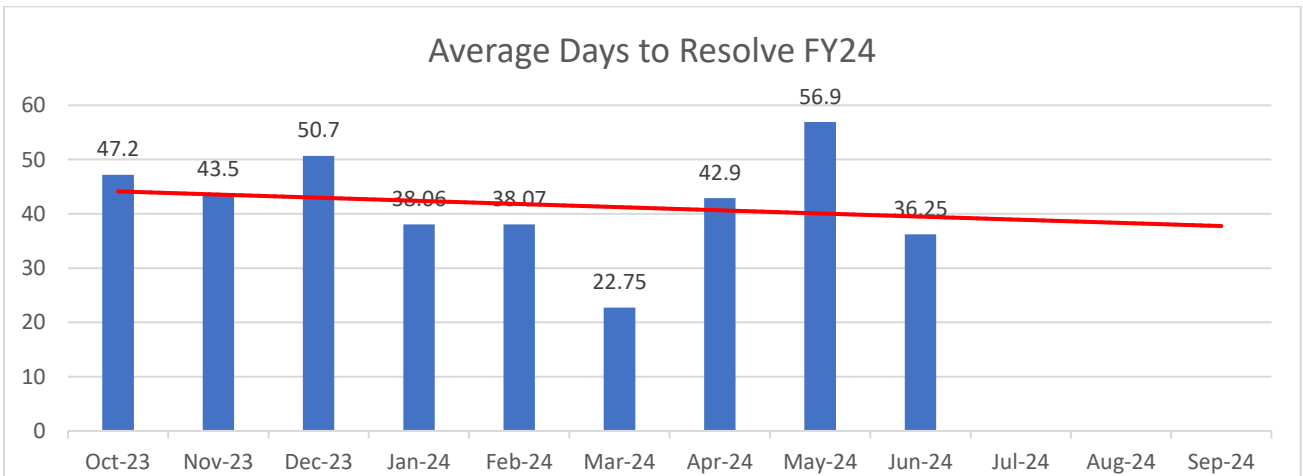
	6.3) Recipient Rights/Customer Services Department Moves to Mulholland  6.4) Reappointment Process for Non-board Committee Members  6.5) New Meeting Schedule for 2025		6.3) No action necessary  6.4) No action necessary  6.5) No action necessary
7.	Adjournment	M -	S - pm MA

Recipient Rights Advisory and Appeals Committee  
Executive Summary of Complaints through October 31, 2024

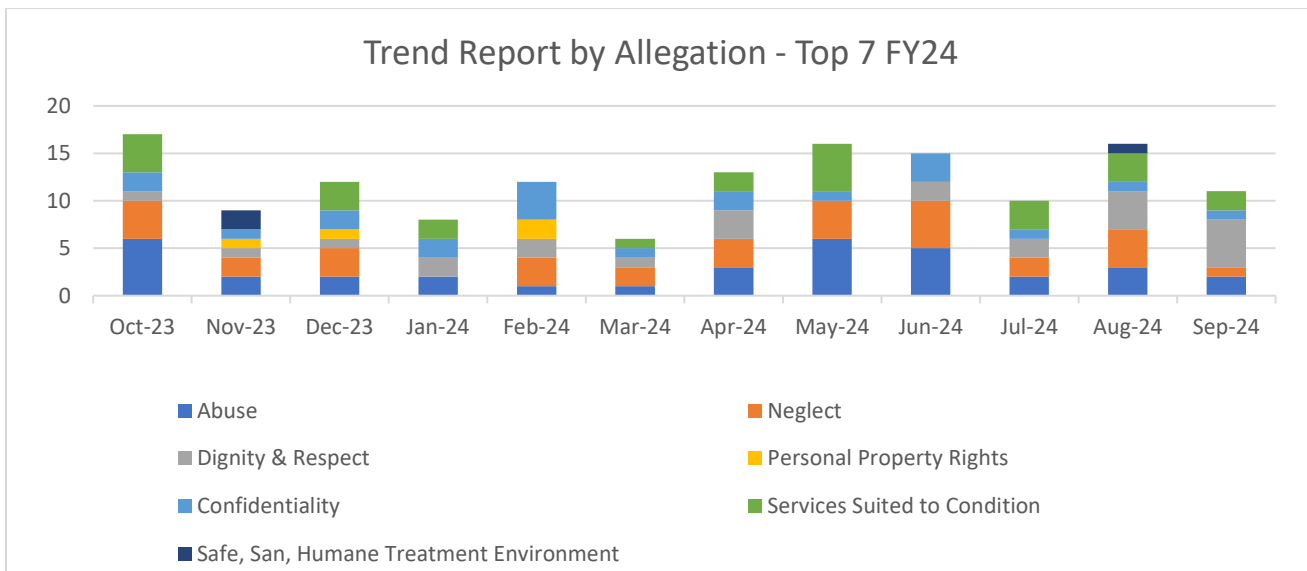
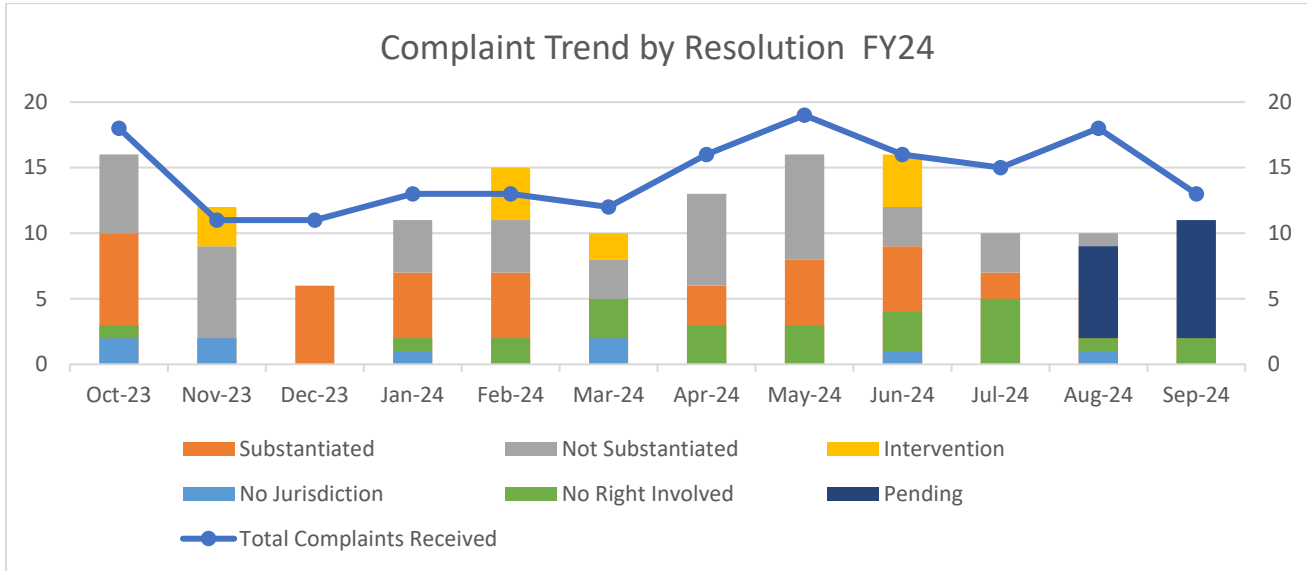
**Overall Summary of the Office of Recipient Rights (ORR) Complaints through October 2024:**



The BABHA ORR completed 190 ORR Complaints for FY23 with an average number of days to resolve the complaints being 57.675 days. The BABHA ORR’s goal is to complete RR complaint investigations within 30 days from receipt of the complaint. Moving forward the RRAC will be kept abreast of the average days to resolve complaints per quarter as we attempt to achieve our goal.

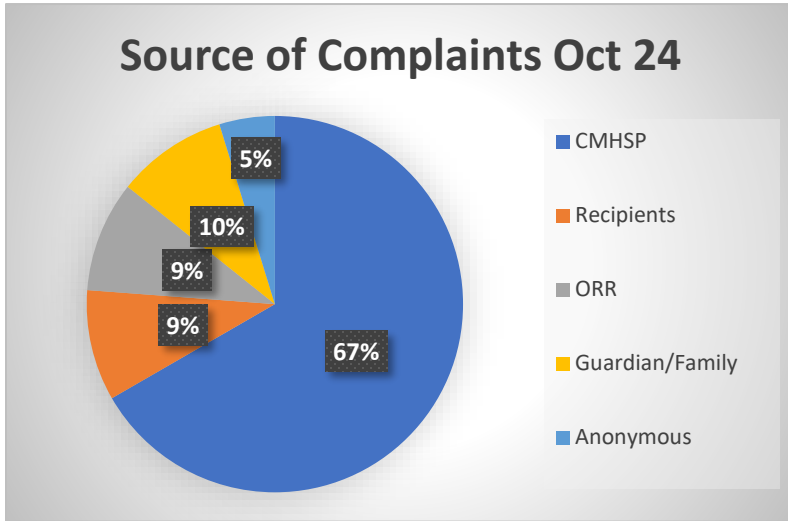


Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
18	11	11	13	13	12	16	19	16	15	18	13



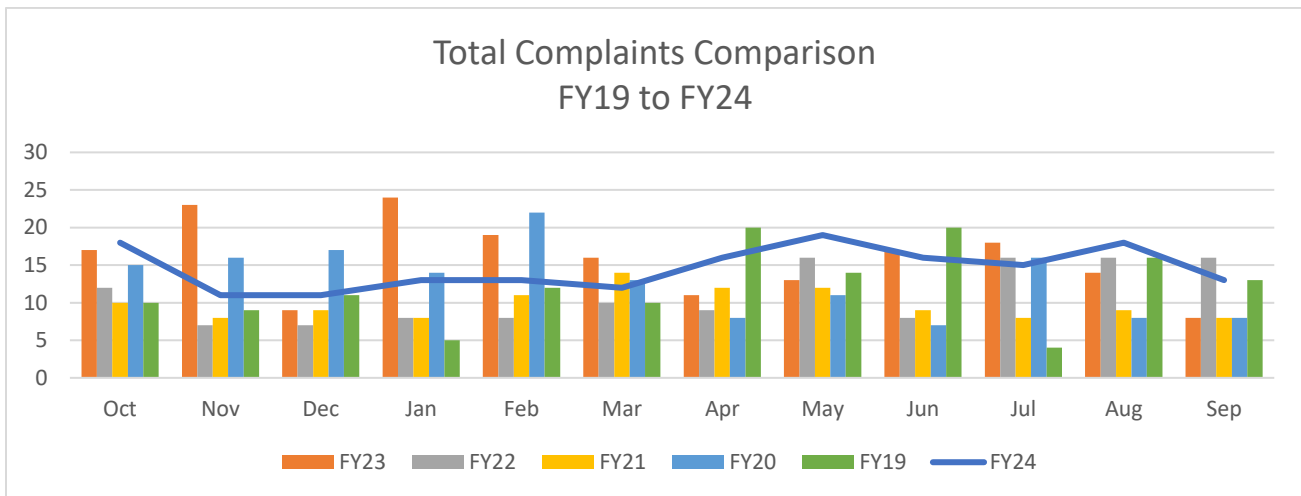
Trend Report by Allegation Top 7	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Abuse	6	2	2	2	1	1	3	6	5	2	3	2
Neglect	4	2	3	0	3	2	3	4	5	2	4	1
Dignity & Respect	1	1	1	2	2	1	3	0	2	2	4	5
Personal Property	0	1	1	0	2	0	0	0	0	0	0	0
Confidentiality	2	1	2	2	4	1	2	1	3	1	1	1
Svcs Suited to Cond	4	0	3	2	0	1	2	5	5	3	3	2
Safe, San, Humane Tx	0	2	0	0	0	0	0	0	0	0	1	0

**Source of Complaints:**



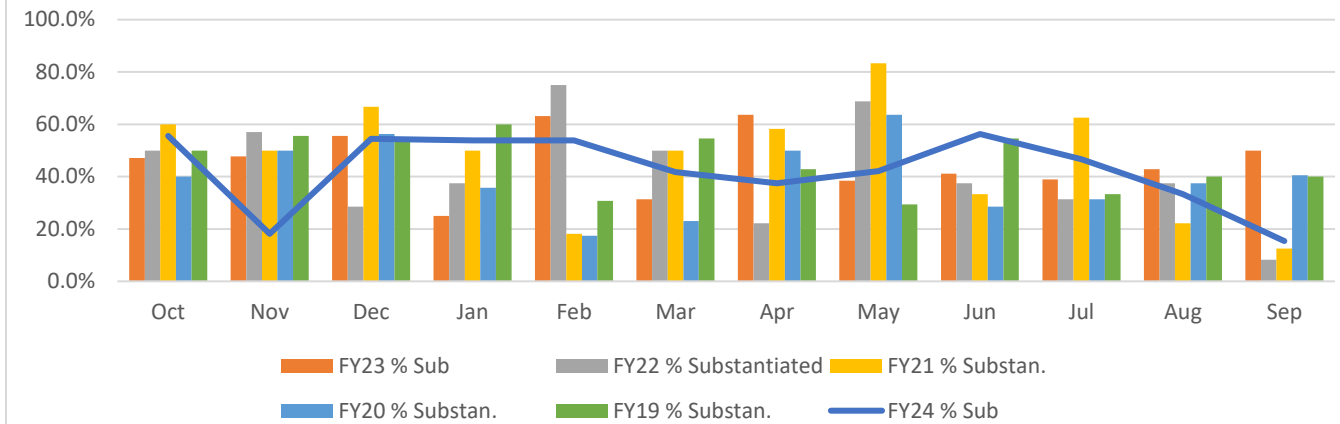
CMSHP Network Staff	14
Recipients	2
ORR	2
Guardian/Family	2
Anonymous	1
Other Agency/Community	0

**Comparison of Complaints for FY98 to FY24 (DRAFT):**



Total Comp	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24	18	11	11	13	13	12	16	19	16	15	18	13
FY23	17	23	9	24	19	16	11	13	17	18	14	8
FY22	12	7	7	8	8	10	9	16	8	16	16	16
FY21	10	8	9	8	11	14	12	12	9	8	9	8
FY20	15	16	17	14	22	13	8	11	7	16	8	8
FY19	10	9	11	5	12	10	20	14	20	4	16	13

### Substantiation Rate Comparison FY19 to FY24



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 % Sub	55.6%	18.2%	54.5%	53.8%	53.8%	41.7%	37.5%	42.1%	56.3%	46.7%	33.3%	15.4%
FY23 % Sub	47.1%	47.8%	55.6%	25.0%	63.2%	31.3%	63.6%	38.5%	41.2%	38.9%	42.9%	50.0%
FY22 % Sub	50.0%	57.1%	28.60%	37.5%	75.0%	50.0%	22.2%	68.8%	37.5%	31.3%	37.5%	8.0%
FY21 % Sub	60.0%	50.0%	66.7%	50.0%	18.2%	50.0%	58.3%	83.3%	33.3%	62.5%	22.2%	13.0%
FY20 % Sub	40.0%	50.0%	56.3%	35.7%	17.4%	23.1%	50.0%	63.6%	28.6%	31.3%	37.5%	40.5%
FY19 % Sub	50.0%	55.6%	54.6%	60.0%	30.8%	54.6%	42.9%	29.4%	54.6%	33.3%	40.0%	40.0%

When comparing FY18 with FY19, FY20, FY21, FY22 and FY23 there were significant differences in the number of complaints received in the following months:

- In April 2018 BABHA’s ORR received twenty complaints whereas in April 2019 seven complaints were received.
- In June 2018 BABHA’s ORR received twenty complaints whereas in June 2019 eleven complaints were received.
- In July 2018 BABHA’s ORR received four complaints whereas in July 2019 fifteen complaints were received.
- FY20’s total number of complaints is higher for the first quarter than the first quarter for FY19, and FY18.
- COVID-19 significantly reduced the number of RR complaints reported to BABHA’s ORR. (Starting March 2020 through FY22.)

- FY23 complaints are trending above FY22 and FY21:
  - FY21 October 2020 through September 2021 the ORR received 118 complaints.
  - FY22 October 2021 through September 2022 the ORR received 133 complaints.
  - FY23 October 2022 through September 2023 the ORR received 190 complaints.
  - FY24 October 2023 through September 2024 the ORR received 177 complaints.

**Report of Remedial Action for Substantiated Complaints for June 2024:**

ID	Rcv Date	Inv. Report Sent Date	Allegation Type	Remedial Action 1	Remedial Action 2	Remedial Action 3
1652	6/26/2024	9/24/2024	Neglect, Class III	Written Reprimand		
1651	6/27/2024	7/16/2024	Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	Training		
1650	6/25/2024	7/26/2024	Disclosure of Confidential Information	Training		
1649	6/26/2024	9/16/2024	Neglect, Class III	Employment Termination		
1648	6/19/2024	7/16/2024	Neglect, Class III; Disclosure of Confidential Information	Written Reprimand	Training	
1647	6/19/2024	7/15/2024	Disclosure of Confidential Information	Training		
1644	6/17/2024	6/21/2024	Abuse, Class II - Nonaccidental act	Written Reprimand	Suspension	Employment Termination
1643	6/13/2024	6/21/2024	Neglect, Class III	Employment Termination		
1638	6/3/2024	8/27/2024	Neglect, Class III	Written Reprimand	Written Reprimand	Training

The matrix displays the substantiated complaints with the date that each complaint was received, resolved, and the date the Summary Report was issued. It is important to note that all complaints were resolved within the 90-calendar day requirement established by the Michigan Mental Health Code. The Mental Health Code dictates that the Responsible Mental Health Agency (RMHA) takes remedial action to correct and prevent reoccurrence of substantiated Recipient Rights Complaints. In addition, if the violation of Abuse or Neglect is substantiated then the RMHA must take fair disciplinary action as well. The matrix above lists the substantiated complaint allegation type and all of the remedial action utilized by the RMHA. The Office of Recipient Rights can only call for disciplinary action as required in the Mental Health Code. The Office cannot dictate the level of disciplinary action as the RMHA determines this action.

**Additional Activities by the Office of Recipient Rights:**

**Training by Recipient Rights Officer for Staff previous month:**

Number of Training Sessions	Number of People Attending	Number of Hours
5	63	10

**Training by Recipient Rights Officer for Consumers previous month:**

Number of Training Sessions	Number of People Attending	Number of Hours
1	3	1

**10/02/2024 – Melissa trained the BABHA CAC on several policies**

**Training received by the Recipient Rights Office:**

**None**

**Site Visits:**

- 10/1/24 Liberty Living-Wilson, Independence, Jefferson, Jefferson North & Liberty
- 10/3/24 Autism & Neurodiversity Services
- 10/9/24 Hope Network-Bay Valley Home
- 10/10/24 Bay City Crisis Residential Unit
- 10/10/24 Mid Michigan Specialized Residential
- 10/11/24 McLaren LPH
- 10/15/24 Flourish ABA -Bay City
- 10/17/24 Mercy Plus ABA-Standish
- 10/24/24 Safehaus



Recipient Rights Complaints  
Reporting Period - Oct 2024 - September 2025

Category	Category Description	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Total Allegations YTD
7084	Dignity and Respect	3												3
7081	Mh Services Suite to Condition	6												6
7082	Safe, Sanitary/Humane Treatment/Environment													0
7100	Physical and Mental Exams													0
7120	Person Centered Process													0
7110	Family Dignity & Respect													0
7120	Individual Plan of Service													0
7130	Choice of Physician or Mental Health Professional													0
7150	Services of a Mental Health Professional													0
7221	Abuse I													0
72221	Abuse II - Non-Accidental Act	1												1
72222	Abuse II - Unreasonable Force	1												1
72225	Abuse II - Exploitation													0
7223	Abuse III	2												2
7224	Abuse I - Sexual Abuse													0
72251	Neglect I													0
72252	Neglect I - Failure to Report													0
72261	Neglect II	2												2
72262	Neglect II - Failure to Report													0
72271	Neglect III	1												1
7240	Photographs, Fingerprints - Prior Consent	1												1
7249	Video Surveillance													0
7262	Communications-Telephone													0
7263	Communications-Mail													0
7281	Personal Property - Possession													0
7286	Personal Property-Limitations													0
7300	Safeguarding money													0
7360	Labor & compensation													0
7400	Restraint													0
7420	Seclusion													0
7440	Freedom of Movement													0
7480	Disclosure of Confidential Information	4												4
7550	Rights Protection System													0
7555	Retaliation/Harassment													0
0001	Outside jurisdiction													0
0000	No Right involved	2												2
														0
	Subtotal	23	0	0	0	0	0	0	0	0	0	0	0	23
Page 9 of 33 Grand Total - Allegations YTD														23

## BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter: 3</b>	<b>Member Rights and Responsibilities</b>		
<b>Section: 3</b>	<b>Rights of Consumers</b>		
<b>Topic: 6</b>	<b>Photographing, Video Recording, Audio Taping, Fingerprinting Recipients</b>		
Page: 1 of 5	Supersedes Date: Pol: 6-3-02, 7-15-99 Proc: 6-3-02, 7-28-98	Approval Date: Pol: 6-21-12 Proc: 5-8-12	_____ <i>Board Chairperson Signature</i>
	_____ <i>Chief Executive Officer Signature</i>		
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### Policy

It is the policy of Bay-Arenac Behavioral Health Authority that:

1. Fingerprints, photographs, video recordings or audiotapes may be taken and used, and one-way glass may be used: in order to provide services, including research, to a recipient; for educational or training purposes; or to determine the name of a recipient, when informed consent has been obtained from the recipient or applicable parent or guardian. Video surveillance is prohibited.
2. Photographs may be taken for purely personal or social purposes unless the recipient or applicable parent or guardian has indicated an objection, either verbally or in writing. However, these photographs, videos, audio-recordings taken for personal or social purposes may not be put on social media of any kind without specific written consent of the legally responsible party.

### Purpose

This policy and procedure are established to ensure that recipients are protected in the areas of photographing, video recording, audio taping and fingerprinting.

### Education Applies to

- All BABHA Staff  
 Selected BABHA Staff, as follows:  
 All Contracted Providers:    Policy Only    Policy and Procedure  
 Selected Contracted Providers, as follows:  
      Policy Only    Policy and Procedure  
 BABHA's (Affiliates):    Policy Only    Policy and Procedure

### Definitions

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

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Audio Taping: Any reproduction of a recipient’s voice by mechanical means.

Educational or Training Purposes:

- A. To assist staff in performing their job responsibilities.
- B. To provide general information to the community.

Consent: A written agreement executed by a recipient, a minor recipient’s parent, or a recipient’s legal representative with authority to execute a consent, that is in compliance with the Agency’s procedure for consent.

Photography: Includes still pictures, motion pictures, and videotapes.

Primary Clinician: The staff member in charge of implementing the recipient’s plan of service.

Social Media: Included, but is not limited to: Facebook, Parler, Twitter, Instagram, Snap Chat, and/or Linked-In.

Video Recording: A recording of both visual and audible components.

**Procedure**

A. Using Fingerprints, Photographs, Video Recordings or Audiotapes, and One-Way Glass to Provide Services, Including Research

- 1. The primary clinician shall:
  - a. Obtain prior informed consent from one of the following and file it in the recipient’s record:
    - i. The recipient if 18 years of age or over and competent to consent
    - ii. The guardian of the recipient if the guardian is legally empowered to execute such a consent
    - iii. The parent with legal and physical custody of the recipient, if the recipient is less than 18 years of age.

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- b. Inform the individual signing the consent that he or she is free to withdraw consent at any time without prejudice, and document on the form if consent is withdrawn.
- c. Ensure that the fingerprints, photographs, video recordings or audiotapes, and any copies of them, shall be kept as part of the recipient's record and be subject to standards governing confidentiality.
- d. Annually review whether the fingerprints, photographs, video recordings or audiotapes in the record, and any copies of them, are still essential for the original purpose. Either give them to the recipient or destroy them when they are no longer essential or when the recipient is discharged, whichever occurs first.

- 2. The staff taking the fingerprints, photographs, video recordings or audiotapes shall afford the recipient an opportunity to object, verbally or in writing, immediately prior to the time the fingerprinting, photographing, video recording or taping occurs.

**B. Using Photographs, Video Recording, Audiotapes, or One-Way Glass for Educational or Training Purposes**

- 1. The primary clinician shall:
  - a. Obtain prior informed consent from one of the following and file it in the recipient's record:
    - i. The recipient if 18 years of age or over and competent to consent
    - ii. The guardian of the recipient, if the guardian is legally empowered to execute such a consent
    - iii. The parent with legal and physical custody of the recipient, if the recipient is less than 18 years of age.
  - b. Inform the individual signing the consent that he or she is free to withdraw consent at any time without prejudice, and document on the form if consent is withdrawn.
  - c. Inform the individual signing the consent whether or not the photographs, fingerprints, video recordings or audiotapes, and any

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copies of them, shall be kept as part of the recipient’s record and be subject to standards governing confidentiality.

d. If the photographs, fingerprints, video recordings or audiotapes will be kept confidential, annually review whether they are still essential for the original purpose. Either give them to the recipient or destroy them when they are no longer essential or when the recipient is discharged, whichever occurs first.

2. The staff taking the photographs, fingerprints, video recordings or audiotapes, or using the one-way glass shall afford the recipient an opportunity to object, verbally or in writing, immediately prior to the time the fingerprinting, photographing, video recording, or audiotaping, or use of one-way glass occurs.

BEHAVIORAL HEALTH

**C. Taking Photographs or Producing Video Recordings for Personal Or Social Purposes**

1. The primary clinician shall:
  - a. Obtain prior informed consent from one of the following and file it in the recipient’s record:
    - i. The recipient if 18 years or over and competent to consent
    - ii. The guardian of the recipient if the guardian is legally empowered to execute such a consent
    - iii. The parent with legal and physical custody of the recipient if the recipient is less than 18 years of age.
  - b. Inform the individual signing the consent that he or she is free to withdraw consent at any time without prejudice, and document on the form if consent is withdrawn.
2. The staff taking the photographs or producing the video recordings shall afford the recipient an opportunity to object, verbally or in writing, immediately prior to the time the photograph or video recording is taken.

**Attachments**

N/A

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**Related Forms**

Consent Form for Use of Photographs and/or Video Recordings (Master Clinical Files)

**Related Materials**

N/A

**References/Legal Authority**



Act 258 of the Public Acts of 1974, as amended (Mental Health Code) section 100a, 724 and 752; Department of Community Health Administrative Rules 7003.

<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
Marlene Wolber	Linda Maze	11/10/09	Revision	Triennial Review-format and language updated
Pepa Carlson Tina Dilley	Linda Maze	5/8/12	Revision	Revised to include video recordings and added related form: consent for Use of Photographs and/or Video Recordings
Melissa Prusi	Christopher Pinter	6/27/16	No changes	Triennial Review-no changes
Melissa Prusi	Christopher Pinter	06/20/2019	Revision	Triennial and annual review – minor changes
Melissa Prusi	Christopher Pinter	01/06/2021	Revision	Annual review
Melissa Prusi	Christopher Pinter	01/25/2021	Revision	Revised to reflect updated MDHHS ORR standards re: video surveillance.
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Triennial Review



**Recipient Rights Advisory & Appeals Committee  
Site Reviews  
November 2024**

Site Reviews:

11/06/2024

- Game Changer ABA – Bay City, MI
- Spectrum ABA – Essexville, MI

11/07/2024

- Bay City Crisis Residential – 2<sup>nd</sup> – Bay City, MI

11/19/2024

- Westwood Specialized Residential – Flint, MI



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

GRETCHEN WHITMER  
GOVERNOR

LANSING

ELIZABETH HERTEL  
DIRECTOR

June 24, 2024

Dear Provider:

In 2014 the Centers for Medicare and Medicaid Services issued a Final Rule for Medicaid waiver programs that offer home and community-based services (HCBS). The Home and Community Based Services Final Rule affects home and community-based service programs that are provided through the 1915 (C) Habilitation Supports Waiver and the §1915(i) State Plan Amendment (SPA) sections of the Social Security Act. The HCBS Final Rule established new requirements for characteristics that home and community-based settings must demonstrate in order to receive Medicaid funding. To determine compliance, behavioral health settings were assessed to ensure the settings demonstrated the characteristics outlined in the HCBS final rule.

Michigan Department of Health and Human Services and the Department of Licensing and Regulatory Affairs (LARA) worked together to identify any areas of potential conflict between the two sets of requirements and to provide settings with a document that would clearly outline the expectations of both MDHHS and LARA. In 2017 MDHHS issued the Joint Guidance Document to providers and community partners. The Joint Guidance Document has proven to be a useful and effective tool to support providers and to ensure compliance with the HCBS Final Rule while aligning with LARA requirements.

We have updated the attached Joint Guidance Document to increase clarity and to address any areas where additional guidance has been requested. This Joint Guidance Document is developed specifically for settings that provide services or supports to individuals receiving HCBS behavioral health services.

Topics addressed in the Joint Guidance document include:

- Lockable Doors
- Visiting Hours
- Residency Agreements and State Landlord-Tenant Law
- Choice of Providers
- Freedom of Movement
- Choice of Roommate
- Access to Earned Income



Provider  
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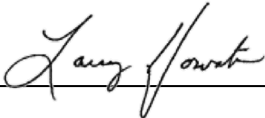
- Secure or restrictive settings
- Legally mandated rights
- Marijuana

For additional questions regarding the home and community-based services rule or the setting compliance process, please email [HCBSTransition@michigan.gov](mailto:HCBSTransition@michigan.gov).



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Kristen Jordan, Director  
Bureau of Specialty Behavioral Health Services



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Larry Horvath, Director  
Bureau of Community & Health Systems

JK:mm

Attachment

# Behavioral Health Joint Guidance Document

## INTRODUCTION

### KEY TERMS AND ASSOCIATED ACRONYMS

The following key terms and associated acronyms are used in this document:

Term	Acronym	Definition
Adult Foster Care Home	AFC	<p>“Adult foster care congregate facility” means an adult foster care facility with the approved capacity to receive more than twenty adults to be provided with foster care.</p> <p>“Adult foster care family home” means a private residence with the approved capacity to receive six or fewer adults to be provided with foster care for 5 or more days a week and for two or more consecutive weeks. The adult foster care family home licensee shall be a member of the household, and an occupant of the residence.</p> <p>“Adult foster care large group home” means an adult foster care facility with the approved capacity to receive at least thirteen but not more than twenty adults to be provided with foster care.</p> <p>“Adult foster care small group home” means an adult foster care facility with the approved capacity to receive twelve or fewer adults to be provided with foster care.</p>
Bureau of Community and Health Systems	BCHS	BCHS is the bureau within LARA that is responsible for licensing and certifying facilities and agencies including licensing of Adult Foster Care and Home for the Aged facilities.
Bureau of Fire Services	BFS	BFS is the bureau within LARA that is responsible for ensuring facilities are constructed and maintained in accordance with the Life Safety Code.
Centers for Medicare and Medicaid Services	CMS	A federal agency within the United States Department of Health and Human Services that works in partnership with State governments to administer the Medicaid program.
Continuing Care Community Disclosure Act	CCDA	An Act to regulate long-term leases in adult foster care facilities, independent living units, nursing homes, homes for the aged, home care service agencies and hospices. (MCL 554.901 et. seq.) This Act excludes adult foster care homes and homes for the aged from the state’s landlord tenant laws

## Behavioral Health Joint Guidance Document

Earned Income		Earned income is income received from another person or organization or from self-employment for duties that were performed for remuneration or profit. Some rental income is considered earned.
Foster Care		“Foster care” means the provision of supervision, personal care, and protection in addition to room and board, for 24 hours a day, 5 or more days a week, and for two or more consecutive weeks for compensation.
Home and Community Based-Services Final Rule	HCBS Final Rule	The HCBS Final Rule establishes new federal requirements for different Medicaid authorities that allow States to provide home and community-based long-term services and supports to eligible persons. The rule requires Medicaid Home and Community-Based Services (HCBS) Waiver Programs to ensure that waiver participants have full access to benefits of community living and opportunity to receive services in the most integrated settings.
Home for the Aged	HFA	“Home for the aged” means a supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility that provides room, board, and supervised personal care to twenty-one or more unrelated, non-transient, individuals 60 years of age or older. Home for the aged includes a supervised personal care facility for twenty or fewer individuals 60 years of age or older if the facility is operated in conjunction with and as a distinct part of a licensed nursing home.
Lockable Door		A lockable door is a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware. The hardware must be able to be opened from the inside of a room with a single motion, such as a turn of a knob or push of a handle, even if the door is locked.
Medicaid-Funded Home and Community-Based Services		Services and supports that are offered through a Home and Community-Based Services Waiver program reimbursed by Medicaid.
Medicaid Home and Community-Based Services (HCBS) Waiver Program		Medicaid HCBS Waiver Program allows a State Medicaid Agency to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting. The Program requires that HCB services follow an individualized and person-centered plan of care.
Michigan Compiled Laws Annotated	MCLA	Complete text of Michigan statutes, supplemented by succinct annotations.

# Behavioral Health Joint Guidance Document

Michigan Department of Health and Human Services	MDHHS	MDHHS is the Department within the State of Michigan that is responsible for administering the Michigan Medicaid Program. MDHHS is also responsible for implementing HCBS Final Rule.
Michigan Department of Licensing and Regulatory Affairs	LARA	LARA is responsible for safeguarding Michigan's citizens through a simple, fair, efficient, and transparent regulatory structure.
Person Centered Planning	PCP	Person-Centered Planning (PCP) means a process for planning and supporting the person receiving services that builds upon his or her capacity to engage in activities that promote community life and that honors the person's preferences, choices, and abilities. The PCP process involves families, friends, and professionals as the person desires or requires. PCP is required by state law (Michigan Mental Health Code MCL 330.1712 and federal law (42 CFR 441.540) as the way that people plan for the services and supports that they receive from the community mental health system. PCP is used anytime an individual's goals, desires, circumstances, preferences, or needs change.

## LOCKED DOORS

**The HCBS Final rule requires that individuals have freedom of movement within a setting and the freedom to enter and exit a setting as they chose. This prohibits the use of locking mechanisms that can be used to restrict movement. This includes locks on entry or exit doors and locking mechanisms on gates unless non locking against egress with positive-latching, nonlocking-against-egress hardware. The gate must be able to be opened from the inside with a single motion, even if the gate is locked.**

Individuals must not be restricted in their movement within a setting through use of barriers including locked doors. Settings may not incorporate separate units or sections of a building such as a specific floor of a building that is restrictive or portions of a building that are locked against egress.

Settings may restrict access to unlicensed areas of settings such as a basements utility area. Settings may also restrict access to business office and areas where medications are stored. If laundry facilities are in an unlicensed area and therefore locked the setting must have a means to accommodate individuals access to the laundry as desired.

## LOCKABLE DOORS

# Behavioral Health Joint Guidance Document

The HCBS Final Rule requires that residential settings provide units that have bedroom and bathroom doors that are lockable by the individual, with only appropriate staff having keys to doors. When a setting has multiple bedrooms, each must have a unique key. If there are private bedrooms that include private bathrooms, only the door to the bedroom must be lockable, though MDHHS encourages that both the bedroom door and bathroom door to be lockable. Both the BFS and the BCHS allows AFC and HFA facilities to have bedroom and bathroom doors that are lockable from the inside of the room. In order to meet both the HCBS Final Rule and AFC/HFA licensing requirements, the bedroom door shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware (hardware that can be opened from the inside of a room with a single motion, such as a turn of a knob or push of a handle, even if the door is locked). Settings may utilize keypads as a means of securing an individual bedroom, however the individual must be able to utilize the keypad easily for this is to be an acceptable option, and all keypads must have unique codes.

This requirement also applies to bathroom doors. In accordance with the AFC/HFA licensing requirements, appropriate staff must have a key to the bedroom or bathroom door if the individual has a lockable door, this key should be stored in an area not accessible to all staff and residents.

Waiver participants cannot authorize a waiver of this requirement. The requirement is with the State of Michigan not the person.

The associated licensing rules for bedroom and bathroom doors are as follows: R 400.1430 (2), R 400.1431 (3), R 400.14407 (3) and R 400.14408 (4) R 400.15407 (3) and R 400.15408 (4).

## LEGALLY MANDATED RIGHTS

A person's rights resulting from the age of majority (18 or 21 years of age) may not be infringed upon unless a restriction that meets modification requirements is present in the persons IPOS. Examples of age-related rights are:

- Voting
- Access to alcohol or cigarettes
- Attainment of a driver's license or car

## VISITING HOURS

The HCBS Final Rule requires residential settings to allow individuals to have visitors of their choosing at any time.

Settings may not impose specific times of day when visitors are / are not allowed, or require searches of persons who would visit, or require specific permissions to have visitors. Settings may not impose rules that have the effect of making it difficult for families and friends to visit residents in their homes setting wide including in their bedrooms. A health and/or safety-based

# Behavioral Health Joint Guidance Document

modification that meets CMS and MDHHS criteria are the exception and must be documented in the individuals IPOS if restrictions are required based upon *the individual's* health or safety needs.

## RESIDENCY AGREEMENT AND STATE LANDLORD-TENANT LAW

The HCBS Final Rule states that settings must have several “qualities” to be considered home and community based. More specifically, a residential setting that is provider-owned or controlled must demonstrate the following qualities:

The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.

The Continuing Care Community Disclosure Act specifically exempts certain facilities, such as AFCs and HFAs from the state’s landlord tenant laws. Consequently, these licensed settings, pursuant to HCBS Final Rule, must have a legally enforceable residential agreement that provides protections that address eviction processes and appeals comparable to the state’s landlord tenant laws.

MDHHS has determined that current state licensing rules offer comparable protections and rights as the state’s landlord-tenant laws on issues related to discharge processes and appeals. Specifically, both the state’s landlord tenant laws and state’s licensing rules require prior notice and an opportunity to appeal or contest the eviction or discharge to an impartial decision maker.

However, unlike the landlord tenant laws, the licensing rules have built in protections to accommodate the health, safety and wishes of the resident. MDHHS has determined the variance between the licensing rules and landlord tenant laws, provide comparable protections as the state’s landlord tenant laws and additionally allow the setting to make person centered placement decisions in accordance with the resident’s wishes and for the resident’s health and safety that would not be permitted under the state’s landlord tenant laws.

MDHHS and LARA also agreed that both AFC and HFA licensed facilities must have a residential agreement that outlines these protections and rights. Because current state licensing rules offer comparable protections to state landlord-tenant laws, a residency agreement for a licensed setting that meet the requirements of state licensing rules may also meet the requirements of the HCBS Final Rule if the residency agreement includes information on discharge processes and complaints.

# Behavioral Health Joint Guidance Document

Based on these findings, MDHHS and LARA have determined that both AFC and HFA facilities may use residency agreements to meet the requirements of state licensing rules and the HCBS Final Rule under the following conditions:

- **AFC Homes:** State licensing rules require AFC homes to use the BCAL-3266 Resident Care Agreement form. MDHHS and LARA have agreed that the BCAL-3266 form meets the requirements of the HCBS Final Rule if the licensee also provides information on discharge processes and complaints to the resident. MDHHS and LARA have also created a supplemental document, known as the “Summary of Resident Rights: Discharges and Complaints,” which could be used by an AFC home in conjunction with BCAL-3266 form to meet the requirements of state licensing rules and the HCBS Final Rule. Licensees may still use their own residency agreements if the residency agreement outlines the relevant discharge and complaints processes and meets all applicable state and federal requirements.
  
- **HFA Homes:** State licensing rules do not require HFA homes to use a specific document as a residency agreement. MDHHS and LARA have agreed that licensees may design and use their own residency agreements to meet the federal requirement if the residency agreement outlines the relevant discharge and complaints processes and meets all applicable state and federal requirements. MDHHS and LARA have also agreed that licensees could use the Summary of Resident Rights: Discharges and Complaints document to fulfill the state and federal requirement to outline relevant discharge and complaint processes.

After also comparing this interpretation to existing state requirements, MDHHS and LARA have agreed that this interpretation complies with rules R 400.14301(6), 400.15301(6), and R 400.1407(5) as outlined by the BCHS.

The BCAL-3266 form and Summary of Resident Rights: Discharges and Complaints document can be found online at the following locations:

Name of the Document	Location
BCAL-3266	<a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a> >> Community and Health Systems >> Adult Foster Care >> Resident Care Agreement BCAL-3266
Summary of Resident Rights: Discharges and Complaints	<a href="http://www.michigan.gov/mdhhs">www.michigan.gov/mdhhs</a> >> Assistance Programs >> Health Care Coverage (Click on the tab) >> Home and Community-Based Services Program Transition

## HOUSE RULES

Although house rules are optional under state licensing rules, under HCBS Final Rule house rules will not be permitted.

# Behavioral Health Joint Guidance Document

Settings may not substitute alternative language for the purpose of instituting house rules. Individuals may not be required to comply or sign in agreement with specific “agreements” or resident policy documents that restricts their freedoms as a condition of living within the home. This includes:

- Specific “quiet hours” when individuals are asked to be quiet in their rooms,
- Clothing mandates such as length of skirts, shorts, or what individuals will wear within the setting, identification of specific clothing that is not allowed.

**Any setting wide denial of rights is not allowed.** This may include:

- Use of alcohol,
- Smoking tobacco,
- Driving, and owning a vehicle,
- Owning or using a cell phone,
- Participation in community activities as desired,
- Access to or owning tv,
- Seeing visitors in private bedroom,
- Settings may not restrict items that do not have a foundation in fire safety or licensing requirements and will be required to provide specific evidence of regulation upon request of the PIHP or MDHHS.

Individuals must be afforded the same rights as non-Medicaid recipients and these rights do not have to be identified in this document to exist.

## USE OF VIDEO CAMERAS

The use of video cameras for surveillance is prohibited in HCBS settings. Video cameras maybe utilized in areas where waiver participants do not enter (such as the business office, or medication distribution rooms, if the camera is **fixed** in its position and is facing in such a way that it cannot inadvertently record waiver participants. The responsibility to ensure a camera meets the requirements identified is upon the setting. Settings should work with their PIHP leads to confirm that any intended use of cameras is acceptable.

Cameras that are part of an external security system are allowed.

## MARIJUANA

Recreational and/or medicinal use of marijuana is legal in the state of Michigan. However, marijuana use is not legal federally. For this reason, settings cannot be required to allow waiver participants to store or use marijuana on the premises of the setting. Settings may not, however, seek to restrict an individual’s marijuana use off premises unless there is a restriction in the individuals IPOS that is consistent with MDHHS and CMS modification requirements.



# Behavioral Health Joint Guidance Document

## CHOICE OF PROVIDERS

In many AFC and HFA facilities, the provider of services is the same entity as the owner of the setting. Some stakeholders have contended that this arrangement conflicts with the requirements of the HCBS Final Rule.

The HCBS Final Rule does not expressly prohibit the provision of services in provider-owned and/or controlled settings. The HCBS Final Rule only requires that they be assessed for compliance with the home and community-based characteristics as outlined under the HCBS Final Rule. One of these characteristics is that participants must be offered a choice of providers within the waiver program. A participant could choose a setting that offers services from a specific provider under the following conditions and when documented in the individuals IPOS:

1. The participant is offered an array of options in terms of where he or she will receive services by his or her supports coordinator.
2. If the participant chooses a setting where a specific provider offers services, the participant should also be informed by his or her service agency that he or she is choosing a specific provider by choosing that specific setting.
3. The participant must be provided with information by his or her service agency about how to select a new provider and setting, and the array of available options when he or she desires.
4. The participant may also use private funds to reimburse other providers for additional services such as skilled therapies and other assistance.

MDHHS and LARA have determined that this approach complies with state licensing rules.

## FREEDOM OF MOVEMENT

State licensing rules allow for settings to require supervision or place restrictions on the freedom of movement of residents or in accordance with the individual's service plan.

The HCBS Final Rule includes the requirement that individuals must not be unnecessarily restricted in their movement.

This includes the following examples:

- Individuals must have full access to all licensed areas of the home except as specifically identified in the individuals IPOS with modifications as required by CMS and MDHHS

# Behavioral Health Joint Guidance Document

- Individuals must be free to move around inside and outside the home without restriction and must be able to access the greater community as they desire with or without support from others.

If an individual has a specific health or safety related need that requires supervision or restriction on the individual's freedom to move inside the setting or in the community, this need must be clearly documented in the individual's person-centered plan and meet all the modification requirements outlined in the modification section of this document.

MDHHS and LARA have determined that this approach complies with state licensing rules. Specific Licensing Rule Citations: Rule 408, MCLA 400.707(7), R 400.1707(2)(a), and R 400.14301(2)(a).

## CHOICE OF ROOMMATE

Residents in many AFC homes and HFA facilities have an option of choosing to live with a roommate.

An individual's choice of roommate and room may be limited by the availability of open rooms within the individual's chosen residential setting. The licensee for the setting should discuss potential options for rooms and roommates with the participant prior to completing the residency agreement. Individuals must be aware of the process to request a different roommate or to change from a shared to a private room should their preferences change over time.

If an individual's preferences cannot be immediately met by a provider individuals must be informed of their right to pursue alternative settings where their preferences related to roommates or private room may be available. This conversation related to choice should be documented in the individual's record.

Individuals must be aware of the process to request a different roommate or to change from a shared to a private room.

Specific Licensing Rule Citations: R 400.1407(2)(c), R 400.14301(2)(c)

## ACCESS TO EARNED AND UNEARNED INCOME

The HCBS Final Rule requires that individuals be able to control their own resources including personal funds.

State licensing rules do not permit a licensee to restrict access to earned income. A provider may offer a safe location for a participant to store earned income, but the provider must make provisions for individuals to access their earned income when desired as part of this

# Behavioral Health Joint Guidance Document

arrangement. This arrangement does not conflict with the requirement under the HCBS Final Rule for individuals to be able to control their own resources.

Specific Licensing Rules Citation: R. 400.1407(5), R 400.14301(6)(k), R 400.14315(3), and R 400.1421

## ACCESS TO FOOD

Waiver participants must always have access to food. This does not require the setting to prepare meals at any time, however, participants must have access to snacks they enjoy at any time. These snacks should be accessible to the individual unless a modification is present in the individual's IPOS.

## MODIFICATIONS

Any modifications to the HCBS settings requirements needed by an individual must be supported by a specific assessed health and/or safety need and justified in the person-centered plan. There must be evidence in the record that the modification is required *prior* to the institution of the restriction. *Settings may not request that restrictions be documented in the persons IPOS based upon the convenience or preferences of the setting.*

Settings may not institute setting wide restrictions for the benefit of one individual. For example, a setting may not restrict access to the kitchen or the kitchen cupboards for all residents because one person requires a modification in this area. *The agreement of residents to any such restriction may not be requested by the setting in order to live within the setting and will not be considered justification of the restriction by MDHHS.*

The following must be documented in the plan:

- Identify a specific and individualized assessed safety or health related need,
- Positive interventions and supports used prior to modification,
- Less intrusive methods tried,
- Describe the condition that is directly proportionate to the specified need,
- The plan to ameliorate or eliminate the behavior must be reviewed and approved by the CMHSP or PIHP behavior review committee,
- The plan must be reviewed regularly and no less than quarterly to determine if the modification is still needed,
- Informed consent of the individual and
- Assure interventions and supports will cause no harm.

Federal Regulation 42 CFR §441.530



## Recipient Rights Advisory & Appeals Committee

### Non-board Member Terms

3-year Staggering Terms Based on 2022 BABH Bylaw Revisions

Name	Term
Robert Bowers	01/01/2023-12/31/2025
Justin Peters	01/01/2024-12/31/2026
Laurie Van Wert	01/01/2023 -12/31/2024



**Bay-Arenac Behavioral Health Authority (BABHA)  
Recipient Rights Advisory & Appeals Committee Member Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

What county do you live in (Bay or Arenac)? \_\_\_\_\_

Are you a primary consumer of mental health services? (i.e. an individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.) \_\_\_\_\_

Are you a family member of a primary consumer of mental health services?, i.e. a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.) \_\_\_\_\_

Please tell us why you are interested in being a member of the Recipient Rights Advisory & Appeals Committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I can be identified as a primary consumer or a family member of a primary consumer and hereby grant permission to the BABHA Board to identify me as such. I waive only those rights under the Mental Health Code that are necessary to make this identification.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## Bay-Arenac Behavioral Health Authority (BABHA) Board Member Application Questionnaire

According to the Mental Health Code (1995, PA 290 MCL 330.1222) certain requirements and limitations are imposed on the composition of the community mental health board membership. Please respond to the following questions:

- | YES   | NO    |   |
|-------|-------|---|
| _____ | _____ | 1) I am 18 years of age or older (must be 18+)  |
| _____ | _____ | 2) I am a county commissioner (limit of 4 commissioners)  |
| _____ | _____ | 3) I am a state, county or local public official (limit of 6 officials serving in an elected or appointed public office or employed more than 20 hours/week by an agency of federal, state, city or local government)   |
| _____ | _____ | 4) I live in Bay County (must have primary residence in Bay County)   |
| _____ | _____ | 5) I am employed by the Michigan Department of Community Health   |
| _____ | _____ | 6) I am employed by BABHA   |
| _____ | _____ | 7) I am a party to a contract with community mental health or administering or benefitting financially from a contract with BABHA   |
| _____ | _____ | 8) I serve in a policy-making position with an agency under contract with BABHA<br><br>(If you checked yes to 5, 6, 7 or 8 you cannot be appointed to the BABHA Board)  |
| _____ | _____ | 9) I am/have been a primary consumer of mental health services. (primary consumer means an individual who has received or is receiving service from the Department of Community Health or a community mental health services program or services from the private sector equivalent to those offered by the Department of Community Health or community mental health services program. This means just about any mental health service you have ever received in your entire lifetime).                  |
| _____ | _____ | 10) I am/have been a family member of a primary consumer (Family member means parent, step-parent, spouse, sibling, child or grandparent of a primary consumer or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support. Same service and timeframe criteria as primary consumer).<br><br>For items 9 and 10, 1/3 of the BABHA Board (4 members) must be primary consumers or family members and of that 1/3 at least 1/2 (2 members) shall be primary |
| _____ | _____ | 11) I can be identified as a primary consumer and hereby grant permission to the BABHA Board to identify me as such when asked to do so. I waive only those rights under the Mental Health Code that are necessary to make this identification.   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This release/waiver can be revoked at any time.

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 12) I can be identified as a family member of a primary consumer and hereby grant permission to BABHA to identify me as such when asked to do so. |
|-------|-------|---|

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This release/waiver can be revoked at any time.

# January 2025 BABH Board of Directors

# DRAFT

January 2025							February 2025						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
5	6	7	8	9	10	11	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28	

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Dec 29	30	31	Jan 1, 25 New Year's Day/BABH Offices Closed	2 5:00pm Personnel & Compensation Committee	3	4
5	6 5:00pm Recipient Rights Advisory & Appeals Committee	7	8 5:00pm Finance Committee	9 5:00pm Program Committee	10	11
12	13 5:00pm Audit Committee	14	15	16 5:00pm REGULAR BOARD MEETING	17	18
19	20 Martin Luther King, Jr. Day/BABH Offices Closed	21	22	23	24	25
26	27	28	29	30	31	Feb 1

# February 2025 BABH Board of Directors

# DRAFT

February 2025							March 2025						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
2	3	4	5	6	7	8	2	3	4	5	6	7	8
9	10	11	12	13	14	15	9	10	11	12	13	14	15
16	17	18	19	20	21	22	16	17	18	19	20	21	22
23	24	25	26	27	28		23	24	25	26	27	28	29
							30	31					

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Jan 26	27	28	29	30	31	Feb 1
2	3	4	5	6 5:00pm Corporate Compliance Committee	7	8
9	10 5:00pm Recipient Rights Advisory & Appeals Committee	11	12 5:00pm Finance Committee	13 5:00pm Program Committee	14	15
16	17 President's Day/BABH Offices Closed 5:00pm Audit Committee	18	19	20 5:00pm REGULAR BOARD MEETING	21	22
23	24	25	26	27	28	Mar 1



# March 2025 BABH Board of Directors

# DRAFT

March 2025							April 2025						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
2	3	4	5	6	7	1	6	7	1	2	3	4	5
9	10	11	12	13	14	8	13	14	8	9	10	11	12
16	17	18	19	20	21	22	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28	29	30			
30	31												

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Feb 23	24	25	26	27	28	Mar 1
2	3	4	5	6 5:00pm Facilities & Safety Committee	7	8
9	10 5:00pm Recipient Rights Advisory & Appeals Committee	11	12 5:00pm Finance Committee	13 5:00pm Program Committee	14	15
16	17 Saint Patrick's Day 5:00pm Audit Committee	18	19	20 5:00pm REGULAR BOARD MEETING	21	22
23	24	25	26	27	28	29
30	31	Apr 1	2	3	4	5