



MICHIGAN VETERAN HOMES

A Place of Honor & Compassion

MICHIGAN VETERANS FACILITY AUTHORITY

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General: Request for Accommodation

PURPOSE

This document has been prepared for use by the MVFA and is intended for internal use only. The purpose of this policy is to outline the procedure of providing qualified board members with a disability to fully participate in meetings with a virtual option, to establish a quorum, (e.g., Microsoft Teams, Zoom), to vote on business that comes before the public body pursuant to MCL 15.263, and to go into closed session consistent with MCL 15.267, as required by the Open Meetings Act.

SCOPE

MVFA board members may, upon demonstrating that they are a qualified individual with a disability, request accommodations pursuant the applicable Federal and State laws.

DEFINITIONS

None

STANDARDS

Michigan Veterans' Facilities' Authority Act (PA 560 of 2016), MCL 36.101, et seq.,
Open Meetings Act, MCL 15.261, et seq.,
Rehabilitation Act., MCL 395.81, et seq.; and
Americans with Disabilities Act, 42 USC § 12131, et seq.

GUIDELINES

Pursuant to the Americans with Disabilities Act (ADA) at 42 USC 12132, "[n]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by any such entity." This applies to members of the public body. Under 42 USC 12131(1)(A)(B), a public entity is defined as "(A) any State or local government; (B) any department, agency, special purpose district or other instrumentality of a State or States or local government"

The Open Meetings Act, MCL 15.261, et seq., requires that all "meetings of a public body must be open to the public and must be held in a place available to the general public." MCL 15.263(1). The public body must establish procedures to accommodate the absence of a member of the public due to military duty, a medical condition, or a statewide or local state of emergency or state of disaster. The procedures must allow the absent member the ability to "participate in, and vote on, business before the public body" through two-way communication and a public announcement at the outset of the meeting that the member is attending remotely. MCL 15.263(a)(1). Finally, the public body must establish procedures for providing notice to the public of the absence of the member and information on how to contact that member in advance of a meeting to provide



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input on any business to come before the public body. See MCL 15.263(2)(b). Although nothing in the Open Meetings Act requires a public body to accommodate a disabled member of that body, or a disabled member of the general public, the ADA does preempt state laws when necessary to effectuate protections afforded under the ADA.

When seeking an accommodation to fully participate in MVFA board meetings, a board member must show that he or she has a “disability” and that they are a “qualified individual with a disability” as those terms are understood under the ADA. “Disability” is defined as “a physical or mental impairment that substantially limits one or more of the major life activities of such individual.” 42 USC 12102(1)(A). A “qualified individual with a disability” is “an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.” 42 USC 12131(2).

PROCEDURES

1. MVFA members who wish to seek an accommodation to attend meetings virtually as an accommodation must file a request with the MVFA by using the following procedure:
 - a. Submit a request, in writing, to the MVFA Board Chairman of the members’ intent to seek a medical accommodation.
 - b. Complete the Disability Accommodation Request and Medical Statement form (see Attachment A). The members’ medical provider shall complete Section II of said form.
 - c. The information shall be reviewed by the MVFA Board Chairperson and Executive Director. If any portion of the form is incomplete, the form will be returned to the requesting party without a decision.
 - d. Following review by the MVFA Board Chairperson and Executive Director, the request will be considered at the MVFA’s next available public meeting and considered during a closed session meeting.
 - e. MVFA members will conduct a roll call vote in closed session on the requesting party’s request for an accommodation.
 - f. The results of the vote, without disclosing any privacy or personal medical information, shall be announced when the MVFA returns from closed session. The MVFA will announce whether the request for accommodation has been approved, and if approved, what accommodation has been granted.



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IMPLEMENTATION

- a. The request and supporting documentation shall be maintained in the MVFA's DirectorPoint application in accordance with the MVFA's retention policy.
- b. The MVFA shall take all necessary steps to ensure that all privacy information contained within the written request and supporting documents shall not be disclosed to the public.

ATTACHMENTS

A – Form MVFA-028 Request for Accommodation

REFERENCES

None



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Michigan Veterans Facility Authority Board Member's Certification of Agreement

This policy, "MVFA-GEN 028, Request for Accommodation", was adopted by the MVFA Board of Directors on July 19, 2022, at a scheduled MVFA Board Meeting with a quorum present. This policy will be reviewed annually by the MVFA Board of Directors.

POLICY EFFECTIVE DATE: 7/19/2022

Year	2023	2024	2025	2026	2027	2028
Reviewed		3/19/2024	3/18/2025			

DISABILITY ACCOMMODATION REQUEST AND MEDICAL STATEMENT

SECTION I – FOR COMPLETION BY BOARD MEMBER. Please fully answer each item on the front of this form, in accordance with the attached instructions. Then provide the form to your medical professional to complete the back of the form. Return the completed form to the MVH Executive Director or other designated official. The information you submit will be treated as confidential to the extent permitted by law. Please note that **your request cannot be processed unless both sides of this form are completed.** For further information, refer to Policy MVFA-GEN 028, Request for Accommodation.

1. Name		2. Date of Birth (if needed by provider)	3. Telephone Number
4. Home Address		5. Email Address Work Home	
6. Describe your current duties and functions requiring an accommodation because of a disability.			
7. My disability is (Check as appropriate.) <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Both			
8. Describe the functional limitations caused by your disability for which you are requesting an accommodation. Use additional pages, if necessary. (Attach any additional medical documentation.)			
9. Describe any accommodations that you believe would minimize or eliminate the functional limitations listed above. Include any available information relating to cost, source, name of device, etc.			
10. Date Submitted	11. Signature		Administrative Use Only

SECTION II – FOR COMPLETION BY MEDICAL PROVIDER. Please fully answer all applicable parts, based on your medical knowledge, experience, and examination of the patient, and specifically address the patient's duties to the Board, physical effort, and essential functions. Please attach additional sheets if more space is needed. When completed, please sign and return the form to the patient so that he or she may submit it.

12. Health Care Provider's Name and Business Address

13. Telephone Number

14. Does this patient have a physical or mental impairment? ☐ Yes ☐ No. (If yes, state the type of impairment.)

15. List each major life activity limited by the impairment and describe how the patient is restricted due to the condition, as compared to an average person.

16. What is the duration or expected duration of the patient's impairment?

17. Can the patient perform all duties required as a board member? ☐ Yes ☐ No. (See Section 6 on the front. If no, state which functions cannot be performed and why.)

18. Describe any reasonable accommodations that would allow the patient to perform the functions listed in Section 6.

19. Would performing any function listed in Section 6 result in a direct safety or health threat to the patient or other people? (If yes, state which functions would pose a threat, what that threat could be, and any reasonable accommodation that would eliminate or reduce the threat to an acceptable level.)

20. Medical Provider's Signature

21. Date

DISABILITY ACCOMMODATION REQUEST AND MEDICAL STATEMENT

Instructions for Completing the Accommodation Request Form

<u>Questions</u>	<u>Instructions</u>
Questions 1-5	Complete all personal information that is applicable.
Question 6	Describe which duties you are (or anticipate) having difficulty performing because of your disability.
Question 7	Indicate whether the nature of your disability is mental, physical, or both.
Question 8	Describe the functional limitations of your disability which interfere (or may interfere) with performing the duties of a board member. Please attach medical documentation regarding your disability and functional limitations.
Question 9	Describe the accommodations you are requesting. Please provide alternative accommodation suggestions, where possible. Include past accommodations, if relevant, and any specific information relating to cost, source, name of device, etc., that you may have.
Question 10	Enter the date you submit this completed form.
Question 11	Sign the form. If you are unable to sign the form, your designated representative may sign on your behalf.
Questions 12 through 21	After completing the front of the MVFA 01-028, you must provide the form to your medical provider, to complete the back of the MVFA 01-028 and return the completed form to you for final submission.

FILING

Once completed, make a copy of this form. Keep a copy of the form and submit the signed original to the Executive Director or other designated official.

RESPONSE TIME

You should receive a final response to your request within four weeks after your completed request is received. If necessary, follow up with the Executive Director or other designated official.

APPEAL

If you are dissatisfied with the final response of the Executive Director or the Executive Director fails to issue a final response within four weeks, you may appeal through the MVFA Board Chair or take other action as authorized by law.

CONFIDENTIALITY

Information in your request will be held confidential to the extent allowed by law. Information obtained or generated in processing your request may be released to individuals or agencies participating in the evaluation of your request.