

REQUEST FOR CLARIFICATION/INTERPRETATION

| | | | |
|------------|-------------------------------------|--------------|---|
| TO: | Name and Title Jeff Sturm | FROM: | Name and Title: Mike Sadowski CEO |
| | Organizational Unit: DDP | | Organizational Unit: Ravalli Services Corporation |
| | Address: | | Address: 219 Pennsylvania, Hamilton, MT 59840 |

1. TYPE OF REQUEST: Follow-up to Verbal Request - Date of Verbal Request: _____ Written Request

2. STATEMENT OF QUESTION OR ISSUE:

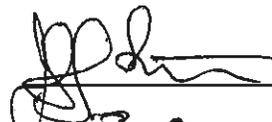
Has Central Office been given any legal directives with respect to the use of medical marijuana by direct care staff? I have a staff who returned to work after an extended workman's compensation claim. This staff now possesses a Medical Marijuana card. She ingests and smokes this product. I am currently uncertain as to how I am going to reconcile state law, federal law, DDP regs., Medicaid regs., wage and hour law, general health and safety, insurance concerns, as well as any number of additional entities which may weigh in on the matter.

References:

3. ANSWER: The Central Office has not issued a policy on the use of Medical Marijuana by an employee. However, the Administrative Rules of Montana 37.34.701, specifically requires that an individual in services "reside work and play in a safe, healthy integrated environment. Rule 37.34.2102, requires that staff are competent to perform tasks and responsibilities of their position. Rule 37.34.2107, requires that staff must meet the competencies to keep people in services, healthy and safe and competently provide treatment and training techniques. Rule 37.34.2111, requires that guidance and direction must be provided to the staff who are responsible for providing quality care and treatment.

According to 50-46-205 Montana Code Annotated, nothing in the Montana Medical Marijuana Act may be construed to require an employer to accommodate the medical use of Marijuana in any workplace.

References:


 Approved and Issued by:
 (Program Director)
 Date: 3-9-10

| | | | |
|-----------------------|--|---|--|
| STATE USE ONLY | 4: DISTRIBUTION: One Copy: One Copy: One Copy: Additional Copies: <input type="checkbox"/> _____ | Requestor Manual Coordinator Division Files | 5: FOLLOW-UP: <input type="checkbox"/> To be issued as Bulletin to: _____ (Division Administrator) Manual. Expected Date of Issuance: _____ <input type="checkbox"/> A.R.M. Change <input type="checkbox"/> State Plan Change |
|-----------------------|--|---|--|