

CHRIS WEST
Legislative District 42
Baltimore County

Judicial Proceedings Committee

Vice Chair, Baltimore County
Senate Delegation



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 303
Annapolis, Maryland 21401
410-841-3648 • 301-858-3648
800-492-7122 Ext. 3648
Chris.West@senate.state.md.us

District Office
1134 York Road, Suite 200
Lutherville-Timonium, MD 21093
410-823-7087

February 16, 2021

Senate Finance Committee
The Honorable Delores G. Kelley
3 East Miller Senate Building
Annapolis, Maryland 21401-1991

RE: SB 466 – Certificates for Involuntary Admission – Licensed Certified Social Worker - Clinical

Dear Chairman Kelley and Members of the Committee:

This bill authorizes a licensed certified social worker-clinical (LCSW-C), in conjunction with a physician, to certify an individual for involuntary admission to a facility or a Veterans' Administration (VA) hospital. The Maryland Board of Social Work Examiners and the Maryland Chapter of the National Association of Social Workers both support this bill.

Maryland law requires that two qualified health care practitioners sign a certificate for involuntary admission to a Veteran's Administration hospital or to a public or private clinic, hospital, or other institution that treats individuals who have mental disorders. Currently, both psychologists and psychiatric nurse practitioners are able to sign such certificates so long as they are joined by a licensed physician. This bill would add the highest level of professional social workers to the list of people authorized to join with doctors in signing such a certificate.

Under SB 466, just as in the case of psychologists and psychiatric nurse practitioners, a certificate signed by a licensed certified social worker - clinical for the involuntary admission of an individual will have to be based on a personal examination of the individual by the social worker. Further, a certificate may not be used for admission if the examination was done more than one week before the certificate was signed.

Let me provide a little information about licensed certified social workers – clinical. An applicant for licensure as an LCSW-C must have received a master's degree from an accredited program, must provide documentation of having completed two years as a licensee with supervised experience of at least 3,000 hours after receiving the master's degree, with at least 144 hours of periodic face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

Frequently, the certificates for involuntary admission are signed in a hospital emergency room setting. If a licensed certified social worker – clinical is present and examines someone in mental distress in such a setting, Maryland law should permit such a professional to be the second person, along with a licensed physician, who initiated the involuntary commitment process.

There is one amendment in your bill files that would also let licensed certified social workers – clinical serve as the second signer of a certificate for the admission of a minor to a private facility, a State regional institute for children and adolescents or the child or adolescent unit of a State facility. In such cases, the parent or guardian of the minor must consent to the admission.

I hope the Committee will issue a favorable report on this bill.



SB0466/643023/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

11 FEB 21
17:09:33

BY: Senator West
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 466
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, before “**Certificates**” insert “**Mental Health – Assent to and**”; in the same line, strike “**Involuntary**”; in line 4, after “of” insert “altering a requirement that assent be given for the voluntary admission of a minor to certain facilities by providing that assent by may be given by a physician and a licensed certified social worker–clinical;”; in line 15, after the first “to” insert “assent to and”; in the same line, strike “involuntary”; in the same line, after the second “to” insert “mental health”; and in line 19, after “Section” insert “10–610.”.

AMENDMENT NO. 2

On page 1, after line 24, insert:

“10–610.

(a) On behalf of a minor, a parent or guardian of the person of the minor may apply, under this section, for admission of the minor to:

(1) Any facility that is not a State facility; or

(2) The following State facilities:

(i) A regional institute for children and adolescents; and

(ii) The child or adolescent unit of a State facility.

(Over)

(b) The applicant shall submit a formal, written application that contains the personal information and is on the form required by the Administration.

(c) A facility may not admit an individual under this section unless:

(1) The individual has a mental disorder;

(2) The mental disorder is susceptible to care or treatment;

(3) The applicant understands the nature of a request for admission;

and

(4) Assent to the admission has been given:

(i) By the admitting physician of the facility; or

(ii) For a child or adolescent unit of a State facility, by:

1. A physician and psychologist;

2. 2 physicians; [or]

3. [A] 1 physician and 1 psychiatric nurse practitioner;

OR

4. 1 PHYSICIAN AND 1 LICENSED CERTIFIED SOCIAL

WORKER—CLINICAL.

(d) An admission under this section to a child or adolescent unit of a State facility may not exceed 20 days.”.



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Board of Social Work Examiners
4201 Patterson Avenue, Suite 318
Baltimore, MD 21215
Phone: 410-764-4788

2021 Session POSITION PAPER

BILL NO: SB 466
COMMITTEE: Finance
POSITION: Support

TITLE: Certificates for Involuntary Admission – Licensed Certified Social Worker – Clinical

BILL ANALYSIS: This bill alters a requirement that a certain certificate accompany an application for involuntary admission to certain facilities by providing that the certificate may be of a physician and a license certified social worker – clinical.

POSITION AND RATIONALE: The Maryland Board of Social Work Examiners (the “Board”) supports SB 466.

The Board recognizes the importance of having two qualified health care practitioners sign a certificate for involuntary admission to certain facilities. This bill will enable licensed certified social workers-clinical to join psychologist and psychiatric nurse practitioner as health care practitioners able to sign such involuntary admission certificates, along with a physician.

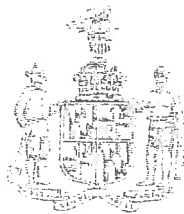
For this reason, the Maryland Board of Social Work Examiners requests a favorable report on SB 466.

For more information, please contact the Board’s Executive Director, Dr. Stanley E. Weinstein at 410-764-4722 or Stanley.Weinstein@maryland.gov.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

J. JOSEPH CURRAN, JR.
ATTORNEY GENERAL

DONNA HILL STATON
Deputy Attorney General



ROBERT A. ZARNOCH
Assistant Attorney General
Counsel to the General Assembly

RICHARD E. ISRAEL
KATHRYN M. ROWE
SANDRA J. COHEN
Assistant Attorneys General

THE ATTORNEY GENERAL OF MARYLAND
OFFICE OF COUNSEL TO THE GENERAL ASSEMBLY

January 30, 2004

The Honorable Samuel I. Rosenberg
415 Lowe House Office Building
Annapolis, Maryland 21401-1991

Dear Delegate Rosenberg:

You have asked for advice concerning the views of this office as to whether a licensed clinical social worker may testify on ultimate issues such as sanity, competence to stand trial, and matters within the scope of practice of a licensed clinical social worker.¹ It is my view that a licensed clinical social worker may provide diagnostic testimony with respect to mental disorders and psychosocial conditions. This would generally mean that they may testify on issues of sanity and competence to stand trial and in other situations where a person's mental condition is at issue.

As you are aware, I wrote a letter in 1994 that concluded that a licensed clinical social worker was not qualified to testify on ultimate issues of fact such as criminal responsibility and competence to stand trial. Letter to the Honorable Virginia M. Thomas from Kathryn M. Rowe dated June 6, 1994. Since that time, the Court of Appeals has addressed this issue and has taken a different position. As a result, it is now my view that a licensed clinical social worker may be permitted to testify on ultimate issues such as sanity and competence to stand trial.

In *In re Adoption/Guardianship No. CCJ14746*, in the Circuit Court for Washington County, 360 Md. 634 (2000), the Court of Appeals addressed the issue of whether the Circuit Court for Washington County had erred in permitting a licensed clinical social worker to testify with respect to a diagnosis of an abused child as suffering from ADHD and borderline intellectual functioning and to the view that the mother's ability to manage and parent the child was impaired because of her own chronic mental illness. The Court relied on the language of Health Occupations Article § 19-101(f), which at that time provided that the practice of clinical social work included "rendering a diagnosis based on a recognized manual of mental and emotional disorders," and also on the advanced educational standards that the law imposed on licensed clinical social workers as opposed to other social workers. Chapter 554 of 2000, which took effect soon after the decision in *Adoption No. CCJ14746*, eliminated this language and added language which includes in the practice of social work by a licensed clinical social worker the "evaluation, diagnosis, and treatment of psychosocial

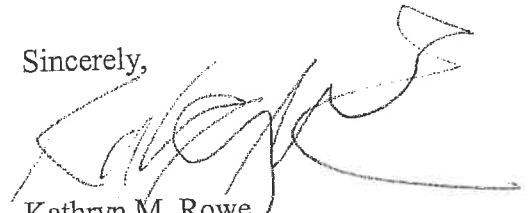
¹ I use the term "licensed clinical social worker" to refer to those licensees that the statute officially calls "licensed certified social worker - clinical."

The Honorable Samuel I. Rosenberg
January 30, 2004
Page 2

conditions and mental disorders as defined in § 10-101(f) of the Health - General Article” and the provision of psychotherapy. Health Occupations Article § 19-101(m)(4)(ii). This change provides licensed clinical social workers with at least as broad diagnostic authority as the former law, and thus, does not alter the conclusions in *Adoption No. CCJ14746. In re Yve S.*, 373 Md 551, 615 (2003).

In conclusion, it is my view that a licensed clinical social worker may be permitted to testify with respect to ultimate issues such as sanity and competence to stand trial.

Sincerely,



Kathryn M. Rowe
Assistant Attorney General

KMR/kmr
rosenberg81.wpd

Family Investment Administration Medical Report Form 500

_____ Department of Social Services

The Family Investment Administration is committed to providing access, and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. If you need assistance or need to request a reasonable accommodation, please contact your case manager or call 1-800-332-6347.

Local District Office: _____ Date: _____

Case Manager: _____ Phone Number: _____

Customer's Name: _____ Customer ID#: _____

The information provided on this form may be used to determine eligibility for federal and State programs and participation in employment or training programs.

A. Patient Information:

Name of Patient: _____ Date of Birth: _____

Address: _____

B. Date/s of Examinations: First Visit: _____ Last Visit: _____

Presenting Symptoms: _____

Health Provider: Our goal is to help families gain the skills and knowledge needed to become self sufficient and independent of cash assistance programs. In terms of your patient's ability to perform work, attend training or attend an educational activity with a reasonable accommodation for any impairment, during an 8-hour day the patient can:

Activity	Unknown	No Restrictions	Never	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs	7 hrs	8 hrs
Sit											
Stand											
Walk											
Climb											
Bend											
Squat											
Reach											

Does this individual have a substance abuse issue? ☐ YES ☐ NO

If yes, do other medical conditions exist in addition to substance abuse? ☐ YES ☐ NO

Does this individual have a **visual impairment or disease** that limits or interferes with his or her ability to function independently, appropriately and effectively on a continuous basis? ☐ YES ☐ NO

C. Mental/Emotional Health Status:

Does this individual suffer from a mental illness? ☐ YES ☐ NO Is the mental illness severe enough to prevent the patient from working, participating in a work, training or educational activity. ☐ YES ☐ NO

To the best of your knowledge does the individual have any learning disabilities? ☐ YES ☐ NO

To the best of your knowledge, does the individual exhibit any violent behaviors? ☐ YES ☐ NO
If **yes**, please provide additional information at the end of this form.

Can the individual's impairment be expected to last at least 12 months or more? ☐ YES ☐ NO

Please give the length of time the patient's impairment is expected to last.

_____/_____/_____ to _____/_____/_____
Month Day Year Month Day Year

If less than a 12 month impairment, is the individual's medical condition expected to result in death?
☐ YES ☐ NO

Parent with a disabled child: If this medical form is being completed for a child, does the child's condition require the parent to be in the home full time to provide care for the child? ☐ YES ☐ NO

Health Provider:

Please indicate below if this individual has other limitations not previously covered that would prevent the individual from working or participating in a work, training or educational activity

Please add comments or clarifications here.

Signature of a health care provider with independent diagnostic authority, who is authorized to evaluate, determine impairment, and independently treat medical, mental and/or emotional disorders and conditions, and who is providing services according to the requirements of the appropriate professional board.

Signature: _____ Print Name: _____

Title: _____ License #: _____

Health Care Practice Name and Address: _____

Date: _____ Phone # _____

Source:

Maryland Code/COURTS AND JUDICIAL PROCEEDINGS /TITLE 3. COURTS OF GENERAL JURISDICTION - JURISDICTION/SPECIAL CAUSES OF ACTION/SUBTITLE 2A. HEALTH CARE MALPRACTICE CLAIMS /§ 3-2A-01. Definitions.

§ 3-2A-01. Definitions.

(a) In general.- In this subtitle the following terms have the meanings indicated unless the context of their use requires otherwise.

(b) Arbitration panel.- "Arbitration panel" means the arbitrators selected to determine a health care malpractice claim in accordance with this subtitle.

(c) Court.- "Court" means a circuit court for a county.

(d) Director.- "Director" means the Director of the Health Claims Alternative Dispute Resolution Office.

(e) Economic damages.- "Economic damages" retains its judicially determined meaning.

(f) Health care provider.-

(1) "Health care provider" means a hospital, a related institution as defined in § 19-301 of the Health - General Article, a medical day care center, a hospice care program, an assisted living program, a freestanding ambulatory care facility as defined in § 19-3B-01 of the Health - General Article, a physician, an osteopath, an optometrist, a chiropractor, a registered or licensed practical nurse, a dentist, a podiatrist, a psychologist, a licensed certified social worker-clinical, and a physical therapist, licensed or authorized to provide one or more health care services in Maryland.

(2) "Health care provider" does not include any nursing institution

HG health care provider
conducted by and for those who rely upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination.

(g) Medical injury.- "Medical injury" means injury arising or resulting from the rendering or failure to render health care.

(h) Noneconomic damages.- "Noneconomic damages" means:

(1) In a claim for personal injury, pain, suffering, inconvenience, physical impairment, disfigurement, loss of consortium, or other nonpecuniary injury; or

(2) In a claim for wrongful death, mental anguish, emotional pain and suffering, loss of society, companionship, comfort, protection, care, marital care, parental care, filial care, attention, advice, counsel, training, guidance, or education, or other noneconomic damages authorized under subtitle 9 of this title.

[1976, ch. 235, § 1; 1982, ch. 770, § 4; ch. 820, § 3; 1990, ch. 357; 1998, ch. 698; 2000, ch. 131; 2002, ch. 19, § 10; 2003, ch. 371; 2004 Sp. Sess., ch. 5, §§ 1, 5.]

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Content Last Revised: 1/6/95

---DISCLAIMER---

CFR Code of Federal Regulations Pertaining to ESA

L, Title 29 Labor

L, Chapter V Wage and Hour Division, Department of Labor

L, Part 825 The Family and Medical Leave Act of 1993

L, Subpart A What is the Family and Medical Leave Act, and to Whom Does It Apply?

29 CFR 825.118 - What is a ``health care provider"?

- **Section Number:** 825.118
- **Section Name:** What is a ``health care provider"?

(a) The Act defines ``health care provider'' as:

(1) A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; or

(2) Any other person determined by the Secretary to be capable of providing health care services.

(b) Others ``capable of providing health care services'' include only:

(1) Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in the State and performing within the scope of their practice as defined under State law;

(2) Nurse practitioners, nurse-midwives and clinical social workers who are authorized to practice under State law and who are performing within the scope of their practice as defined under State law;

(3) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts. Where an employee or family member is receiving treatment from a Christian Science practitioner, an employee may not object to any requirement from an employer that the employee or family member submit to examination (though not treatment) to obtain a second or third certification from a health care provider other than a Christian Science practitioner except as otherwise provided under applicable State or local law or collective bargaining agreement.

(4) Any health care provider from whom an employer or the employer's group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and

(5) A health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within



**UNIVERSITY OF MARYLAND
DEPARTMENT OF PSYCHIATRY
MENTAL HEALTH SERVICES TRAINING CENTER**

This is to certify that

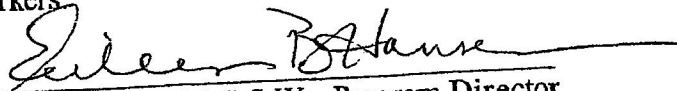
Arthur Flax, L.C.S.W.-C; L.C.P.C.; L.C.A.D.C.

has attended a Continuing Education Activity co-sponsored by: University of Maryland Mental Health Services Training Center, and The Department of Health and Mental Hygiene, Mental Hygiene Administration Office of Forensic Services.

*The Eighth Annual Symposium on:
Mental Health Disability and the Law*

Friday, September 10, 2004

The University of Maryland Mental Health Services Training Center certifies that this individual meets the criteria for 5.75 Continuing Education Units for Psychologists and Licensed Professional Counselors, and 5.75 Continuing Education Credit Hours of Category I for Social Workers.


Eileen B. Hansen, M.S.S.W., Program Director
Mental Health Services Training Center



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Case No. _____

Court Address

In the Matter of _____

PETITION FOR EMERGENCY EVALUATION
(Maryland Code, Health General Article § 10-620 et seq.)

The Petitioner, _____, requests that this Court order an emergency evaluation of

Name of Petitioner

_____ and in support of this Petition states as follows:

Name of Person to be evaluated (Evaluatee)

1. Petitioner: Address _____
Cell Phone/Pager # _____ Home Phone _____ Work Phone _____
If Petitioner is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the Evaluatee, then the Petitioner's specialty is _____ and the Petitioner's license number is _____.
Relationship to or interest in Evaluatee _____
2. Evaluatee: Address _____ DOB _____
Sex _____ Race _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ Complexion _____
Other _____
3. If not Petitioner, name of spouse, child, parent, or other relative, or other individual interested in the Evaluatee:
Name _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____
4. A petition for emergency evaluation of the Evaluatee was filed previously on _____
and was ☐ granted ☐ denied. Date(s) _____
5. The Evaluatee has been hospitalized in the past at the following facilities:

When	Where	Diagnosis
_____	_____	_____
_____	_____	_____
6. The Evaluatee currently is receiving psychiatric treatment from:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
7. The Evaluatee has been prescribed the following medication for his/her mental disorder: _____
8. The Evaluatee ☐ is ☐ is not taking the medication as prescribed **OR** ☐ I do not know whether the Evaluatee is taking medication as prescribed.
9. The Evaluatee is demonstrating the following behavior that leads me to conclude that he/she currently has a mental disorder: _____
10. The Evaluatee presents a danger to the life or safety of the Evaluatee or others because: _____
(Attach additional sheet if necessary)
11. The Evaluatee has access to the following firearms/weapons: _____
(Attach additional sheet if necessary)

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

_____ Date _____ Petitioner _____

_____ Fax _____ E-mail _____

TO THE PETITIONER: You may be required to appear before the Court. You have made the statements above under penalties of perjury. If an evaluation is ordered, it would be helpful if you could accompany the Evaluatee to the emergency facility and provide facility authorities with all information that is pertinent to this Petition. A Petitioner who, in good faith and with reasonable grounds, submits or completes the Petition for Emergency Evaluation is not civilly or criminally liable for submitting or completing the Petition.

ENDORSEMENT AND ORDER

In the matter of the emergency evaluation of _____

(Case No _____), the Petitioner having presented to the Court and the Court having reviewed the Petition and considered all pertinent data presented, the Court:

- ☐ Finds probable cause to believe that the named individual (Evaluatee) has shown the symptoms of a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, therefore, ORDERS that any peace officer take into custody and transport the Evaluatee to the nearest emergency facility, for examination by a physician within six hours after arrival at the facility and, if in the physician's opinion necessary, for emergency care and treatment; provided that the facility may not keep the Evaluatee for more than 30 hours under this Order but is not precluded from voluntary or involuntary admission in accordance with Maryland Code, Health-General Article.
- ☐ Denies the Petition, finding no probable cause.

Date

Judge

ID Number

A. Duties of Peace Officer

1. Caution to Petitioner. A peace officer shall explain to a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, who presents a petition to the peace officer:
 - a. the serious nature of the Petition; and
 - b. the meaning and content of the Petition.
2. Delivery to Facility. A peace officer shall take an Evaluatee to the nearest emergency facility if the officer has a petition that:
 - a. has been endorsed by a court within the last 5 days; or
 - b. is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, or peace officer.
3. Documentation of Delivery. A peace officer shall complete a Return of Service by Peace Officer form (CC-DC 27) and have an agent for the emergency facility sign the form.
4. Remaining with Evaluatee.
 - a. After a peace officer takes an Evaluatee to an emergency facility, the officer need not stay unless, because the Evaluatee is violent, a physician asks the officer's supervisor to have the officer stay.
 - b. A peace officer shall stay until the officer's supervisor responds to the request for assistance.
5. Return of Service. A peace officer shall file a completed Return of Service with the Court issuing the Endorsement and Order immediately after an Evaluatee is delivered to an emergency facility or immediately after expiration of the five-day period for taking the Evaluatee into custody.

B. Duty of Supervisor. A supervisor shall allow a peace officer to stay with a violent Evaluatee.

C. Duties of Emergency Facility

1. Documentation of Delivery. An agent of the emergency facility shall sign the Return of Service by Peace Officer form completed by a peace officer transporting an Evaluatee to the facility.
2. Examination. If a physician asks that a peace officer stay, a physician shall examine the Evaluatee as promptly as possible to determine whether the Evaluatee meets the requirements for involuntary admission. In any event, a physician shall examine an Evaluatee within six (6) hours after an officer brings the Evaluatee to the facility.
3. Release or Admission. Promptly after an examination, an Evaluatee shall be released unless the Evaluatee:
 - a. asks for voluntary admission; or
 - b. meets the requirements for involuntary admission.
4. Detention Period. An emergency Evaluatee may not be kept at an emergency facility for more than thirty (30) hours.



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

In the Matter of _____

Name of Alleged Disabled Person

Docket Reference

**LICENSED CERTIFIED SOCIAL WORKER-CLINICAL (LCSW-C)
CERTIFICATE (Md. Rule 10-202(a)(2))**

NOTE TO LICENSED CERTIFIED SOCIAL WORKER-CLINICAL (LCSW-C): A petitioner will use this certificate in a legal proceeding to request a guardian for the patient named below. The petitioner must submit the original certificate. Your answers must be specific and detailed and based on your personal evaluation of the patient. Address each issue contained in the certificate that may interfere with the patient's ability to make responsible decisions about health care, food, clothing, shelter, or property. You may complete the form yourself or have another person complete it under your supervision. Attach additional sheets, if necessary. Your testimony about this information *may* be required at a hearing.

PATIENT'S NAME: _____

PATIENT'S ADDRESS: _____

I, _____, _____
LCSW-C's Name

Address

_____, am a _____ Year graduate of _____ School
Telephone Number

I am licensed in the United States in the following state(s): _____

My license number is _____. My specialty is _____

I have known this patient for _____ Length of Time. My history of involvement with the patient is as follows:

Evaluation and Diagnosis

I personally evaluated the above-named patient on _____ Date(s)

(include date of most recent evaluation, as well as any other relevant visits). The most recent

evaluation lasted approximately _____ Length of Time. I performed or ordered the following tests and/or procedures: _____

I communicated with the patient in the following manner:

☐ English

☐ Other language or means (explain):

Upon examination of the patient, I report the following findings:

PHYSICAL AND MENTAL CONDITIONS

Physical conditions

☐ None

☐ The patient has the following physical diagnoses:

.....

Overall physical health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Explain:

.....

Overall physical health will: ☐ Improve ☐ Be stable ☐ Decline ☐ Uncertain

Explain:

.....

Mental conditions

☐ None

☐ The patient has the following mental (DSM) diagnoses:

Axis I.

.....

☐ Mild ☐ Moderate ☐ Severe

Axis II.

.....

☐ Mild ☐ Moderate ☐ Severe

Other:

.....

☐ Mild ☐ Moderate ☐ Severe

Overall mental health will: ☐ Improve ☐ Be stable ☐ Decline ☐ Uncertain

If improvement is possible, the individual should be re-evaluated in _____ weeks.

The mental diagnosis/diagnoses affect functioning as follows:

.....

.....

.....

Have any temporary causes of mental impairment been evaluated and treated (e.g., depression, bereavement, or delirium)? ☐ Yes ☐ No ☐ Uncertain

Explain:

Have any reversible causes of mental impairment been evaluated and treated (e.g., coma)?

☐ Yes ☐ No ☐ Uncertain

Explain:

List all medications:

<u>Name</u>	<u>Purpose</u>	<u>Dosage/Schedule</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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Reversible or temporary somatic factors

Are there factors (e.g., hearing, vision or speech impairment, etc.) that incapacitate the patient that could improve with time, treatment, or assistive devices?

☐ Yes ☐ No ☐ Uncertain

Explain:

COGNITIVE FUNCTION

Alertness/level of consciousness

Overall impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Non-responsive

Describe below or ☐ in attachment

Memory, cognitive, and executive functioning

Overall impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Non-responsive

Describe below or ☐ in attachment

Fluctuation

Symptoms vary in frequency, severity, or duration: ☐ Yes ☐ No ☐ Uncertain

Describe below or ☐ in attachment

EVERYDAY FUNCTIONING

The patient **is capable** of performing the Instrumental Activities of Daily Living (IADLs) (select all that apply):

- ☐ Managing finances effectively
- ☐ Managing transportation needs
- ☐ Managing communication (e.g., telephone and mail)
- ☐ Managing medication
- ☐ Other executive functions (describe):

The patient **is capable** of participating in the following civil or legal matters (select all that apply):

- ☐ Signing documents
- ☐ Retaining legal counsel
- ☐ Participating in legal proceedings
- ☐ Other (describe):

Need for Guardian of Person

- ☐ In my professional opinion, within a reasonable degree of certainty within the social work profession, the patient has a disability which (**select one**) ☐ does ☐ does not prevent him/her from making or communicating **any** responsible decisions concerning his/her **person**.

OR

- ☐ In my professional opinion, within a reasonable degree of certainty within the social work profession, the patient has a disability which (**select one**) ☐ does ☐ does not prevent him/her from making or communicating **some** responsible decisions concerning his/her **person**. The patient, for example, is able to make decisions regarding:

but is unable to make decisions regarding:

Need for Guardian of Property

- ☐ In my professional opinion, within a reasonable degree of certainty within the social work profession, the patient has a disability which **(select one)** ☐ does ☐ does not prevent him/her from making or communicating **any** responsible decisions concerning his/her **property** and has a demonstrated inability to manage his/her **property** and affairs effectively because of physical or mental disability.

OR

- ☐ In my professional opinion, within a reasonable degree of certainty within the social work profession, the patient has a disability which **(select one)** ☐ does ☐ does not prevent him/her from making or communicating **some** responsible decisions concerning his/her **property**. The patient, for example, is able to make decisions regarding:

.....

.....

.....

but is unable to make decisions regarding:

.....

.....

.....

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

.....
Date

.....
LCSW-C's Signature

.....
Printed Name



Application for the Maryland Transit Administration's Reduced Fare Program for Individuals with Disabilities

This information will be used to determine the applicant's eligibility for the Maryland Transit Administration's (MTA) Reduced Fare Program for people with disabilities. The MTA will assess all information provided and determine eligibility and duration for participation in the MTA Reduced Fare Program.

To qualify as a disabled individual, the applicant must, by reason of illness, injury, congenital malfunction, or other disability which is expected to last 90 days or longer, be unable to utilize mass transit as effectively as others. Conditions which **do not qualify** are: pregnancy, obesity, controlled epilepsy, contagious diseases which pose a danger to other passengers, and less severe mental illnesses. The applicant must fill out Section 1 and have his/her physician or healthcare professional fill out and sign Section 2 of this application.

Applications should be mailed or hand delivered to MTA Reduced Fare Certification Office, Lobby level, 6 Saint Paul Street, Baltimore, Maryland 21202. Individuals denied eligibility for reduced fare may contact the **Manager of the Reduced Fare Office** at **410-767-3398** to discuss his or her case and provide additional information that may be relevant to the eligibility decision.

SECTION 1: Applicant Information and Release

Last Name _____

Mr. ___ Ms. ___ First Name: _____ Middle Name: _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone Number: _____

Current Disabled I.D. Holder: Yes _____ No _____

By signing below, I hereby certify, under the penalties of perjury, that the information given above is true and correct. I also authorize my physician or health care professional completing this application to release to the Maryland Transit Administration (MTA) information about my disability in order to verify my eligibility for a Reduced Fare I.D. card.

Signature of Applicant: _____ Date: _____

Applicant's Name _____

SECTION 2: Medical Certification

Section 2 is to be completed by a licensed or certified health care professional, including physicians, registered nurses, social workers, certified alcohol and drug abuse counselors, etc. Some agencies and organizations that provide assistance to individuals with disabilities may not have licensed staff available for completing the application. If you have any questions, please contact the Manager of the Reduced Fare Office at 410-767-3398.

Information on this form will remain on file with the Maryland Transit Administration (MTA) and remain confidential to the fullest extent of the law.

Physicians and Healthcare Professionals

The standard for eligibility is located in the Code of Federal Regulations, 49 C.F.R. § 609.3. Individuals meeting the following definition are eligible for reduced fare:

“Individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.”
49 C.F.R. § 609.3.

The criterion for eligibility is not the applicant's diagnosis per se; it is the functional ability of the applicant to use regularly scheduled MTA transit service. If the applicant is able to use such service but experiences extreme difficulty in doing so due to his/her medical condition, the individual is eligible. If the functional limitation that results from the medical condition is presently corrected by medical treatment, such as medication or prosthesis, the applicant does not qualify. If a temporary (greater than 90 days, but less than 1 year) qualifying condition exists, please describe the nature and expected duration. If the condition persists longer than the projected date, the applicant may re-apply.

Low income or substance use alone does not qualify an individual for reduced fare.

See last page of this document for further guidance.

Applicant's Name_____

1. Disability

Provide detailed and specific explanation of applicant's disability and how it specifically impairs his/her ability to use MTA's transit services (Bus, Metro, and Light Rail). Please include a specific diagnosis of the individual's condition or disability. Please refer to the guidance attached to this application for more information about specific disability types.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

2. What is the expected duration of the disability?

_____ Temporary: Short-term conditions lasting for at least 90 days but likely to improve within one year. A temporary disability card will be issued with an appropriate expiration date.

Please check timing below:

- _____ 3 months
_____ 6 months
_____ 9 months
_____ 1 yr

Permanent: Conditions with no expectation of improvement.

Applicant's Name _____

Physician/Healthcare Professional's Name: _____

Facility Name: _____

License/Certification Number: _____ **State:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: (W) _____ **(C)** _____ **Fax:** _____

Email Address: _____

Verification and Authorization:

I hereby certify, under the penalties of perjury, that the information given above is true and correct. I understand that the MTA will rely upon this information in making a determination as to eligibility for participation in the program.

Printed Name of Physician/Healthcare Professional

Signature of Physician/Healthcare Professional

Date

Office Use Only 091912

Card Number: _____

Exp. Date: _____ Catagory: _____

Approved By: _____

Issue Date: _____

Reduced Fare Eligibility Guidance

The following are descriptions of medical conditions that may lead to eligibility for the MTA Reduced Fare Program for individuals with disabilities under the standards contained in 49 C.F.R. § 609.3. Individuals with other medical conditions may qualify for eligibility if the federal standard is satisfied.

1. **Amputation:** An individual has an amputation of one or both hands, arms, feet, or legs.
2. **Neurological Conditions:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility.
3. **Pulmonary or Cardiac Conditions:** An individual has a pulmonary or cardiac condition resulting in marked limitation or physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance. If diagnosis is asthma, the healthcare professional should state whether: a) Individual has been on systemic medication for the immediate past 6 months, OR b) Individual has been required to use fast acting inhaler for the three or more episodes per week for the immediate past six months.
4. **Blind or Low Vision:** An individual is legally blind, whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.
5. **Deaf or Hard of Hearing:** An individual with a pure tone average greater than 70dB in both ears, regardless of use of hearing aids.
6. **Epilepsy:** An individual has had a least one tonic-clonic seizure within the past 4 months.
7. **Developmental or Learning Disabilities:** An individual has a significant learning, perceptual and/or cognitive disability. Some conditions may be excluded from eligibility such as attention deficit disorder (ADD).
8. **Mental Illness:** An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior.
9. **Chronic Progressive Debilitating Conditions:** An individual who experiences debilitating diseases, autoimmune deficiencies, or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility.
10. **Non-Ambulatory:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
11. **Semi-Ambulatory:** An individual has a chronic condition, which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker or crutches.
12. **Drug/Alcohol Addiction:** An individual who is actively enrolled and participating in a certified and/or accredited substance abuse treatment program.



Arthur Flax <flaxcps@gmail.com>

involuntary admission AG opinion and bill

1 message

Anita K. Rozas -DPSCS- <anita.rozas@maryland.gov>
To: Arthur Flax <flaxcps@gmail.com>

Tue, Nov 12, 2019 at 12:04 PM

Hello. I forwarded your email to Carolyn Clausen-Andrews who is retired from working at our local state psychiatric hospital. She would be more familiar with this issue than I am. I have no involvement with commitments in my job. Carolyn did reply to my forward, but it is encrypted so I wasn't sure if you could open it or not. So, below is her reply:

Dear Anita, Daphne, and Arthur, Thank you for sending this to me. I would support this legislation for L.C.S.W-C's to be able to co-sign for Involuntary Admission with a physician. I was previously on the Professional Standards Committee, but have not been contacted since my retirement. As an N.A.S.W. member I believe this would be helpful to the public as well as enhancing the opportunities of the Social Work profession. I can be contacted at 1500 Rosewood St., Cumberland, MD, 301-759-3741, email: andclaus@verizon.net Sincerely, Carolyn Clauson-Andrews



Public Safety Online



Take our customer Service Survey

Anita Rozas, LCSW-C

Acting Regional Social Work Supervisor/PREA Compliance Manager
North Branch Correctional Institution
Department of Public Safety and Correctional Services
14100 McMullen Hwy.
Cumberland, MD 21502
Phone: 301-729-7567
Fax: 301-729-7577
anita.rozas@maryland.gov

worker-clinical;

(iii) Treatment of biopsychosocial conditions; and

(iv) Treatment of mental disorders and the provision of psychotherapy under the direct supervision of a licensed certified social worker-clinical.

(3) For an individual licensed as a certified social worker, "practice social work" also includes:

(i) Supervision of other social workers;

(ii) Formulating a diagnosis, under the direct supervision of a licensed certified social worker-clinical;

(iii) Treatment of biopsychosocial conditions; and

(iv) Treatment of mental disorders and the provision of psychotherapy under the direct supervision of a licensed certified social worker-clinical.

(4) For an individual licensed as a certified social worker-clinical, "practice social work" also includes:

(i) Supervision of other social workers;

(ii) Evaluation, diagnosis, and treatment of biopsychosocial conditions, mental and emotional conditions and impairments, and mental disorders as defined in § 10-101(f) of the Health - General Article;

(iii) Petitioning for emergency evaluation under Title 10, Subtitle 6 of the Health - General Article; and

(iv) The provision of psychotherapy.

(n) Psychotherapy. -- "Psychotherapy" means the assessment and treatment of mental disorders and behavioral disturbances.

(o) Supervision. -- "Supervision" means a formalized professional relationship between a supervisor and a supervisee that:

(1) Provides evaluation and direction of the supervisee; and

(2) Promotes continued development of the supervisee's knowledge, skills, and abilities to provide social work services in an ethical and competent manner.

§ 19-102. Legislative policy

(a) Legislative findings. -- The General Assembly finds that the profession of social work profoundly affects the lives, health, safety, and welfare of the people of this State.

(b) Purpose of title. -- The purpose of this title is to protect the public by:

OCTOBER 1, 2013

CHANGES IN THE SOCIAL WORK STATUTE

§ 19-101 Definitions Section

Changed

The Associate social worker will be changed to **BACHELOR** social worker. Licensed Bachelor Social Worker – LBSW.

Deleted from the general definition of social work practice:

FORMULATING DIAGNOSTIC IMPRESSIONS

Added to the definition of graduate and certified social work:

FORMULATING A DIAGNOSIS, UNDER THE DIRECT SUPERVISION OF A LICENSED CERTIFIED SOCIAL WORKER-CLINICAL

Treatment of **BIOPSYCHOSOCIAL CONDITIONS**

TREATMENT OF mental disorders.....

Added to the definition of clinical social work:

PETITIONING FOR EMERGENCY EVALUATIONS UNDER TITLE 10, SUBTITLE 6 OF THE HEALTH-GENERAL ARTICLE

§ 19-202 Membership

Appointment of social work member to the Board:

Any person who provides a statement of nomination signed by at least **15** (reduced from 25) social workers licensed in the State.

THE CORPORATE EXECUTIVE OFFICERS OR EXECUTIVE DIRECTORS OF PRIVATE ORGANIZATIONS WHERE SOCIAL WORKERS ARE EMPLOYED may nominate a social worker.

§ 19-203 Officers

Elected Board Officers will be known as:

CHAIR, VICE CHAIR AND SECRETARY-TREASURER

§ 19-301 License required -- exceptions

Added to the list of individuals who are not required to obtain licensure in the State:

A STUDENT WHILE PURSUING A SUPERVISED COURSE OF STUDY IN A SOCIAL WORK PROGRAM THAT IS ACCREDITED OR IS A CANDIDATE FOR ACCREDITATION BY THE COUNCIL ON SOCIAL WORK EDUCATION

§ 19-302 Qualification of applicants

Added

HAS COMPLETED A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 19-302.2 of this subtitle AT THE APPLICANT'S EXPENSE.

HAS SUBMITTED TO AN EXAMINATION IF REQUIRED UNDER § 19-302.3 of this subtitle

An applicant for a license at the Bachelor or Graduate level is required to have received a baccalaureate degree or a master's degree in social work from a program that is accredited **OR IS A CANDIDATE FOR ACCREDITATION** by the Council on Social Work Education....

Changed

An applicant for licenses as a Licensed Certified Social Worker will need to document **100** (was 144) hours of periodic face-to-face supervision..... Please note that the Licensed Certified Social Worker-Clinical requirements remains at 144 hours.

Added

For the LCSW-C license an applicant must submit documentation of **COMPLETION OF 12 ACADEMIC CREDITS IN** clinical course work **WITH A MINIMUM OF 6 OF THE 12 ACADEMIC CREDITS OBTAINED IN A MASTER'S DEGREE PROGRAM.** Please note that this requirement is not new as it has been stipulated in regulations COMAR 10.42.01 since April 2004.

An applicant for the LCSW-C must submit documentation of completion of 2 years as a licensee with the supervised experience of at least 3,000 hours, **OF WHICH 1,500 HOURS ARE IN FACE-TO-FACE CLIENT CONTACT.** Please note that this requirement is not new as it has been stipulated in regulations COMAR 10.42.01 since April 2004.

§ 19-302.2 & § 19-302.3

Added - Two new sections were added to the statute **§ 19-302.2 and § 19-302.3.**

§ 19-302.2 defines **CENTRAL REPOSITORY** and the requirement and procedure for criminal background checks; fees and the confidential nature of the information provided to the licensing Board.

§ 19-302.3. THE BOARD MAY REQUIRE AN APPLICANT TO SUBMIT TO A MENTAL OR PHYSICAL EXAMINATION BY A HEALTH CARE PRACTITIONER DESIGNATED BY THE BOARD This may be required if the Board has reason to believe that an applicant may cause harm to self or others. The Board is responsible for the cost of the examination.

§ 19-306 Issuance, contents and replacement of licenses

Changed

The Board shall **MAINTAIN ON ITS WEB SITE A ROSTER OF ALL LICENSEES WHO MEET** the requirements for licensure. The Board will no longer be required to issue “paper” licenses. Even though the revised statute is effective October 1, 2013, the Board will issue “paper” licenses until December 31, 2013. On and after January 1, 2014 the Board will issue a “Wall Certificate”, which is not a license, for initial licenses. License information, name of the licensee, type of license, license number, license status, expiration date and date of issuance will be maintained and available on the Board’s web site.

§ 19-307 Scope of license

Changed

A licensed Bachelor social worker may not **ENGAGE IN PRIVATE PRACTICE**

A licensed Graduate social worker may not diagnose a mental disorder **WITHOUT THE DIRECT SUPERVISION OF A LICENSED CERTIFIED SOCIAL WORKER-CLINICAL**

A licensed Graduate social worker may not **ENGAGE IN PRIVATE PRACTICE WITHOUT THE DIRECT SUPERVISION OF A LICENSED CERTIFIED SOCIAL WORKER-CLINICAL**

A licensed Certified social worker may not diagnose a mental disorder **WITHOUT THE DIRECT SUPERVISION OF A LICENSED CERTIFIED SOCIAL WORKER-CLINICAL**

Changed

The Board may notify a licensee to renew the license at the licensee’s last known **ELECTRONIC OR PHYSICAL** address. Therefore, the renewal may be sent by e-mail.

§ 19-308 Terms and renewal of licenses

Added

THE BOARD MAY NOT RENEW A BACHELOR SOCIAL WORK LICENSE OR A GRADUATE SOCIAL WORK LICENSE OF A LICENSEE WHO HOLDS A BACCALAUREATE DEGREE OR A MASTER’S DEGREE FROM A PROGRAM THAT WAS A CANDIDATE FOR ACCREDITATION BUT WAS DENIED ACCREDITATION.

§ 19-309 Inactive status; reinstatement of expired licenses

Changed

For licenses which have been Inactive or Non-Renewed the Board will accept applications for Reactivation or Reinstatement for up to 5 years from the expiration date of the license. After 5 years the Board will require that the applicant **PASSES THE RESPECTIVE EXAMINATION REQUIRED FOR INITIAL LICENSURE.**

§ 19-311 Denials, Reprimands, suspension and revocation

Added

(3) Is mentally or physically incompetent **TO PRACTICE SOCIAL WORK**

Removed

(5) KNOWINGLY VIOLATES ANY PROVISION OF THIS TITLE

Removed from (11) (12) (13) & (18) Knowing Makes or Knowingly fails

Added to (11) (12) (13) & (18) **MAKES FAILS**

Added **(21) FAILS TO COMPLY WITH THE MAINTENANCE, DISCLOSURE, AND DESTRUCTION OF MEDICAL RECORDS AS REQUIRED UNDER TITLE 4 SUBTITLES 3 AND 4 OF THE HEALTH – GENERAL ARTICLE**

§ 19-311.1 Fines

Changed

...the Board may impose a fine on the licensee in an amount not exceeding **\$10,000** (was \$5,000)

§ 19-407 Penalties

Changed

A person who violates any provision of this subtitle is guilty of a misdemeanor and on conviction is subject to a fine not exceeding **\$5,000** (was \$500) or imprisonment not exceeding **2 YEARS** (was 90 days)



DEPARTMENT OF
BUDGET & MANAGEMENT

OFFICE OF PERSONNEL SERVICES AND BENEFITS

SICK LEAVE GUIDELINES

1. Eligibility

In accordance with State law, employees are entitled to sick leave with pay:

- a. for illness or disability of the employee;
- b. for death, illness, or disability of a member of the employee's immediate family;
- c. following the birth of the employee's child;
- d. when a child is placed with the employee for adoption; or
- e. for a medical appointment of the employee or a member of the employee's immediate family.

"Immediate family" is defined as: the employee's spouse; the employee's children (including foster and stepchildren); parents, stepparents, or foster parents of the employee or spouse, or others who took the place of parents; legal guardians of the employee or spouse; brothers and sisters of the employee or spouse; grandparents and grandchildren of the employee or spouse; and other relatives living as members of the employee's household.

2. Notification

When an employee is unable to work due to circumstances provided in Section 1, the employee or employee's designee will notify his/her immediate supervisor or designee at the work site at a time as established by existing agency policy/practice, unless extenuating circumstances preclude this notification. When an employee calls in accordance with established practice or policy, he/she shall leave a message if the supervisor or supervisor's designee is unavailable, or the Employer may instruct an employee to call a secondary number, and the employee will not be required to call back.

The employee or designee must call each day of absence until the employee notifies the Employer of a date he/she will return to duty. The Employer shall not ask the employee to provide information as to his/her diagnosis or condition except as permitted by applicable law.

3. Certificate of Illness for Absences for Five (5) or More Consecutive Days

The Employer shall require an employee to provide an original certificate of illness or disability only in cases where an absence is for five (5) or more consecutive workdays or in accordance

with the procedures described in Section 4 below. The certificate required by this Section shall be signed by one of the following:

- A. A medical doctor who is authorized to practice medicine or surgery by the state in which the doctor practices;
- B. If authorized to practice in a state and performing within the scope of that authority:
 - 1. a chiropractor;
 - 2. a clinical psychologist;
 - 3. a dentist;
 - 4. a licensed certified social worker – clinical;
 - 5. a nurse midwife;
 - 6. a nurse practitioner;
 - 7. an oral surgeon;
 - 8. an optometrist;
 - 9. a physical therapist; or
 - 10. a podiatrist;
- C. An accredited Christian Science practitioner; or
- D. A health care provider as defined by the federal Family Medical Leave Act.

4. Certificate of Illness for Absences of Less Than Five (5) Consecutive Days

The Employer may require an employee to submit documentation of sick leave use on the following conditions:

- A. When an employee has a consistent pattern of maintaining a zero or near zero sick leave balance without documentation of the need for such relatively high utilization; or
- B. When an employee has six (6) or more occurrences of undocumented sick leave usage within a twelve (12) month period. Sick leave use that is certified in accordance with this policy shall not be considered as an occurrence.

Note that after the first instance of an employee being absent for more than four (4) consecutive days without documentation, the Employer may place the employee on notice that future absences of more than three (3) days, within a rolling twelve (12) month period, will require documentation.

5. Procedures for Certification Requirement

Prior to imposing a requirement on an employee for documentation of sick leave use, the Employer shall orally counsel the employee that future undocumented absences may trigger a requirement for certification of future instances of sick leave.

If the employee has another undocumented absence after such counseling, the Employer may then put the employee on written notice that he/she must certify all sick leave usage for the next six (6) months if the undocumented absences accumulate in accordance with Section 4.

At the conclusion of the six (6) months, the certification requirement will be rescinded provided the employee has complied with the requirement. If the employee has not complied, the requirement shall be extended for six (6) months from the date of the lack of compliance with the requirement.

Although a requirement for certification is not a disciplinary action, an employee may grieve allegations of misapplication of this procedure.

6. Chronic Conditions

Employees who suffer from chronic or recurring illnesses or disabling conditions that do not require a visit to a health care provider each time the condition is manifested, shall not be required to provide certification for each absence, provided that a general certification is provided, unless the absence is for five (5) or more consecutive days. Such frequent absences also shall not be used as the basis for a certification requirement.

Unless the employee has a condition identified as a permanent disabling condition, the Employer may require certification and follow-up reports from a health care provider no more frequently than every six (6) months of the continued existence of the chronic condition.

7. Acceptable Documentation

For the purposes of absences of less than five (5) consecutive days, acceptable documentation shall consist of the following:

- A. A certificate from a health care provider that the employee (or member of the employee's immediate family) visited the office and/or the employee was unavailable for duty for the reasons specified in Section 1 on the day or dates of absence. For absences of four (4) hours or less, at the employee's option, he or she may submit a copy of the universal health insurance claim form or similar document from the health care provider's office showing the name of the provider, the date of treatment and address and telephone number of the provider.
- B. An employee who works less than his/her full work day due to having to provide care to the employee's child or member of his/her immediate family shall not be required to provide certification from an acceptable health care provider unless management has a basis to believe sick leave is being used for a purpose other than described in Section 1 above. Sick leave use in such circumstances shall not count as an occurrence under Section 4.

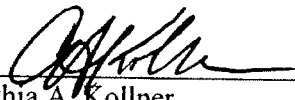
8. Disciplinary Actions

The Employer may take appropriate disciplinary action against an employee for using sick leave for purposes other than described in law, regulation, this policy, or an applicable MOU; for failing to properly notify the Employer of the use of sick leave; or for failure to provide appropriate documentation when properly required to do so.

The Employer may not penalize an employee with regard to scheduling, overtime eligibility, performance evaluations or other right or benefit for sick leave usage for being subject to a documentation requirement.

This does not preclude appropriate disciplinary action for use of sick leave for purposes other than described in Section 1.

RELEASED:



Cynthia A. Kollner
Executive Director
Office of Personnel Services and Benefits
Maryland Department of Budget and Management

10/31/08
Date

SB-466 Licensed Certified Social Worker- Clinical Involuntary Admission-Comparison of Professions

This is a general comparison of the health care professionals by education and training who are authorized to independently evaluate, diagnose, and treat persons with mental and or emotional disorders, behavioral disorders, conditions and impairments. All have authority to issue an Emergency Petition. The Licensed Certified Social Worker-Clinical has the authority under the Estates and Trust Art. Sec. 13-103, and Sec. 1-102(a) and (b) to evaluate and sign with a physician a Petition for Guardianship of a Disabled Person (Md. Rule 10-112).

This comparison is not intended to be exhaustive nor is it intended to meet an academic or legal peer review standard. It is a general description for review as it may affect the process of involuntary admission of an individual.

Physician	Psych. Nurse Practitioner	Psychologist	Lic. Certified Social Worker-Clinical
Education: Medical School	Education: Masters In Nursing with Spec. in Psych. May be online with approved field placement(s).	Education: 30-36 credit Masters and then Ph.D training or BA. or BS. then Ph.D.	Education: 60 Credit Masters. In classroom and approved field placement(s).
Residency (physician in residency can perform function of involuntary admission.	Practicum as part of education –May be supervised by LCSW-C, as part of training.	Practicum as part of education	Practicum field placements as part of education
Post Degree-Residency in Specialization	Post Degree-None other than included in practicum.	Post Degree-None other than included in practicum	Post Degree-3000 hrs. in no less than 2 years, supervised BSWE approved clinical experience
Focus: Somatic medical treatment with mental illness Auth. Ultimate decisions as to competency and insanity: yes	Focus: Somatic medical care in conjunction with physician, verbal therapies. Auth. Ultimate decisions as to competency and insanity: unk	Focus: Psychological evaluation, Dx., treatment with emphasis on, theory, teaching, research and verbal therapies, and testing. Auth. Ultimate decisions as to competency and insanity: yes	Focus: Evaluation, Dx., Treatment verbal therapies with emphasis on function of person within the context of their environment. Auth. Ultimate decisions as to competency and insanity: yes