

ACBH Guidelines for Scope of Practice Credentialing (MH)

(See highlights for changes from previous version.)

SERVICE ACTIVITY	LICENSED PRACTITIONER OF THE HEALING ARTS (LPHA) (Same as M/C credentials below**)	MEDICAL PROVIDERS (NON-PHARMACIST) (Same as M/C credentials below**)	MEDICAL PROVIDERS-CLINICAL PHARMACIST	NURSING (Nurse**)	REGISTERED / WAIVERED / UNLICENSED LPHA (Intern**)	GRADUATE STUDENT TRAINEE (Intern**)	MENTAL HEALTH REHAB SPECIALIST (RHB Counselor**)	ADJUNCT STAFF (Unlicensed Staff**)
* Requires co-signature by licensed LPHA. (Also, for 2nd year Trainee's to Dx requires Attestation on file.)								
# Cannot provide diagnosis — may indicate <u>current</u> dx with source and date (matches progress note from diagnostician).								
+ May provide and collect self-report information in the areas of: mental health history, medical history, substance exposure and use, identifying strengths, risks and barriers to achieving goals, and demographic information. IF the agency/clinic determines it is within their scope of ability, training, and experience. The Assessment data must be entered into a Progress Note – not in the MH Assessment form.	<ul style="list-style-type: none"> • PhD-Licensed • PsyD-Licensed • LCSW • LMFT • LPCC OR • LPCC-F (with Family Tx: Must have BBS certificate of Family Therapy designation OR is LPCC-F (in training) and gaining such experience under the supervision of an LMFT or LPCC-F). 	<ul style="list-style-type: none"> • Psychiatrist (MD) • DO, or: • Psychiatric Physician Assistants (PA) • Advanced Practice Psychiatric Nurses (APN): Nurse Practitioner-NP, Clinical Nurse Specialist-CNS <p>Note, APN and PA Student Interns may credential in this category (with appropriate training, experience, required co-signatures and if working within their scope of practice) They will sign as PA, NP or CNS Student Trainee.</p> <p>PA's and all APN's (must operate under a formal medication management protocol / formulary with psychiatric supervision).</p>	<p>Operating under a formal medication management protocol / formulary with psychiatric supervision.</p> <p>Note: Clinical Pharmacist may not diagnose (or complete the MSE accompanying the Diagnosis). It must be indicated in the Assessment which licensed LPHA made the Dx & MSE and on which date. (Must be corresponding PN for the diagnostician in the medical record.)</p> <p>Any Client Plan completed by the Clinical Pharmacist requires a licensed LPHA non-pharmacist co-signature.</p> <p>Note, Pharmacy Student Interns may credential in this category (with appropriate training, experience, required co-signatures and if working within their scope of practice) They will sign as Pharmacy Student Trainee.</p>	<ul style="list-style-type: none"> • RN • LVN • Psych Tech (PT) <p>Note, RN, LVN and PT Student Interns may credential in this category (with appropriate training, experience, required co-signatures and if working within their scope of practice) They will sign as Nursing Student Trainee.</p>	<ul style="list-style-type: none"> • PhD-Waivered • PsyD-Waivered • AMFT or RAMFT • ASW • APCC or RAPCC <p>(may perform family therapy services if under the supervision of a LMFT or LPCC-F)</p> <p>Supervision requirements—see Clinical Documentation Manual</p> <p>Co-signatures recommended</p>	<p>Students in educational Mental Health programs granting an MSW, MA, MS, or PhD/PsyD degree which lead to an LPHA.</p> <p>May have existing: AA, AS, BA, BS, MA, MS</p> <p>Co-signatures required</p> <p>Supervision requirements—see Clinical Documentation Manual</p>	<p>(MHRS: Degree + MH experience): (1) AA, AS + 6yr (2) BA, BS + 4yr (3) MA, MS, PHD, PSYD +2yr but not waived or registered with Board.</p> <p>Co-signatures highly recommended</p> <p>Supervision requirements—see Clinical Documentation Manual</p>	<p>High School Diploma or Equivalent Degree</p> <p>The Agency or Program must document qualifications, provide supervision, and ensure staff works within scope of ability. May indicate: • PSR • Peer Specialist • Family Partner</p> <p>Co-signatures highly recommended. Except Co-signatures are required for TFC-Foster Parents.</p> <p>Supervision requirements—see Clinical Documentation Manual</p>
~ Licensed co-signatures not required but recommended.								
= If within scope of ability and with appropriate training and experience.								
% No co-sig required for RN with Master's in Psych or Public Health and 2 years MH experience, or BS/BA + 4 years MH experience								
** InSyst Credential Designation								
^ Licensed, Registered, or Waivered LPHA co-signature required for TFC daily note								
SMHS Assessment	Yes	Yes	Yes [#]	Yes * %	Yes~	Yes *	Yes +	Yes + =
SMHS DSM Diagnosis	Yes	Yes	No #	Yes * %	Yes *	1st Yr #; 2+ Yr *	No	No
SMHS Eval-CANS/ANSA	Yes	Yes	Yes	Yes	Yes~	Yes *	Yes~	No
SMHS Brief Screening Tool	Yes	Yes	Yes	Yes	Yes *	Yes only 2+ Yr *	No	No
SMHS Plan Development	Yes	Yes	Yes*	Yes	Yes~	Yes *	Yes = *	Yes = *
SMHS Rehab (Ind/Group)	Yes	Yes	No	Yes	Yes~	Yes *	Yes = ~	Yes = ~
SMHS Therapy-Ind/Fam/Grp	Yes	Yes	No	No	Yes~	Yes *	No	No
SMHS Collateral	Yes	Yes	Yes	Yes	Yes~	Yes *	Yes = ~	Yes = ~
Medication Services E/M	No	Yes	Yes	No	No	No	No	No
SMHS Psychological Testing	Yes =	Yes =	No	No	Yes =~	Yes = *	No	No
SMHS Crisis Therapy	Yes	Yes	Yes	Yes =	Yes =~	Yes *	Yes = ~	Yes = ~
SMHS CM/Brokerage	Yes	Yes	Yes	Yes	Yes~	Yes *	Yes = ~	Yes = ~
Med Svcs RN/LVN/PT Only	No	No	No	Yes	No	No	No	No
TBS and ICC Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
IHBS Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes + =
TFC Services-Foster Parent	Only TFC parents can use this code – TFC parents will typically be classified as an Adjunct Staff. See ^ for required co-signatures.							

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AFTER SIGNATURE (OR PRINTED NAME) INDICATE: 1) **REQUIRED** MEDI-CAL CREDENTIAL, 2) **BEST PRACTICE**: LICENSE, REGISTRATION/CERTIFICATION WITH #, AND 3) **OPTIONAL**: MH DEGREE OR JOB TITLE

“Sample Provider Signature Sheet” (Kept in the Client Medical Record when written signatures are utilized).

NAME	AGENCY POSITION TITLE	MEDI-CAL CREDENTIAL	SIGNATURE REQUIREMENT
BETTY TSU	PHYSICIAN	MD (LICENSE #)	<i>Betty Tsu, MD</i>
IRMA CALLOWAY, BS	MENTAL HEALTH SPEC.	MHRS	<i>Irma Calloway, MHRS</i>
GENOVEVA MARTINEZ, PhD	MENTAL HEALTH SPEC.	MHRS (Has PhD but not licensed or waived.)	<i>Genoveva Martinez, MHRS</i>
JANEY MILLER	PEER COUNSELOR or FAMILY PARTNER	ADJUNCT STAFF	<i>Janey Miller, Adjunct Staff</i>
DANIELLE BOGGEMAN, MS	STUDENT TRAINEE	TRAINEE	<i>Danielle Boggeman, Trainee</i>
DREW MANUEL	NURSE	LVN (LICENSE #)	<i>Drew Manuel, LVN</i>
ROBERT ALMANZA	ADV PRACTICE NURSE	NP	<i>Robert Almanza, NP</i>
TANIKA WILLIAMS	MH CLINICIAN	LMFT (LICENSE #) & LPCC (LICENSE #)	<i>T. Williams, LMFT, LPCC</i>

Medi-Cal Credentials

Every signature in chart must indicate one of these in **bold** (See page #1 Medi-Cal credentials in green.):

- **Licensed**: MD, DO, NP, CNS, PA, RPh, RN, LVN, or Psych Tech
- **PhD or PsyD** (licensed); **LMFT, LCSW, LPCC, or LPCC-F** (includes family counseling)
- **Board Registered Interns**: **AMFT/RAMFT, ASW, APCC/RAPCC,**
- **MHRS;**
- **MFT Waivered or MSW Waivered or PCC Waivered or PhD Waivered or PsyD Waivered**
- **MFT/SW/PCC/Psychology Student Trainee** (Student in MH program Masters/Doctoral); **NP/CNS/PA Student Trainee; RPh Student Trainee, or RN/LVN/PT Student Trainee**
- **Adjunct Staff** (Peer or Family providers)