

# ACBH Guidelines for Scope of Practice Credentialing (MH)

SERVICE ACTIVITY	<b>LICENSED PRACTITIONER OF THE HEALING ARTS (LPHA)</b> <i>(Same as M/C credentials below**)</i>	<b>MEDICAL PROVIDERS (NON-PHARMACIST)</b> <i>(Same as M/C credentials below**)</i>	<b>MEDICAL PROVIDERS-CLINICAL PHARMACIST</b>	<b>NURSING (Nurse**)</b>	<b>UNLICENSED LPHA (Intern**)</b>	<b>GRADUATE TRAINEE / STUDENT (Intern**)</b>	<b>MENTAL HEALTH REHAB SPECIALIST (RHB Counselor**)</b>	<b>ADJUNCT STAFF (Unlicensed Staff**)</b>
* Requires co-signature by licensed LPHA. (Also, for 2nd year Trainee's to Dx requires Attestation on file.)								
# Cannot provide diagnosis — may indicate current 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"> <li>• <b>PhD-Licensed</b></li> <li>• <b>PsyD-Licensed</b></li> <li>• <b>LCSW</b></li> <li>• <b>LMFT</b></li> <li>• <b>LPCC OR</b></li> <li>• <b>LPCC-F</b> (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).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Psychiatrist (MD)</b></li> <li>• <b>DO</b></li> </ul> <hr/> <ul style="list-style-type: none"> <li>• <b>Psychiatric Physician Assistants (PA)</b></li> <li>• <b>Advanced Practice Psychiatric Nurses (APN):</b> <i>Nurse Practitioner- NP, Clinical Nurse Specialist-CNS &amp; APN Student Interns (with appropriate training, experience and required co-signatures)</i></li> <li><i>PAs and all APNs (must operate under a formal medication management protocol / formulary with psychiatric supervision).</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Advanced Practice Pharmacist (Psychiatric)</b></li> </ul> <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 &amp; MSE and on which date. (Must be corresponding PN for the diagnostician in the medical record.</p> <p>Any Client Plan completed by the Clin Pharm requires a licensed LPHA co-signature.</p>	<ul style="list-style-type: none"> <li>• <b>RN</b></li> <li>• <b>LVN</b></li> <li>• <b>Psych Tech</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>PhD-Waivered</b></li> <li>• <b>PsyD-Waivered</b></li> <li>• <b>AMFT or RAMFT</b></li> <li>• <b>ASW</b></li> <li>• <b>APCC or RAPCC</b></li> </ul> <p><i>(may perform family therapy services if under the supervision of a LMFT or LPCC-F)</i></p> <p><u>Supervision requirements—see Clinical Documentation Manual</u></p> <p><u>Co-signatures recommended</u></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: <b>AA, AS, BA, BS, MA, MS</b></p> <p><u>Co-signatures required</u></p> <p><u>Supervision requirements—see Clinical Documentation Manual</u></p>	<p>(MHS)(Degree + MH experience):</p> <p>(1) <b>AA, AS</b> + 6yr (2) <b>BA, BS</b> + 4yr (3) <b>MA, MS, PHD, PSYD</b> +2yr but not waived or registered with Board.</p> <p><u>Co-signatures highly recommended</u></p> <p><u>Supervision requirements—see Clinical Documentation Manual</u></p>	<p>The Agency or Program must document qualifications, provide supervision, and ensure staff works within scope of ability.</p> <p>May indicate:</p> <ul style="list-style-type: none"> <li>• <b>PSR</b></li> <li>• <b>Peer Specialist</b></li> <li>• <b>Family Partner</b></li> </ul> <p><u>Co-signatures highly recommended</u></p> <p><u>Supervision requirements—see Clinical Documentation Manual</u></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								
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

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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>Genevra 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 ([See page #1 credential in green.](#))

**MD, DO, NP, CNS, PA, RPh, RN, LVN, Psych Tech**

**PhD or PsyD (licensed); LMFT, LCSW, LPCC, or LPCC-F (includes family counseling)**

**AMFT/RAMFT, ASW, APCC/RAPCC,**

**MHRS;**

**MFT Waivered or MSW Waivered or PCC Waivered or PhD Waivered or PsyD Waivered**

**Trainee (Student in MH: MA/MS/MSW/PhD/PsyD Program), NP/CNS/PA Student or Trainee, and RPh Student or Trainee**

**Adjunct Staff (Peer or Family providers)**