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| ***SERVICE ACTIVITY*** | ***LICENSED PRACTITIONER OF THE HEALING ARTS (LPHA)***  *(Same as M/C credentials below\*\*)*  ***• 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).* | ***MEDICAL PROVIDERS***  ***(NON-PHARMACIST)***  *(Same as M/C credentials below\*\*)*  ***• Psychiatrist (MD)***  ***• DO, or:***  ***• Psychiatric Physician Assistants (PA)***  ***• Advanced Practice Psychiatric Nurses (APN): Nurse Practitioner-NP, Clinical Nurse Specialist-CNS***  ***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.*  *PAs and all APNs (must operate under a formal medication management protocol / formulary with psychiatric supervision).* | ***MEDICAL PROVIDERS-***  ***CLINICAL PHARMACIST***  ***• Advanced Practice Clinical Pharmacist (Psychiatric)***  *Operating under a formal medication management protocol / formulary with psychiatric supervision.*  *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.)*  *Any Client Plan completed by the Clinical Pharmacist requires a licensed LPHA non-pharmacist) co-signature.*  ***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.* | ***NURSING***  (Nurse\*\*)  **• RN**  **• LVN**  **• Psych Tech (PT)**  ***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.* | ***REGISTERED / WAIVERED / UNLICENSED LPHA***  *(Intern\*\*)*  ***• PhD-Waivered***  ***• PsyD-Waivered***  ***• AMFT or RAMFT***  ***• ASW***  ***• APCC or RAPCC***  *(may perform family therapy services if under the supervision of a LMFT or LPCC-F)*  ***Supervision requirements—see Clinical Documentation Manual***  ***Co-signatures recommended*** | ***GRADUATE STUDENT TRAINEE***  *(Intern\*\*)*  *Students in educational Mental Health programs granting an MSW, MA, MS, or PhD/PsyD degree which lead to an LPHA.*  *May have existing:* ***AA, AS, BA, BS, MA, MS***  ***Co-signatures required***  ***Supervision requirements—see Clinical Documentation Manual*** | ***MENTAL HEALTH REHAB SPECIALIST***  *(RHB Counselor\*\*)*  *(MHRS: Degree + MH experience):*  *(1)* ***AA, AS*** *+ 6yr*  *(2)* ***BA, BS*** *+ 4yr*  *(3)* ***MA, MS, PHD, PSYD*** *+2yr but not waivered or registered with Board.*  ***Co-signatures highly recommended***  ***Supervision requirements—see Clinical Documentation Manual*** | ***ADJUNCT STAFF***  *(Unlicensed Staff\*\*)*  *High School Diploma or Equivalent Degree*  *The Agency or Program must document qualifications, provide supervision, and ensure staff works within scope of ability.*  *May indicate:*  *•* ***PSR***  ***• Peer Specialist***  ***• Family Partner***  ***Co-signatures highly recommended. Except Co-signatures are required for TFC-Foster Parents.***  ***Supervision requirements—see Clinical Documentation Manual*** |
| **\*** 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. |
| **~** 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. | | | | | | | |
| 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 | | | | | | | | | |

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| “Sample Provider Signature Sheet” (Kept in the Client Medical Record when written signatures are utilized). | | | |
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| **NAME** | **AGENCY POSITION TITLE** | **MEDI-CAL CREDENTIAL** | **SIGNATURE REQUIREMENT** |
| BETTY TSU | PHYSICIAN | MD (LICENSE #) | Betty Tsu, MD |
| IRMA CALLOWAY, BS | MENTAL HEALTH SPEC. | MHRS | Irma Calloway, MHRS |
| GENOVEVA MARTINEZ, PhD | MENTAL HEALTH SPEC. | MHRS  (Has PhD but not licensed or waivered.) | Genoveva Martinez, MHRS |
| JANEY MILLER | PEER COUNSELOR or FAMILY PARTNER | ADJUNCT STAFF | Janey Miller, Adjunct Staff |
| DANIELLE BOGGEMAN, MS | STUDENT TRAINEE | TRAINEE | Danielle Boggeman, Trainee |
| DREW MANUEL | NURSE | LVN (LICENSE #) | Drew Manuel, LVN |
| ROBERT ALMANZA | ADV PRACTICE NURSE | NP | Robert Almanza, NP |
| TANIKA WILLIAMS | MH CLINICIAN | LMFT (LICENSE #) & LPCC (LICENSE #) | T. Williams, LMFT, LPCC |
| **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) | | | |
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