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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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