

ACBH Guidelines for Scope of Practice Credentialing (MH)

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**)	UNLICENSED LPHA (Intern**)	GRADUATE TRAINEE / STUDENT (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 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"> • 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 	<ul style="list-style-type: none"> • Advanced Practice Pharmacist (Psychiatric) <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 Clin Pharm requires a licensed LPHA co-signature.</p>	<ul style="list-style-type: none"> • RN • LVN • Psych Tech 	<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><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: AA, AS, BA, BS, MA, MS</p> <p><u>Co-signatures required</u></p> <p><u>Supervision requirements—see Clinical Documentation Manual</u></p>	<p>(MHRS)(Degree + MH experience):</p> <p>(1) AA, AS + 6yr</p> <p>(2) BA, BS + 4yr</p> <p>(3) MA, MS, PHD, PSYD +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"> • PSR • Peer Specialist • Family Partner <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>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 ([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)