

This document is a reference guide that highlights which service types can be claimed and which service activities can be provided based on clinician credentials.

ACBH Guidelines for SUD Scope of Practice Credentialing

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Guide for Using the SUD Scope of Practice Credentialing Tool

- This document is broken up into two sections:
 - Page 1 shows which service types can be claimed depending on the provider credentials
 - Page 2 shows what clinical service activities can be completed based on the provider credential
- The rows in gray are specific to Opioid Treatment Programs (OTP)
- The Key on the left side of the document applies to the full document
- The Acronym Key on the last page applies to the full document
- On the electronic version hyperlinks have been provided when possible

ACBH Guidelines for SUD Scope of Practice Credentialing

Scope of Practice for Claiming Specific Service Types / Procedure Codes								
KEY	<u>LICENSED PRACTITIONER OF THE HEALING ARTS</u>	<u>MEDICAL PROVIDERS</u>	<u>PHARMACISTS</u>	<u>NON-MD MEDICAL PROVIDERS</u>	<u>REGISTERED LPHAs</u>	<u>CERTIFIED SUD COUNSELORS</u>	<u>REGISTERED SUD COUNSELORS</u>	<u>PEER COUNSELORS</u>
¹ Psychiatrists only		<i>Licensed LPHAs</i>	<i>Licensed LPHAs</i>	<i>Licensed LPHAs</i>	<i>Registered LPHAs</i>			
² Psych. Tech and LVNs may also administer MAT at OTPs	<i>Licensed LPHAs</i>							
³ If within scope of practice/ability and with appropriate training and experience. Note that ASAM requires 2 training modules.	<ul style="list-style-type: none"> • Licensed Clinical Psychologists <ul style="list-style-type: none"> • Psy.D. • Ph.D. • LCSW • LPCC/F • LMFT 	A physician licensed in the State of California	<ul style="list-style-type: none"> • Registered Pharmacists • Advanced Practice Pharmacists 	<ul style="list-style-type: none"> • Nurse Practitioners • Physician Assistants • Registered Nurses 	<ul style="list-style-type: none"> • Registered Ph.D. • Registered Psy.D. • AMFT • ASW • APCC 	Only DHCS approved SUD counselor certifying organizations	Only DHCS approved SUD counselor certifying organizations	Must have proper training and approvals prior to providing Recovery Support Services
⁴ Requires LPHA co-signature (registered or licensed)			Must operate under the supervision of a MD as required by their respective licensing boards	Must operate under the supervision of a MD as required by their respective licensing boards	Note APCCs may only provide <i>family therapy</i> services if under the supervision of a LMFT or LPCC-F	Current certified credential:	Current certified credential:	
⁵ Requires licensed LPHA co-signature					License Eligible Practitioners (Registered/Waivered) working under the supervision of licensed clinicians	<ul style="list-style-type: none"> • CAADE • CCAPP • CADTP 	<ul style="list-style-type: none"> • CAADE • CCAPP • CADTP 	
SERVICE TYPES								
Intake/Assessment	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes ^{4 3}	No
Treatment Planning	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes ³	No
Crisis Intervention	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes	No
Individual Counseling	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes ³	No
Group Counseling	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes ³	No
Patient Education (Ind or Grp)	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes ³	No
Family Therapy	Yes ³	Yes	No	Yes ³	Yes ³	No	No	No
OTP Medical Psychotherapy	Lic. clin. psych only	Yes ¹	No	No	No	No	No	No
Collateral	Yes	Yes	Yes	Yes	Yes	Yes	Yes ³	No
Case Management	Yes	Yes	Yes	Yes	Yes	Yes	Yes ³	No
Physician Consultation	No	Yes	No	No	No	No	No	No
Discharge Planning	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes ³	No
RSS Monitoring / SAA	No	No	No	No	No	No	No	Yes ³
MAT Prescribing*	No	Yes	No	Yes ³	No	No	No	No
OTP MAT Ordering	No	Yes	No	No	No	No	No	No
OTP MAT Administering	No	Yes	Only orally ²	Only orally ²	No	No	No	No
OTP Medication Services	No	Yes	No	No	No	No	No	No
Residential Day	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Withdrawal Management	Yes ³	Yes ³	Yes ³	Yes ³	Yes ³	Yes ³	Yes ³	No

*Prescribers may require a [DATA 2000 waiver](#) for buprenorphine related MAT

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Scope of Practice for Clinical Documents and Co-signature Requirements

KEY	LICENSED PRACTITIONER OF THE HEALING ARTS	MEDICAL PROVIDERS	PHARMACIST	NON-MD MEDICAL PROVIDERS	REGISTERED LPHAs	CERTIFIED SUD COUNSELOR	REGISTERED SUD COUNSELOR	PEER COUNSELORS
⁶ If completed equivalent of 1/2 of the requirements towards SUD counselor certification or 1-year FTE as registered SUD counselor	Licensed LPHAs <ul style="list-style-type: none"> • Licensed Clinical Psychologists <ul style="list-style-type: none"> • Psy.D. • Ph.D. • LCSW • LPCC • LMFT 	Licensed LPHAs <ul style="list-style-type: none"> • MD • DO A physician licensed in the State of California	Licensed LPHAs <ul style="list-style-type: none"> • Registered Pharmacists • Advanced Practice Pharmacists Must operate under the supervision of a MD as required by their respective licensing boards	Licensed LPHAs <ul style="list-style-type: none"> • Nurse Practitioners • Physician Assistants • Registered Nurses Must operate under the supervision of a MD as required by their respective licensing boards	Registered LPHAs <i>Registered LPHAs</i> <ul style="list-style-type: none"> • Registered Ph.D. • Registered Psy.D. • AMFT • ASW • APCC Note APCCs may only provide <i>family therapy</i> services if under the supervision of a LMFT or LPCC-F License Eligible Practitioners (Registered/Waivered) working under the supervision of licensed clinicians	Certified SUD Counselor Only DHCS approved SUD counselor certifying organizations Current certified credential: <ul style="list-style-type: none"> • CAADE • CCAPP • CADTP 	Registered SUD Counselor Only DHCS approved SUD counselor certifying organizations Current certified credential: <ul style="list-style-type: none"> • CAADE • CCAPP • CADTP 	Must have proper training and approvals prior to providing Recovery Support Services
⁷ Plans with MAT require prescriber signature								
⁸ Requires Medical Director/Physician Co-signature								
⁹ OTP assessment and plans require medical director/physician and supervising counselor co-signature								
¹⁰ Individual exceptions with prior ACBH QA approval								
¹¹ Registered Nurses cannot complete or review a physical exam								
SERVICE ACTIVITY								
DSM-5 Diagnosis (IMN & CSJ)	Yes	Yes	No	Yes ³	Yes ⁵	No	No	No
CSJ Recommendation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
ALOC (ASAM)	Yes ³	Yes ³	Yes ³	Yes ³	Yes ³	Yes ³	Yes ^{6 3}	No
Intake / Assessment	Yes ⁹	Yes	Yes ^{3 9}	Yes ^{3 9}	Yes ⁹	Yes ^{4 9}	Yes ^{4 6 3 9}	No
OTP Health and Physical	No	Yes	No	Yes ^{8 11}	No	No	No	No
Client Plan	Yes ^{7 9}	Yes	Yes ^{3 7 9}	Yes ^{3 9}	Yes ^{9 7}	Yes ^{4 3 7 9}	Yes ^{4 3 7 9}	No
Physical Exam / Review	No	Yes	No	Yes ¹¹	No	No	No	No
Agency CQRT chart pre-review	Yes	Yes	Yes ³	Yes ³	Yes	Yes	Yes ^{4 3}	No
Agency LPHA CQRT review	Yes	Yes	Yes ³	Yes ³	Yes	No	No	No
Agency QA CQRT approval	Yes	Yes	Yes ³	Yes ³	Yes	Yes	No ¹⁰	No

Acronym Key: IMN: Initial Medical Necessity; CSJ: Continuing Service Justification; ALOC: [ASAM](#) Level of Care Assessment; CQRT: Clinical Quality Review Team; [OTP](#): Opioid Treatment Programs; [MAT](#): Medication Assisted Treatment; FTE: Full-time Equivalent; [LVN](#): Licensed Vocational Nurse; RSS: Recovery Support Services; SAA: Substance Abuse Assistance