

**ACBHD Specialty Mental Health Services (SMHS) Scope of Practice Guidelines- Published May 3, 2024**

Regardless of the information provided in this document, all clinical activities must be within the ability, training, and experience of the individual providing the service.

SERVICE ACTIVITY	LICENSED MENTAL HEALTH PROFESSIONALS (LMHPs)*					
	MENTAL HEALTH		PHYSICIAN/NP/CNS	REGISTERED NURSES	OTHER NURSE/PT	OCCUPATIONAL THERAPISTS
<sup>1</sup> May contribute to the SMHS assessment by gathering information (e.g., med. history, MH history, SUD info., strengths, risks, and additional clarifying info.). LMHPs working within their scope of practice may use this information in their analysis of beneficiary functioning.	<p><b>Licensed</b></p> <ul style="list-style-type: none"> <li>• PhD-Licensed</li> <li>• PsyD-Licensed</li> <li>• LCSW</li> <li>• LMFT</li> <li>• LPCC/LPCC-F</li> </ul>	<p><b>Registered &amp; Waivered</b></p> <ul style="list-style-type: none"> <li>• PhD-Waivered</li> <li>• PsyD-Waivered</li> <li>• AMFT</li> <li>• ASW</li> <li>• APCC</li> </ul> <p>Registered/Waivered LMHPs must be supervised by licensed practitioners per their applicable licensing board (e.g., <a href="#">BBS</a>, <a href="#">CA BoP</a>).</p> <p>Co-signatures recommended, as deemed appropriate by their licensed supervisor.</p>	<p align="center"><b>Physicians</b></p> <ul style="list-style-type: none"> <li>• Medical Doctor (MD)</li> <li>• Doctor of Osteopathy (DO)</li> <li>• Post-Graduate Physician Resident (PTL)</li> </ul> <p>PTLs must follow <a href="#">supervision requirements</a> per the Medical Board of California.</p> <p align="center"><b>Other Medical Providers</b></p> <ul style="list-style-type: none"> <li>• Nurse Practitioner (NP)</li> <li>• Advanced Practice Psychiatric Nurses (APN)</li> <li>• Nurse Practitioner Furnishing (NPF)</li> <li>• Psychiatric Mental Health Nurse Practitioner (PMHNP)</li> <li>• Clinical Nurse Specialist (CNS)</li> </ul> <p>All medical services provided by <a href="#">NPs/CNS</a> must be under the supervision of a licensed medical professional and operate under a formal medication management protocol / formulary with psychiatric supervision per their credential.</p>	<ul style="list-style-type: none"> <li>• Registered Nurse (RN)</li> </ul> <p>All medical services provided by non-licensed practitioners, such as <a href="#">RNs</a>, must be under the direct supervision of a licensed practitioner.</p> <p>Additionally, <a href="#">RNs</a> require supervision for medication dispensing.</p> <p>Co-signatures recommended.</p>	<ul style="list-style-type: none"> <li>• Licensed Vocational Nurse (LVN)</li> <li>• Psych Tech (PT)</li> </ul> <p>All medical services provided by non-licensed practitioners, such as <a href="#">LVNs</a> and <a href="#">PTs</a>, must be under the direct supervision of a licensed practitioner.</p> <p>Co-signatures recommended.</p>	<ul style="list-style-type: none"> <li>• Licensed Occupational Therapist (OT)</li> </ul>
<sup>2</sup> Requires <a href="#">Praed Foundation CANS Certification</a> prior to completing CANS. Staff must have adequate knowledge and clinical understanding of the beneficiary to comprehensively complete all CANS domains.						
<sup>3</sup> May perform some or all aspects of psych/dev testing depending on discipline.						
<sup>4</sup> LVNs, LCSWs, LMFT, LPCCs may not perform any psych/dev testing activities.						
<sup>5</sup> May complete the SMHS assessment but may not diagnose a MH disorder.						
<sup>6</sup> Requires licensed LMHP co-signature						
SMHS Assessment	Yes	Yes	Yes	Yes <sup>5</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>
DSM Diagnosis	Yes	Yes <sup>6</sup>	Yes	No	No	No
Developmental Testing	Yes <sup>3 4</sup>	Yes <sup>3 4</sup>	Yes <sup>3</sup>	No	No	Yes <sup>3</sup>
CANS	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>
Medication Administration (H0033)	Yes	Yes	Yes	Yes	Yes	Yes
Medication Administration (Injection)	No	No	Yes	Yes	No	No
Medication Dispensing	No	No	Yes	Yes	No	No
Medication Prescribing	No	No	Yes	No	No	No
Medication Support	No	No	Yes	Yes	Yes	No
Mental Status Exam (MSE)	Yes	Yes	Yes	Yes	Yes	No
MH Crisis Services (H2011)	Yes	Yes	Yes	Yes	Yes	Yes
Plan Development	Yes	Yes	Yes	Yes	Yes	Yes
Psychotherapy (Ind/Fam/Grp/Crisis)	Yes	Yes	Yes	No	No	No
Psychological Testing	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>3</sup>	No	Yes <sup>3 4</sup>	No
Rehab (Ind/Group)	Yes	Yes	Yes	Yes	Yes	Yes
TCM/ICC/IHBS	Yes	Yes	Yes	Yes	Yes	Yes
<a href="#">Therapeutic Behavioral Services</a> (H2019)	Yes	Yes	Yes	Yes	Yes	Yes
Students/Clinical Trainees	Student/Clinical Trainees are allowed for any of the above designations for individuals actively enrolled in a corresponding educational program. Generally, scope of practice standards for clinical trainees are equivalent to the credential/license they are pursuing (e.g., a MSW student can perform similar functions as an ASW/LCSW). All clinical trainees must be supervised by a licensed (not registered or waived) behavioral health professional. See applicable licensing board for additional oversight and supervision requirements (e.g., <a href="#">CA BBS</a> , <a href="#">CA Board of Psychology</a> , <a href="#">CA</a> , <a href="#">CA Board of Nursing</a> ). <b>Co-signatures on clinical documentation are required for all clinical trainee activities. First year mental health graduate students DO NOT have the scope of practice to diagnose and may not establish a diagnosis, even with a co-signature.</b>					

\* Mental Health Treatment Services are provided by, or under the direction of LMHPs, within the scope of their professional license and applicable state law. Evidence of supervision and licensed clinical direction for appropriate staff must be present and available, when requested.

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SERVICE ACTIVITY	PHARMACISTS	PHYSICIAN ASSISTANTS	MEDICAL ASSISTANTS	MENTAL HEALTH REHAB SPECIALISTS	CERTIFIED PEER SUPPORT SPECIALISTS	OTHER QUALIFIED PROVIDERS – ADJUNCT/UNLIC
<p><sup>1</sup> May contribute to the SMHS assessment by gathering information (e.g., med. history, MH history, SUD info., strengths, risks, and additional clarifying info.). LMHPs working within their scope of practice may use this information in their analysis of beneficiary functioning.</p> <p><sup>2</sup> Requires <a href="#">Praed Foundation CANS Certification</a> prior to completing CANS. Staff must have adequate knowledge and clinical understanding of the beneficiary to comprehensively complete all CANS domains.</p> <p><sup>3</sup> May perform some or all aspects of psych/dev testing.</p> <p><sup>4</sup> Certified Peer Support Specialists may perform a variation of this activity within their training and experience and report it with either the H0025 (group) or H0038 bundled codes. Please see <a href="#">BHIN 22-026</a> for more information about Peer Support Service activities.</p>	<ul style="list-style-type: none"> <li>Registered Pharmacist (RPH)</li> <li>Advanced Practice Pharmacist (APH)</li> </ul> <p>Pharmacists must operate under a collaborative practice agreement protocol with psychiatric supervision per their credential.</p> <p>For additional information: <a href="#">ACBHD's Clinical Psychiatric Pharmacist Scope of Practice for Medication Therapy Management Policy</a></p>	<ul style="list-style-type: none"> <li>Physician Assistant (PA)</li> </ul> <p>All medical services provided by PAs must be under the supervision of a licensed medical professional and operate under a formal medication management protocol / formulary with psychiatric supervision per their credential.</p>	<ul style="list-style-type: none"> <li>Medical Assistant (MA)</li> </ul> <p>A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician.</p> <p>Licensed physician co-signature recommended.</p>	<ul style="list-style-type: none"> <li>Mental Health Rehabilitation Specialist (MHRS)</li> </ul> <p>All Medi-Cal services provided by non-licensed practitioners must be under the direction of a LMHP.</p> <p>LMHP co-signatures recommended.</p>	<ul style="list-style-type: none"> <li>Certified Peer Support Specialist (CPS)</li> <li>Certified Peer Support Specialist -Family (CPS-F)</li> </ul> <p>Must have certification from an ACBHD-approved Peer Support Specialist certification program.</p> <p>All Medi-Cal services provided by peers must be under the direction of a LMHP and supervision may be provided by a Supervising Peer Support Specialist.</p> <p>Certified Peer Support Specialists can only use H0025 and H0038. These codes should not be used by other disciplines.</p> <p>LMHP or Supervising Peer Support Specialist co-signatures recommended.</p>	<ul style="list-style-type: none"> <li>Other/Adjunct</li> <li>Non-Certified Peer Support Specialist (NCPS)</li> <li>Family Partner (FP)</li> <li><a href="#">TFC Parent (TFCP)</a> <sup>7</sup></li> </ul> <p>An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.</p> <p>All Medi-Cal services provided by non-licensed practitioners must be under the direction of a LMHP.</p> <p>LMHP co-signatures recommended.</p>
SMHS Assessment	Yes <sup>1</sup>	Yes	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1 4</sup>	Yes <sup>1</sup>
DSM Diagnosis	No	Yes	No	No	No	No
CANS	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2 4</sup>	Yes <sup>2</sup>
Medication Administration (H0033)	Yes	Yes	Yes	Yes	No	Yes
Developmental Testing	No	Yes <sup>3</sup>	No	No	No	No
Medication Administration (Injection)	No	Yes	Yes	No	No	No
Medication Dispensing	No	Yes	No	No	No	No
Medication Prescribing	No	Yes	No	No	No	No
Medication Support	No	Yes	Yes	No	No	No
Mental Status Exam (MSE)	No	Yes	No	No	No	No
MH Crisis Services (H2011)	Yes	Yes	Yes	Yes	Yes <sup>4</sup>	Yes
Peer Support Services (H0025, H0038)	No	No	No	No	Yes <sup>4</sup>	No
Plan Development	Yes	Yes	Yes	Yes	Yes <sup>4</sup>	Yes
Psychotherapy (Ind/Fam/Group/Crisis)	No	No	No	No	No	No
Psychological Testing	No	Yes <sup>3</sup>	No	No	No	No
Rehab (Ind/Group)	Yes	Yes	Yes	Yes	Yes <sup>4</sup>	Yes
<a href="#">TCM/ICC/IHBS</a>	Yes	Yes	Yes	Yes	Yes <sup>4</sup>	Yes
<a href="#">Therapeutic Behavioral Services</a> (H2019)	Yes	Yes	Yes	Yes	No	Yes

<sup>7</sup> [Therapeutic Foster Care parents \(TFCP\)](#) are required to use HCPC S5145 for bundled TFC activities. Licensed, Registered, or Waivered MHP co-signature required for TFC daily note.

Note that [blue](#) text denotes a hyperlink for more information.