### ACBHCS Guidelines for Scope of Practice Credentialing (MH & SUD)

<table>
<thead>
<tr>
<th>SERVICE ACTIVITY</th>
<th>LICENSED PRACTITIONER OF THE HEALING ARTS (LPHA)</th>
<th>MEDICAL PROVIDERS (NON-PHARMACIST)</th>
<th>MEDICAL PROVIDERS-PHARMACIST</th>
<th>NURSING (Nurse*)</th>
<th>UNLICENSED LPHA (Intern*)</th>
<th>GRADUATE TRAINEE / STUDENT (Intern*)</th>
<th>MENTAL HEALTH REHAB SPECIALIST (RHB Counselor*)</th>
<th>ADJUNCT STAFF (Unlicensed Staff*)</th>
<th>SUDD COUNSELOR (Unlicensed Staff*)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requires co-signature by licensed LPHA</strong> <em>(For Trainee’s to Dx requires Attestation on file.)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Agency or Program must document qualifications, provide supervision, and ensure staff works within scope of ability. May indicate:</td>
<td>Certified - or Board Registered &lt; 5yrs</td>
<td>CA Consortium of Addiction Programs &amp; Professional (CCAPP): LAADC, CADC, &amp; RADT Credentials</td>
</tr>
<tr>
<td><strong>Cannot provide diagnosis — may indicate current Rx with source.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CA Association for Alcohol/Drug Educators (CAADE): CATC Credentials through 6/15/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>May claim assessment but only to gather non-clinical, clin-report, assess info to be utilized in the MH assessment or CANS/ANSA. May not complete/write/sign the MH assessment nor CANS/ANSA.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Licensed co-signatures not required, but recommended.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If within scope of practice/ability and with appropriate training and experience.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% No co-sign required for RN with Master’s in Psych or Public Health and 2 years MH experience, or BSN/BA + 4 years MH experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Must meet MHRS or Adjunct criteria.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychology Interns must be registered with the CA Board of Psychology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>&amp; Requires MD/DO co-signature</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>It meds not prescribed PsyD may co-sign</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 Evaluation-CANS/ANSA**
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes *
- No
- No

**SMHS Brief Screening Tool**
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes *
- Yes *

**SMHS Plan Development**
- Yes
- Yes
- No
- Yes
- Yes *
- Yes *
- Yes *

**SMHS Rehab (Ind/Group)**
- Yes
- Yes
- Yes
- No
- Yes
- Yes *
- Yes *

**SMHS Therapy (Ind/Family/Grp)**
- Yes
- Yes
- Yes
- No
- Yes
- Yes *
- Yes *

**SMHS Collateral**
- Yes
- Yes
- Yes
- No
- Yes *
- Yes *
- Yes *

**Medication Services E/M**
- No
- Yes
- Yes
- No
- No
- No
- No

**SMHS Psychological Testing**
- Yes *
- Yes
- Yes
- Yes *
- Yes *
- No
- No

**SMHS Crisis Therapy**
- Yes *
- Yes
- Yes
- Yes *
- Yes *
- Yes *
- Yes *

**SMHS CM/Brokerage**
- Yes
- Yes
- Yes
- Yes
- Yes *
- Yes *
- Yes *

**Med Svcs RN/LVN/PT Only**
- No
- No
- No
- Yes <
- N/A
- N/A

**SUD DMC (Ind/Gp/Collateral/Crisis)**
- Yes
- No
- No
- No
- Yes <
- N/A

**SUD DMC (Initial Dx)**
- Yes &
- MD Yes, PA/NP & =
- No
- No
- Yes & <
- N/A

**SUD DMC (Cont. Just.)**
- No
- MD Only
- No
- No
- N/A

**SUD DMC (Plan)**
- Yes &
- Yes
- No
- Yes & <
- N/A

**SUD DMC (Plan Update)**
- Yes &
- Yes
- No
- Yes & <
- N/A

* AFTER SIGNATURE (OR PRINTED NAME) INDICATE: 1) REQUIRED MEDIC-CAL CREDENTIAL, 2) BEST PRACTICE: LICENSE, REGISTRATION/CERTIFICATION WITH &; AND 3) OPTIONAL: MH DEGREE OR JOB TITLE
### Sample Provider Signature Sheet

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGENCY POSITION TITLE</th>
<th>MEDI-CAL CREDENTIAL</th>
<th>SIGNATURE REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTY TSU</td>
<td>PHYSICIAN</td>
<td>MD (LICENSE #)</td>
<td>Betty Tsu, MD</td>
</tr>
<tr>
<td>IRMA CALLOWAY, BS</td>
<td>MENTAL HEALTH SPEC.</td>
<td>MHRS</td>
<td>Irma Calloway, MHRS</td>
</tr>
<tr>
<td>GENOVEVA MARTINEZ, PhD</td>
<td>MENTAL HEALTH SPEC.</td>
<td>MHRS (Has PhD but not licensed or waived.)</td>
<td>Genoveva Martinez, MHRS</td>
</tr>
<tr>
<td>JANEY MILLER</td>
<td>PEER COUNSELOR or FAMILY PARTNER</td>
<td>ADJUNCT STAFF</td>
<td>Janey Miller, Adjunct Staff</td>
</tr>
<tr>
<td>DANIELLE BOGGEMAN, MS</td>
<td>STUDENT TRAINEE</td>
<td>TRAINEE</td>
<td>Danielle Boggeman, Trainee</td>
</tr>
<tr>
<td>DREW MANUEL</td>
<td>NURSE</td>
<td>LVN (LICENSE #)</td>
<td>Drew Manuel, LVN</td>
</tr>
<tr>
<td>ROBERT ALMANZA</td>
<td>ADV PRACTICE NURSE</td>
<td>NP</td>
<td>Robert Almanza, NP</td>
</tr>
<tr>
<td>TANIKA WILLIAMS</td>
<td>MH CLINICIAN</td>
<td>MFT (LICENSE #) &amp; LPCC (LICENSE #)</td>
<td>T. Williams, MFT, LPCC</td>
</tr>
<tr>
<td>ANTHONY SANCHEZ, MS</td>
<td>ALCOHOL &amp; DRUG COUN.</td>
<td>LAADC (LICENSE #)</td>
<td>A. Sanchez, LAADC</td>
</tr>
<tr>
<td>LASHANA JONES, AA</td>
<td>SUD COUNSELOR</td>
<td>CAODC-R (REGISTRATION #)</td>
<td>Lashana Jones, CAODC</td>
</tr>
</tbody>
</table>

**Medi-Cal Credentials**

Every signature in chart must indicate one of these *(additionally may also indicate designations in green on p.1)*

- MD, DO, NP, CNS, PA, RPh, RN, LVN, Psych Tech, NP/CNS/PA Student or Intern
- PhD-L or PsyD-L *(licensed)*; PhD-W or PsyD-W *(waived)*
- LMFT, LCSW, LPCC, LPCC-F *(includes family counseling)*
- AMFT/RAAMFT, ASW, APCC/RAPCC, RPh-Intern; MHRS; MFT or MSW or PCC Waivered
- Trainee *(Student in MH: MA/MS/MSW/PhD/PsyD Program)*
- Adjunct Staff *(Peer or Family providers)*

---

SUD services are shaded in blue