

	MD, DO, NP, CNS, PA	Licensed or Waivered Psychologist	RN with Masters in MH Nursing or related field (<i>not certified as CNS</i>)	LCSW, ASW, LMFT, AMFT LPCC, APCC	Doctorate Psychology Students	Trainee enrolled in Master's program (post Bachelors)	Registered Nurse	Licensed Vocational Nurse/Psych Tech	Mental Health Rehabilitation Specialists (MHRS)	Medi-Cal Certified Peer Support Specialists	Other Qualified Provider II (OQP II)	Other Qualified Provider I (OQP I)
Assessment: MH + medical hx + substance use + exposure, strengths, risks, barriers to achieving goals and Care Plan	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	Yes~, **	No
Assessment: Diagnosis, MSE, medication hx, assessment of relevant conditions and psychosocial factors affecting the person's physical and MH	Yes	Yes	Yes	Yes	Yes~	Yes~	No	No	No	No	No	No
Problem List/Care Plan *Diagnosis/Problems added must be within the Provider's Scope	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	Yes~ (only the Certified Peer Support Services Plan of Care)	Yes~	Yes~
Plan Development	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	Yes~	Yes~
Medication	Yes	No	No (exception: may bill for injection or other medication services within their scope)	No	No	No	No (exception: may bill for injection or other medication services within their scope)	No (exception: may bill for injection or other medication services within their scope)	No	No	No	No
Psych Testing	No	Yes	No	No	Yes~	No	No	No	No	No	No	No
Psychotherapy (Individual, Family or Group)	Yes	Yes	No	Yes	Yes~	Yes~	No	No	No	No	No	No
Mobile Crisis	Yes	Yes	Yes	Yes	Yes~	Yes~, *	Yes~, *	Yes~, *	Yes~, **	YesV, ~, **	No	No
Crisis Intervention	Yes	Yes	Yes	Yes	Yes~	Yes~, *	Yes~, *	Yes~, *	Yes~, **	No	No	No
Crisis Psychotherapy	Yes	Yes	No	Yes	Yes~	Yes~, *	No	No	No	No	No	No
Psychosocial Rehabilitation	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	Yes~	No
Intensive Home Based Services	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	Yes~	No
Targeted Case Management	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes	No	Yes~	Yes~
Intensive Care Coordination	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	Yes~	Yes~Δ
Therapeutic Behavioral Services	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	No	No
Self Help/Peer Services	No	No	No	No	No	No	No	No	No	Yes~	No	No
Behavioral Health Prevention Education Service	No	No	No	No	No	No	No	No	No	Yes~	No	No

~ Under direct supervision of LPHA/LMHP

* May require close supervision if issues of DTS or DTO are present

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Δ Integrated Core Practice Model knowledge required

V Certified Peer Support Specialists may only provide crisis services as part of a Mobile Crisis team

8/8/2024