

## Scope of Practice Grid

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

~ Under direct supervision of LMHP  
\* May require close supervision if issues of DTS or DTO are present  
\*\* Requires close supervision if issues of DTS or DTO are present  
Δ Integrated Core Practice Model knowledge required  
∇ Certified Peer Support Specialists may only provide crisis services as part of a Mobile Crisis team  
ψ Exception: may bill for injection or other medication services within their scope

5/12/2025