

Scope of Practice Grid

	MD, DO, NP, CNS, PA	Licensed or Waivered Psychologist	RN with Masters in MH Nursing or related field <i>(not certified as CNS)</i>	ASW, LCSW AMFT, LMFT APCC, or LPCC	Doctorate Psychology Students	Trainee enrolled in Master's program <i>(post Bachelors)</i>	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)
Assessment: <i>Mental health hx + medical hx + substance use hx + exposure, strengths, risks, and barriers to achieving goals and Care Plan</i>	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	Yes~,**	No
Assessment: <i>Diagnosis, MSE, medication hx, assessment of relevant conditions and psychosocial factors affecting the person's physical and MH</i>	Yes	Yes	Yes	Yes	Yes~	Yes~	No	No	No	No	No	No
Problem List/Care Plan <i>* Diagnosis/Problems added must be within the provider's scope of practice</i>	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	Yes~ (only the Peer Services Plan of Care)	Yes~	Yes~
Plan Development	Yes	Yes	Yes	Yes	Yes~	Yes~	Yes~	Yes~	Yes~	No	Yes~	Yes~
Medication	Yes	No	No ^ψ	No	No	No	No ^ψ	No ^ψ	No	No	No	No
Psych Testing	No	Yes	No	No	Yes~	No	No	No	No	No	No	No
Psychotherapy <i>(Individual, Family or Group)</i>	Yes	Yes	No	Yes	Yes~	Yes~	No	No	No	No	No	No
Mobile Crisis	Yes	Yes	Yes	Yes	Yes~	Yes~,*	Yes~,*	Yes~,*	Yes~,**	Yes▽,~,**	Yes~,**	Yes~,**
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	Yes~ [✖]	Yes~ [✖]
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 a 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

✖ Requires training in functional behavioral analysis with an emphasis on positive behavioral interventions

ψ Exception: may bill for injection or other medication services within their scope

7/24/2025