

	Counseling	Mental Health Assessment	Pharmacologic Management	Partial Hospitalization	Forensic Evaluation	Behavioral Health Hotline	Crisis Intervention [Except (C)(1)]	Crisis Intervention [Including Paragraph (C)(1)]	Employment/Vocational	Adult Education	Social & Recreational	Community Psychiatric Supportive Treatment (CST)	Consultation	Prevention	Mental Health Education	Adjunctive Therapy	Occupational Therapy	School Psychology	Intensive Home Based Treatment (IHT)	Assertive Community Treatment (ACT)	ACT Mental Health Assessment	ACT Pharmacologic Management	ACT Crisis & Other Services and Act Initiatives	
OAC 5122-29-	3	4	5	6	7	8	10	10	11	13	14	17	19	20	21	23	24	25	28	29	29	29	29	
<b>Provider &amp; Credentials</b> <small>Provider's signature must include credential(s) below after signature on documentation required by OAC 5122-29 to 5122-29</small>	Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies.																							
<small>* - See Supplement Below for Additional Information</small>	<small>P - Eligible Service Provider      S - Eligible Service Supervisor</small>																							
<b>Aide (Aide) *</b>	P	P		P	P	P	P	P	P	P	P	P	P		P	P		P	P	P	P		P	
<b>Art Therapist (ATR)</b>						P			P/S	P/S	P/S			P	P/S									
<b>Assistant (Assistant)</b>	P	P		P	P	P/S	P	P	P/S	P/S	P/S	P	P		P/S	P/S		P	P	P	P		P	
<b>Certified Health Education Specialist (CHES)</b>														P/S										
<b>Certified Nurse Practitioner (CNP)</b>	P/S	P/S	P/S	P/S	P	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S			P/S	P/S	P/S	P/S	P/S	P/S
<b>Certified Therapeutic Recreation Specialist (CTRS)</b>										P/S	P/S	P/S			P	P/S								
<b>"Chemical Dependency Counselor Assistant" (CDCA)</b>															P									
<b>Clinical Nurse Specialist (CNS)</b>	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S			P/S	P/S	P/S	P/S	P/S	P/S
<b>Counselor Trainee (CT)</b>	P	P		P		P	P	P	P/S	P/S	P/S	P	P		P/S	P/S			P	P	P			P
<b>Doctor of Osteopathic Medicine (DO)</b>	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S		P/S			P/S	P/S	P/S	P/S	P/S	P/S
<b>Independent Marriage &amp; Family Therapist (IMFT)</b>	P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S		P/S	P/S			P/S	P/S	P/S			P/S
<b>Independent Social Worker (ISW/ISW-S)</b>	P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P	P/S			P/S	P/S	P/S			P/S
<b>Licensed Chemical Dependency Counselor II (LCDC II)</b>															P									
<b>Licensed Chemical Dependency Counselor III (LCDC III)</b>																P/S								
<b>Licensed Independent Chemical Dependency Counselor (LICDC)</b>																P/S								
<b>Licensed Independent Chemical Dependency Counselor - Clinical Supervisor (LICDC - CS)</b>																P/S								
<b>Licensed Occupational Therapist (OT/L)</b>						P			P/S	P/S	P/S		P		P	P/S	P/S							
<b>Licensed Occupational Therapy Assistant (OTA/L)</b>						P			P	P	P/S		P		P	P	P							

Appendix B  
5122-29-30 Eligible Providers and Supervisors  
Ohio Department of Mental Health and Addiction Services

	Counseling	Mental Health Assessment	Pharmacologic Management	Partial Hospitalization	Forensic Evaluation	Behavioral Health Hotline	Crisis Intervention [Except C(1)]	Crisis Intervention [Including Paragraph C(1)]	Employment/Vocational	Adult Education	Social & Recreational	Community Psychiatric Supportive Treatment (CPS)	Consultation	Prevention	Mental Health Education	Adjunctive Therapy	Occupational Therapy	School Psychology	Intensive Home Based Treatment (IHB)	Assertive Community Treatment (ACT)	ACT Mental Health Assessment	ACT Pharmacologic Management	ACT Crisis & Other Services and Act Initiatives
OAC 5122-29-	3	4	5	6	7	8	10	10	11	13	14	17	19	20	21	23	24	25	28	29	29	29	29
<b>Provider &amp; Credentials</b> <small>Provide experience must include credential(s) below after signature on documentation required by OAC 5122-29 to 5122-29</small>	Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies.																						
Licensed Practical Nurse (LPN)			P	P		P	P		P	P	P/S	P	P		P							P	P
Licensed School Psychologist (L.S. PSY)	P/S	P/S		P/S		P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S		P/S	P/S	P/S	P/S		P/S
Marriage & Family Therapist (MFT)	P	P		P/S	P	P/S	P	P	P/S	P/S	P/S	P/S	P/S		P/S	P/S			P	P	P		P/S
Marriage & Family Therapist Trainee (MFTT)	P	P		P		P	P	P	P/S	P/S	P/S	P	P		P/S	P/S			P	P	P		P
Master Certified Health Education Specialist (MCHES)														P/S									
Medical Doctor MD)	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S			P/S	P/S	P/S	P/S	P/S
Music Therapist/Board Certified (MT-BC)					P				P/S	P/S	P/S	P	P		P	P/S							
Ohio Certified Prevention Specialist I (OCPS I)															P/S								
Ohio Certified Prevention Specialist II (OCPS II)															P/S								
Ohio Certified Prevention Specialist Assistant (OCPSA)															P								
Pharmacist (PHAR)			P/S																			P/S	
Physician Assistant (PA)		P	P	P	P	P	P		P	P	P/S	P	P	P	P						P	P	P
Prevention Specialist Registered Applicant (RA)														P									
Professional Clinical Counselor (PCC/PCC-S)	P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S			P/S	P/S	P/S		P/S
Professional Counselor (PC)	P	P		P/S	P	P/S	P	P	P/S	P/S	P/S	P/S	P/S	P	P/S	P/S			P	P	P		P/S
Provisional Professional Clinical Counselor (PCC-Prov)	P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P	P/S	P/S			P/S	P/S	P/S		P/S
Provisional Professional Counselor (PC- Prov)	P	P		P/S	P	P/S	P	P	P/S	P/S	P/S	P/S	P/S	P	P/S	P/S			P	P	P		P/S
Psychologist (PSY)	P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S			P/S	P/S	P/S	P/S	P/S



**Appendix B**  
**5122-29-30 Eligible Providers and Supervisors**  
**Ohio Department of Mental Health and Addiction Services**

	Counseling	Mental Health Assessment	Pharmacologic Management	Partial Hospitalization	Forensic Evaluation	Behavioral Health Hotline	Crisis Intervention [Except (C)(1)]	Crisis Intervention [Including Paragraph (C)(1)]	Employment/Vocational	Adult Education	Social & Recreational	Community Psychiatric Supportive Treatment (CPST)	Consultation	Prevention	Mental Health Education	Adjunctive Therapy	Occupational Therapy	School Psychology	Intensive Home Based Treatment (IHBT)	Assertive Community Treatment (ACT)	ACT Mental Health Assessment	ACT Pharmacologic Management	ACT CPST & Other Services and Act Initiatives
OAC 5122-29-	3	4	5	6	7	8	10	10	11	13	14	17	19	20	21	23	24	25	28	29	29	29	29
<b>Provider &amp; Credentials</b> <small>Provider/Supervisor must include credential(s) below after signature on documentation required by OAC 5122-29-01 to 5122-29-09</small>	Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies.																						
<b>Social Worker Trainee (SWT)</b>	P	P		P		P	P	P	P/S	P/S	P/S	P	P		P/S	P/S			P	P	P		P
<b>Temporary Independent Marriage &amp; Family Therapist (IMFT-Temp)</b>	P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S		P/S	P/S			P/S	P/S	P/S		P/S
<b>Temporary Independent Social Worker (ISW-Temp)</b>	P/S	P/S		P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P/S	P	P/S	P/S				P/S	P/S	P/S		P/S
<b>Temporary Marriage &amp; Family Therapist (MFT-Temp)</b>	P	P		P/S	P	P	P	P/S	P/S	P/S	P/S	P/S	P/S		P/S	P/S			P	P	P		P/S
<b>Temporary Social Worker (SW-Temp) *</b>	P	P		P/S	P	P/S	P	P	P/S	P/S	P/S	P/S	P/S	P	P/S	P/S			P	P	P		P/S

5122-29-30 Eligible Providers and Supervisors  
Ohio Department of Mental Health and Addiction Services  
Supplement to Appendix B Matrix

A. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies.

B. Individuals eligible to supervise a service are also eligible to provide the service without supervision, with the exception of:

- a. A Social Worker (SW) providing Partial Hospitalization and Community Psychiatric Supportive Treatment service activities which require licensure, certification or registration by either a State of Ohio or a national credentialing board.

Interpretation: Both services are comprised of a variety of activities, some of which may be provided by an unlicensed or otherwise credentialed individual. A Social Worker may both provide those activities without supervision, and supervise unlicensed individuals. Other activities, e.g. counseling provided as part of a Partial Hospitalization program, require licensure. A Social Worker providing counseling in this situation must be supervised by an appropriately credentialed supervisor in accordance with the Ohio Counselor, Social Worker and Marriage and Family Therapist Board rules; and

- b. The following individuals providing and supervising services under the Ohio State Board of Psychology “Umbrella Supervision” rules:
  - i. Psychology Fellow;
  - ii. Psychology Intern;
  - iii. Psychology Resident;
  - iv. Psychology Trainee;
  - v. Psychology Postdoctoral Trainee;
  - vi. School Psychology Intern; and
  - vii. School Psychology Trainee.

C. A Social Worker (SW) or Social Worker Assistant (SWA) may only supervise a Qualified Mental Health Specialist, as defined in Appendix A of rule 5122-29-30 of the Ohio Administrative Code.

Interpretation: A Social Worker or Social Worker Assistant may not supervise an individual who is licensed, certified, or registered by either a State of Ohio or a national credentialing board.

D. An individual registered with the Ohio State Board of Psychology as an Aide or a Psychology Aide who is providing Forensic Evaluation service according to rule 5122-29-07 of the Ohio Administrative Code may only perform psychological testing.