

**Keystone First — CHIP
Psychiatrist Attestation
LSW, LCSW, LPC, LMFT, CRNP,
PA and Non-Licensed Practitioners**



Submit this form via email to: **DLPCPerformCareCHIPBehavioralHealth@performcare.org**

I (Supervising Psychiatrist), _____ intend to supervise and/or employ the following person: an LSW, LCSW, LPC, LMFT, CRNP, PA or unlicensed masters level practitioner to see Keystone First — CHIP Enrollees and bill using my Pennsylvania Promise Provider Identification (PPID) Number: _____.

Agency/organization name:
Supervisee name:
License number and type, if applicable:
Date of birth (for identification purposes only):

I understand that supervision of full-time equivalent professional employees by a psychiatrist is not addressed in regulation as a separate group from other physicians and is governed by PA Code Title 49. I agree to comply with PA Code Title 49 § 18.143. Criteria for registration as a supervising physician, which establishes the requirements for registration as a physician. Or, if applicable, PA Code Title 49 chapter 25: State Board of Osteopathic Medicine, § 25.162. Criteria for registration as supervising physician specifies that I can only supervise up to six (6) physician assistants. Additionally, I affirm that the person(s) supervised/employed will provide services in accordance with the American Psychiatric Association, Principles of Medical Ethics, 2013 Edition, Section 5. I recognize that I may not ethically delegate to any non-physician any service which the non-physician is not competent to perform or falls outside of the tasks permitted within the scope of their professional license, as applicable. Further, I understand that as a supervising psychiatrist I must be actively involved in treatment provided under my supervision. I recognize that I am fully responsible for any and all treatment provided by any staff under my supervision. I recognize that I may supervise and/or employ Licensed Social Workers, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Registered Nurse Practitioners, and Physician's Assistants as well as unlicensed masters level practitioners.

I further attest that:

- 1) I or the employer of record have verified this individual's highest level of education at the primary source. Initial here: _____
- 2) I or the employer of record have verified that this individual has no Medicare or Medicaid sanctions against him/her. Initial here: _____
- 3) This individual will not see Keystone First — CHIP Enrollees until notified of Keystone First — CHIP approval. Initial here: _____

**Keystone First – CHIP Licensed Psychiatrist Attestation LSW, LCSW, LPC, LMFT
and Non-Licensed Practitioners**

- 4) I assure that staff I am supervising have received proper training and will receive ongoing supervision and such supervision is documented. Initial here: _____
- 5) I or the employer of record have provided Keystone First – CHIP a current resume outlining the individuals work history. Initial here: _____
- 6) I have provided a copy to Keystone First – CHIP of the primary source of the highest level of education for each individual employed and who provides services described herein. Initial here: _____

Supervising Psychiatrist Signature License Number and Type Date

Agency Representative Signature Date

Keystone First – CHIP Use:

Verified by: _____ Date: _____

Provider Notification Date: _____

Method of notice (keep attached cover sheet/letter/email to confirm receipt):

- Fax Mail Email



Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.