

# Keystone First – CHIP Licensed Psychologist Attestation LSW, LCSW, LPC, LMFT and Non-Licensed Practitioners



**Keystone First**

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

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

I (Supervising Psychologist), \_\_\_\_\_ 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 and acknowledge that I may employ an LSW, LCSW, LPC, LMFT, or other unlicensed practitioner in accordance to and in compliance with all State Board of Psychology licensing regulations and requirements. I also acknowledge that for purposes of billing Keystone First – CHIP, a licensed psychologist is only permitted to supervise three (3) full-time equivalent staff who have “graduate training in psychology” but are not licensed, not preparing for licensure, or considered to be “qualified members of other recognized professions,” and I agree to adhere to this requirement.

I attest and affirm that these persons will perform in accordance with PA Code, Chapter 41.58, State Board of Psychology, which states psychologists licensed by the Board may employ “professional employees with graduate training in psychology,” who “shall perform their duties under the full direction, control and supervision of a licensed psychologist” and according to Policy Clarification RFP 11-97-66 & RFP 3-96-181, which permits billing for applicable services rendered under the practitioners PPID in the CHIP program.

I further attest that:

- 1) I have verified at the primary source the highest level of education for each individual employed and who provides services described herein. Initial here: \_\_\_\_\_
- 2) I have verified that the employed individual meets all requirements as outlined in PA Code Chapter 41. Initial here: \_\_\_\_\_
- 3) I have verified that this individual has no Medicare or Medicaid sanctions against him/her and have consulted with the appropriate authorities to ensure that they are not excluded from participation in federal or state health care programs. Initial here: \_\_\_\_\_
- 4) This individual will not see Keystone First – CHIP Enrollees until notified of Keystone First – CHIP approval.  
Initial here: \_\_\_\_\_

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- 5) The staff I am supervising have received all training required pursuant to state and federal regulation and guidance, as well as per current applicable professional standards, and will receive ongoing supervision as required per PA Code Chapter 41. Initial here: \_\_\_\_\_
- 6) I have provided Keystone First – CHIP with a current resume outlining each individuals work history. Initial here: \_\_\_\_\_
- 7) 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: \_\_\_\_\_

How many hours per week will this individual be working at your agency under your supervision?  
Number of hours/wk \_\_\_\_\_

|                                 |                         |       |
|---------------------------------|-------------------------|-------|
| _____                           | _____                   | _____ |
| Licensed Psychologist Signature | License Number and Type | 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



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