




MEMORANDUM

TO: (1) All psychiatric rehabilitation services providers licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS)
and
(2) Primary Contractors and Behavioral Health Managed Care Organizations in the HealthChoices Program.

FROM: Jennifer S. Smith
Deputy Secretary 

RE: Psychiatric Rehabilitation Services – Chapter 5230 -
Frequently Asked Questions

DATE: March 12, 2025

OMHSAS recently promulgated updates to 55 Pa. Code § 5230 Psychiatric Rehabilitation Services which were effective on January 18, 2025, upon publication in the Pennsylvania Bulletin. In order to assist in the implementation of the updated regulations, OMHSAS is providing responses to commonly received questions. The updated regulations are available online: <https://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol55/55-3/79.html>. The updated language will be incorporated into Title 55 of the Pennsylvania Code later in 2025.

FREQUENTLY ASKED QUESTIONS

§ 5230.15. Agency service description

- 1. Question:** If a psychiatric rehabilitation services (PRS) provider updates their service description to include services for individuals who are 14 years of age or older but under 18 years of age, are they required to provide those services immediately, or can this be listed as a future offering?

Answer: Updating the service description to include services for youth does not require a PRS provider to offer those services immediately. The updated service description may reflect services for youth as a future offering. However, before offering services to youth, the PRS provider must ensure that all regulatory requirements for serving youth are fully met.

§ 5230.31. Admission requirements

2. **Question:** What alternative terms should be used to replace “serious mental illness” and “functional impairment” when documenting eligibility for admissions?

Answer: Documentation of a diagnosis of mental, behavioral or emotional disorder along with a moderate to severe functional impairment is required as part of the admission requirements. The term “Serious Mental Illness (SMI)” has been removed, and documentation should now focus on specific diagnosis.

The definition of “functional impairment” remains unchanged in the regulation and should continue to be used when documenting eligibility for admission.

§ 5230.51. Staff qualifications & § 5230.52. General staffing requirements

3. **Question:** Does a Psychiatric Rehabilitation Specialist who works only with adults need to obtain the Child and Family Resiliency Practitioner (CFRP) certification?

Answer: A psychiatric rehabilitation specialist who exclusively serves adults is not required to obtain a CFRP credential.

§ 5230.63. Documentation

4. **Question:** Can weekly progress notes be used for groups and activities while maintaining individual contacts as daily notes?

Answer: Yes, weekly progress notes may be utilized for the documentation of the individual’s participation in groups and activities. If a PRS provider prefers to continue using daily notes for individual sessions or activities, nothing in the regulation would prevent them from exceeding the minimum standard of a weekly progress note. Whether using daily or weekly progress notes, the documentation should clearly identify the group sessions, individual sessions, and/or activities the individual participated in.

5. **Question:** If a daily progress note is completed, is it required for staff to also complete a weekly progress note?

Answer: No. The updated regulations have replaced the requirement for daily progress notes with a minimum standard of a weekly progress note. If a PRS provider chooses to complete daily progress notes they would be meeting and exceeding the minimum standard for a weekly progress note.

6. **Question:** How should a client's signature be handled on a weekly note if the client cancels their session?

Answer: An individual's signature on weekly progress notes is not required by the regulation. However, the individual must be allowed access to their records and the opportunity to provide written comments if they would like.

7. **Question:** When can PRS providers begin using the weekly documentation system?

Answer: Weekly progress notes may be used as of January 18, 2025, which is when the regulation became effective upon publication in the Pennsylvania Bulletin.

8. **Question:** Does every staff member have to sign the weekly progress note that worked with the individual on any activity?

Answer: Yes, all staff members who worked with an individual on any activity during the week are required to sign the weekly progress note. Pursuant to § 5230.63(b), staff members who provided the service shall sign and date the weekly progress note. This requirement ensures accountability and documentation of service provision. Additionally, a PRS agency must maintain daily attendance records, which include attendance start and end times and activities or sessions attended.

Implications for Medical Assistance Billing

Please note 55 Pa. Code § 5230 Psychiatric Rehabilitation Services is a licensure regulation and does not speak directly to Medical Assistance (MA) Program requirements. At this time, PRS is not a Medicaid State Plan service, although it is frequently utilized within the MA Program as an in-lieu of service.

9. **Question:** How does a weekly progress note meet the record keeping requirements for the MA Program?

Answer: Weekly progress notes comply with the record keeping requirements for the MA Program when they clearly document the services provided at each visit during the week and the progress made during each of those visits. 55 Pa. Code § 1101.51(e)(1)(vi) requires that "the record shall indicate the progress at each visit, change in diagnosis, change in treatment, and response to treatment" but it does not require that that documentation be made on the same day as the visit.

COMMENTS AND QUESTIONS REGARDING THIS MEMORANDUM SHOULD BE DIRECTED TO:

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