



ALEXANDER YOUTH NETWORK

PRTF Greensboro

Psychiatric Residential Treatment

Alexander Youth Network manages two psychiatric residential facilities in both Charlotte and Greensboro that serve children and adolescents who are struggling with mental and behavioral health challenges from all counties in North Carolina.

The Psychiatric Residential Treatment programs at Alexander Youth Network provide children with behavioral or mental health diagnoses with structured, relationship-focused treatment through a residential around-the-clock therapeutic model.

Our model of care is built on fostering a natural support system for children while they are in treatment. Through each child's person-centered plan, our interdisciplinary teams work with the child and family to create effective and long-lasting behavioral change.

Residential Care for Advanced Mental Health Needs

The Residential Treatment Center (RTC) at Alexander Youth Network is located in Greensboro, NC, for adolescents ages 13-17, with advanced mental and behavioral health needs.

This program provides children with a behavioral or mental health diagnosis with structured, relationship-focused treatment through a residential around-the-clock therapeutic model.

While in residential behavioral health treatment, adolescents receive therapeutic interventions such as:

- Dedicated treatment teams with family involvement
- Sessions with a licensed therapist
- Customized treatment plan with planning after a child leaves residential treatment

General Criteria Covered

Medicaid shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

Specific criteria covered by Medicaid

Medicaid shall cover admission to Psychiatric Residential Treatment Facilities when the beneficiary meets all of the following criteria:

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- a. The beneficiary demonstrates symptomatology consistent with a DSM-5, or any subsequent editions of this reference material, diagnosis which requires, and can reasonably be expected to respond to, therapeutic intervention.
 - b. The beneficiary is experiencing emotional or behavioral problems in the home, community or treatment setting and is not sufficiently stable either emotionally or behaviorally, to be treated outside of a highly structured 24- hour therapeutic environment.



c. The beneficiary demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training.

d. The beneficiary has a history of multiple hospitalizations or other treatment episodes or recent inpatient stay with a history of poor treatment adherence or outcome.

e. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs.

f. The family situation and functioning levels are such that the beneficiary cannot currently remain in the home environment and receive community-based treatment.

Continued Stay Criteria

All of the following criteria are necessary for continuing treatment at this level of care:

- a. The beneficiary's condition continues to meet admission criteria at this level of care.
- b. The beneficiary's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.

c. Treatment planning is individualized and appropriate to the beneficiary's changing condition with realistic and specific goals and objectives stated. Treatment planning shall include active family or other support systems involvement, along with social, occupational and interpersonal assessment unless contraindicated. The expected benefits from all relevant treatment modalities are documented. The treatment plan has been implemented and updated, with consideration of all applicable and appropriate treatment modalities.

d. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.

e. If treatment progress is not evident, then there is documentation of treatment plan adjustments to address such lack of progress.

f. Care is rendered in a clinically appropriate manner and focused on the beneficiary's behavioral and functional outcomes.

g. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met.

h. Beneficiary is actively participating in treatment to the extent possible consistent with his/her condition, or there are active efforts being made that can reasonably be expected to lead to the beneficiary's engagement in treatment.

i. Unless contraindicated, family, guardian, or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.

j. When medically necessary, appropriate psychopharmacological intervention has been prescribed or evaluated.

k. There is documented active discharge planning from the beginning of treatment.

l. There is a documented active attempt at coordination of care with relevant outpatient providers when appropriate.

Discharge Criteria

The following two criteria must both be met:

- a. The beneficiary can be safely treated at an alternative level of care.
- b. An individualized discharge plan with appropriate, realistic and timely follow-up care is in place.

In addition to “a” and “b” above, one or more of the criteria in “c” through “g” must be met:

- a. The beneficiary’s documented treatment plan goals and objectives have been substantially met or a safe, continuing care program can be arranged and deployed at an alternate level of care.
- b. The beneficiary no longer meets admission criteria or meets criteria for a less or more intensive level of care.

c. The beneficiary, or family member, guardian, or custodian are competent but non-participatory in treatment or in following the program rules and regulations. There is non-participation to such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.

d. Consent for treatment is withdrawn, and it is determined that the beneficiary, parent, or guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.

e. The beneficiary is not making progress toward treatment goals despite persistent efforts to engage him or her, and there is no reasonable expectation of progress at this level of care; nor is the level of care required to maintain the current level of function.

General Criteria Not Covered

Medicaid shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in Section 2.0;
- b. the beneficiary does not meet the criteria listed in Section 3.0;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

Specific Criteria Not Covered by Medicaid

Medicaid shall not cover PRTF services that are ordered by the court when medical necessity criteria are not met.

Medicaid shall not cover PRTF when the primary issues are social or economic, such as placement issues.

Medicaid Additional Criteria Not Covered

None Apply.

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Questions?

Thank you for your time!