

**Regional Advisory Committee Meeting 6/17/13**  
**Rockland Psychiatric Center Breakout Questions**

1. As we think about making peer services eligible for Medicaid funding, what concerns and suggestions do we need to consider?

- Alternative medicine, acupuncture
- Can they use Medicaid trans. to get to Peer Services?
- Will reinforce medical and deficit based model because it will have to be “medically” necessary.
- Will preventative medicine practices be covered?

2. If peer services are funded by Medicaid, how can we make documentation more peer friendly?

- Refer to people as clients/ consumers vs patients
- Have documentation specialist at each site.
- Documentation requirements should be the same for all companies.
- Put trainings together so that it is specifically done correct.

3. How do we insure that peer programs can take advantage of insurance funding like Medicaid?

- release packets of information to all companies as well as online
- monies that are funded for each peer organization. (Medicaid forced to provide the monies.)
- State standardized training
- assessable expert consultant
- Finger tip resource available
- Start up and personal directed service dollars (acupuncture vs taking 3 pain pills)
- Hotline and web site for inquires information exchange

4. If you had a magic wand and could make Medicaid peer friendly what would you do?

- Cannot pull monies back from Peer run organization.
- Peers that work for Medicaid to help with peer run issues

- Peer run organization should get bonus monies for not having people hospitalized
- Soft ware with drop down menus
- Soft ware that would translate every day words into Medicaid billable wording.
- each type of peer service (e.g. advocacy, engagement) Based on organization offer they should get a certain monies to start up and maintain services.
- Have capitalized monies for people serving. Incentives services
- People have to utilize peer organization if offered in your area.
- self settle trust.

5. Any other issues or concerns?

- People being able to maintain medications when hospitalized
- People getting discharged with medications
- people having week supply of medications available when Medicaid not eligible do to glitch
- Peers working in Emergency room (on call) to help consumer with admitting procedure.
- More funding for respite/ safe homes
- fund for peoples spend downs are met due to small spend downs or Medicaid should not cut off services (grace period 2 to 4 weeks).
- have Medicaid account available on line.