

Regional Advisory Committee Meeting 6/17/13

Buffalo 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?
 - A) Assure high quality, vs. Lower cut rate (generic)
 - B) Medicaid funding consistent with peer values
 - C) All peers served even without Medicaid
 - D) no cherry picking/creaming (easiest to serve)
 - E) Par rate of pay
 - F) Stigma for service
 - G) peers fighting for billable hours with other agencies
 - H) peer providers still need to answer to a professional

- 2) If peer services are funded by Medicaid, how can we make documentation more peer friendly?
 - A) not having to record information in multiple places
 - B) keep it simple/less invasive
 - C) peer wording (friendly)
 - D) peer input on outcomes (goals) to be documented
 - E) keep face to face engagement while documenting

- 3) How do we insure that peer programs can take advantage of insurance funding like Medicaid?
 - A) getting the word out/outreach/referral
 - B) certifying peer programs
 - C) equal access to all peers to become certified and to be able to bill
 - D) coordinating billing structure so all agencies (big and small) can have accessibility
 - E) training for all agencies (big and small)

- 4) If you had a magic wand and could make Medicaid peer friendly, what would you do?
 - A) Simplify forms (multiple forms)
 - B) strength based, peer chosen goals
 - C) totally peer run
 - D) Medicaid easier to get/Department of Social Services more friendly
 - E) Open communication between agencies (net working)
 - F) equal level between agencies (peer & provider agencies)
 - G) Trauma informed care/person centered planning/intentional peer support model

- H) Peers on the decision making board of Medicaid
- I) Safety net for working peers (job security in case of a setback)
- J) Medicaid payments come in quick and steady

5) Any other issues or concerns?

- A) losing flexibility of where the peer is at
- B) stigma using Medicaid services
- C) Medical Model guiding Peer Service model
- D) contracts going to large agencies/small agencies disappear
- E) Peers without Medicaid not getting services
- F) agencies becoming money driven
- G) Business model vs. Deficit Model
- H) Peers losing choices
- I) Physician prevails with medication choices
- J) could there be a peer autonomous respite house