

Regional Advisory Committee Meeting 6/17/13
Capital District 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?

- Making peer services medically necessary in service plan
- Proper certifications for peer practices
- Avenues for Peer Specialist to choose career paths, certifications and specific roles under Peer Specialist Title.
- Continuing Education
- Career paths
- Qualifications
- Peers collectively working together to build the research base for Peer Services
- Pay Parity
- Will peers be considered as Para Professional?

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

- Collaborative documentation
- Less documentation
- Peers writing their own progress notes
- Documentation is Recovery Based
- Change Medical Model from medical necessity to recovery based
- Language –recovery based
- Mobile App
- Too much specifying could alienate people
- Accommodations for people with verbal or hearing impairments
- Fewer details required in documentation to bill

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

- Partnering with outside agencies who will be/already connected with Health Homes
- Utilize existing supports
- Showing the power of the peer movement
- Advocacy agencies will have a better chance at circumnavigating the system and how they obtain their funding
- Fund Peer Services in block grants and opportunities for additional funding

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

- Less paperwork
- Person Centered not Paper Centered
- Not make clients repeat their story over and over and over upon intake
- Make everyone healthy
- Free treatment
- Competitive employment career paths
- Not lose people in the changes
- Be able to bill basic peer support-not goal orientated
- Outreach and engagement

5. Any other issues or concerns?

- How do we convince others, the value of peer services, no matter what level of expertise or lived experience – the system continuously being driven by the dollar, instead of being driven by the person
- Standards should be generalized
- Give us the money
- Make all doctors except Medicaid-increasing the change of peers getting good doctors, instead of third rate doctors, who don't care.