

Regional Advisory Committee Meeting 6/17/13

South Beach 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?

Budgeting/Financial –average cost for individual patient case (750,000 per annum); incentive for discharges; frequency of services provided; broader eligibility for peer services; ‘medical necessity’; medical model mentality and oversight; How will peers be compensated?; List of options for rehabilitation/recreational models supervised by peers; Outcome/point of services tracking for peer workers; will peer services be available?; parity for mental health conditions; How do we avoid “Father knows best” mentality?; How would peer services become available to those w/o Medicaid?; Barriers to non-certified peer workers finding workers;

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

- a. Less jargon, “Psych Recreation Card”; Medical terminology training for peer workers ; ask peer to use their own language; Use adaptive technology; specialized job for peer “recorders”; training and accessibility to upcoming technology; collaborative documentation b/w peers and clinicians

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

“Better layer of protection; Person-centered care for all medical conditions; care for dually diagnosed and co-morbidities; eligibility requirement and life-time caps similar to welfare programs; how are we to determine eligibility for our services simply because they have Medicaid?

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

“Money follows person” approach; customized treatment plans; new facilities for peer services w/ equal recognition by staff; peers on Board of Directors at facilities; Involvement with treatment team, more input from peer workers in TPs; more variety in programs; voucher systems-where do we want to use our money? ; Recognition as medical professionals; more staff oversight and

accountability; more staff to provide higher quality care; parity; peers as part of quality assurance process.

5. Any other issues or concerns?

Double-billing for veterans with federal benefits as a problem; time-frame to handle corrective actions; core competencies for all peers and sub specialty trainings; peers allowed to accompany clients off-grounds; concerns about cooptation by state; loss of services to those without Medicaid; parity with medical services without losing our identity; peers as part of quality assurance processes.