



## Region 5 - Regional Medical Directors Meeting

Friday, March 21, 2025, 1:00pm-3:00pm

Meeting Materials: [03-21-2025 Regional Medical Director's Meeting | Powered by Box](#)

Zoom Link: <https://us02web.zoom.us/j/82291897541?pwd=SnN3ZGs1RXpyRkg1Ynl3Mms0Q3hKQT09>

### FY 2025 Meeting Calendar

November 15, 2024  
May 16, 2025

January 17, 2025  
July 18, 2025

March 21, 2025  
September 19, 2025

### Attendees:

MSHN: Zakia Alavi, Todd Lewicki, Skye Pletcher  
Bay: Dr. Roderick Smith  
CEI: Dr. Stanley  
Central: Dr. Janssen  
Gratiot: Dr. Rangwani  
Huron: Dr. Neda Habeeb  
Lifeways: Dr. Drumm  
Montcalm: Dr. Brian Smith, Melissa MacLaren  
Newaygo: Dr. Baker  
Saginaw: Dr. Ibrahim, Jen Kreiner  
Shiawassee: Dr. Hashimoto  
Right Door: Dr. Sanchez  
Tuscola: Dr. Movva, Tina Gomez

### Guests:

### KEY DISCUSSION TOPICS

1. Welcome & Roll Call/New Member
2. Review and Approve January minutes, Additions to Agenda. FY25 meeting dates above
3. Announcements (as appropriate)
  - a. In-Person Meeting
4. MDHHS Procurement/MSHN Strategic Plan 2025-2026
5. SUD Screening Process
6. Expansion of SUD Health Homes
7. MDHHS Neuropsych Testing Policy Clarification
8. Roundtable
9. Clozapine REMS (J. Kreiner)
10. ECT (Dr. Janssen)

Distribution list updates to be requested.

Parking Lot:

1. Justice Department Launches Disability Rights Investigation into Unnecessary Institutionalization in Michigan's State Psychiatric Hospitals-recent article [Office of Public Affairs | Justice Department Launches Disability Rights Investigation into Unnecessary Institutionalization in Michigan's State Psychiatric Hospitals | United States Department of Justice](#)

Agenda Item	Action Required				
<b>3- Announcements</b> <b>In-Person Meeting</b>	An in-person option was discussed last meeting. The likeliest options are to target May or July to meet. Suggest sending a Doodle poll to address date and location options.				
	Todd will send a brief survey to the group to poll for interest.	By Who	Todd	By When	3/30/2025
<b>4-MDHHS</b> <b>Procurement and</b> <b>MSHN Strategic Plan</b>	Discuss MDHHS memo and MSHN strategic plan development. Discussed memo as well as CMHA advocacy efforts and talking points document. Although there has not been formal communication, some MDHHS staff have made verbal statements that the procurement process is not an attempt to privatize the system. Please assist consumers, guardians, and advocates to respond to the survey as appropriate. MSHN will extend the current 2024-2025 Strategic Plan for at least one more year in light of the upcoming procurement process. MSHN will also be evaluating current projects/priorities/resources in light of impact to persons served, contract requirements, and overall impact to procurement activities. Additionally, MSHN is also exploring the feasibility of pursuing accreditation to strengthen our region's position relative to procurement activities.				
	Informational – no additional follow up needed at this time.	By Who	N/A	By When	N/A
<b>5- SUD Screening</b> <b>Process</b>	MSHN process has been functioning more smoothly now and is meeting the access standards and are focused on improving as the processes continue. CEI remains concerned that there is not much medical screening taking place. Recommend attention to seizure history and alcohol use. Staff training is an important aspect.				
	Skye will follow up to ensure that training opportunities are addressed. Skye will bring the screening back to the RMD for feedback. For next meeting.	By Who	Skye	By When	As appropriate
<b>6- Expansion of SUD</b> <b>Health Homes</b>	Skye reported that starting 10/1/24, the state expanded OHH and MDHHS is now calling this an expanded SUD HH benefit. MSHN has finished the process of evaluating interested providers and this will be shared soon.				
	Informational – no additional follow up needed at this time.	By Who	N/A	By When	N/A
<b>7-MDHHS</b> <b>Neuropsych Testing</b> <b>Clarification</b>	MDHHS changed guidance for neuropsych testing. The PIHP UM Directors advocated with MDHHS. Routine screening and testing for things like ADHD are the responsibility for the MHP and other areas like autism, are for the PIHPs. The pathways for referral are much clearer now. MSHN care coordinators reiterate the policy in care coordination meetings with the health plans. Some health plans have been very responsive and others have not. Let MSHN staff know if you are encountering this as a problem.				

		By Who		By When	
<b>8-Roundtable</b>	Open floor opportunity to cover additional items and questions. How is everyone doing with retaining psychiatrists, PAs, medical staff? Are there concerns with telepsychiatry guidelines? There is some, yes. There has been an issue with billing and reimbursement in other states with Blue Cross. In July, Michigan us supposed to get these codes but there may be delays. There will likely be coding issues depending on the insurance, but may need to be fixed on the back end. In person psychiatry is an issue right now, especially because there is not an interest in living in certain cities. Numbers of available physicians are trending down, especially influenced by payments declining.				
	<a href="https://www.reuters.com/legal/government/us-house-panel-launches-antitrust-probe-medical-residency-system-2025-03-17/">https://www.reuters.com/legal/government/us-house-panel-launches-antitrust-probe-medical-residency-system-2025-03-17/</a>  Add to next agenda: retention. Talk about NPs and PAs. Issues with scope of practice and how collaboration is different with employee vs contract.	By Who		By When	
<b>9- Clozapine REMS</b>	The FDA had not technically remove the REMS but there is no enforcement. A pharmacy started telling people that they would never need their blood drawn again. However, the new guidance is to follow the prescribing guidelines for Clozapine. CEI created a process and left some room for flexibility in monitoring. CEI set so that each clinic had a process for monitoring. Creating one approach did not work but had to seek ways that were acceptable with the REMS process. The state level medical directors' group has not provided any guidance. CEI is going to send their guidance to Ascension and Genoa to share their guidelines. The pharmacies are no longer the hard stop for this issue. The nursing forum started to assume that there was not a standard of care, but there does remain a standard of care and this should be clarified.				
	CMHSPs should ensure they are clarifying with their staff. Also, contact PCE to ensure that this is supported in the EMR. The medication module is the same for PCE users.	By Who		By When	
<b>10- ECT</b>	Dr. Stanley shared CEI process for authorizing ECT services, including for dual-eligible individuals where the CMH is only responsible for the secondary Medicaid payment. Dr. Janssen indicated CMHCM has been receiving an uptick of requests for outpatient ECT for individuals who are not open to CMHCM. Agreement that CMH is responsible for Medicaid payment for ECT, however referring physicians need to follow the authorization process through CMH even if the patient is not open to CMH.				
	N/A	By Who	N/A	By When	N/A
		By Who		By When	