Region 5 - Regional Medical Directors Meeting
Friday, January 16, 2026, 1:00pm-3:00pm
Meeting Materials: 01-16-2026 Regional Medical Director's Meeting | Powered by Box
Zoom Link: https://us02web.zoom.us/j/82291897541?pwd=SnN3ZGs1RXpyRkg1Ynl3Mms0Q3hKQT09

FY 2026 Meeting Calendar

November 21, 2025	**January 16, 2026**	**March 20, 2026**
May 15, 2026	**July 17, 2026**	**September 17, 2026**

Attendees:

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

Guests:

KEY DISCUSSION TOPICS

1. Welcome & Roll Call/New Member
2. Review and Approve September minutes, Additions to Agenda. FY26 meeting dates above
3. Announcements (as appropriate)
4. Procurement Lawsuit Ruling
5. Final FY25 Balanced Scorecard
6. MMP 25-20 ICSS Program Approvals
7. Update to Telemed Flexibilities_Controlled Medications
8. State Hospital Denial Trends
9. PCE and Prescription Cancellations
10. Roundtable

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				
3- Announcements					
		By Who	N/A	By When	N/A
4-MDHHS Procurement Ruling	Ruling issued on 1/8/2026. This ruling was generally viewed as positive for the CMHs and PIHPs. From conclusion of the ruling: "For the reasons explained above, defendants' motion for summary disposition beyond the award in the Court's October 14, 2025 opinion and order is denied, and the Court hereby issues a declaratory pronouncement that the RFP, as drafted, impermissibly conflicts with Michigan law in numerous respects, especially insofar as the RFP restricts CMHSPs from entering into financial contracts for the purpose of funding CMHSPs' managed-care functions. However, the Court will not yet issue injunctive relief that directs defendants to amend or pull back the RFP.4 Defendants must decide, in the first instance, how to address the conflicts between Michigan law and the RFP that the Court has identified."				
	Awaiting MDHHS' response on the ruling which will determine next steps.	By Who	N/A	By When	N/A
5- Final FY25 Balanced Scorecard	The final balanced scorecard results for FY25 are available. There are two RMD measures in the Todd-CLC tab. Bringing to RMD for discussion and whether there are any suggestions for tracking other measures? CMS Core Measures for FY27 for Adults and Children included for reference.				
	Recommendation to continue the SAA-AD measure (adherence to antipsychotic medication) but to replace the cardiovascular monitoring measure due to the difficulties with accurate data reporting. The committee recommends replacing it with hemoglobin A1C control for patients with diabetes (HBD-AD) which is currently used in the CCBHC initiative and which the medical directors think is more beneficial to track. Todd will review and update the FY26 Balanced Scorecard as applicable.	By Who	Todd	By When	2/15/2026
6- MMP 25-20 ICSS policy	This policy is being implemented through the approval of CMH ICSS programs and will undergo three priority groups, with all MSHN non-CCBHC CMHSPs going through a review and approval process first, with evidence due to MSHN by January 19. MSHN will review and send to MDHHS by February 4. Priority Group 2 (CEI and The Right Door), are due to MSHN by 1/26 and MSHN to MDHHS by 2/11. The last priority group for MSHN is LifeWays and Saginaw CMH. They will be due 5/1 and then MSHN to MDHHS 7/1.				
	No questions or feedback with the policy or the certification approval process.	By Who	Todd	By When	TBD

7- Update to Telemed Flexibilities_Controlled Medications	The rule keeps pandemic-era telemedicine prescribing in place through the end of 2026, maintaining uninterrupted access to controlled medications—including stimulants, benzodiazepines, and buprenorphine—without requiring an inperson visit, as long as federal requirements are met. This applies broadly across telemedicine, behavioral health, primary care, addiction treatment, and pharmacy systems involved in controlled substance workflows.				
	The committee members pointed out that the DEA/HHS final rule was extended, however the Medicare requirements for telehealth are changing as of 1/31/2026 which still require an initial in-person visit and annual in-person visits. Medicare FAQ sheet was reviewed during the meeting to support the discussion: Telehealth FAQ CY 2026	By Who	N/A	By When	N/A
8-State Hospital Denial Trends	MSHN has noticed trends with State Hospital denials. Looking for feedback about any additional regional advocacy.				
	Committee members agree that their respective CMHs have all experienced significant challenges with getting individuals admitted to state hospitals. Dr. Stanley shared information that was presented at a recent statewide medical directors meeting about the projected opening date of the new state hospital anticipated 10/1/2026. The medical directors agree with continuing any advocacy efforts to support state hospital admissions, however they also noted there have already been significant advocacy efforts and MDHHS has maintained its current position related to admission criteria.	By Who	N/A	By When	N/A
9- PCE and Prescription Cancellations	We were just recently informed by Walgreens that their system does not receive our prescription cancellations due to an agreement between them and PCE (via SureScripts?) not being in place. The only solution provided by Walgreens was to call them every time we cancel a med. That is not feasible as calls to our Walgreens take about 10-15 minutes. I'm assuming this would be a statewide issue for all PCE users. Are any other agencies aware of this issue and are any of them further along in resolving the matter?				
	This issue is with SureScripts and effects Smartcare users in addition to PCE users since both EMR systems use SureScripts in their e-prescribing modules. MSHN will reach out to PCE and inquire if there are any steps that PCE can take with SureScripts to attempt to address this barrier.	By Who	MSHN – Skye	By When	2/15/2026
10-Roundtable					
	N/A	By Who		By When	