ACQ Executive Committee Listening Session
Meeting Summary Notes
November 13, 2025
ZOOM Meeting
9:00 AM to 10:00 AM

ACQ Executive Committee Attendees: Tracy Perry, *Co-Chair, ACQ Executive Committee and CEO, Direct Therapy Services,* Daniel Ekman, *Advocate, Developmental Disabilities Council, Program Manager, Center for Self Advocacy,* Valerie Dewbre, ACQ Executive Committee, *Director of Adult Service Coordination, ENMRSH,* Kelley Harvey, *ACQ Administrator*

I. Welcome/Introductions

II. Open Floor for Comments

A. Tracy Perry opened discussion on the following:

1. How to improve the ACQ
2. Advice for DDSD
3. Other topics or questions

B. Comments:

1. **Comment #1:** The speaker spoke on behalf of a family about how adult day programs for adults with disabilities are being affected by the State's implementation of free childcare. The family's adult daughter attends a day program they pay for out-of-pocket. During a recent visit, the family expressed concern that program outings were being canceled or replaced with lower-cost alternatives like trips to Target or the dollar store. When they spoke to the program director, they were told these changes were due to staffing shortages, as workers are leaving adult day programs for higher-paying positions in State-mandated free childcare programs. To retain staff, adult day programs have increased rates by 20%, which directly impacts clients' budgets and limits their ability to participate in other community activities. The speaker emphasized that while free childcare and better wages for workers are positive developments, they should not come at the expense of adult services. Additional explanation that funding for adult services varies: DD waivers are based on service eligibility, while Mi Via budgets are age-capped, with additional funding only available in extraordinary circumstances that require extensive documentation. A small rate increase for Mi Via budgets occurred about a year and a half ago, largely to account for cost of living and inflation, but it remains insufficient. The speaker stressed the importance of looking at the "whole picture" to prevent one state service from inadvertently harming another, citing the decline of day programs during COVID as an example. The speaker called on the state to act immediately to ensure adult day programs are adequately reimbursed and that staff receive fair wages, comparable to those in childcare programs and appealed to the

ACQ Executive Committee to advocate strongly for solutions and to seek a clear response from the State regarding funding and staffing needs to prevent a decline in services for adults with disabilities.

2. **Comment #2:** The speaker commented and asked a question regarding the “level of care” for MCO care coordinators within the Comprehensive Care Program (CCP). The speaker stated that they were informed that Comagine would no longer provide these level-of-care services, which are part of the care coordinators’ responsibilities under Care Court. There is uncertainty about how to improve communication and cooperation with her team if this information is correct and these services are no longer available. The speaker also noted that the policy manual and contract require providing these level-of-care services and asked what workarounds or solutions could be implemented. Does this mean there is a change or gap in service documentation?
    a) Tracy Perry asked if there was any information on this and ACQ Member replied with the following:
        (1) Response: The responder explained that the level-of-care process has recently changed only for annual recertifications. For new participants, the process remains the same: the MAD378 form and History and Physical must be completed by the provider and submitted to Comagine for review along with the in-home assessment. For recertifying participants (second year or later), the MAD378 and History and Physical no longer go to Comagine; instead, the consultant is responsible for receiving and retaining these documents. These changes apply to levels of care with end dates of November 1, 2025, or later. The commenter could not provide details about care coordination but noted that program standards require coordination with care coordinators, and the MCO policy manual allows submitting a Client Information Update (CIU) to request a copy of the level of care. They recommended contacting DDSD, Selina Leyba for clarification on how the process may change going forward.
3. **Comment #3:** The speaker had two items to flag. First concern raised regarding the subcommittee on youth in need of residential placement. During previous ACQ meetings, the subcommittee requested information from DDSD about children and youth—particularly those who are out-of-state and have IDD (Intellectual and Developmental Disabilities) or ASD (Autism Spectrum Disorder) and who would likely qualify for the DD waiver. DDSD had agreed to provide this data, but it has not yet been received. The lack of this information has effectively stalled the committee’s work and requested that DDSD be reminded to provide it so

the subcommittee can move forward in determining remedies. The second comment was related to confusion over a provider agency communication about one of the individuals they work with. Last week, the provider agency informed the speaker via text message that due to uncertainty around SNAP benefits, they would cover food expenses for an individual the speaker works with. The speaker was surprised because they expected a formal protocol or guidance. They asked whether DDSD provided any guidance during that period, noting that the unexpected decision created confusion.

4. **Comment #4:** The speaker brought up the hourly wage issue for direct support staff. They explained that Santa Fe recently raised its city minimum wage to $17.50 per hour, effective by 2027. In previous rate studies conducted by contractors, Santa Fe's minimum wage is typically included in the calculations, along with data from other states or entities. This suggests that any future rate recommendations for direct support staff in the state may be influenced by this increase. The speaker also reported that there was a follow-up meeting with Burns & Associates, the organization handling rate studies, but the outlook is not positive. The possibility of rate increases being recommended is uncertain, and even if recommended, their implementation depends heavily on the State budget situation. Specifically, the Healthcare Authority has submitted a $47 million expansion request for FY27, which would help fund any potential recommended rate increases from the Burns & Associates study. However, the speaker noted that departments may receive all, part, or none of expansion requests, making the implementation of wage increases uncertain. Additional emphasis was made that despite the uncertainty, Santa Fe's minimum wage increase to $17.50 will necessitate some adjustments to State rates for direct support staff to maintain competitive wages. It also mentioned the childcare wage situation, which had initially proposed $18.50 per hour for childcare workers. This was later reduced to $17.50 per hour, likely reflecting the Santa Fe minimum wage increase, but no further details on the reasons for this adjustment.
5. **Comment #5:** The speaker spoke about the IDEA (Individuals with Disabilities Education Act) and their concerns about how it affects students with disabilities in schools. He noted that the number of students with disabilities is increasing, particularly those with learning disabilities, and emphasized the growing demand for specialized services, including speech-language pathology (SLP) support. He pointed out that IDEA is impacted by decisions made by Congress members in Washington, D.C., and elsewhere, suggesting that Federal policy has a direct effect on how the law is applied in schools. He also discussed the need to find ways to

expand services under IDEA, emphasizing the importance of ensuring that all eligible students receive the support they need. He mentioned that not all students who qualify for IDEA currently get services, and that it would be ideal to provide as many services as possible to accommodate the growing population of students with disabilities. He also stressed that school enrollment is increasing alongside the population of students with disabilities, and therefore the need for IDEA services is also increasing. The speaker suggested finding methods, solutions, or conclusions to maximize the provision of IDEA services in schools, even though there are challenges, such as Federal efforts to dismantle or limit IDEA. He concluded by emphasizing that improving access to IDEA services for students is an urgent and an important goal.

6. **Comment #6:** The speaker spoke about the challenges facing direct care providers in New Mexico, particularly regarding staffing and compensation. She began by referencing a recently adopted rate in Santa Fe and echoed concerns raised in comment #4. She explained that in her experience doing business in Santa Fe, direct care providers are struggling to compete with entry-level salaries in other sectors, which are often $20/hour or higher. She emphasized that if providers do not offer competitive wages, they cannot attract or retain staff. Additionally, she highlighted that even a rate of $17/hour is insufficient, particularly in Santa Fe and in southeastern New Mexico, such as Carlsbad. She explained that direct care positions are competing not only with each other but with jobs at McDonald's and other similar employers, making staffing very difficult. She noted that this challenge is statewide, affecting Albuquerque and other regions as well. The speaker noted that even though she works with an ICF (Intermediate Care Facility), the staffing and rate issues impact all DD waiver providers, not just her organization. She stressed the critical importance of legislative advocacy, especially in the context of ongoing rate studies, to ensure that rates reflect the true costs of hiring and retaining skilled staff. Her concerns was that without adequate wages, providers cannot secure qualified caregivers to support vulnerable populations, which jeopardizes the quality of care. She concluded by urging that the sector make a strong, unified voice to communicate these challenges to policymakers and ensure that funding and rates allow providers to maintain a competent workforce.
7. **Comment #7:** The speaker provided an update on the recent legislative actions and their implications for developmental disability (DD) services funding in New Mexico. There was a special legislative session held on Monday, which lasted about four hours. During that session, the legislature appropriated roughly $162 million. The speaker explained that many people may not have followed the session or read the bill, but if they had, they would have seen that $21,395,339 of that funding came directly from unspent general fund appropriations that had originally been

allocated to the Department of Health (DOH) specifically for Developmental Disability Supports programs in fiscal years 2019, 2020, and 2021. In addition to that reclaimed $21 million, the speaker said the legislature also swept another $2,990,000 in unexpended funds from the Health Care Authority, also originally intended for DD support programs and other related financing categories. He stated that it is unclear what these dollars had been intended for or would have been used for, because the funds were simply never spent—but regardless of the reason, the money was taken back by the legislature. The speaker expressed significant concern that the legislature's decision to reclaim over $23 million in total from DD-related appropriations will create a political obstacle for the current $47 million expansion request that the Health Care Authority is seeking for the next budget cycle. He warned that legislators may respond negatively, saying something along the lines of: *"We just took $23 million from you because it wasn't spent, and now you're asking us for another $47 million—during a year when every State agency is requesting more money."* Additionally, the speaker confirmed he did present to the Legislative Health and Human Services Committee. During that meeting, committee members asked what the DD community wanted from them and despite their committee not being responsible for appropriations, he hoped they would support the full $47 million request when it reaches the House floor for approval. He stressed that legislators must understand how essential this funding is because the purpose of the funding request, $40 million is needed simply to maintain the current DD waiver rates that are already being paid throughout the state and the full $47 million includes the cost of implementing new rate recommendations (or related rate adjustments) that came out of the ongoing rate study. Without this funding, the system will not be able to sustain critical, labor-intensive services—specifically residential supports, customized community supports, and habilitation. He pointed out that these services are still being funded at 2019 reimbursement rates, with the only update since then being a 5.32% cost-of-living adjustment that took effect on July 1, 2023. He made clear that these stagnant rates are insufficient in the current labor and economic environment. The speaker asked that everyone present to build relationships with their legislators—to talk to them, invite them to visit programs, explain the realities of staffing and service delivery, and make sure they understand that this funding is essential for maintaining and expanding supports. The last concern shared by the speaker was about the DD waiver systems growing rapidly. According to DDSD's current data, New Mexico is allocating 50 to 60 new individuals every month to the waivers. Most of these individuals are children, because the adults who had been on the 14-year waiting list have already been allocated. This creates a major systemic problem: the State is increasing enrollment in the waiver programs without increasing provider capacity at the same pace. The speaker stated this is a mismatch—between more and more people being added to services while provider agencies struggle to hire enough staff—could eventually lead New Mexico to end up back in court, potentially over a failure to deliver the services that individuals are legally entitled to receive under the waiver programs.

   a) Tracy Perry added the following comment about the importance of educating legislators about the real costs of providing DD services and correcting misconceptions about recent funding. She noted that new requirements, such as Mi Vía consultants needing to complete more visits per year, increase provider workload, and it is unclear whether current reimbursement rates are sufficient to cover these added responsibilities. She also stressed the need for providers and advocates to speak directly to legislators, because many lawmakers believe that the DD system already received a $26 million increase in the last legislative session and therefore assume additional funding is unnecessary. She explained that while legislators think this money was for “sustaining the rates,” in practice, providers did not actually receive the benefit they believe was delivered. She also shared that legislators may push back on new funding requests by pointing out the $21 million that was recently swept from unspent DD funds and clarified that part of the reason this money went unspent was due to the COVID-19 shutdown, when many services could not legally or safely be provided, resulting in unavoidable underspending. She emphasized the need to remind lawmakers of this context when explaining why the funds were not used and why new funding is still urgently needed.

8. **Comment #8:** The speaker added more input about why unspent DD funds from FY19–21 were reclaimed by the legislature. She explained that during those years, the State had just begun superallocation, a process with both known and unknown variables regarding how many people would accept services and how quickly they would use their budgets. She noted that individuals on Mi Via often experience a ramp-up period, where they typically do not use their full approved individual budget until around year four. This ramp-up pattern, combined with pandemic-related service shortages, contributed to the underspending of allocated funds. She said these factors should be communicated to legislators to help them understand why the money was not fully used. She also referenced recent budget data: about six months ago, the average per-person cost for the traditional waiver was over $100,000,

while the Mi Via average was around $78,000. She suggested this information may be useful when explaining current funding needs and evaluating how spending has evolved since those earlier years. And other issues may have affected spending during FY19–21, such as families placing allocations on hold. Some did so because they received misinformation—especially for children under 18—about their child being ineligible for Medicaid, which discouraged acceptance of services. Others may have failed to re-register or respond in time, causing delays or pauses in allocation uptake.

   a) Tracy Perry added onto this comment: She explained that during the same period referenced by others, she testified before the legislature for the first time due to large, unexpected drops in Medicaid eligibility among service recipients. These eligibility failures caused severe financial disruptions for provider agencies. She described experiencing situations where agencies lost around $100,000 in a single billing cycle because services suddenly became non-billable when clients were found ineligible. These issues were just emerging at the time, and providers often did not know the cause until after the losses occurred. These eligibility-related billing losses led to large amounts of money being reverted or held, eventually becoming funds that the State could sweep or redirect elsewhere.
   b) Additional comment made: The speaker asked to remind legislators that rate studies are retrospective, using providers' 2023–2024 costs even though new rates won't take effect until 2027, leaving providers 1–2 years behind actual costs. The speaker told the Legislative Health and Human Services Committee that DD, Mi Via, and Medically Fragile providers are state contractors, yet unlike other contractors, they are effectively reimbursed at 2019 (pre-COVID) rates. He compared this to asking road builders to bid on projects but paying them 2019 prices—no contractors would accept, yet DD providers are expected to operate under those conditions. These costs have drastically changed since 2019, and legislators must understand that providers are already two years behind in reimbursement. He also reminded them that the federal government covers 71% of DD service costs, so investing in updated rates is both feasible and necessary to ensure direct support workers receive a living wage.

9. **Comment #9:** Question asked on whether cost modeling might be a better method than traditional rate studies for determining appropriate

funding levels for services such as direct support and consulting - could it provide a more accurate approach to evaluating service costs? Suggestion was made of exploring alternatives to retrospective rate studies, noting that they do not keep pace with rapid cost changes, many of which began even before COVID. The speaker wondered whether a different, more current approach could help the system better retain professionals, maintain service quality, and ensure adequate staffing to keep funding aligned with real-time needs.

   a) Response made from another ACQ member explained that a cost model has been completed, but its actual impact on the budget remains unclear. Members of the ACQ and ICC, including herself, participated in the cost-modeling workgroup, yet they have received no feedback from ECECD on how the model informed budget requests. She described cost modeling as an exercise that shows, without limitations, what it would truly cost to fully and appropriately fund services—ensuring high-quality supports and adequate wages. She noted that cost modeling is supposed to work in tandem with rate setting, but so far there is no evidence of how the two have been aligned, even though the cost model was completed last year.

10. **Comment #10:** Related to comment #9, the speaker confirmed that cost modeling or forecasting is a better approach than traditional rate studies because it anticipates future needs rather than looking only at historical costs. They explained that rate studies are retrospective, often leaving providers "behind the times" by a couple of years, whereas cost modeling allows planning for current and future cost realities, such as workforce retention, fair wages, and service quality. However, they pointed out a major challenge: government and state agencies prefer rate studies because they require proof of past expenditures rather than predictions. Forecasts are seen as speculative, even if supported by data trends, making it difficult to secure funding based on future-oriented models. While cost modeling is ideal for strategic planning and future sustainability, it is not commonly used for funding requests. They encouraged advocacy to bring attention to cost modeling as a viable approach for planning and funding decisions, emphasizing the importance of looking forward rather than only backward.
11. **Comment #11:** The speaker suggested for ACQ Meeting speakers and presentations, a valuable aspect of ICC meetings is hearing directly from families—parents of young children receiving short-term but impactful services—about their experiences, needs, and how services could be improved. She suggested incorporating a similar family or self-advocate component into ACQ meetings to connect discussions back to the "why" behind their work, emphasizing the real people affected rather than just administrative or operational concerns. She described ICC meetings as

particularly valuable because they include a parent panel, where families of young children (0–3 years old in FIT services) share their experiences—how they determined their child needed services, how they were referred, how transitions went, and what could have been improved. These stories provide insight into the real-world impact of services on families and children during a short but critical period. She suggested that ACQ meetings, which cover a wider array of services and participants, could benefit from a similar component—inviting self-advocates or family members who are receiving services to share their experiences. This would help keep discussions grounded in the real-life consequences of decisions and policies, reinforcing the "why" behind their work and encouraging advocacy. The goal is to balance the day-to-day operational grind with a focus on the people directly affected by the association's work. Additionally, when inviting service recipients to share their experiences at ACQ meetings, the group should know in advance which services they receive so they can prepare targeted questions to ask and learn about what services they get and what they lack, as this could highlight gaps like workforce issues and improve understanding of service needs.

    a) Tracy Perry added this is a great suggestion and Scott Doan has brought this up in the recent ACQ Executive Meeting.

12. **Comment #12:** The speaker spoke about their experience in working in waivers for over 10 years and previously running a staffing company for nearly a decade. In that role, they managed placement across entry-level, long-term, and professional positions and gained insight into retention challenges faced by multiple companies in the area. This background gives them a broad perspective on workforce issues and the factors that influence employee stability. The speaker acknowledges that increasing pay and conducting rate studies are important for maintaining a quality workforce, they emphasize that financial incentives alone are insufficient. Retention is multi-faceted and requires attention to management practices, agency ownership involvement, effective communication between management and staff, workplace culture, burnout and stress management, and helping employees find purpose and investment in their work. Without addressing these elements, agencies may struggle to maintain a long-term, engaged workforce.The speaker also highlights a significant gap in industry resources, noting that most current support focuses heavily on financial aspects and leaves agencies in "survival mode" without guidance on sustainable retention strategies. To address this, they have initiated programs such as seminars on burnout, stress management, and workplace purpose. They stress that long-term

retention requires strategic planning, culture-building, and engagement practices in addition to pay increases. Overall, the speaker recommends that the industry provide resources and guidance to help agencies implement holistic retention strategies that ensure a stable, motivated workforce.

13. **Comment #13:** The speaker had a question referring back to comment #1, The information presented earlier about a family paying out of pocket services and they're on Mi Via Waiver services?
    a) Response: The speaker from Comment#1, addressed there are funding challenges within the Mi Via self-direction program, noting that the State appears to treat self-direction differently from traditional DD waivers in terms of budget accessibility. Funding is not solely based on individual need; instead, it is capped by age group. Individuals under 18 have a budget slightly over $24,000, those aged 18–21 have different budgets depending on whether they use in-home living supports, and everyone 21 and older has a uniform budget cap. While additional funding can sometimes be requested, the process is extremely difficult, even when individuals meet all eligibility criteria, including medical documentation. Third-party assessors, who review and approve these funds, often push back heavily, creating a "guardians of the purse strings" dynamic that can feel punitive to families.Because budgets are capped, families often face difficult choices. For example, they may only be able to fund either in-home living supports or community day programs within the allocated budget, forcing them to pay out-of-pocket for the other service. This structure, likely established many years ago, puts significant strain on families, even when additional funding could prevent hospitalization or institutional care. The pushback from assessors can also create stigma, making families feel as though they are not "worthy" of the funding or are attempting to take advantage of the system, which adds emotional stress. Consultants can assist families in navigating this complex and restrictive process, but securing additional funds remains challenging and stressful. There are exceptions that exist, the system is rigid, and families frequently cannot access the full range of services their loved ones need. There needs to be a greater flexibility, understanding, and support within the self-direction program to reduce hardships and ensure that individuals receive appropriate services without undue bureaucratic barriers or emotional burden on families.
        (1) Follow up response: Has there been a comparison on funding between waiver programs? The Mi Via waiver is optional, but has anyone examined what the budget would be if a participant in the Mi Via program instead chose the

traditional DD waiver. The waivers differ, but eligibility criteria are the same - so how might the budgets compare for the same individual under the two programs?

(2) Response: The speaker explained that funding under the Mi Via waiver is determined by the participant, their natural supports, and an interdisciplinary team, rather than being driven solely by family requests. For example, if a speech-language pathologist (SLP) participates in an annual meeting, they may recommend a certain number of therapy hours per week, which must be justified with goals and documentation. Families do not independently decide the allocation of services like therapy; it is more guided by agency-based assessments and professional recommendations. Families often choose Mi Via because it allows self-direction and relies heavily on family caregivers rather than agency staff. This is particularly relevant in New Mexico, where staffing shortages, low wages, and burnout among agency workers can affect service quality. Mi Via compensates family members who provide care, acknowledging both the necessity of family involvement and the importance of supporting families economically. This model enables families to care for loved ones while potentially raising themselves out of poverty, whereas agency staff may lack the same personal investment or continuity. The differences between Mi Via with traditional DD waivers, agency-driven models require formal goal-setting, detailed justifications, and documentation of needs, which can sometimes result in larger budgets—sometimes in the hundreds of thousands—compared with Mi Via, where budgets are capped and generally lower. While Mi Via offers more choice and self-direction within these limits, the concern is that state policies are increasingly aligning Mi Via with traditional waiver rules, thereby reducing its flexibility and unique benefits. This stricter approach may be due to perceptions of potential misuse when funds are managed outside licensed agencies, creating tighter reins on budgets and oversight. Mi Via is a valuable, family-centered, self-directed program that should remain distinct from traditional waivers. It's a program designed for flexibility and personalized care, not a one-size-fits-all

model, and the ongoing policy changes risk undermining its original intent, reducing the freedom and autonomy that families rely on to support their loved ones.

(a) Additional follow-up comment: If a participant on the Mi Via self-directed waiver were instead on a traditional DD waiver, their budget could be two to three times higher. This comparison could be used to justify increasing Mi Via budgets.

(b) Response: The State knows about this. Many families intentionally choose the Mi Via self-directed waiver over the traditional DD waiver because it provides more autonomy and flexibility in how services are delivered. Families can directly employ relatives as caregivers, allowing the household to benefit financially, which helps lift families out of poverty—a benefit not typically achievable through the traditional DD waiver, where an agency acts as a middleman and retains much of the funding. But it’s not about making families wealthy, but about improving their quality of life and the stability of the home environment, which in turn positively affects the individual receiving services. Mi Via waiver maintains a strong, direct relationship between the family and the individual, rather than routing care through an agency. This arrangement can foster better engagement, trust, and personalized care. The State understands the differences between the two programs—including budget limitations and benefits—and recognizes why families opt for Mi Via despite its lower budget caps.

14. **Comment #14:** The speaker spoke on the same topic related to Comment#13, Both Mi Via and traditional DD waivers have pros and cons, and families often face trade-offs when choosing between them. While traditional waivers may have higher budgets, access to services can be limited by provider availability. Conversely, Mi Via allows for self-direction but has budget caps, which can force families to choose between services (e.g., caregiving versus employment supports). Some providers historically avoided Mi Via due to lower pay, though pay differences have lessened over time. Overall, families must navigate service limitations, budget constraints, and provider availability when deciding which waiver best meets their needs.
15. **Comment #15:** The speaker added comment to #13 and #14, but focused on the complexities of families transitioning between the traditional DD waiver and the Mi Via waiver. As a provider of both

services, she has observed that sometimes when individuals move from the DD waiver to Mi Via, their access to services is significantly reduced. For example, therapies or day programs may no longer be included, and only in-home or family-specific services remain. She questioned the reasoning behind such transitions, asking why families would switch if it results in a stripped-down set of supports. While Mi Via is designed to be self-directed, in practice, many families rely on “ancillary people” (supporters or advisors) to help make waiver decisions. This raises concerns about whether these transitions are truly in the individual’s best interest or whether oversight is needed to ensure appropriateness. She highlighted that families may return to the DD waiver after experiencing limitations in Mi Via, which illustrates the trade-offs and challenges in navigating waiver options. The speaker emphasized that each families’ needs are different, there are pros and cons to each waiver, the transition between the waivers require careful consideration and oversight, despite Mi Via’s intent - decisions are not always fully self-directed. As a provider the dynamics are observed but they are not directly involved in these decision making and the waiver transitions can create gaps in services and raise questions on who decides what is best.

16. **Comment #16:** In response to Comment #15 - The speaker agreed it was a good point, but cautioned regarding oversight of waiver choices. While oversight can be helpful, it can also become a problem if it pressures families or participants inappropriately. There are examples where families felt “bullied” by interdisciplinary teams to continue services that weren’t benefiting the participant, sometimes driven by agency financial interests. These similar issues could happen in Mi Via as well. However, New Mexico’s system is intended to be person-centered, allowing families or participants to choose services and providers. The speaker encourages families to research options and interview agencies, noting that even within the same waiver, different agencies may better suit different participants. The gray areas in service decisions, such as speech therapy (SLP) where a family might want to stop a service that a professional recommends, creating tension between professional guidance and family choice. The additional concern the speaker stated was that Mi Via is increasingly being treated like the traditional DD waiver, rather than remaining its distinct self-directed program - doing this blurs the purpose of the program and undermines the choice and flexibility it was originally designed to provide.

C. Closure of Listening Session, 10AM MST

1. Tracy Perry closed out session and stated transcript was completed

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Follow-Up Points:

- ACQ Executive Committee Meeting
  - November 24, 2025, 2:00PM to 3:30PM
- ACQ Meeting
  - December 11, 2025, 9:00AM to 1:00PM
- ACQ Executive Committee Meeting
  - December 18, 2025, 2:00PM to 3:30PM

Zoom Information:

https://us06web.zoom.us/j/86170551005

DDSD ACQ website:
- Advisory Council on Quality - New Mexico Human Services Department (nm.gov)

ACQ Public Comments:
- http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/quality-public-comments.html