

New Mexico Health Care Authority

ADVISORY COUNCIL ON QUALITY SUPPORTS FOR PEOPLE WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

BY-LAWS

I. ORGANIZATION:

The Developmental Disabilities Supports Division (the Division) formerly of the New Mexico Department of Health (the Department) established The Advisory Council on Quality Supports for People with Intellectual/Developmental Disabilities (I/DD), hereafter referred to as the "Advisory Council." (ACQ).

II. MISSION, VISION, AND VALUES:

Mission: The Advisory Council advises the New Mexico Health Care Authority (HCA) on the systems guiding the provision of services and supports that assist people with Intellectual/Developmental Disabilities of all ages to be fully included in New Mexico communities.

Vision: People with I/DD of all ages receive the supports and services needed to live inclusively and as independently as possible within their community.

Values:

Families and Support Networks: In order to maximize their rights in receiving and accessing services and being fully included in their communities, individuals with I/DD count on families and natural support networks.

Community Inclusion: People with I/DD of all ages are fully included in community life, are able to secure and maintain naturally occurring support, and are able to rely upon services and supports that enhance life choices in relationships, school, work, where to live and how to participate in their community.

Everyone is Valued: All people with I/DD have gifts and strengths and are valued members of New Mexico communities.

Self-Determination: People with I/DD have the right and freedom to make life choices, including the following: They are able to self-direct supports and services and access to the information necessary to make informed decisions about available supports and services., as well as being accountable and responsible for their choices and decisions.

Respect: All aspects of a person with I/DD's life are respected. This includes, but is not limited to, the diversity, culture, differences, history, and privacy of people with I/DD.

Quality of Life: Quality of life is individually determined by persons with I/DD.

Quality of Services: Quality services and supports are readily available, adequate, and person-centered, appropriate, ethical, and holistic.

Dignity of Risk: People with I/DD with their families and support networks will determine the balance of safety with the opportunities they wish to pursue. Regulation and monitoring will be utilized to ensure the safety of people with I/DD. Any regulation and monitoring will be conducted in the least restrictive manner.

Support Networks: Those providing supports and services will respect the choices and self-direction of people with I/DD. Services will be provided with integrity. Providers of supports and services will be respected for the good work they do.

III. AUTHORIZATION

The Advisory Council is authorized in accordance with the New Mexico Developmental Disabilities Act of 2017 (Section 28-16A-13 NMSA 2017).

IV. PURPOSE

The purpose of the Advisory Council is to provide advisory counsel to the Health Care Authority with regard to the needs of people with I/DD.

V. DUTIES

The duties and responsibilities of the Advisory Council shall include, but are not limited to the following:

- a. Conduct meetings every other month.
- b. Advise and assist the HCA in reviewing outcomes regarding the quality assurance system for people with I/DD and their support networks.
- c. Provide information and feedback about service availability and current needs with regard to people with I/DD and their support networks.
- d. Participate in any statewide needs assessment processes.
- e. Recommend priorities for the development, modification, and expansion of services to meet the needs of people with I/DD.
- f. Advise and assist the HCA in planning for services to people with I/DD.
- g. Promote collaboration efforts among state agencies and community-based programs serving people with I/DD.
- h. Advocate for system change to improve on the quality of services addressing the specialized and individual needs of people with I/DD; and
- i. Advise the HCA on policy changes and policy development.

VI. MEMBERSHIP:

The Advisory Council shall consist of a minimum of fifteen (15) voting members with a maximum of thirty-six (36) members and have seventeen be either family members or individuals with disabilities. Over 50% of the ACQ shall consist of individuals with disabilities and family members. The following membership categories represent the maximum number of members for each category.

- Fifteen (15) People with I/DD and members of their families – Individuals with a diagnosis, either in childhood or adulthood, of an intellectual or developmental disability or family members or family guardians (i.e., not corporate guardian) of that individual. One member shall receive services at an Intermediate Care Facility/IDD.
- Three (3) Direct Support Professionals – Individuals who work hands-on directly with individuals with

intellectual or developmental disabilities who are NOT therapists, consultants, family members or case managers.

- Ten (10) Providers of Services – Service professionals NOT covered by the direct care staff category including case managers, consultants, therapists, corporate guardians, and other providers to individuals with I/DD. The following categories are required: At least one case manager, one therapist, one behavior support consultant and one representative of an Intermediate Care Facility/IDD.
- Two (2) Self Advocacy Organizations and networks – Organizations or networks where the majority of the membership includes individuals with disabilities and the primary goal is to advocate for the needs and wants of individuals with I/DD.
- Three (3) Advocacy Organizations and networks – Organizations who do NOT provide services to people with disabilities and whose primary goal is to represent the interests of people with I/DD and their family members either as individuals or as a group of individuals.
- One (1) designee of the Family Infant Toddler Interagency Coordinating Council as appointed by the membership of the Family Infant Toddler Interagency Coordinating Council; and
- One (1) designee of the Mi Via Advisory Committee as appointed by the membership of the Mi Via Advisory Committee; and
- One (1) designee of the Medically Fragile Waiver Family Advisory Board as appointed by the membership of the committee Medically Fragile Waiver Family Advisory Board.

The ACQ will ideally have multiple representatives from each region of New Mexico including Northwest, Northeast, Metro, Southwest, and Southeast.

Members are required each year to sign a statement listing all potential conflicts of interest (i.e., financial interest in providing services to individuals with intellectual and developmental disabilities).

- Self-advocate members and family members will identify which waiver they or their family member is using.
- If someone is in one category, yet could potentially represent another, then that needs to be disclosed.
- If a member has an issue, it shall be reported to the Executive Committee.
- At least one member of the Executive Committee shall be an individual from a region outside of the Metro region of New Mexico AND Santa Fe. Preference shall be given to applicants in rural or frontier areas.

State Agency Non-Voting Partners

- Health Care Authority-Developmental Disabilities Supports Division
- Health Care Authority-Division of Health Improvement
- Center for Development and Disability
- Governor’s Commission on Disability
- Developmental Disabilities Council
- NM Dept. of Justice
- Children Youth and Families Department
- Division of Vocational Rehabilitation
- Public Education Department
- Early Childhood Education and Care Department

Members of the Advisory Council shall be appointed for terms of three years. To ensure ACQ

membership meets the requirements of the by-laws, the ACQ will vote by a majority of members representing a quorum of the full Advisory Council to approve candidates for membership. After a vote is held and the candidate is approved by a vote of the ACQ, that nomination and application for Advisory Council membership will be submitted to HCA who will forward to the Governor's office for review, vetting purposes, and appointment. Any member appointed to the ACQ shall be allowed to serve for the duration of their term.

VII. TERM DURATION:

A member can resign from membership at any time. Such resignation shall be presented in writing to the HCA staff and current chairs. Resigning members are encouraged to find a replacement for their vacated position on the Advisory Council who would then follow the process outlined in Section VI. A maximum of three (3) consecutive full terms are permissible for Advisory Council members based upon recommendations from the Advisory Council and willingness on behalf of the members to continue participation. (See section VI. MEMBERSHIP.)

VIII. OFFICERS:

The Advisory Council shall elect two co-chairs from its membership. At least one co-chair shall be an individual with I/DD or a parent or family member.

Co-chairs are elected for a two (2) year term and can serve a maximum of two (2) consecutive terms. The individual may be re-elected for the same office after a two (2) year hiatus for two (2) additional consecutive terms. If an individual serves beyond their nine years due to their co-chair status, they would finish out their term as co-chair.

In the event an officer resigns from the office, the Advisory Council will hold an election for the new co-chair to serve the remainder of the term. In the event the Advisory Council desires removal of one or both officers, such action shall be achieved by a two-thirds vote of removal by the Advisory Council membership at a regular meeting with a seven (7) day prior notice in writing.

HCA shall serve the function of secretary/administrative assistant. This function may be performed through contract.

IX. ATTENDANCE:

The members shall notify a co-chair or the designated HCA secretary/administrative assistant when unable to attend a scheduled Advisory Council meeting prior to the meeting time, in order to be excused from the meeting. Any member who misses three unexcused, consecutive, regularly scheduled meetings may be removed from membership. The Director of the Division, and as appropriate, other representatives from the key organizational units within the HCA will be routinely invited to Advisory Council meetings.

DESIGNEES: When unable to attend an Advisory Council meeting, a member may assign a designee to attend the meeting and represent the member. Notice of designee assignment shall be presented to the co-chairs prior to the meeting. The Advisory Council shall recognize the designee as authorized to speak, including the right to vote, on behalf of the Advisory Council member. The assignment of a designee is regarded as a substitution, not attendance of a member. The presence of a designee will be noted in the minutes. Co-Chairs will be notified in writing prior to the meeting if a designee will be representing an individual or

group.

X. CONFLICT OF INTEREST:

No member or authorized designee of the Advisory Council shall cast a vote on any matter, which could provide financial benefit to that member/designee or could otherwise give the appearance of a conflict of interest. Such conflict of interest shall be disclosed by the member/designee to the Advisory Council membership prior to general discussion of the topic to allow the Advisory Council to determine whether a conflict does exist.

Members are required each year to sign a statement listing all potential conflicts of interest (i.e., financial interest in providing services to individuals with intellectual and developmental disabilities). Conflict of interest incidents will be examined on a case-by-case basis by The Executive Committee.

XI. LEADERSHIP:

The Co-Chairs shall formally conduct meetings of the Advisory Council in accordance with generally accepted rules of parliamentary procedure. In the absence of both co-chairs, the membership shall select a chair for that meeting. Exec. Comm. members will be recruited from and voted on by the ACQ BOD members.

XII. QUORUM:

A simple majority (50% plus 1) of its current appointed membership shall constitute a quorum of the Advisory Council.

XIII. ADVISORY COUNCIL MEETINGS:

The Advisory Council shall meet every other month and at other times as deemed necessary by the Division Director and/or the Advisory Council co-chairs.

XIV. COMMITTEES:

There shall be six (6) standing committees: The Executive Committee, the Policy and Quality Committee, the Nominating Committee, the By-Laws Committee, the Mi Via Advisory Committee, the Family Advisory Board, and other sub-committees or workgroups as determined by the Advisory Council membership.

- Executive Committee: shall be responsible for developing the agenda for the ACQ's bi-monthly meetings and shall be composed of the Co-Chairs, the Co-Chairs-elect (if applicable), the Division Director or designee, and two (2) members from the Advisory Council at-large. Executive Committee members must all be Advisory Council members and shall meet at the call of the co-chairs. This Committee will meet with the Division Director or designee at least two (2) weeks prior to regularly scheduled bi-monthly meetings. Executive Committee members will be recruited from and voted on by ACQ Board members.
- The Policy and Quality Committee: shall function as the policy developing and information review agent for the full Advisory Council.
- The Nominating Committee: shall manage the recruitment and election of members and officers of the Advisory Council, Family Infant Toddler Interagency Coordinating Council: shall provide guidance and assistance for the Family Infant Toddler Program of the Early Childhood Education and

Care Department.

- The By-Laws Committee: shall review the by-laws as needed, make recommendations for changes, and the By-Laws Committee will meet at least once every other year to review the by-laws.
- The Mi Vi Advisory Committee: shall provide guidance and assistance to reinforce the Mi Via philosophy of self-direction; and ongoing evaluation and improvement of the Mi Via Waiver.
- The Family Advisory Board: shall provide guidance and assistance for the Medically Fragile Waiver by working collaboratively with families and professionals.
- Sub-committees or workgroups shall be created at the discretion of the Division Director or designee or the Advisory Council Co-Chairs. Membership may include non-Advisory Council members. These subcommittees and workgroups shall report to the Advisory Council as a whole.

XV. COMPENSATION:

Members of the Advisory Committee with I/DD, family members, and Direct Support Professionals shall be eligible for a stipend for all scheduled meetings of the Advisory Council and Advisory Committees. Individuals employed by the State of New Mexico cannot accept stipends unless they take leave during meeting times. Stipends shall be made in accordance with the State Mileage and Per-Diem Act [10-8-1 through 10-8-8 NMSA 1978]. Compensation Request Forms must be completed and submitted after each meeting to the contractor or individual designated by HCA. No other compensation, perquisite or allowance shall be received.

XVI. MEETING RECORDS:

The following records shall be established and maintained for the Advisory Council by the HCA staff:

- Written summaries of all Advisory Council meetings shall be provided and sent to all members at least seven (7) days prior to scheduled meetings.
- Attendance records for all Advisory Council meetings.
- Agenda for scheduled meetings and other pertinent information shall be sent to all Advisory Council members at least seven (7) days prior to the meeting date; and
- Summaries and recommendations of all Advisory Council meetings shall be maintained by HCA staff and on file at the HCA premises.

XVII. ORIENTATION OF NEW MEMBERS:

It is the responsibility of the HCA staff, or designee, to provide orientation to new members of the Advisory Council. Staff members will provide and explain information about the Advisory Council and membership expectations. Staff members will be available to answer questions of the new members. New members will be provided, but not limited to, the following information:

- Records of past Advisory Council meetings for at least the prior year.
- Member list including contact and term information.
- Advisory Council By-laws.
- Copy of the Developmental Disabilities Act.
- Orientation to the HCA (program descriptions, organization chart, any available Strategic Plan).
- Telephone numbers (HCA Administrative and Regional Offices); and
- General information pertaining to developmental disabilities.
- Recommend adding training on Robert's Rules of Order in the orientation.

- Recommend a list of acronyms supplied to members and definitions of what each agency currently represented in membership does.

XVIII. REVISIONS AND MODIFICATIONS OF BY-LAWS:

Proposed Advisory Council By-laws changes will be disseminated at least seven (7) days in advance of a scheduled meeting of the Advisory Council. By-Laws changes require a vote by the majority of members representing a quorum of the full ACQ membership.

Revision History:

Approved - October 2017

Approved – December 12, 2019

Approved - June 8, 2023

Approved- October 12, 2023

Transition from Dept. of Health to Health Care Authority -July1, 2024