



## ACQ Executive Committee Listening Session

### Meeting Summary Notes

June 12, 2025

ZOOM Meeting

9:00 AM to 10:00 AM

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**ACQ Executive Committee Attendees:** Tracy Perry, *Co-Chair, ACQ Executive Committee and CEO, Direct Therapy Services*, Siri Guru Nam Khalsa, *Co-Chair, ACQ Executive Committee, Advocate and Nurse Educator*, Daniel Ekman, *Advocate, Developmental Disabilities Council, Program Manager, Center for Self Advocacy*, Kelley Harvey, *ACQ Administrator*

### I. Welcome/Introductions

- A. Due to an incorrect date listed on the meeting invite, this caused confusion and resulted in a significant start delay for the Listening Session. Start time began around 9:20 AM and ended at 10:30 AM.

### II. Open Floor for Comments

#### A. Tracy Perry opened discussion on the following:

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

#### B. Comments:

1. Comment: I'm in the ACQ as a parent. The recent proposed changes for the Mi Via renewal are limiting community direct support to 48 hours a week. I want to remind everyone that Mi Via is a self-directed waiver and limiting a service to a certain amount of hours goes against self-direction, personal choice, and also the mission statement of the Developmental Disabilities Services Department (DDSD). The new mission statement that Dr. Acosta read out loud talked about choice and person-centeredness. I do know people who are on the Mi Via waiver who use more than 40 hours a week and it's essential to them. The limitations are concerning and secondly, it can set precedent to additional limitations. There is a letter-campaign that has been started and I will place my email address in the chat if anyone wants to reach out to learn more about this.

- a) Follow-up on Comment #1: I encourage everyone, besides coming here to speak about the issues as well, and any public comment for the Mi Via waiver to please make sure to email those comments. Yesterday, I was at a meeting with the Health Care Authority (HCA), who said they would change hours. So, they are listening to public comments.

2. Comment: I wanted to provide some information to Michelle. If you're having a hard time reaching the Pablo person about your case, you may contact Teri Cotter at 505-469-1889. She is one of the Deputy Directors at the Division of Health Improvement who oversees investigations.

3. Comment: Related to the Mi Via waiver renewal, I do appreciate that the HCA is listening to public comments. However, I am concerned as well about some of the limitations that are coming into services. We have consistently been told it is two services, community direct support navigation, which is a one-on-one service going outside the house for educational purposes. With community direct support navigation being limited to 40 hours per week, or 2,080 hours per budget year. We have heard that there are some changes from what is currently listed in the waiver application. It's currently listed at 14 days per year. There is also language in the renewal about paid community membership. That could be community direct support navigation or customized community group supports. Both of those are in that category. Or a living care arrangement, who is someone that provides, is a paid provider. If you think about it, hypothetically, if I'm a waiver participant on Mi Via and I have a sibling in my home who is paid to provide me with community direct support navigation, and I access homemaker services there is a possibility open to me to access respite, but not under the new proposed language because my paid sibling resides in the home with me, and my sibling is paid for community direct support navigation. That completely rules out respite. So it actually limits, even though there is some conversation from the HCA about expanding the number of hours. It still narrows the field of how many people can actually access the program, because we know people who received their waiver services tend to hire family members who live with them, or relatives who live with them. That is potentially a problem for individuals who are accessing the program.
4. Comment related to comment #3, from the consultant perspective, it is hard enough already to access respite. It's consistently denied for a number of reasons, even if it's just 10 hours a year. This can make it even more challenging by putting this limiting language in there.
5. Comment: Service that is in the Mi Via waiver renewal, I'm not sure if the Health Care Authority meant this, or if this is a typo: The Customized Community Group Supports. People more commonly refer to this as daycare. There is language on page 53 of that 227-page document that indicates it will be limited like the community direct support navigation to 40 hours per week and 2,080 hours per budget year. This has not been publicly discussed. I want to bring to everyone's attention that there is an issue here. The methodology is noted inside the waiver application that it's based on utilization data. My concern is that the utilization data is actually self-serving. When we think about traditional DD waiver, agencies tend to only staff their employees 40 hours a week. I feel the data is skewed because it's already been capped the first time. The data that you've put in, you're going to get that data back out. I don't feel this is an appropriate method to be able to look at and use utilization data to determine this number of hours.



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6. Comment: I want to talk about the gross receipts tax because of the Mi Via Self-Directed Waiver. As a consultant, we have not received any information from HCA, except that the Governor has signed it and it's being worked on. I would appreciate more information and input from the consultants and vendor agency, particularly the consultants who are building it to ensure the accounting is correct. The vendor agencies are also responsible for checking the consultant's accounting to make sure it's correct once the budget is approved. Since the consultants have a significant portion and responsibility of what this looks like, we need to be involved in what the rollout looks like, what this process is going to be, and have some information to provide the thousands of people who access services using vendor agencies that charge gross receipts tax.
7. Question: Can someone add me to the distribution for the ACQ meetings?
  - a) Action item: ACQ Administrator added requester to meeting invites
8. Comment: I made comments on the 227-page document. At the Self-Directed Provider Association (the grouping of the Mi Via consultant agencies across the state), we discussed this at our last meeting and plan to provide comments. There are items that stand out. One of the things that the association has talked about is the environmental modifications. The Mi Via waiver renewal application that's out there has a firm stance on capping it at \$5,000, which is \$8,000 less than the Section 1115 Demonstration waiver, otherwise known as Community Benefit. How did they come up with the \$5,000 mark? The other thing, you can go to the other Section 1115 demonstration waiver of the state plan, Medicaid and access \$6000. We know that environmental modifications are not paid from labor dollars, so it's the same money bucket that it's being paid for.
9. Comment add on to Comment 8: People who are on the Mi Via waiver are only able to access the \$5,000, and the HCA is proposing that that be the only service where additional funding cannot be requested. So that's another big one because we know participants when they're asking for those types of services, it has to include the cost of materials, the cost of labor, travel, because there's not a ton of contractors in the state, particularly in these rural areas to provide that type of service that is desperately needed to be able to access things around their home.
10. Comment: Unofficially, our state for Mi Via, has the philosophy of Employment First, which essentially is promoting the idea of for those working who are age 21 through 62 prior to other opportunities, like participating in group supports. The concern is that we do not have the infrastructure set up to be able to address that. Example, the Division of

Vocational Rehabilitation (DVR), some of the challenges that we hear from participants are related to trying to access that service. I don't think that the waiver system has the infrastructure ready to be able to handle that and an influx of folks who might be coming who may have an interest in employment or wanting to access that service.

11. Comment to 8 and 9: In 2009, I think the waiver had a \$7,000 limit on environmental modifications. Which, given the inflation, particularly in that industry, it's a dramatic reduction over 15 years.
12. Comment: Talking about the Employment First philosophy of the Mi Via renewal, the idea is good, but we don't have the infrastructure and with the limitations we're going to go backwards in time. People may be stuck at home because they can't pay someone to take them out into the community. That's a real issue. A lot of people on Mi Via used their community-direct support for employment. But it says getting out in the community, and their job, if their job is out in the community, they can have a community direct support person to bring them to do the job type coaching because with COVID, most of the job coaching agencies closed down and most of these supports do not exist now. So people have found a way around that with having a trusted person under the community-direct take them out to support them in a job or a volunteering position. This is what would go against what DDSD may be trying to do but with the community-direct limited and the philosophy is to go to DVR – that set up realistically, DVR doesn't work the way we wish it would. People get around this thanks to Mi Via and to how they want to use their funds, what their funds are eligible for with the services they choose.
13. Comment: Why are we limiting community integration and community inclusion? People with disabilities have the same rights to be out in the community as their peers without disabilities. If a person on a waiver wants to use all of their budget on community-direct, and that's how they need it, and that's how they want it, why are we limiting that? It seems to me we are going backwards. In terms of behavioral health, participants may need more than 40 hours a week, such as in a crisis mode in which one of the de-escalation techniques used is simple to take a drive, get out into the community, and change the scenery. They use community-direct as a clinical approach as a tool to calm, to de-escalate, to recheck. I don't understand where DDSD is when they came up with these ideas. It seems they thought maybe if we limit community, then people will start looking for volunteer or employment. This is a really important topic, this limitation, we're living in a world that seems to be limiting us more and more and I don't want that to happen to a self-directed waiver. We're not on traditional duty waiver. This is self-directed, person-centered. It's really important that everyone speaks up about this issue.
14. Question: I was hoping that someone from the state would be on today. The topic I've been reading is that in excess of \$20 million appropriated



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---

by the legislature, which has not been vetoed by the Governor, has disappeared. It was earmarked for increasing support, in this case, to the traditional DD waiver providers. Does anybody have any information about why they did that?

- a) ACQ Executive Member Tracy Perry responded: No, not as of yet, but the Legislative Health and Human Services, in their last committee meeting did bring that issue up and voted on sending a letter to HCA. It requested the HCA and Jen from DDSD to be at the Legislative Health and Human Services Committee to be at their next meeting this month. They are supposed to give a detailed report on where and why that money is not going to the rates increase as it says in House Bill 2.
- b) Response from ACQ attendee: I can tell you what I know about the \$26,195,000 as it currently exists today. I've been in a couple of meetings with the HCA folks and the language, while it could have been vetoed by the Governor, the language was never intended to support provider rate increases. It is to sustain the actual current rates that are being paid in this fiscal year. They didn't request money to fund rate increases. They don't have the money, they don't have a Rate Study to base any increase on because the 2023 Rate Study, all those rates were increased for this fiscal year, so the money hasn't disappeared. It's still in the budget. It's still going to be spent, but it's going to be spent sustaining the current rates. The rate study that will be conducted this calendar year will authorize and produce rate increases for FY27. That's the HCA story and we'll see what they say when they appear before the Health and Human Services Committee.
- c) Response from ACQ attendee: There was no additional money, the \$26 million will fund the current rate increases that are being paid. Then there's another \$24 million to fund increased utilization or increased enrollments because HCA sent out 700 letters to place new people on the waiver effective July 1. They absorbed that cost into the \$20 million, and then there's another \$4 million for increased costs that I do not know. The \$26 million was to sustain the current rates, and without that \$26 million, they would have had to reduce rates because they didn't have enough money in their budget to cover it. This is just my understanding and I could be wrong.

15. Question: For the current Rate Study that will occur, they can't make any increases until the Rate Study has been completed, which won't be until 2026?

a) Response from ACQ Attendee: The last Rate Study that was done, those rates have been implemented and they have nothing to base increased rates on.

(1) Follow-up comment: So you have to be really careful to set your target high enough that you can go for 5 years on whatever you said your rates are going to be.

16. Question: Wasn't there a comment about the Health Care Authority requesting Federal funds to match the \$26 million?

a) ACQ Attendee response: The Federal match is already included in the current rates that are being paid. So you can't request additional Federal match on money that's already being matched by the Feds. That's what the Rate Study would be for to file an amendment to increase rates. However, the state has to pay their portion.

17. Question: What is the position on the Fed's Eliminating all the funding for the University Center on Excellence in Developmental Disabilities (UCEDD)?

a) ACQ Attendee response: The Center for Development and Disability has been designated that entity for New Mexico. Some states have more than one university center on excellence in developmental disabilities. Our state has one and we are actually part of a larger network called the Association of University Centers on Disability ( AUCD). The AUCD, which is not entirely our parent organization, we are looking for people to share their stories of how to access services for the Center for Development and Disability, or any services through Medicaid because with the recent One Big Beautiful Bill Act, it doesn't talk about cutting funding for the University Centers for Excellence in Developmental Disabilities, but the budget proposal that President Trump has put out there talks about that. We've noticed that by sharing information about the personalization of how these services are impacting someone has changed the way that people are considering funding. There was a national organization who called for this and they were able to get funding for their organization completely restored. If you are working with someone who has access to services through the Center for Development and Disability and want to share a story with the Association of University Centers for Disability, I can share that information so you may speak to any of the services.

18. Comment: Related to comment #14, To be clear, the legislature provided funding and the governor signed to raise rates, but now we're arguing for provider rates to be raised. I'm not a legislator, and I don't have the right to speak for legislators, but I have spoken with legislators who say they've heard the explanation that was given and that is not what DDSD meant



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---

and how the money will be used. They told me that they feel duped because they thought the money would be used to raise rates and now, the rates are not going to be raised. I understand rate studies are every two years and the last Rate Study didn't provide increased money for direct service providers. Rates are too low, the Legislature knew it and they provided money to raise rates and rates are not being raised.

19. Comment related to Comment #14, I had conversations about the need that we have as providers to get those increases. As a provider and as the president of ADCAP, we definitely are pushing for rate increases. The rhetoric spoken earlier about House Bill 2, that wasn't the intention of the department. How I feel about that is that it was in the language. The next Rate Study is coming out. I know that they've chosen a vendor so it is in the works and once the rate study is done, it will be in the works to actually go in. I know that doesn't make any of us sit back and feel better. I don't think any of us feel better about any of it. But, I do agree the language is murky and it is something that needs to be addressed. What has been shared is that it was not the intention of the department and that it was to be used for current allocations. As I said in the last meeting, language is language, so let's make sure that we're advocating appropriately.
20. Comment related to Comment #14, We've been having this same fight for the last 28 years. What we need is this money. We need to be able to pay people to entice them to come into this field. We invited Jen to attend a meeting and now, there's nothing to meet about if what is being said is in fact true. There's nobody who's going to be hired because people aren't coming to work for what we can pay them. They constantly do this. This is the second time I can remember where they literally took money from us, that the legislature put aside for our rate increases. I think we should all be up in arms about this. I don't think we should be playing nice. I don't think we should be speaking nice. I think we should be raising hell about this
21. Comment: A reminder, the email that was sent out from Tammy Barth about the DD waiver renewal town halls coming up, which starts June 23rd in Santa Fe, June 30th in Roswell, July 10th in Farmington, July 14th in Albuquerque, and July 22nd in Las Cruces
  - a) Action taken: ACQ Administrator re-shared the email and PDF with the ACQ Distro
22. Comment: These issues have come up year after year with regard to what the Legislature believes they're allocating. They're the ones with the purse strings and what the administrations do in interpreting the language, this issue for us, especially now. The responsibility has to go

back to the Legislature, and they're the ones that have to hold Jennifer Rodriguez and the Governor, and all of these different administrations feet to the fire. Yes, we can write our letters, but we have to remember that our letters should be copied to our legislative body because they're the ones that assumed they were allocating for us, for our needs, for their constituents' needs. And I'm a little disappointed the Legislature hasn't said you need to put in what you need to maintain current rates, but this is what we want in addition to assisting our constituents. To continue to provide the services. It's happened for many years and it's hurting us. And again, when we get our rates adjusted, we can't do anything for 3 years. You can't operate that way, but we just have to keep pushing it. We've got to keep making our voices heard. I also think that it's time for our Legislative body to hold the administration accountable for what they intended.

23. Comment to Comment #22, I agree, and it makes it difficult when they had split the rate increases a couple years ago and gave half of the services increases, and said that they would give the other half of the services that didn't get increases, increases. When we went back up to fight for those increases for the services that didn't get the increases, the Legislators had turned around and said, we just gave you guys an increase and you don't need it. It took us 2-3 years to get that increase for the other half of the services.
24. Comment: The new Rate Study is going to be done and on its heels we'll have a new waiver approved. Have the waiver standards been updated? Or is it anchored to the Rate Study or the Waiver application? It seems like a minefield. For the new contractor for the Rate Study, I looked at their references and one of their references was a Rate Study that they did for Georgia. One of the things that they're going to need to do is construct a standard, like DSP, out of the list of occupations that are listed in the BLS data. That construct can have a significant impact on what they propose.
25. Comment to Comment #24: Bruce Weatherby had done an article on the new contractor that's going to be doing the Rate Study, and he did put the contract in that article, and I encourage everyone to go read the scope of work. You can kind of get an idea of what they're looking for, what changes are going to be coming. I noticed right off the top that they were going to be looking at a value-based payment model and an incentive-based payment model. I have a feeling the methodology there will be big change, but the scope of work will tell you a lot of things
26. Comment: I want to clarify to everyone that I am not opposed to rate increases in the DD waiver. There are different ways to work different problems, but we've got to still keep in mind, we still don't know what the Feds are going to do with the Medicaid program. There's going to be a



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special session at some point. So contact your Senators and Representatives to voice your support.

27. Comment to Comment #3: I have one question and a comment. The services about going out in the community, I know very well about it. I don't want a "seasonal" person as I call them, but they work 3-6 months and then they don't want to work here and that means we lose a person to go out in the community. I had a person who worked here for less than a week because they wanted to work full-time. You get hopeless because you won't be able to get a person to help you.

**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:**

- Next upcoming ACQ Meeting scheduled for July 10th, 2025 - 9AM to 1PM

**Zoom Information:**

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

**DDSD ACQ website:**

- [Advisory Council on Quality - New Mexico Human Services Department \(nm.gov\)](http://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/ddsdcourses/quality-public-comments.html>