



ACQ Committee Meeting Summary Notes
July 10, 2025
9:00 AM to 1:00 PM

58 Participants

ACQ Executive Committee Attendees: Scott Doan, *Deputy Director, Developmental Disabilities Supports Division (DDSD)*, Siri Guru Nam Khalsa, *Co-Chair, ACQ Executive Committee, Advocate and Nurse Educator*, Tracy Perry, *Co-Chair, ACQ Executive Committee and CEO, Direct Therapy Services*, Lisa Blue, *Special Education Consultant*, Kelley Harvey, *ACQ Administrator*

Agenda/Discussion

1. Welcome and announcements: Siri Guru Nam Khalsa, ACQ Co-Chair
2. Review and request approval for minutes from April 10, 2025 ACQ Meeting, May 8, 2025 ACQ Listening Session, June 12, 2025 ACQ Listening Session
3. Public Comment: Daniel Ekman, ACQ Executive Committee Member
4. DDSD Director's Report: Jennifer Rodriguez, Director, DDSD
5. ACQ Membership Openings: Tracy Perry, ACQ Co-Chair
6. Presentations and Updates: Daniel Ekman, ACQ Executive Committee Member, Lisa Blue, Special Education Consultant and Tracy Perry, ACQ Co-Chair
7. Discussion on ACQ sub-committees: Tracy Perry, ACQ Co-Chair
8. Standing Committee Updates: Tracy Perry, ACQ Co-Chair
9. Public Comment: Lisa Blue, ACQ Executive Committee Member
10. Closing: Tracy Perry, ACQ Co-Chair

Meeting Notes

1. **Welcome and announcements: Siri Guru Nam Khalsa, ACQ Co-Chair**
2. **Review and request approval for minutes from April 10, 2025 ACQ Meeting, May 8, 2025 ACQ Listening Session, June 12, 2025 ACQ Listening Session**
 - a. Approval of April 10, 2025 ACQ Meeting, no edits
 - b. Approval of May 8, 2025 ACQ Listening Session, no edits
 - c. Approval of June 12, 2025 ACQ Listening Session, no edits
3. **Public Comment: Daniel Ekman, ACQ Executive Committee Member**
 - a. Public Comment #1: First, If DDSD and if the State adopts limiting community direct support program hours to 40 hours a week, that is going backwards. Inclusion in the community was hard won. We don't want to go back to what it used to be - out of sight, out of mind. We want people in the community as much as they would like to be. Second, I learned today certain schools are going back to school and some after-school programs are not being funded because of the

federal cuts recently. We have children with disabilities that use these programs. It's a safe place after school, they may have parents that have to work. I know the programs are not a waiver, but it may affect many of our children and families who are on waivers. Things are not looking good for our vulnerable populations.

- b. Public Comment #2: I had my case management meeting for my son. I found out that there were changes to the ISP. One of the changes that my case manager mentioned was that they removed the section where you talk about how the individual improved with these different therapeutic interventions with going out in the community and whatever is on the individual plan. It's a really important piece to show that this individual has accessed these services and this is how this individual improved from this point in time to the next point. The value of these programs is showing that the individuals are gaining skill sets, they're becoming more social, they're being included more, and I, as a nurse and a mother, I have some concerns about that being eliminated from the ISP.
- c. Public Comment #3: This is pertaining to the semi-annual reporting for nursing. This year, specifically, as we're covering the gap from the timeline of the second semi-annual and then the gap to the first time manual, we're covering it in the first semi-annual. In the standards, it does say it should be covered. The DDSD Nursing Department has given a directive to our nursing department that we could either have two options: 1.) Have a third report to cover the gap, 2.) Or include that gap in the first semiannual. We're choosing to include it in the first semi-annual, but we're getting a lot of pushback from the case management because we have the gap plus the 180, and that first semi-nursing report. They're saying, this doesn't work and it needs to be that 180. So, of course, we're including the 180, but we're also including the gap, as it says in standards. Now, standards say it should be covered, it doesn't say that you have to cover it. There's miscommunication and we need clarity DDSD at least to notify case management that it is acceptable to accept a semiannual, that first semiannual, including the gap. Some case managers have accepted and some of them haven't.
- d. Public Comment #4: I would also like to speak about some changes that DDSD is proposing for the Medically Fragile Waiver, including the level of care. There are town hall meetings that are happening right now, and that's one of the topics, but it does not go into specifics as to what those changes are. I have seen the changes, I have discussed them with DDSD because we are a nurse case management program and we deal with individuals who are medically fragile. It's important to maintain that nursing aspect, that nursing perspective when it comes to these changes. Does ACQ vet these changes to the level of care? Does ACQ vet these changes to ISPs? Because it is directly affecting and could potentially affect quality and the impact to families. I feel that ACQ should be involved in vetting these changes in the future.
- e. Public Comment #5: In reference to public comment #3, I agree on the nursing issue.

- f. Public Comment #6: In reference to public comment #4, I agree - I wasn't aware of some of those changes that appear to be coming with the medically fragile. It's a program that depends on nurses. I'm hoping that we will be there to support and be able to be a part of those changes.

4. DDSD Director's Report: Jennifer Rodriguez, Director, DDSD

- a. Updates happening at DDSD:
 - i. Update on Chatbot
 - 1. A big thank you for providing the division with some suggestions for a chat box. We came to you and said, what kind of information would be helpful to be able to access easily online? I'm proud to say that we have added about 43 new topical areas. This group provided to us a very valuable asset to making this chat box more functional to meet your needs. The items will be added to the chat box in the next few weeks.
 - ii. Medicaid cuts
 - 1. I want to assure you that the Medicaid cuts in the Big, Beautiful Bill, or the Reconciliation Bill are not going to be impacting our waiver population and our waiver programs. That's not to say that other Medicaid programs will experience some changes, but our waiver programs, our ICFs - nothing in that bill has a direct impact on our waiver programs. There are no Medicaid cuts coming to this group in our world with our home and community-based programs. In the event that, if different things change that might have a peripheral impact, I will share that with everybody, but at this time DDSD, through the Health Care Authority, is not planning on any Medicaid cuts that will impact our waiver and ICF programs.
 - iii. Mi Via Waiver Renewal Proposed limitations to Community Direct Support Services (capping at 40 hours/week or 2080 hours annually)
 - 1. Last Thursday, we successfully submitted our Mi Via Waiver Application to the Federal Government to the Centers for Medicare and Medicaid Services, requesting a 5-year renewal. Our waivers run in 5-year cycles and the Mi Via Waiver is expiring September 2025. We start these efforts about 18 months in advance. I want to give a big shout out to this group and everybody else who showed up to be part of the renewal process and gave us your feedback. The waiver application for Mi Via was submitted with no caps on services. I just want to use this as an example of your voice matters and your input matters - you make a difference. If you are interested in seeing the public comment, it has been posted on the HCA website.
 - iv. Supports Waiver Update
 - 1. We are actively sunsetting the Supports Waiver, meaning we are eliminating that waiver from our array of four home and

community-based waivers. This was a legislative priority for us to end a 13-year waiting list. Before we were able to do that, we were asked if we could develop a waiver program to give those people something while they waited to be allocated to either the DD or Mi Via Waiver. We did that and as soon as we created the Supports Waiver, which had a limited service array, a limited budget amount, while people waited. The Legislature funded us to end the waitlist. Almost 6 years later, we ended the waitlist and everybody on the Supports Waiver has been offered a spot on the DD or the Mi Via Waiver and we do not have a need for the Supports Waiver any longer. We've been talking with the federal government, with CMS, letting them know our intentions and requested a 90-day extension to fully transition everybody out of the Supports Waiver and sunset the waiver on or before September 30, 2025.

v. **Implementation Gross Receipt Tax (GRT) HB357**

1. House Bill 357 was passed, which implemented a change in the way Mi Via vendors, providers, bill their gross receipts taxes and we are actively working to implement what is required. House Bill 357 will align the Mi Via gross receipts tax and the way they are billed. The gross receipts taxes will no longer be in the Mi Via Waiver, coming out of the participant's individual budget allotment (IBA). Mi Via waiver recipients will have more money to spend in their budget because it will no longer need to be utilized to accommodate the gross receipts taxes. This is going to roll out on January 1st of 2026. We were asked as part of the bill to promulgate rules through the New Mexico Administrative Code, or the NMAC. This affects Programs, MCOs, which makes it a big project that's happening across many divisions at the Healthcare Authority, DDSD included. We are actively drafting the NMAC and that will have to go through a formal public comment process. Stay tuned for dates on that. Additionally, we are actively implementing this through system changes in the billing systems that MCOs, the waiver and vendors utilize. Once this is completed, we will issue instructions for our providers on how it will work and how to utilize it. The goal of this is to create equity across our programs in the way gross receipts taxes are built and allow waiver recipients to access more money in their budgets.

vi. **Electronic Visit Verification (EVV) Open Aggregator**

1. An update on the idea of an open aggregator. The authenticator, agency, and vendor that uses EVV Authenticare, which is through Fiserv - they are working to implement a fee-for-service EVV Aggregator Tool. The aggregator right now is Authenticare and everybody has to work through this, there are no other selections. There has been a high number of requests across DDSD and

other programs to be an open aggregator, which would allow providers to select a vendor and not be required to solely work through Authenticare. There was a recent bill around this and it did not pass. However, there will be an open aggregator and it's scheduled to go live on September 17th, 2025 with a hybrid model that will allow providers to continue to use Authenticare and if preferable, to use a different vendor as an aggregator, but they would also then absorb the cost that is associated with contracting directly through a different vendor. Authenticare will continue to be at the cost of the state. Conduent and Fiserv will be coordinating a follow-up meeting with the fee-for-service in the month of July.

- vii. DD Waiver Individualized Service Plan (ISP) Redesign and Rollout
 - 1. Over the last year, DDS has been engaging different stakeholder groups and working with Federal experts and partners on redesigning the DD Waiver ISP. There was a whole set of values related to the project. We are trying to make it more person-centered, more user-friendly, more accessible to the people who use the document. We are rolling this out now and there are a series of training sessions that are happening throughout the month of July on how to utilize the new version and last month a new instruction guide was issued. We are receiving feedback and making adjustments as we can. We are looking at an official start date of utilizing this new form in October 2025.
- viii. Rate Study
 - 1. We are actively involved in a rate study that will be looking at all of our three waiver programs now - DD Waiver, Mi Via Waiver, and the Medically Fragile Waiver. Every service that is offered and its corresponding rate is being looked at through this comprehensive study. The ACQ Executive Committee was asked to help with creating an advisory group. Note, DDS does not have a role in selecting the providers who are going to be a part of this advisory group who will provide input throughout the rate study process.
- ix. The Mi Via Waiver Five (5) Year Renewal
 - 1. One year out from renewing the DD Waiver and the Medically Fragile Waiver. The process for this starts 18 months in advance to prepare for submitting to CMS in terms of any changes we want to make in our waivers, including any processes we want to eliminate or add. Currently, there are town hall meetings happening that started back in June 2025 and July 2025 to engage the provider community, the families and waiver recipients to begin the discussion on revisions.
- b. Q&A for Jennifer:
 - i. Question #1: In reference to EVV with the open aggregator and this hybrid model. Curious about its application for Mi Via, and how it might

work, or what hiring might look like, since we have direct hire employees and vendor agencies.

1. Answer: I do not have that level of detail, but I recommend that you attend one of the meetings
- ii. Question #2: I was under the impression in communication, um.... With... I think it was Christina Hill, that there would be an EVV Test group before anything gets rolled out related to the aggregator? Do you know if that's happening, or will that be communicated out to the field?
 1. Answer: I can find out.
- iii. Question #3: Related to the waiver renewal, will there be an opportunity to have work groups around the different programs within each waiver, so that the proper feedback comes to you. We've done that before, usually through the ACQ, where we've gotten together with the boots on the ground, the experts in those fields, to talk about the standards - what their feedback is, so I wasn't sure if that was something DDSD might be looking at, or if that's something that would filter through the ACQ?
 1. Answer: I do not believe there's anything like that scheduled and we're not talking about the standards yet. The standards will come after the waiver renewal. I would advise if there are particular topics that warrants a work group because you're proposing some type of change let DDSD know and we can look at accommodating.
- iv. Question #4: For the Rate Study committee, will there be a nurse provider?
 1. Answer: Yes
- v. Comment on EVV update: If I understand correctly, the State would pay for Authenticare if the provider agency wants to use that, but if you want to choose your own fee-for-service aggregator, the agency would have to pay for that? The tricky thing about that is someone would have to absorb the fee-for-service costs. I imagine that would fall upon the employee, and we already have a shortage of employees – the solution doesn't sound great. I'm just putting that out there, that I think everybody will probably continue to use Authenticator.
- vi. Question # 6: How many folks were enrolled in the Supports Waiver?
 1. Answer: 203 people need to be transitioned to the DD Waiver or the Mi Via Waiver. Every single one of those 203 people have already been given an offer, an allocation letter, and are in the process of transitioning.
- vii. Question # 7: When do the rolling allocations begin for this Fiscal Year?
 1. Answer: We did use all of the money that we had received last year. We spend it all as soon as we get it for new allocations. We just bring everybody in, as many people as we can with the funding. Our new funding just started over July 1st. We are allocating the first group of a couple hundred people. After that, we're looking at about 60 people on average per month.

- viii. Question # 8: There was some information stating the Rate Study was mandatory, but they encouraged everyone to do it, which I find concerning. It needs to be expressed if it's mandatory and answer questions so this is on record. If it is mandatory and providers do not participate, will there be fines again like the last Rate Study? I also want to share that in the last LHHS meeting, there were questions about Federal cuts and like Jen said, there are no proposed cuts, but there is a risk for rate reduction and it's important to participate in this Rate Study. And last, will the Rate Study capture the changes that are coming? For example, this EVV aggregator for agencies, will that be captured anywhere in the Rate Study, or will that be for the next one?
1. Answer: The Rate Study is mandatory. Any provider who has read their provider agreement, their contract with DDSD. We'll see there is a line item in there that they are required to do this and they are required to share information. If providers do not comply with their provider agreement, their contract with us, they are 100% subject to contract management and sanctions, you will be subject to penalties if you do not participate. The more people who participate, the better results we get. That way, people can't say that they weren't included. I recommend you read your provider agreement if you are a contract or if you have a contract with DDSD. I am not about to speak on behalf of the Secretary, I am telling you there is nothing in DDSD's conversations about any rate reductions for waiver rates. If that changes, I will let you know. Participating in the upcoming rate study will help get rates, including all of the costs, potential costs, such as EVV, factored in. I don't know what the outcome will be and if there is going to be money built in. A provider's overhead is not known because they're choosing to use something outside of what the State has provided for them free of charge and I can't answer that. What I can tell you is that there will be opportunities to ask the Rate Study vendor and our committee, this group here, that put together an advisory committee to make sure that it is included. EVV is part of the scope of work for this vendor and as part of the conversation for Rate Study.
- ix. Question # 9: There has been comment on the news castings that there's going to be a delay and allocation of Medicaid monies when different entities reapply. Since the DD waiver is now up for another five (5) year renewal, how will the state handle if there's a delay in the federal release of the Medicaid dollars?
1. Answer: I will let you know if and when that happens. The larger HCA has already identified the different Medicaid programs that will be impacted. They are working through plans on how to mitigate any changes. DDSD was not a part of that.

- x. Question # 10: Is the \$120 million that CMS is trying to get New Mexico to pay back for overpayment to the MCOs going to impact the money HCA would use for the DDS service?
 - 1. Answer: I have no comment on that. I don't work with the MCOs.
 - 2. Response from Commenter: The HCA Communications Department and the Secretary and the General Counsel have all refused to answer that question and that is disturbing, as if the money is required to be paid back. It will come out of the state's general funds. Which will decrease available funds for all of the programs funded by Medicaid programs.
- xi. Comment and Question # 11: We appreciate not having the limits on the various services that were previously proposed. It will positively impact a number of folks who received the program, and it's just such a wonderful thing here, so thank you. That is definitely appreciated. I was looking at children's services, with the traditional Mi Via Waiver and the Medically Fragile, we are seeing younger folks who are coming onto the program because we don't have the wait any longer. I think this is an opportunity to look at different types of services that are geared toward children, especially with the rolling allocations. Has the division considered investing any time in adding services more tailored for children?
 - 1. Answer: Yes, we do recognize that we are serving more younger folks throughout our waivers. We are researching what other states offer specifically for children. It is very critical to make sure that we are not overlapping by duplicating services that are offered through school-based programs and EPSDT, the Early and Periodic Screening, Diagnostic, and Treatment
- xii. Question # 12: I got this invitation for an advisory council meeting. I was under the impression that I was just going to be with Visions Team members. I'm a regional lead for Visions Case Management and Consulting, but I was just wondering what organization are you all a part of?
 - 1. Answer: The meeting today is the Advisory Council on Quality. It's a 25 plus membership group containing a board of directors and then, non-members attend as well to hear the conversation. The shortened version of the ACQ, they are an advisory body to DDS - The Developmental Disabilities Supports Division. The Advisory Council advises the Division on different things like policies, procedures, programs as it relates to our home and community-based waivers. We meet every other month and on the off month, there's a listening session, which is really intended for people to come to advise the ACQ on how to better improve these types of meetings, so I hope that answers your question.

5. ACQ Membership Openings: Tracy Perry, ACQ Co-Chair

- i. Confirmation of ACQ Provider Membership, Frank Villegas

- ii. Introduction of interested ACQ candidates: 1 opening for “Other Organizations (Rachel is running for) and 1 opening for “3 Other Organizations” (Curt and Jake are opposed)
 - 1. Rachel England
 - a. I'm really excited about the opportunity to join the Advisory Council. Throughout my career in education and nonprofit leadership, I'm focused on improving the quality of services for individuals with disabilities and making sure their voices and needs are at the center of the decision-making. I am currently the Executive Director for the Rio Grande Down Syndrome Network. I also am in public education through different roles. I've been a behavior specialist, a special services manager, and everything you can think of. I also have a child with Down syndrome. She is 19 months old today. I have lots of different ways that I am connected with this community. What really draws me to the ACQ is that it's really about elevating our consumer's voice, right? The people with IDD and fostering meaningful communication among your stakeholders, and advising the State in a way that leads to real improvements, as we just kind of saw with our talk with Jen. I really hope to bring my background in strategic planning, advocacy, and collaborative problem solving into the ACQ and help. Most of all, I want to make sure that the ACQ's work stays grounded in the real lives of our New Mexicans that we serve.
 - 2. Curt Harrison:
 - a. My name is Curt Harrison, and I currently serve as the Chief Executive Officer at Tobosa Developmental services in Roswell, New Mexico. I have over 25 years of experience in executive leadership roles within nonprofit organizations dedicated to supporting individuals with intellectual and developmental disabilities. My career spans multiple states and includes strategic leadership positions at United Cerebral Palsy of Georgia and South Carolina United Cerebral Palsy of Birmingham, and High Hope Service Center in Georgia. I hold advanced degrees in both clinical psychology and business administration, and am a proud Robert Wood Johnson Foundation Fellow. I'm seeking an appointment to the New Mexico Advisory Council on Quality because I believe meaningful quality improvement in our system starts with intentional collaboration between providers, advocates, and policy leaders. I have first-hand experience driving quality outcomes through strategic planning, organizational accountability, and by elevating the voices of individuals

receiving services and their families since joining Tobosa in 2022. I've focused on improving service quality and delivery and expanding our reach to more individuals, while strengthening relationships with state and local partners. New Mexico has a pivotal opportunity right now to improve outcomes, align resources and build a sustainable, person-centered system. I want to contribute my experience and leadership to ensure our state's approach to quality is not just reactive, but forward-thinking, data-driven, and grounded in real-life impact for the people we support. My intent is to bring a strong provider perspective coupled with deep commitment to equity and accountability to the Council's work.

3. Jake Blanchfield:

- a. I'm the Managing Director at MaxCare Inc. It is a provider located in Albuquerque, New Mexico. Maxcare is named after my uncle, Max. MaxCare was started by my mom, Sarah Burgi, 30 years ago with the intention of taking care of my Uncle Max. Maxcare is now a second-generation family operation since I've joined and I've learned what it takes to run a provider agency since a young age. I remember all the times my mom would rush to the hospital or one of the group homes to assist one of our individuals in a crisis. I remember the hours and hours she'd spend on her BlackBerry making sure all the needs were met for the individuals we serve. The staff that we employ first began working at MaxCare during my time in Boston while attending Babson College. When I was home on vacation one time, my mom was very distressed, and there was a huge issue trying to find direct support professionals. It was nearly impossible at the time. I decided then that I would do whatever it took to help solve that staffing process, and then I began working at MaxCare. I took immediate action and revamped our compensation rates. Revamped our digital recruiting process and revamped the way we recruited staff over the phone. Within 90 days of joining, helping this issue, we went from a full-blown staffing crisis to being fully staffed. Solving that problem was how I originally discovered my purpose in this line of work. When I graduated from Babson College with a degree in business administration, I accepted a job to work at Amazon at their headquarters in corporate HR. After 6 months, I realized that working in a big corporate organization is not my favorite thing to do, and I decided to

return back to New Mexico. I started working at MaxCare full-time. This has been one of the best decisions I've ever made. The level of purpose and excitement I experience working in this field is not comparable to any job I've ever had. I applied to the ACQ because I want to double down on my commitment to serve those with intellectual and developmental disabilities. For me, this field is not just a profession, I see it as being my life's work. I hope to bring a fresh perspective to the Council as a recent college graduate, as a family member of someone on the DD waiver, and also as a professional provider - I believe I'll have a unique point of view to contribute to the conversation. I would be honored to serve and support the Council's work in advising the New Mexico Healthcare Authority and most importantly, advancing the quality of services for individuals with IDD.

- iii. Voting Quorum Results:
 - 1. Rachel England for "Other Organizations"
 - 2. Jake Blanchfield for "3 Other Organizations"
- iv. Dan DePaula has served his three (3) consecutive terms as a board member for the ACQ and based on by-laws, he can only serve 3 consecutive terms - he has termed out. We want to thank Dan for his dedication and participation with ACQ

6. Presentations and Updates: Daniel Ekman, ACQ Executive Committee Member, Lisa Blue, Special Education Consultant and Tracy Perry, ACQ Co-Chair

- a. By-Laws Update
 - i. Under Section 1, which is Organization. The question that came up consistently was what is the role of any federal agency in the ACQ?
 - ii. Under the Mission, Vision, Values, are similar.
 - iii. Under Authorization, the one question related to the law cited from 2017 - Is this the most current version of the law? Is there something more current we should be citing?
 - iv. Under Purpose, it mainly talks about providing counsel to the Health Care Authority with regards to needs of people with IDD, so we added. Also verbiage around "to receive and be provided with information, written responses, and documentation", we wanted to add some specifics in beyond we're advising or providing counsel. There's certain things we do every meeting that are critical and very important.
 - v. Under Duties, 5A, we added in the listening sessions every alternate month because we have started doing listening sessions, so we thought it's important to add specifics.
 - vi. Review and/or provide feedback on any policy changes affecting waiver recipients or council membership - this is the Rate Study is specifically mentioned and it included the description: biennial, every-odd-year rate studies.

- vii. These are the only specifics to give examples and part of the reason to not clarify to membership, but to anybody who might want to be involved with the ACQ, it clarifies what their responsibilities might be and the items we work on long-term.
- viii. Other areas updated were Membership. We thought it was important to add membership status and term as determined by the Governor, stated in the appointment letter because the Governor makes the final decision.
- ix. Additional update under Membership was the Advisory Council shall consist of 36 members and have 50% of the ACQ membership be either family members of individuals with disabilities or individuals with disabilities.
- x. We want to try as much as possible not to limit the participation of those people. A lot of us have multiple roles when it comes to what we do and how we serve the community - some of us have professional and personal roles. So, we looked at this and how are we defining these family members and individuals with disabilities? Basically, it's defined as far as the official role you join as.
- xi. Under Direct Support Professionals, the suggestion was made that instead of those who are not therapists, consultants, family members, or case managers, that it might be appropriate to omit "family members." In theory, to have a family member who because of a certain role in Mi Via, for example, many direct support professionals are family members. In that case, excluding them might actually leave out a perspective that's very important when it comes to people who serve that role.
- xii. Another change we talked about was if we want someone in an outside role of community member or member of the public. Someone essentially from outside the disability community. It wouldn't be a requirement, per se, but there was a suggestion of having someone from outside of a certain viewpoint.
- xiii. A question was brought up about Term Duration. As far as membership, should we add something on reapplying for membership and if so, how much time would that be from the end of someone's membership? The concern was we lose a lot of really valuable experience from people that have served vs are we recycling the same people. Which pointed to a new question: is there a Member Emeritus Status?
- xiv. We also defined the executive committee role and some of the responsibilities to provide more input as we received questions on what the ACQ Executive Committee was responsible for.
- xv. We did discuss Attendance - if there's 3 unexcused consecutive regularly scheduled meetings that someone misses. What qualifies as a missed meeting? If someone makes every attempt to find someone a proxy, we set a missed meeting that does not include meetings where a member identifies a proxy to attend in their place. We also added any removal

from the ACQ or an office must be relayed to the Governor's office following the decision.

- xvi. There was a suggested change to quorum. A meeting that is not able to be held because a quorum is not reached will be rescheduled and held within 45 days.
 - xvii. Compensation came up directly to the executive committee, which is, what should you do about stipends for committees, not just for the overall council. We address it in our changes. Members of the Advisory and
 - xviii. Council and the Mi Via Advisory Committee, because MVAC was where this had come up, they had made specific requests that we address this, so we thought it was appropriate that we have it in the bylaws in that case. No other compensation prerequisite, or allowance shall be received. Participants in ACQ Standing Committees will be eligible for stipends to attend their committee meetings.
- b. Behavioral Health Waiver Information:
- i. To bring awareness about the new Behavioral Health Waiver. There were town halls presenting this several more in the month of July and August, which are offered in-person or virtual. The waiver will be for people who desperately need support to get through daily living, for example: PTSD, schizophrenia, unable to function in day-to-day life without some type of support. The Legislature included in the State budget last year a million dollars to do a feasibility study to look at the possibility of developing a Behavioral Health Waiver that would be analogous to the DD Waiver and other related programs. There is an enactment to complete this study. The town halls will help determine if there is a need for the waiver and secondly to place together an application to submit to CMS to get approval.
 - 1. Question:
 - a. Is anyone from the healthcare authority, like the Behavioral Health Services Division, or from the Medical Assistance Division or from any of the groups that have the managed care organizations involved in this, or is this a grassroots advocacy effort?
 - i. Answer: The answer may be both, but Javier Benavidez from Coalition for Safer Albuquerque is one of the main points of contacts working on this.
 - b. This may not have been decided at this point. Are they going to look at a full 1915C waiver, 1915B, or a 1915K? I'm assuming that they're not going to modify the 1115 Demonstration Waiver for this but instead create a new program. Do we know any of that background yet, or is that still in the planning stages?
 - i. Answer: I'm not representing the Coalition for a Safer Albuquerque here, I'm sharing bits of

information - I don't think they've dug in that deeply yet.

7. Discussion on ACQ sub-committees: Tracy Perry, ACQ Co-Chair

- a. The Rate Study Subcommittee nomination deadline is July 11th. There have been 15 nominations as of today. The sub-committee will meet once a month. There are no consumers or clients on the committee because the ACQ positions are this.
- b. Comments made about the Rate Study:
 - i. Comment #1: There are too many providers on this and there is not sufficient thought of making sure consumers had a strong voice for this whole process to work and get equitable rates. The strongest advocate that any of the providers could have would be the client base.
 - ii. Comment #2: We take everybody off the waitlist, but they're getting placed on another waitlist because there are not enough providers for them. We're not giving the consumers the voice to say. What the hell?
 - iii. Comment #3: I agree entirely. Last time, there were a few of us who made a stand towards the end about items not going to increase. It was clearly wrong, but they voiced the data in comparison to other states. The rates need to be provided to make sure we have a safe system that adequately serves the people. Voices are not heard, but the data is.
 - iv. Comment #4: I was on the last Rate Study and felt there was no possibility to tilt the scales in one way or the other. The data was given to us. This is how it is, this is what it is. They do. One of the things that I do really want to clarify about the rate study, and also having been through this, I was not on the committee, but just.
 - v. Comment #5: Is the experience on the provider side of things? I hope that we have an opportunity to expand on what a provider is because Mi Via has providers that can directly hire employees, and those rates have some variance, and really getting into the nitty-gritty of having the Health Care Authority collect data from provider agencies on the traditional DD Waiver and then perhaps vendor agencies on the Mi Via self-directed waiver.
 - vi. Comment #6: I also want to note that if you have not read the Rate Studies, the contractors' agreement talks about changing the payment methodology, which is an outcome-based payment methodology/incentive-based methodology.

8. Standing Committee Updates: Tracy Perry, ACQ Co-Chair

- a. ACQ By Laws: Daniel Ekman Daniel.Ekman@ddc.nm.gov
 - i. Unable to attend ACQ Meeting on 4/10/2025
- b. Interagency Coordinating Council (ICC): April Spaulding april@abrazos.org
 - i. ICC did a joint panel with the IDEA panel. It went well and was a start to realign as partners. We think it will prove to be a very beneficial

- relationship.
- ii. ICC wrapped up their request for application for early intervention and what we would call contracts happened at the same time. The field has responded to those RFAs. So we will see who receives contracts moving forward to provide early intervention services for the state.
 - iii. The next ICC meeting is tomorrow, 7/11/2025.
 - iv. ICC had great success at the legislative session with House Bill 71 being approved, which allows ECECD's cap on the Early Childhood Trust Fund to go from 250 million to 500 million. There were a lot of amendments with that bill. However, what that allows the department to do is increase the rates for early intervention. We did get the approval for 10 million, which will increase our rates to what was promised to us for fiscal year 25. We also received a supplemental, which allows the State to go back and pay us those promised rates dating back to February 1st. While providers are not made fully whole, we're thankful to receive about half of the year's worth of funds to support the services.
 - v. Additional funds we received was the \$5 million Fed match to provide our services and a \$2 million training for early intervention. We don't know what the department's intent is with that yet, but will keep you all posted. And then the department did receive a \$5 million supplemental to cover the significant increase of children that we're seeing coming into our State that have needs.
 - vi. We want to thank you and to anybody who advocated for those funds. I know having the support of this larger group has been very beneficial to us.
- c. Mi Via Advisory Committee: Tim Gardner tgardner@drnm.org
- i. MVAC has not met since the last ACQ meeting of February 20, 2025.
 - ii. Question: Is there a renewed delay in the approval process?
 - 1. Answer from Scott Doan: I have not heard of any process changes. There were some delays related to RFIs and approval of budgets. I received a few emails a couple days ago from some constituents very concerned that the budget renewals hadn't gone through. We're able to work with them individually and get them approved fairly quickly. If there is someone having issues in terms of approval, please reach out to me directly.
 - 2. Additional answer provided by ACQ member: Provide some clarity with budgets and additional funding there are two things that were going on there. The first involves additional funding as a whole, and this is something the Self-Directed Provider Association has talked about. There has been a change and a memo was released last year back in July that said that for additional funding, supporting documentation from a provider, whether it be a nurse practitioner, physician assistant, doctor had to be provided

annually versus historically this was done on a different type of cycle. Other challenges that Mi Via recipients and consultant agencies have encountered is that we're seeing things are going out for requests for information and sometimes the documentation that's been requested to support the additional funding is very sufficient. Some of the challenges that we're having is that it's taking quite a while, it's taking quite a bit of information to fulfill that request, and it's a change historically from what we've seen. So there are some other issues it's creating. The other one relates to a memo that was released in late January that talks about an increase in the individual budgetary allotment. That particular memo, the Self-Directed Provider Association had all the consultant agencies submit budget revisions or annual budgets or new budgets for people who are trying to get on the program. They were paused, some for as long as over a month and we contacted the Developmental Disabilities Supports Division and requested their guidance in the form of a letter of directions so those budgets could get moving again. Those are moving so that is resolved.

iii. Question: MVAC stipends have come up within MVAC as well, could there be clarity provided on this?

1. Answer from Scott Doan: In terms of MVAC stipends, I don't know the MVAC bylaws specifically, so I don't know. The question has come up here at the ACQ on whether MVAC members who attend the ACQ can receive a stipend from the ACQ. That's not currently in the ACQ bylaws. Several times I have circled back with the MVAC asking them if they wanted to make a formal recommendation to the ACQ and the Executive Committee to receive a stipend for this meeting to please do so. We have not yet received that. We would need the request in writing with an estimate of costs due to the contract.
2. Additional comment made from ACQ member: Recommend having an Executive Committee universal discussion on the seven standing committees for the ACQ because if you approve one, you may have to approve all.

d. Medically Fragile Waiver Family Advisory Board (FAB): Ann Marie Parmenter AMParmenter@salud.unm.edu

- i. FAB met on March 4th and the primary discussion was in the upcoming Medically Fragile waiver renewal in 2026 and discussing a review of services the families would like to remain and any of those would like to add.
- ii. Another FAB meeting on April 1st, an attorney came and spoke with the FAB regarding accounts and trusts.

- iii. The next FAB meeting is scheduled for Tuesday, May 6th at 530PM via Zoom.
- e. Mi Vía Vendor Stakeholders: Angelique Tafoya atafoya@altamiranm.org
 - i. Discussions had about the GRT and the Mi Via budget. With the GRT bill recently passed and sign, there won't be any further discussion on this and will wait and see.
 - ii. The CSV file and other reports we still have not been able to access.
 - iii. Update pending, but with the Conduit and Focus system, the plan is to use a CSV file for us to upload our billing instead of manually inputting each date of service into the Focus system. We plan to have a meeting with Conduit to get that moving.
- f. ACQ Policy and Quality: Claudia Rice claudia.rice@hca.nm.gov
 - i. Claudia Rice has been promoted and Winton Wood will be providing an update moving forward. Christina Hill, Deputy Bureau Chief, Community Programs Bureau will serve as co-chair, appoint a new person for Claudia's role.
 - ii. The subcommittee met yesterday, 7/9/2025 and we went over the DDSD Mortality Review Policy final draft. There are things that still need to be worked out on that draft.
 - iii. We also reviewed the Medically Fragile Waiver ISP, the new ISP that they are developing and we also covered the ISP instructions, but we didn't have enough time to get everything done.
 - iv. We plan to send our input to DDSD next week and our next meeting is in about two months, but no set date.
- g. Youth Supported Living Development Committee: Gay Finlayson gfinlayson@salud.unm.edu
 - i. We met in February 2025, and we requested the ACQ leadership to go to DDSD leadership to see if we could get a working group of stakeholders who had decision making power and power to develop something related to the rejection of the first proposal DDSD had recommended that we talk to CYFD. I feel confident that we got confirmation from CYFD that they do not have the funding for people in these situations who are not in State custody. Lisa Blue is working on approaching leadership.
- h. Question for the subcommittees: Could we get the date or next date of your upcoming meetings, along with a contact person and Zoom link so we can share this information with others?
 - i. Action item: ACQ Administrator can look into this and formulate a process.

9. Public Comment: Lisa Blue, ACQ Executive Committee Member

- a. Comment #1: As of 10:23 AM MST, the House of Representatives passed the Budget Concurrent Resolution. The budget process is a five-step process. The

passing of the Budget Concurrent Resolution is step one. They now have the language in the budget development process and it's onto Congress.

- b. Comment #2: I want to say how pleased I am that the Governor signed the no behavioral health co-pays. It's a stressful situation for those who have ABA for little kids. It is often 40 hours a week and it's five days of therapy or more with a responsibility for a copay every day.
- c. Comment #3: I am glad the insurance issue was brought up about transferability and the age limit of 26. It's so hard to figure out. Navigating insurance and helping families is challenging.
- d. Comment #4: I want to express gratitude for the rate increase that we all received retroactively to July 1 for DD waiver or waiver services. I also would like to say it is wonderful, but it has created an inequity for our State General Fund children and adults. Organizations like Abrazos who provide the same services are now being dramatically differentiated based on those funding sources. So DD Waiver now pays about \$10 more an hour for the same service, which is concerning that we are devaluing the service for individuals who are not yet allocated onto the DD waiver. I hope that is something we can talk about moving down the road.
 - i. Question to commenter: There's a significant new funding put into State General Funds this year, pending the signature of without line item veto on the budget. Could that help fix some of this disparity that you're referencing? And if that's correct, do you know how that money will be distributed?
 - 1. Response from commenter: I'm sorry, I can't speak for the department or what their intent is on that money. I don't know. State General Funds have decreased dramatically post-COVID. It hasn't rebounded like many programs. The demand is not what it once was and the contracts are significantly smaller. I can't speak to the future plans or where that money is allocated or how that could be possible moving forward but I think it would be great for us to inquire additionally, particularly as a council.
- e. Comment #5: From chat, some concerns with the impact on families and that some of the families are already seeing that medications that they were already able to fill automatically now have to have pre-authorization. I am wondering if we can have some families talk about the impact on them at our next ACQ Listening Session on May 8th, 2025.
- f. Comment #6: I am glad the public comment equity was brought up. It has been a long time in terms of therapies with equity because the waiver amendment suggested that incentivized rates for therapies, not only leveling the playing field so we'd have the same rates as traditional DD waiver does, but also having those incentivized rates key to attracting providers to come work on Mi Via and we learned that in the January memo. I think having a larger discussion on equity for pay in the waivers is absolutely a good thing.

10. Standing Committee Updates:

- a. ACQ By Laws: Daniel Ekman Daniel.Ekman@ddc.nm.gov
 - i. No updates, discussed in early part of the ACQ Meeting
- b. Interagency Coordinating Council (ICC): April Spaulding april@abrazos.org
 - i. The ICC met in April and will meet next week
 - ii. We've reviewed our FIT standards and definitions, and those include various changes this year. Those are reviewed annually. Multiple changes that impact provider agencies, including additional consent from families, a number of required attempts, as well as documentation of attempts to reach a family that's been referred for services
 - iii. There is an increase in demand for medical records
 - iv. The ECECD is moving toward Fidelity and the use of the state's model of practice, which is called the FGRBI, the Family Guided Routines-Based Intervention. The field is working and there will be a few cohorts to make sure that providers have the capacity and knowledge to provide that system to families
 - v. There's going to be updates to the FitKids database because it is outdated and challenging to work within. We did receive funding during this last Legislative session to revamp and repurpose
 - vi. We also have a new system that ECECD is rolling out called the PDIS - Professional Development Information System. This is a statewide, system-wide system that tracks the professionals in the early childhood field. It will help the state track the number of OTs, the number of family service coordinators, the training, whether we have staff moving from one agency to another, one city to another, those types of components. We're hoping that it will be a great tool to gather more data on the workforce in early childhood
 - vii. We have also seen a 21% increase in children referred-based from last year, and we're at about a 5% increase from children served. We did complete our Annual Performance Review because we are federally funded and federally mandated. We've done well as a state in ensuring that there is no slippage from the goals that are set, both by the ICC and the Federal Government. We did have some slippage regarding our IFSP timing. IFSP is the plan before they hit IEP, before they hit their ISP, so we have this transitional growth amongst the children and their plans. We need to work in our field to make sure that we are supporting our staff to be more timely in their IFSPs. We also had some slippage regarding the at-risk population. These are children who don't necessarily have a developmental delay or disability, they qualify for services in the State of New Mexico based on environmental factors - example, being born exposed to drugs or alcohol, being in the CYFD system, things along those lines. So we did see some slippage in the progression of those children and their skills.
 - viii. We did receive a 7% across-the-board rate increase for early intervention services. LHHS really pushed that with the support from the LFC, that ECECD reinstated those rates back to February 1st. So we did receive

some of last year's funds that were rescinded, however, starting July 1, we now receive an additional 7%, which does not quite get us up to where our cost study says we should be, but we are definitely thankful for moving in the right direction with the department's support and the support from the legislature. Lastly, April is terming out soon and a new ICC representative will be in the works in November.

- c. Mi Via Advisory Committee: Tim Gardner tgardner@drnm.org
 - i. The issues that I wanted to discuss were the stipends and the new CMS submissions, particularly the service caps that were placed in. These items have been discussed and no additional updates for now.
- d. Medically Fragile Waiver Family Advisory Board (FAB): Ann Marie Parmenter AMParmenter@salud.unm.edu
 - i. Our last meeting was May 6th and we reviewed the Medically Fragile Case Management Programs proposed annual survey questions. The survey is currently being completed by families
 - ii. The FAB is also compiling input for the upcoming Medical Fragile Waiver Renewal that Jen Rodriguez referred to earlier due in 2026
 - iii. We had a request for more family events and recently completed our second annual family barbecue at Rangewood Ranch
 - iv. Our next FAB meeting is Tuesday, September 9th at 5.30 via Zoom
- e. Mi Via Vendor Stakeholders: Angelique Tafoya atafoya@altamiranm.org
 - i. Kelley sent out our agenda and our minutes for June
 - ii. We did meet in July, but those minutes won't be available to you until the next time that we meet
 - iii. We have been considering using a vendor list to reach out to all of the Mi Via vendors to alert them to the group that we have created through the ACQ. We are pausing on that. We discovered that the CDD actually has a vendor list that is in the making and we're hoping to guide people to that to access who the available vendors are in their regional area
 - iv. We plan to utilize the Mi Via newsletter to call out the group and provide contact information of when to join us
 - v. We are actively pursuing the use of a CSV file for our billing purposes under the vendor committee
 - vi. We discussed the ACQ's website this month because we did notice that the ACQ does not have the Mi Via vendor group and we would like to use that platform
 - vii. Last thing we spoke about at our vendor meeting for July was some solicitation issues that are happening between DD Waiver and Mi Via Waiver currently.
 - viii. We're encouraging our members who are not necessarily ACQ members to come and be a voice to the Mi Via program or any other service that they utilize or know about here on ACQ meetings
- f. ACQ Policy and Quality: Winton Wood wiwood@salud.unm.edu
 - i. We had a meeting on June 30th and there was a glitch with the link, but it has been resolved. Moving forward, the link will be shared with the ACQ

- Administrator beforehand to send out to all ACQ Members. Any documents for the meetings will be shared 7 days in advance
- ii. We met Elana Gonzalez, the new DDSD Research and Policy Analyst. She's replacing Claudia Rice, who moved over to the Office of Constituent Support
- iii. Brief update regarding the ISP for Medically Fragile, the template was approved and undergoing a final review.
- iv. Mortality Review Policy was completed and is in final review with DDSD Leadership
- v. An overview of DDSD's plan to implement a grievance system per CMS guidelines was shared by Claudia Rice and it will be implemented by July 9th, 2026
- vi. Elana has updated the subcommittee website: it has the meeting agendas and upcoming meetings
- g. Youth Supported Living Development Committee: Gay Finlayson gfinlayson@salud.unm.edu
 - i. We proposed to Jen Rodriguez that we have a meeting with different stakeholders to talk about residential housing for teens and youth in New Mexico because it may be better than living in CYFD offices. The response we received was that DDSD does not support residential homes for youth

11. Public Comment: Lisa Blue, ACQ Executive Committee Member

- a. Comment #1: There are Legislative committee meetings coming up this month that you most likely can participate in during the public comment. I don't have a venue yet but it's important to try and participate. It's important your voice gets heard with legislators, especially on these committees,
- b. Comment #2: Regarding the Medical Fragile Waiver services and renewal, there are additional services being looked at and yes, it will be needed by families, but the problem is these services from the last renewal did not have providers for and the families were unable to utilize.
- c. Comment #3: We have individuals who live in hospitals, CYFD offices, or placed out of State - I've asked CYFD for material to share with others who may be interested in becoming foster parents.
- d. Comment #4: It was brought up that the DD waiver in the future is going to be serving more pediatric patients. I will say that 95% of our population is unmet on the waiver is pediatrics.
- e. Comment #5: I want to say that since I went on the record as strongly opposing caps on the Mi Via services for the Mi Via Waiver renewal, I want to also go on record saying that I am grateful the State listened to everyone who voiced their opinion about that and decided to not put caps on.
- f. Comment #6: Is it possible that when someone is speaking to turn their video on - thank you!
- g. Comment #7: It is my first time attending an ACQ Meeting and I'm happy to be here. I am a member of the Pueblo of Acoma and a parent of an adult with

Autism Spectrum Disorder and an intellectual disability. Regarding the cuts to Medicaid and Waiver services, I was informed by my consultant that HCA advised that I would need to contact my Pueblo for home modifications due to the funding limitations with the program. Are the tribes being impacted differently by these changes?

- i. Scott Doan provided contact information and will follow up off-line with the commenter

12. Closing: Tracy Perry, ACQ Co-Chair

Zoom Meeting Location:

Join Zoom Meeting

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

Upcoming ACQ Meetings and Listening Sessions:

- ACQ Executive Committee Meeting
 - July 31st, 2025, 2PM to 3:30PM
- ACQ Meeting
 - August 14th, 2025 9AM to 1:00PM
- ACQ Executive Committee Meeting
 - August 21st, 2025, 2PM to 3:30PM