



ACQ Committee Meeting Summary Notes
December 11, 2025
9:00 AM to 12:00 PM

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*, Daniel Ekman, *Advocate, Developmental Disabilities Council, Program Manager*, Valerie Dewbre, *ACQ Executive Committee, Director of Adult Service Coordination, ENMRSH*

Agenda/Discussion

1. Welcome and announcements: Siri Guru Nam Khalsa, ACQ Co-Chair
2. Review and request approval for minutes from ACQ Meeting, October 9, 2025 Summary Notes and ACQ Listening Session, November 13th, 2025 Summary Notes
3. Public Comment: Daniel Ekman, ACQ Executive Committee Member
4. ACQ Membership Openings: Tracy Perry, ACQ Co-Chair
5. DDSD Director's Report: Jennifer Zwally (Formerly Rodriguez), Director, DDSD
6. ACQ Administrator Updates and Request
7. Discussion on ACQ sub-committees: Tracy Perry, ACQ Co-Chair
8. Standing Committee Updates: Tracy Perry, ACQ Co-Chair
9. Public Comment: Daniel Ekman, 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 ACQ Meeting, October 9, 2025 Summary Notes and ACQ Listening Session, November 13th, 2025 Summary Notes**
 - a. All summary notes were unanimously passed
3. **Public Comment: Daniel Ekman, ACQ Executive Committee Member**
 - a. **Comment #1:** The speaker spoke about concerns on the newly released 5-year renewal standards for the Mi Via Waiver, which began in October and were recently circulated for limited public comment. While some entities were asked to comment, the public comment period appeared narrow and extremely short, with comments due the Friday after Thanksgiving, leaving only about six days for review—many of which included holidays and days when offices were closed. The newly released standards include service caps that directly contradict what ACQ members and stakeholders had previously been told in meetings.

Specifically, the standards now include a weekly cap of 40 hours on Community Direct Support and Annual caps on respite services. ACQ members were explicitly told these caps would not be included. There was no formal memo, written explanation or notification to explain why these caps were reinstated. The speaker confirmed they reached out to the State and was verbally told the caps were included due to the recent Federal Government shutdown that prevented negotiations with the Federal Government. The State shared they intend to submit a future amendment to remove the caps after the standards are approved, but there was no timeline shared. Another concern flagged was related to the standards being inconsistent because the caps were removed for Customized Community Group Support, but the same caps remained in place for other community direct support services - why was the State able to remove caps for one service but not others? The speaker noted there was a lack of communication, transparency, trust and requested a written explanation of why the caps were reinstated, timeline for when an amendment will be submitted, and reassurance of action to be taken. Many families rely on more than 40 hours per week of Community Direct Support for medically necessary reasons, not for leisure or optional activities.

- b. **Comment #2:** The speaker raised concerns about poor cleanliness and hygiene in supported living settings for individuals with autism. A family has documented unsanitary living conditions and the speaker noted that in other cases when concerns are raised, they are often dismissed as dignity of risk or self-determination. For many people with autism, natural consequences do not work, and allowing unsafe or unhealthy conditions can cross into neglect. Families are confused and frustrated because family living providers would not be allowed to operate under similar conditions, yet supported living agencies appear to face less accountability. The speaker requested for clear guidance on where dignity of risk ends and neglect begins, and for better direction on what families should do next when serious concerns arise. She noted that current reporting options are unclear, and the family documenting is hesitant to contact Adult Protective Services. There is a need for more education, clarity, and oversight on this issue.

4. DDSD Director's Report: Jennifer Zwally (Formerly Rodriguez), Director

a. Data Request from DDSD about children and youth—particularly those who are out-of-state and have IDD (Intellectual and Developmental Disabilities) or ASD (Autism Spectrum Disorder) and who would likely qualify for the DD waiver

- i. DDSD does not collect that information. We don't track that and for all intents and purposes, we are unaware of who these children and youth may be. If anybody tuned in earlier this week to the Healthcare Authorities Legislative Finance Committee hearing, our Cabinet Secretary, Kari Armijo, was asked a similar question about this during that hearing. She shared that the Healthcare Authority, not DDSD, does have information on 30 children that they are monitoring, who are currently out of State. I do not know what those children's diagnoses are. I can reach out to our acting Medicaid Director, Alanna Dancis and see what level of detail she can provide to me related to who may or may not have IDD or autism

spectrum disorder and share that information. That is the extent that I can be responsive to this request. The other piece of information I wanted you to be aware of is that anytime there is a child or a youth, who is looking to enter waiver services in New Mexico even if they are out of State, but they have expressed that interest, or they are maybe looking for a new home, or place for someone to live who might be a child with IDD out of State, we are invited to the table as a partner in offering services and supports New Mexico has available for children and youth with IDD. That does involve waiver services, intermediate care facilities, or the State general fund program.

b. Systemic Issue: Enrollment in State Waiver Programs Is Growing Faster Than Provider Capacity

- i. We ended a 13-year waiting list over the course of the last 4 years and it is correct to understand that when we bring in over 3,200 new people into waiver services, our need for more providers and existing providers, to be able to hire new staff or therapists - you're correct, we do have a need for more providers across our waiver programs. What we do to monitor and encourage people to come to our State are a few strategies that we have in place. We have a performance measure that we report to the Legislature and internally, we monitor to ensure that waiver recipients have the services and support they need. We have a unit dedicated to this and we have started to issue/publish new monthly reports, including a provider consensus - this can be found on our website. We also issue a provider summary report every month that shows what we have for each of our waivers, every single service type, how many providers we have offering the different services, and how many providers are not taking on any new people because they are at their maximum capacity right now. Additionally, we do issue twice a month, what we call "Call for Providers" and at the end of this month, we will be breaking into the social media realm with this. With this, we highlight the services that we need and we send to our existing providers so everyone gets a chance to see the different opportunities available, including the National Association of State Directors of Developmental Disability Directors (NASDDDS). We actively monitor, educate, and engage to recruit.

c. Evaluating Whether Cost Modeling Is a More Accurate Method Than Traditional Rate Studies for Determining Service Funding Levels

- i. The third thing was a question on whether cost modeling might be a better method than our traditional rate-setting methodologies that the division uses. I am interested in learning more about what this group was thinking on this. We don't use the cost modeling methodology right now. We are in the process of finalizing and wrapping up the current Rate Study. We are not considering cost modeling as of today, but it is something we can look at in the future, but I am interested in learning more from everyone. The question I saw was, "Could it be a more

accurate approach to evaluating service costs”? I am curious to understand what folks feel is not currently being captured in our current rate-setting methodology and what may be more beneficial. I do want to share that we contract out all of our rate setting projects to neutral third-party vendors and typically rely on their rate-setting methodology, which is typically best practice of what used in the IDD programs nationally,

1. Question: When appropriate, would there be a consideration of having therapists see more than one client at a time, so more individuals could be seen?
 - a. Response from Jen: Currently there is an opportunity to consider this in individual situations. If you're asking about this related to a rate setting, that is not something that we are currently looking at specifically and it will not be called out the way it's written here in our upcoming rate recommendations. I'm happy to talk with you and connect you with our Clinical Services Bureau, so you can give us more information.
2. Comment: The speaker noted that a major challenge with the rate studies is that they are retrospective, meaning they use data that is 1–2 years old. Because of this, the rates often don't reflect current costs, making it harder for providers to cover expenses, pay staff, and manage inflation. He suggested that more up-to-date or timely rate adjustments would help providers maintain their workforce and services.
 - a. Response from Jen: One of the items I want to point out that is accounted for that starts to get to what Jim mentioned was the rates that they are proposing in their draft are rates that would essentially factor in the inflation and the minimum wage that would be current by 2027, because we do these rate studies every two years. Based on those recommendations, we request funding from the Legislature to support any potential rate increases that may be recommended. We do the rate study every other year, and then on those off years is when we are requesting money to support rate increases. So, in theory, one year you do a rate study, the next year you're implementing rates. Now, to Jim's point - that is correct, we're always behind in the timing of it all. But this contractor was asked to be mindful of that, to be mindful of inflation, and to be mindful of when these rate recommendations would actually go into effect. With minimum wage and things like that would look like at that point in time. And so, that is called out in the report.

d. FY2026 Budget:

- i. We are already putting forth budget requests for FY27. We have asked for an expansion of \$47 million in general fund to support these rate increases that you will see being proposed on the link that Tracy shared with you all. So, we have already accounted for that in our FY27 budget request. Even if anything is fine-tuned with your feedback, we have allowed ourselves a cushion and we are confident that asking for \$47 million in general fund to support the final rates will be adequate.

e. Sustainable Retention Strategies:

- i. The information I shared about our provider network and our direct support professional workforce of sharing open opportunities. Another strategy that gets more specific to retention strategies and you have probably heard us talk about this because it's been going on for over a year and a half now - the Aging and Long-Term Services Department received a grant for a new project called Peer Learning Collaborative of the National Direct Care Workforce Strategies. Center. It's a federally funded project that is sponsored through The Administration for Community Living (ACL), which is part of the U.S. Department of Health and Human Services. DDSD was asked to be a part of that work, the Healthcare Authority, and representatives from the Department of Workforce Solutions. We have been working to create a business case, which is still in draft form, at recruitment strategies, retention strategies and everything in between related to our direct care workforce. In terms of retention strategies, a few items that are being initially recommended that we are now looking to bring in our secretaries to sort of get their approval and vetting of the strategies that our state is potentially looking to pursue. We collected a lot of data about how we do these kinds of things in the direct care world, across the state, looking at all programs that are state-operated that utilize the direct care workforce. So it's not just people with IDD - It's folks in our assisted living facilities and other programs across the state. We felt what was very important to review was comprehensive and consistent data collection methodology. We at DDSD already have legislation in place from 2023, and that is our House Bill 395, which is the law that now requires us to collect demographic information and wage information on our direct support professionals related specifically to our waiver programs. We report on that to the legislature once a year in September. It also requires us to do rate studies every two years. This workgroup is leveraging our data collection methodology and our reporting methodology to collect the same information and reporting happening across all of our state agencies that utilize the same direct care workforce - that's a recommendation. We are looking at putting together a standardized training curriculum so that all of our direct care workforce is being trained to the same extent in terms of not having to be duplicative in training and streamlining. How do we align

our rates across all programs for the direct care workforce? We do not want to be in competition with each other. All of our state agencies have separate and distinct budgets that support rate setting. We have different rate setting vendors and contractors, we have different rates right now, and so that's consideration of how we might align ourselves and do that more consistently across the state. Also looking at how we build together a career ladder - how do we support people to have a career in this field? Right now we have a DSP, in which there aren't different levels based on different types of certification, or higher levels of training. For DSPs, that might then allow them to earn a higher rate or wage. We are also looking at implementing wage pass-throughs so that a certain percent of the reimbursement rate must go to the direct care worker. Those are some ideas right now, and some potential strategies. The report is not final, but once it is, it will be publicized.

f. Rate Study:

- i. The Rate Study, other than its wrapping up, and right now is the time to provide public comment. Share this. We will be responsive to all public comments in terms of saying what we have adopted in terms of your feedback, and what may be not adopted, and the reason behind that. Thank you to our Rate Study Advisory Committee.

g. Additional updates:

- i. We are actively working to renew our Developmental Disabilities waiver (DD waiver), and the Medically Fragile waiver application with the Federal government. There is still opportunity to share thoughts into what those programs might need to improve upon or do differently. We've done a series of town hall meetings across the state already. We will be submitting a waiver application for review by the CMS, the Centers for Medicare and Medicaid Services, in early spring. Chances are we will be submitting to CMS in February or March at this point for our waiver renewal.
- ii. We are actively preparing for our upcoming legislative session that will begin in January 2026
- iii. We have our quarterly provider meeting happening next week on December 16. That is an opportunity to tune in to a very comprehensive gathering of information that is targeted for our providers. It's very informative and useful to know the hot topics of what's going on and what we might need in terms of input and feedback from our provider network. Angie Brooks, our Regional Office Bureau Chief is the woman from DDSD who leads these meetings.

h. Questions for Jen:

- i. Question related to CMS lease requirements requesting clarification on approval requirements: Confirmation, is there no longer a need for pre-approval for revisions—just need to ensure their submissions meet the stated requirements before moving forward?

1. Jen's response; Let's talk offline about this so I can better understand your situation.
- ii. Question on guidance on CMS 80/20 parameters (2030): The speaker asked about resources or guidance for small agencies, noting that the 80/20 rule might not work for agencies with only a few clients, and wanted to understand how the rule could impact them.
 1. Jen's response: The access rule is a Federal requirement and the proposed timeline for compliance with the 80-20 rule, pass wage pass-through component of this rule, which is one piece of a very large piece of legislation. The Centers for Medicare and Medicaid Services (CMS), is periodically issuing, publishing, what they're calling sub-regulatory guidance for each major element of the access rule. They have not issued sub-regulatory guidance for the wage pass-through component yet. There is a lot of information out there on the major elements of the rule, but all those little details that you and I and everybody else in our world is really looking for has not been published yet, so I don't know if there is going to be a scale. In terms of the size of provider agencies and how this pass-through is managed, we will give guidance as it comes closer because we too are waiting on sub-regulatory guidance on how the Federal government would like this to look. Essentially, it would require a law to be passed through our legislative session on making this a requirement. Today, we don't have that in place for our system, it will not happen overnight, it will not come as a surprise. There may be public input allowed.
- iii. Mi Via caps, were those implemented?
 1. Jen's response: There were no caps implemented. We did have communication with the Federal government during the approval process. The waiver is approved. That was a decision that DDS and our Cabinet Secretary made that we were not going to be capping those services, so I will look into that.
- iv. In terms of the budget request for the upcoming legislative session. I do appreciate the additional funds, considering the Rate Study. Does the budget request for everyone's purpose here also include funds to continue to offer allocations to folks monthly? I'm assuming, increased funds also as we see the folks who entered into the program within the last 3- 4 years during super allocation are now starting to spend more money - does it also account for those items as well?
 1. Jen's response: The answer is yes to both of those things. You will see in our base budget continuous allocations for being able to continuously bring people into the waivers on a monthly basis. We have asked for an increase in our base budget to support the increased population from ending our waitlist and bringing people in every month. In the last few years, we have started to see a

steady trend that waiver recipients are actually using more, spending more of their budgets, which is great. We want people to use their budgets in full, but we have seen that people have started to increase the amount that they are typically using. We are asking for more money in our base budget to support that.

- v. There were changes to SNAP or the Supplemental Nutrition Assistance Program, aka food stamps for folks who are on waiver. We are seeing challenges as people are trying to complete that process and reapply. Is DDS partnering with the Income Support Division for some of these increased requests that waiver recipients, or if they're part of the household, the households applying for the food stamp benefits or having as a result with the change, with the one big beautiful bill act, is there any way that we can get maybe a little bit more partnership or some additional assistance because applications are being denied, increase wait time, misinformation being put out there, getting bounced around to the different departments within the income support division for the waiver recipient.
 - 1. Answer from Jen: Thank you for letting me know about that. I had not heard about that, so if you can send me some bullets in an email about how you feel DDS might be able to support our waiver recipients with that process I'm happy to work with my colleagues at the Income Support Division and see if there are some of these opportunities for assistance in partnering.
- vi. Can you clear up about that \$40 million - is that only State share, or is that State and Federal?
 - 1. Jen's response: It's our general fund State share

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

- a. Introduction of interested People with I/DD and members of their families
Candidate: Leon K. Reval

- i. He is a member of the Hickory Apache Nation and lives in north-central New Mexico, between Chama and Farmington. He is a father, guardian, and caregiver to his son Dominic, who has Down syndrome and other complex needs. Leon is deeply committed to supporting his son and other families navigating disability services. Leon brings nearly 20 years of leadership and public service experience, including work in tribal government, public relations, and public information roles. He recently shifted his career focus to care for his son full-time, a transition he describes as both challenging and deeply rewarding. He is a new member of the Mi Via committee and has personal experience with both the DD Waiver and Mi Via programs, offering a valuable family perspective. While still learning the history and structure of the waiver system, Leon values collaboration, transparency, and asking thoughtful questions to bridge gaps between families, providers, and the state. Leon is motivated by

service and advocacy and is committed to strengthening and protecting New Mexico's waiver programs so they continue to support not only his family, but families across the state.

- ii. Voting quorum: Leon Reval unanimously passed for ACQ Board Member
- b. Open positions: 2 positions open for Advocacy Organization and 1 position for 7-Provider for each region

6. ACQ Administrator Updates and Request

- a. Calendar Year 2026 Updates
 - i. ACQ Listening Session and ACQ Meeting Dates
 - 1. January and February will be made as ACQ Listening Sessions
 - 2. March and April will be made as ACQ Meetings
 - ii. Reminder Annual Training, August 2026 - new ACQ Board Members must attend and current members may attend as a refresher
 - iii. Request: Updating ACQ Distro (deadline, end of December)
 - 1. Meeting invites will be sent afterwards for 2026
 - iv. Request: Feedback on Facilitating Meetings
 - 1. The ACQ executive team is committed to making sure that every member here feels heard, respected, and supported in our shared mission to improve services and outcomes for individuals with IDD to help strengthen our meetings and create an even more welcoming and collaborative space. We're working on clearer communication and facilitation norms. Such as how speakers are recognized, how questions are handled, and how we maintain a respectful tone. We would love your input as we shape these expectations together, so please share any ideas or suggestions that can help make future meetings more inclusive, effective, and engaging for everyone.
- b. Additional comments:
 - i. Clarity requested on ACQ Administrator duties for sending material and invites on behalf of sub-committees
 - ii. Sub-committee 2026 calendar cadence - items need to be sent to the ACQ Administrator for distribution

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

- a. Tracy reminded participants that the rate study is currently open for public comment until December 19th, with a webinar and all related documents available via the link in the chat. She strongly encouraged everyone to review the webinar and documents and submit comments on the proposed rates. She noted that while the Health Care Authority (HCA) will not reduce existing rates, some proposed rates in the study are lower, making public feedback important.
- b. Tracy also invited participants to briefly discuss their thoughts on the rate study:
 - i. Comment #1: The speaker raised concerns about data in the HMA Burns Rate Study regarding Mi Via consultants. According to the study,

consultants serve an average of 31.7 waiver recipients, yet the study's outcome suggests reducing their pay by nearly 25%. She contrasted this with traditional DD waiver case managers, who serve fewer clients (average 24.1 per month) but are being considered for a rate increase. The speaker said she is baffled by these results and questioned how the data was collected and analyzed, noting it seems unfair that consultants with larger caseloads could be paid less. She emphasized that this outcome is unsettling and highlighted the need for clarity on the methodology behind these recommendations. Two other concerns the speaker touched on about the proposed rates: incentivized rates and telehealth. She noted that incentivized rates for therapies (speech-language, occupational, and physical therapy) appeared in the rate study, though they were previously removed due to an error. She asked for clarity on whether the Developmental Disabilities Supports Division will implement these rates to ensure equal pay for providers across both the traditional DD waiver and the Mi Via waiver, which could encourage more providers to deliver services under the Mi Via waiver. As for telehealth, she highlighted that the Mi Via waiver currently does not allow telehealth for these therapies, while the traditional DD waiver does. She requested information on whether the division plans to allow telehealth options for therapy services under the Mivia waiver.

- ii. Comment #2: The speaker asked about the reasoning behind capping salaries at \$17.50, noting that this aligns with the projected minimum wage in Santa Fe in 2027. He wondered whether this idea had support from anyone outside the planning group, as it seemed unexpected to him. He also questioned whether the Legislative Finance Committee—a key decision-maker for funding—would support this cap, expressing concern it could be a potential obstacle for funding approval.
 1. Response: Jim Copeland explained this response may not be accurate, but that in rate studies, the Santa Fe minimum wage is often used as a baseline because it is higher than other areas in the state. For direct support professionals (DSPs), the study recommended a base rate of \$18.88/hour, which exceeds the House Bill 395 requirement of 150% of the state minimum wage (\$18). This approach ensures that the higher Santa Fe rate is applied statewide, so providers in other communities also benefit from the higher wage standard. Essentially, the Santa Fe minimum wage was used to set a fair, uniform pay floor for DSPs across the state.
 - a. Response from speaker: He wasn't aware that Santa Fe's minimum wage was used as a benchmark for setting rates. He also raised a concern about potential funding limits in the DDSD application, referencing a "G plus G" upper limit. He wondered if, even if additional funding is secured, there

might be an application-imposed cap that could prevent implementing the proposed rate increases (e.g., raising DSP pay to \$18.92/hour), meaning the actual increase could be limited to only about 3% above current rates. Essentially, he's worried that administrative limits could block the intended rate increases. Note: speaker was referencing "Neutrality of the Waiver"

- i. Response from Jim: There will have to be an application amendment filed to increase the rates. And they will only do that if the legislature appropriates adequate funding to support those rate increases. There shouldn't be a problem other than the state just doesn't appropriate the money to support the rate increases. It still has to go through the amendment process with CMS, and that can take 3 months to 6 months.
- ii. Response from another attendee: If raising the rates would bring it to that upper limit of cost neutrality, and if it would not be less expensive to operate this program, then the institutionalized version, is that what you're asking for?
- iii. Response from speaker: There are concerns about cost neutrality for the waiver program. He noted that the current waiver is projected to exceed cost neutrality early in the next waiver period, which he thought could limit the ability to raise rates significantly—perhaps only about 3% increases without breaching limits. He is unsure whether this is a real barrier or just a theoretical concern. The speaker also mentioned past appropriations (\$26 million) for rate increases that were apparently redirected elsewhere, adding to uncertainty about whether future funding would actually reach the intended services. Overall, he described the situation as a "minefield" with unclear rules about how much rates can increase without violating cost limits.
- iv. Response from another attendee: The aggregate cost of the waiver has actually decreased since a previous large allocation ("super mega allocation"), so he does not see cost neutrality as a barrier. He noted that the proposed rate increases for direct service providers, particularly for basic supported living services, are significant and encouraging. In

his view, these increases do not threaten the program and represent a meaningful improvement for providers, though he invited others to correct him if he's misinterpreting the data.

- v. Response from another attendee: The speaker agrees with the above comment and welcomes the proposed rate increases and acknowledges the ongoing discussion about cost neutrality, noting that it is somewhat of a moving target. She explained the "ramp-up effect", where new participants initially use less funding, but costs increase over subsequent years. She also highlighted that younger participants and those with more complex medical needs may drive higher future costs. Cassandra emphasized that she hasn't seen recent data comparing current spending to cost neutrality limits across the different waivers (traditional, self-directed, and medically fragile) and suggested deferring to the Developmental Disabilities Supports Division for updated figures.
- vi. Response from Scott Doan: Scott explained that the current rate study, which is being finalized soon, will guide rate implementation for Fiscal Year 2027, starting July 1, 2026. He emphasized that any rate increases depend on legislative appropriation; the Legislative Finance Committee (LFC) reviews the budget and may approve, modify, or reject proposed funding, and ultimately the governor must approve the appropriation. He noted that the waiver renewal, expected to be submitted in February or March 2026, will include the recommended rate increases, assuming funding is approved. The waiver renewal also includes cost neutrality appendices, which are required to show that any rate increases maintain overall program cost neutrality. The methodology for these increases will rely on data from HMA Burns, the consulting firm that conducted the rate study. Scott clarified that there are no plans to increase rates before July 2026; any changes will occur only with the waiver renewal. He encouraged stakeholders to provide public comment on the rate study by December 19, 2025, so their feedback can be considered before finalization. Essentially, the process involves

federal submission, legislative approval, and governor approval, and all these steps determine whether proposed rate increases for services and providers can actually be implemented.

- c. Tracy emphasized the importance of advocating for funding with the legislature despite the rate study. She expressed concern that legislators might see the study's recommendations to lower some rates and decide agencies are being overpaid, potentially leading to cuts. She stressed that submitting public comments on the proposed rates and communicating with legislators is critical to maintain adequate funding.

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

a. ACQ By Laws: *Daniel Ekman* Daniel.Ekman@ddc.nm.gov

- i. No updates, but noted that there is a formal process to review and change the bylaws every two years, the bylaws can also be amended as needed when new situations arise, gaps are identified, or errors in the document are discovered.

b. Interagency Coordinating Council (ICC): *Michelle Pruitt* mpruitt@lospasitos.org

- i. April Spaulding announced that she is no longer serving as the ICC representative to the ACQ. She introduced Michelle Pruitt, Chief Program Officer at Los Positos in Roswell, as the new ICC representative and invited her to present the update.
- ii. Michelle Pruitt reported on the ICC's most recent meeting in November, which included extensive discussion on several key topics. The ICC reviewed the annual performance report and discussed setting target goals for results indicators—such as natural environment, early childhood outcomes, family involvement, and child finds for birth to one and birth to three. These targets are set on a six-year cycle with ICC input, while federal compliance indicators are set by OSEP. The ICC plans to vote on the updated targets at its January meeting.
- iii. She also shared information from Secretary Groginsky regarding New Mexico's participation in universal childcare and upcoming regulatory changes. These changes will require early intervention providers to be able to deliver services in childcare settings, clarifying new roles and responsibilities and formally incorporating this expectation into regulations.
- iv. Michelle noted that ECCD will discontinue paying for background clearances for early intervention staff and contractors, shifting the cost to agencies. In response, the ICC has formally requested that the department reconsider this decision.
- v. Additionally, the ICC reviewed and approved committee action plans connected to the strategic plan, much of which was developed at the September annual meeting, and approved updated bylaws. Finally, the ICC expressed interest in learning more about Developmental Disabilities (DD) waivers for younger children and requested additional information

from DDS about services available to young children.

c. Mi Via Advisory Committee: *Tim Gardner tgardner@drnm.org*

i. Tim Gardner announced a transition in liaison roles, noting that Leon Reval will be the incoming liaison. Before handing off, he raised two main concerns. First, he emphasized that advisory committee members are clearly entitled to receive stipends for meeting participation under the bylaws, yet these stipends have not been paid. He stated this situation is unacceptable and urged that it be corrected promptly rather than deferred to a future budget cycle.

1. Scott Doan commented: I agree that stipends have been an ongoing issue but clarifying that under prior bylaws, only ACQ members were explicitly entitled to stipends. He noted that funds for stipends are included in the current contract and that some ACQ members do receive reimbursements. Recently revised ACQ bylaws now specifically include MVAC member stipends, though Scott believes the language is incomplete and may need to be revisited. Additionally, Scott explained he has been in communication with Patricia Gull, the MVAC chair, and had previously provided requested information to Tim. Based on Patricia's information, there are 17 MVAC member positions, 13 currently filled, and four meetings per year. Scott proposed budgeting stipends for all 17 positions regardless of vacancies. Using the approved rate of \$47.50 per half-day meeting (under four hours), the total proposed stipend cost is \$3,230 for FY27. This amount was confirmed by Patricia and shared transparently with the ACQ Executive Committee.

ii. Second, he thanked Winton Wood for raising concerns about service caps in the newly published standards. Gardner noted that there had been prior commitments at ACQ and MVAC meetings to reduce or remove caps on certain services, but the published standards still included them. He expressed concern that these caps undermine the purpose of self-directed programs, which are meant to meet individual needs when higher levels of service are required.

d. Medically Fragile Waiver Family Advisory Board (FAB): *Shauna McGill SDMcGill@salud.unm.edu*

i. Shawna McGill reported that the Medically Fragile Family Advisory Board (FAB) last met on November 4 via Zoom, with discussion focused on expanding family engagement events and finding ways to better connect with new families, including offering peer support around specific medical needs such as G-tubes and tracheostomies. She highlighted the recent annual holiday party held on December 6 in collaboration with the Cerebral Palsy Parents Association, which drew over 150 attendees and provided gifts and photos with Santa in a safe, welcoming environment. The FAB will continue prioritizing family engagement while a new program

director is being sought.

- e. **Mi Vía Vendor Stakeholders: *Angelique Tafoya atafoya@altamiranm.org***
 - i. Tracy Perry provided an update for the Mi Vía Vendor Stakeholder Committee on behalf of Angelique. There were no new updates since the last meeting was canceled. She noted that in November, Elaine and Selena joined the committee, the GRT memo was issued, and the committee provided recommendations on the draft Mi Vía standards.
- f. **ACQ Policy and Quality: *Winton Wood wiwood@salud.unm.edu***
 - i. Wynton provided a recap of the Policy and Quality meeting, noting it was not very productive and that no new draft documents were reviewed. Claudia Rice asked members to send feedback on the SSP; a revised draft has not yet been shared but is expected next week.
 - ii. Other topics included a brief overview of Employment First, focusing on capturing youth under 18 with disabilities who want to enter the workforce, and a review of policies outlining HCA oversight of contracted waiver agencies, including authority and graduated sanctions for noncompliance. There was also mention of training compliance and the potential merging of the DD waiver and Medicaid, though no materials were presented.
 - iii. Future discussions may include incorporating FAIR App monthly questions into the SSP. The next meeting is scheduled for February 11, and members were invited to submit additional Policy and Quality topics to Wynton or Elana.
- g. **Youth Supported Living Development Committee: *Gay Finlayson gfinlayson@salud.unm.edu***
 - i. No update as the committee has not been meeting due to pending information from Jennifer Zwally. Gay requested Jim Copeland to provide an update. Per Jim, he asked about coordination between the Healthcare Authority and CYFD regarding children receiving services out of state. He noted a discrepancy: the Secretary reported about 30 children served out of state, but CYFD data suggests many more may be receiving services. He expressed interest in determining whether these children are eligible for New Mexico's Developmental Disabilities waivers and in understanding how funding is being used. He ended with stating they hope to get more clarity after a scheduled meeting with Jen the following day.
 - 1. Commenter stated the following: I suggest refining the data request regarding children and youth receiving services out of state. I recommend distinguishing between two groups: unknown cases, where it's unclear if the child has an intellectual or developmental disability, and known cases, where children are confirmed to have a disability and may have their waiver allocations on hold while out of state. It's unclear whether these groups overlap or are separate and emphasized the need for clarification.

- ii. Gay acknowledged the difficulty of tracking children and youth who need out-of-state services, describing it as a series of “brick walls” due to limited data. She emphasized that as more children join the waiver (since the waiting list is shorter), this issue will become increasingly important. She noted that there are no in-state residential treatment centers (RTCs) capable of serving this population, making the problem critical and suggested using multiple avenues to address the issue, including providing input through the waiver renewal and Behavioral Health waiver public comment process, which is open until that afternoon. She highlighted that many children with developmental or intellectual disabilities (DD/IDD) also have co-occurring mental health conditions, increasing the need for higher levels of care.

9. Public Comment: Daniel Ekman, ACQ Executive Committee Member

- a. **Comment #1:** The speaker made comments about the following and emphasized the need for clear, public guidance to ensure participants and consultants understand the process before implementation,
 - i. The speaker strongly supported increasing rates for waiver services, emphasizing that higher rates are needed to ensure better pay for workers within the waiver community. She also asked for clarity regarding incentivized rates and whether telehealth services can be used as part of the waivers, which is currently unclear.
 - ii. Currently, waiver participants can receive up to \$5,000 every five years for modifications to their homes to support accessibility. The speaker noted this amount is insufficient, especially with rising costs. She cited data from HMA Burns showing that \$25,000 would be more realistic to meet participants’ needs. She stressed that the current limit leaves families struggling to pay extra costs themselves, which affects many participants who cannot afford these environmental modifications. She strongly recommended increasing the limit to provide meaningful support.
 - iii. Related to the Gross Receipts Tax, the speaker addressed the upcoming implementation of the gross receipts tax, set to begin January 1, 2026, as it affects consultants and participants in self-directed waivers. While some guidance has been shared, there are many unresolved questions on whether budget revisions are needed for participants to receive funds, how much funding participants can reclaim (a few months vs. a full year), and how consultants should include gross receipts tax in participants’ budgets.
- b. **Comment #2:** The speaker agreed with commenter number 1 about environmental modifications. He noted that he has previously spoken at length about how \$5,000 every five years is far too low for necessary home modifications, such as bathroom accessibility updates. He emphasized that the proposed increase to \$25,000 is not about offering luxury services, but rather bringing the waiver program in line with what other states provide. Raising the

environmental modification rate would have significant benefits for participants needing these essential home updates.

10. 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
 - December 18th, 2025 2PM to 3:30PM
- ACQ Listening Session
 - January 8th, 2026 9AM to 10AM
- ACQ Listening Session
 - February 12th, 2026 9AM to 10AM