ACQ Committee Meeting Summary Notes
March 12, 2026
9:00 AM to 12:00 PM

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37 Participants

ACQ Executive Committee Attendees: 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, December 12, 2025 Summary Notes and ACQ Listening Session, January 8th, 2026 Summary Notes, ACQ Listening Session, February 12th, 2026, Summary Notes
3. Public Comment: Daniel Ekman, ACQ Executive Committee Member
4. DDSD Director's Report: Jennifer Zwally (Formerly Rodriguez), Director, DDSD
5. New Mexico Representative Kathleen Cates
6. ACQ Executive Committee Updates
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, December 12, 2025 Summary Notes and ACQ Listening Session, January 8th, 2026 Summary Notes, ACQ Listening Session, February 12th, 2026, Summary Notes**
    a. All summary notes were unanimously passed

3. **Public Comment: Daniel Ekman, ACQ Executive Committee Member**
    a. Comment #1: The Governor signed off on a bill as part of House Bill 2 that implements for early childhood additional monies to be able to support what's called a wage scale and career ladder, which as a whole is a good thing. It is essentially stating that individuals who are in every type of role that is affiliated with an early childhood program. This is what their minimum should be, given their training and their experience. It's a good thing because it ensures that folks who provide services in the early childhood world are compensated, which is 100% needed. The concern I have is that, that will impact services for folks with disabilities who are not part of that early childhood world because people who

provide services - hypothetically, on one of the state's 1915C home and community-based waivers, or are paid through the state's 1115 demonstration waiver, the state plan, Medicaid, or what's called a community benefit. The problem becomes that they might also be qualified to provide services under the early childhood programs, and they will leave over here to be able to make more money for early childhood programs. Now, again I do agree that this is a good thing, that our early childhood providers need to be paid a very good wage and be compensated for the services we provide. My only request is that we should also look into this for folks receiving services that are not in that early childhood world because it is going to have an impact on the provider shortage that is already existing and by providers existing in the world that serves folks with disabilities.

b. Comment #2: I wanted to let people know that Jim, Angelique, and Jennifer had brought forth to the Executive Committee a wonderful fact sheet to give to our legislators and it was done during the legislative session. It was wonderfully put together courtesy of Angelique with input from the Executive Committee. As for preparation for next year, information must be prepared ahead of time to possibly be able to write to our legislators with the fact sheet. I want to place a seed in our heads to think about the next legislative session - how we as a group can be proactive in our own way.
c. Comment #3: The fact sheet did come out amazingly, and thanks again to the Executive Committee for your feedback and input. We were successful in being able to pull it out quickly in a professional format. To reiterate in the committee, the fact sheet should be a standing item for the ACQ every year in preparation for legislative sessions.

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

a. Rate Study

i. We completed a Rate Study in 2025 through Health Management Associates (HMA). The final rate recommendations and report is available on the DDSD website. Unfortunately, we did not get a legislative appropriation during this 2026 legislative session to support the rate recommendations from that Rate Study. We are going to keep those recommendations, but they will not be implemented as recommended, and we will try again next year during the legislative session.

b. 2026 Legislative Update

i. DDSD did not promote or have any legislation passed that was specific to us at DDSD. However, you might be interested in House Bill 2 - I think it has not been signed yet, but DDSD is anticipating getting 6.3 million in general fund for residential services. Additionally, the Medical Assistance Division, which is a different division through the Healthcare Authority, received $3.7 million in general fund for the occupational therapy rate parity issue which is related to the DDSD waiver occupational therapy rates. The $3.7 million is intended to bring the therapy rates up to the same amount. We are looking at how far we can stretch it to see if we can not only bring the occupational therapy rate up, the highest rate out of the three is physical therapy. We are not only going to raise the occupational therapy rates to match the physical therapy rates, we're looking at bringing the SLP rates up to that same amount. I haven't received notification that House Bill 2 is signed, so it's definitive and we will be making our recommendations on how to utilize this money for these

particular categories of rate increases to our Cabinet Secretary. Unfortunately, these would only apply to the DD waiver - there will not be rate increases for the Mi Via waiver rates or for the Medically Fragile waiver rates at this point in time. These two areas of our budget were designated for DD waiver rates only. On a sidenote, we are renewing our DD waiver with the Centers for Medicare and Medicaid Services (CMS), the Federal government. Our waivers run in 5-year cycles and the current DD waiver cycle is about to expire and will be submitting for another 5-year approval. That means the $3.7 million and the $6.3 million for the services we just talked about - those rate increases will be included in the waiver application that will be submitted to CMS on April 1, 2026. For the new waiver application, the rates would go into effect this July 1, 2026.

1. Question for Jen:
    a. How can we as a group start working on some of those issues related to the Mi Via and Medically Fragile Waiver?
        i. Answer: Lobby hard. Start talking to your legislators right now and for next year's session. The $3.7 million for the increase, in my opinion, was a direct result of fierce advocacy from occupational therapists across the state. So, get your ducks in a row, get your facts together and talk about why these rate increases are critically important and how it directly impacts the people receiving services. The legislators want to know the real people it's impacting and the real consequences when things are not passed.
    b. Question and Comment for Jen: We are living in an unstable world at this time and through the different waivers, there are requirements to do home visits and some of those who conduct the home visits pay for their travel out of their own pocket. I am concerned with the possibility that gas has been increasing and we do not know the impact it may have, but there is a possibility for people to leave the profession or struggle to afford the cost of travel. I want to bring this up for awareness and ask if the state has any thinking about what the emergency plan is for reimbursement.
        i. Answer: I think that's a fair question. I cannot say that we are looking specifically at the cost of gas. However, your point is fair and valid. In terms of an emergency plan we do have options if it gets to a critical point, that would involve asking permission from the Federal government.

c. Home Studies

i. We have contemplated implementing home studies for the Mi Via Waiver specifically to the in-home living support services that are provided through vendor agencies and Mi Vis self-directed waiver. We have not made any decisions and I have reviewed all feedback. We are looking at all options and to provide context on where this consideration came from was related to abuse, neglect, exploitation prevention strategies. We've prioritized A&E prevention at DDSD over the last few years. Our primary

strategy right now is still focused around the state's health and wellness visits. One of the things that is problematic and the numbers are not high, we are collecting preliminary data with the sources we have and looking to refine that, but we know there are some less-than-ideal home living environments that folks receiving waiver services reside in. They don't always rise to the level of abuse, neglect, and exploitation, but they can be a health and safety hazard nonetheless, and a very concerning situation for, quite honestly, everybody involved, not just the people living in the home. We have highlighted the homes that we feel are concerning and like our DD waiver, we offer what's considered a residential model where waiver recipients can live with either their own family or a surrogate family, and then that family is paid through a provider agency to provide those supports for the individual. We have justified this as if you're going to be reimbursed for providing support in a home and a provider agency is vetting you to do that, we want to make sure the home is in good shape. DDSD set forth requirements of what needs to be looked at. The provider agency then conducts their own home study, therefore vetting their contractor or employee to provide family living services and get paid to do so in that same home environment. We are looking at other ways to help keep people healthy and safe. We had somebody on the DD waiver try to be a family living provider and could not pass the home study and so they went to Mi Via - that was not going to be okay. We want the same level of expectations and safety measures in place across all of our waivers. Currently, we have started to preliminarily collect some data. The worst services we are seeing are related to home environments and family living. We also looked at every single abuse, neglect, exploitation allegation that was called in or written about. With all of the data we looked at, there are 56 environmental concerns on different service types and waivers. We did not have any concerns with our Medically Fragile Waiver, but Mi Via was ranked at number 4 above 3 DD waiver service types when we were categorizing them. We are looking at Mi Via as a system at large and determining what we are going to do about it. In some cases, I recognize that training staff may be needed because some of the concerns on the environment involve environmental modification and not a true environmental concern. Now, we are not telling people how to live their lives or live, but we want to do our due diligence to make sure people have the resources that are available.

1. Question and Comment for Jen:
    a. I'm glad to hear that report. I think that Mi Via is primarily family and there may be a one-off family that has abuse, neglect, or exploitation - but we see family members serve family members based out of love and not a salary. It upsets me to hear about the family moving from DD Waiver to Mi Via. We have seen hoarding situations in Mi Via and we have reached out to DDSD. I also want to mention the new app monthly questionnaire that Mi Via consultants have to do every month, they do have to report about what they see and the home environment. I do have a positive story to share of a Mi Via and DDSD person working together with a person on finding support and devising a plan to address a messy home and it worked out very well.

I do want to suggest the state consider in the DDSD training to have a specific training on home environments. I do not recommend support agencies or Mi Via consultants doing a thorough home study because of the cost because it will be taken out of the pay they give to their providers.
    i. Jen's response: Thank you. We are simply trying to keep everybody healthy and safe.
2. Question and Comment for Jen:
    a. I was asked to bring to your attention that over the last month, I've been in multiple meetings where multiple people from agency administrators to therapists are still having a hard time finding or getting access to ISPs in their app. The second thing, the memo that came out from Tammy Barth on the 24-48 hour requirement on documentation. The documentation must be there prior to billing and that is a CMS requirement and it is left up to the States to develop their own rules on documentation requirements. There is a lot of confusion and I have questions, but the biggest concern is our documentation system - we review the notes, the amount and if there is something missing, we kick it back to the therapist in our electronic system and the timestamp in our system shows a different timestamp if a correction is made compared to the original timestamp. Our concern is the original timestamp is missing and for auditing purposes, we need that extra layer of the timestamps and my question is - are you looking at the timestamps? Some people were worried that if it was not within the 48 hours, they could not bill - but we have the 90-day rule of date of service and it didn't make sense and of course there are lots of situations of why someone cannot make the 24-hour mark.
        i. Jen's response: I'll keep an eye for what you send me, but we are not necessarily requiring a timestamp. That was not the intent of the memo - the intent was to remind people what the Medicaid billing requirements are and what CMS looks for. We expect you to be operating and following the rules and CMS expectations and DDSD expectations. For the timestamps, I think as long as people are able to show and prove the original timestamp - that should be okay because we are not looking to penalize people.
3. Question and Comment for Jen:
    a. Thank you for all of the information. When the Rate Study was done for the Medically Fragile, did that include our Nursing Care Rate Study? Was the rate not passed for the nurses?
        i. Response from Jen: That is correct. All of the services in the Medically Fragile Waiver were included in the most current Rate Study.
        ii. Response to Jen: That is disappointing because of

the things that we advocate for is our nursing care. I know it's difficult because the Medically Fragile is structured quite differently than many of the other programs where you have your family members who cannot participate in these meetings because the care is so intense. You've got family members who are with nurses, and if the nurses aren't there, then you've got family members who are trying to cover that. We've had difficulty recruiting and being able to keep nurses for many of our families, so it becomes critical. And so to find that not even the nursing rate has been able to increase for them, then we can't keep nurses on. It's been a very difficult situation for our families, to the point where there's been lawsuits. The advocacy is low because our members cannot become advocates when you have 24-hour care within your home.
    1. Response from Jen: Our Medically Fragile waiver did have representation during the Rate Study. We have heard the same concerns that you are expressing and unfortunately, we are not able to increase that rate at this time. We were able to increase it with the last Rate Study. Case managers got about a ~9% increase two years ago. It's probably not enough. We're not at liberty right now to increase rates.
4. Question and Comment for Jen:
    a. Thank you for the background information about the home studies. It is helpful to have the reason why. In reference to the memo, having that background information can be helpful from the provider perspective to be able to help explain these possible changes and to help folks have a better idea on feedback they want to provide when these changes come. Circling back to the home study business, the conversation about environmental hazards and information - someone's home may not reach the level of abuse and neglect or exploitation report, but it's definitely a hazard, and the training that involves it I am behind that 100%. My only request is not only to include DDSD staff in that part of training, but also include DHI because we do see some difference of opinion.

5. New Mexico Representative Kathleen Cates

a. House Bill 38:
    i. House Bill 38 was signed by the Governor. 2 years ago, Representative Thompson and myself successfully had a bill passed into law and we called it the Prosthetics Bill. Insurance companies were only paying for daily use prosthetics, which are needed but are heavy and clunky. The insurance was only paying for prosthetics every 5 years, even though the manufacturer says it only lasts 2 to 3 years. They were holding the same

criteria for adults as they were children, and children may need two a year, because they're growing so much. So, we were the first in the country to be able to say that insurance companies need to pay for one sports-related or activity-related prosthetics. Our argument was that the insurance company was paying for knee replacement surgery for 55 year olds who want to jog, they should be able to pay for sports-related prosthetics so people can run, jump and play as children and stay active. This was successful and now we have 12 states in the country who have followed our lead. This year, we added Activity Chair wheelchairs to the list for individuals who want to race - I call it a chopper chair and you can play basketball in it and not risk tipping out of it. They also have other kinds of chairs for hunters and other things. We learned a lot in the last couple years to see the progression around the state, and so our bill is actually complex, but we worked very closely with the OSI, the Office of Superintendent Assurance, and some private insurance companies. It says that an individual is allowed up to 3 devices every 3 years. Most will not use 3 devices, but some may. It may be appropriate for in rare conditions, some individuals may need a special prosthetics or chair for hygiene and we added that. We had the activity chair, as well as the sports-related limb. We're also talking to the Director of Medicaid, and we hope that we're going to see these changes in the next CMS application, so that those will be covered as well.

b. Recruit and Retain Medical Providers:
    i. The big changes for the 2026 session were bills and laws to help recruit and retain medical providers. New Mexicans complain about a lack of medical access and individuals need that specialized care. These are the reasons why we struggle with access to medical care. One number reason is due to geography. We have a state where 3 states of Ohio could fit into one state of New Mexico, yet we only have 2.1 million people, half that population is only in three counties. Many of those counties could not support a specialist. For my daughter, she had to have surgeries as an infant and our surgeon was in Houston. Other reasons as well include medical malpractice. We did a medical malpractice reform that we hope will make it easier for insurance companies to offer more competitive rates for our medical providers. We also passed two more compacts and the Governor signed them. One is for our medical doctors and the other is for social workers. We plan to carry 8 other compacts that did not get through the Senate, which includes occupational therapy, physical therapy, speech-language pathology, dentistry, and so on. These compacts will allow medical providers from other states to come to our state and visit the area once or twice a week and be able to see patients and then go back to their other state.
c. Workforce Solutions - New Americans
    i. We created a department within Workforce Solutions called the New Americans, which helps foreign individuals be able to find employment, which includes, medical profession, but it's all individuals, immigrants, who are moving to our state. It'll help them with work visas, and what are the regulations, how do we write resumes here, what do American employers look for and help with job services as well.
d. Medical Education Debt Forgiveness
    i. We have increased the Medical Education Debt Forgiveness. We hope

that will also increase access to medical providers

e. Approval of LHHS - Human and Health Services Committee
    i. The interim committee that is the Senate and House, it is now going to be a full-time committee - like education and appropriations. I think it will start in 2027. Having a full time health committee is going to be best for the State. You can thank Representative Thompson who has been big on this.
f. Questions for Representative Cates:
    i. Question and Comment:
        1. We desperately need dentists that will work on special needs people who need to be put to sleep to have any work done. My son had his wisdom teeth removed and they cracked the two molars in the front, which we did not know because he did not complain and he also won't let you work and look in his mouth. We called UNM and they had to put him to sleep - so we had to go through the hospital and they decided we had to go through the dental clinic to prove that he needed to go through the hospital again. I had to go through my neurologist to get medicine to help calm him enough to go to the dentist office to prove that he wouldn't go into the chair - which he proved by kicking the dentist. We didn't get the first appointment until 14 months later to get him into the hospital and by then he had an infection that required removing all of his teeth.
            a. Response from Katheleen: I understand the urgency and Chair Thompson understands it. Her son is in service and he had a cavity. They were telling him that it was going to take 2 years to fill a cavity and now we are going to have to pull teeth. UNM since last summer has increased their dentistry outreach that will serve individuals with disabilities because that is a specialized care and need. The chair and I are trying to wrangle resources because we understand that we need specialized care.
            b. Response to Kathleen: Yes, we also need courses called doctoring where medical students learn how to go in and talk to patients, particularly those with disabilities and their caregiver.
    ii. Comment: My son is covered under my employee insurance, and under the dental piece. I'm at a point where I'm thinking about where to work in the future, but Delta Dental doesn't cover people with disabilities, and that's a huge issue. We're fortunate right now—he's 36—but this is still a major concern. As you mentioned, Representative Cates, this is a health issue—not just for nutrition. The mouth impacts the rest of the body, especially with inflammation.
        1. Response from Kathleen: I have a bill I'm working on related to why Delta Dental—or private insurance—is not covering special needs that have been documented by a medical provider. Typically, Delta Dental covers maintenance, not medical needs. They cover things like cleanings and X-rays, but there are limits on coverage for procedures like caps or fillings. When it becomes a medical issue, that usually falls under medical insurance, not dental. I'm going to look into this further and get back to you.

iii. Question and Comment: I'm glad to hear UNM is expanding its program and looking at residency. Are we also looking legislatively at the Burrell College of Medicine affiliated with New Mexico State? When I think about New Mexico, the borderland has its own needs—I'm actually heading there now—and while some challenges are similar to Albuquerque, there are also unique issues in that region. Are there any partnerships in place to support their College of Medicine, or to work with advanced practice providers, or with IHS and the federal government to help address the medical shortages we're seeing?
    1. Response from Kathleen: That school is definitely on the legislative radar. In fact, I had a student shadow me from there this session and you're right—there are some similar challenges, but also unique ones, especially for rural providers and smaller schools. There are also opportunities there, and I'm learning more about the advantages of being a rural provider. They are on our radar. They've made us aware of their program and want to maintain funding, but they haven't requested expansion funding. From what I've seen, they've filled the slots they're capable of for medical providers. Nursing is a different issue. I passed a memorial this year to create a task force to look at our schools. I've been reviewing data across New Mexico, and there haven't been significant increases in nursing graduates since 2013, even though the need has grown. We've talked a lot about recruitment and retention—improving working conditions—but my focus is also on expanding education opportunities so we can train more nurses in-state. Right now, programs like CNM and UNM turn away qualified applicants every year. Students end up going out of state, and then the question is whether they come back. I do agree with you—I really like that school. It wasn't initially on my radar, but they've done a great job bringing their program to our attention legislatively. They just haven't made a formal request yet.

iv. Comment: I received information about the second annual Special Needs Dental Care Summit on April 10th at the UNM Continuing Education Building, from 7:30 to 12:30. It's free. I'll forward the email to Kelley so she can share it with everyone. I attended last year—it was very informative. While I won't be attending this year, it's a great opportunity to hear from experts, connect with others, and discuss ways to overcome barriers to care. Everyone is invited to share their experiences and explore how to improve oral health care for individuals with special needs.

v. Question: Why did the Direct Service Provider (DSP) legislation go without a hearing this session?
    1. Response from Kathleen: That question would really need to go to the Governor and legislative leadership—the Speaker or the Pro Temp. In a 30-day session, bills are only heard if they have a budget component, and even then, it can't be a completely new program—or they have to be on the Governor's call. For those asking why the DSP (Direct Service Provider) legislation didn't get a hearing this session—that's why. You can file bills—I file many—but only some are heard. For example, I may file around 13, but only 8 get heard because they have to fit those criteria. We also tried to eliminate the 30-day session structure and move to

one consistent session type so bills can be heard more regularly, but that effort failed in the Senate. We plan to bring it back. I also want to mention there will be four constitutional amendments on the ballot in November, and I encourage you to look out for them: Moving school board elections to November to improve voter participation, Adding a student member to school boards, Tying state legislator pay to the median state income (currently around $62,000–$64,000), Eliminating the Governor's pocket veto, requiring a written veto message instead of allowing bills to be ignored.

vi. Comment: Just as a comment—Medicaid for individuals on waivers, including the dental providers they partner with, also does not allow for this. For example, with my daughter, the dentist requested a small additional fee for the extra time and support needed to work with someone with disabilities, and Medicaid denied it. The dentist ended up absorbing the cost. This reflects a broader issue—Medicaid, like private insurance, doesn't recognize the need for additional time or billing when treating individuals with disabilities. As a result, we're losing dentists who are willing to serve this population, especially surgeons. One surgeon shared that it costs the same to perform procedures in the hospital as it does in their office, so many choose to treat general patients instead.
    1. Response from Kathleen: Sounds to me like an ADA violation. If they are not getting fairly compensated for the high needs work that is required then that is one of the reasons why you have limited access to medical providers doing the specialized work and that I can look at legislatively.

6. ACQ Executive Committee Updates

a. The Chair introduced three draft documents for review:
    i. Monitoring Meeting Guidelines for Participants
    ii. Escalation Process for Formal Complaints
    iii. Escalation Process for Attendance and Participation
b. It was noted that these documents were distributed earlier in the week; however, several members indicated they had not yet had sufficient time to review them in detail.
c. Discussion: Members discussed whether to table the item or proceed with initial discussion. There was general agreement to:
    i. Allow preliminary discussion during the meeting to capture initial feedback
    ii. Provide additional time for members to review the documents in full
    iii. Encourage submission of comments via email for inclusion in the record and Executive Committee review.
d. It was further discussed that additional discussion will occur at a future meeting, with a potential vote anticipated in April or a later meeting, depending on readiness.
e. Agenda Item: By-Laws / Proposed Updates
    i. The proposed documents are intended to inform updates to the ACQ by-laws, specifically related to:
        1. Formal complaint procedures
        2. Attendance and participation expectations
    ii. Discussion: Members expressed support for establishing clearer processes to improve accountability and consistency. Concerns were

raised regarding:
    1. Ensuring proposed changes are not overly punitive
    2. Maintaining flexibility to accommodate member circumstances
    3. Aligning updates with inclusive and balanced governance practices
iii. No formal action was taken. Further review and discussion are required prior to adoption.

f. Agenda Item: Monitoring Meeting Guidelines for Participants

i. Discussion: Members reviewed the intent of the guidelines to improve meeting structure, clarify expectations, and support orderly participation.
ii. Feedback included:
    1. Support for increased clarity and organization
    2. Concern that some language may be perceived as overly rigid or enforcement-focused
    3. Recommendation that guidelines emphasize facilitation and open dialogue rather than discipline
iii. No formal action was taken. Feedback will be incorporated into future revisions.

g. Agenda Item: Escalation Process for Formal Complaints

i. Discussion: The proposed process includes a formal intake procedure, defined timelines for response, and the option for anonymous complaints.
ii. Members noted:
    1. Support for increased transparency and structured handling of complaints
    2. Concern regarding the Executive Committee serving as the primary reviewer without clearly defined evaluation criteria
    3. Need for clarity to ensure fairness and avoid concentration of decision-making authority
iii. No formal action was taken. Additional clarification and refinement are needed.

h. Agenda Item: Escalation Process for Attendance and Participation

i. Discussion: The draft outlines expectations for attendance, defines unexcused absences, and includes escalation steps that may result in removal.
ii. Key discussion points included:
    1. Lack of a defined timeframe for tracking absences (e.g., annual vs. term-based)
    2. Concern that removal may be overly punitive without intermediate steps
    3. Need to account for emergencies and unforeseen circumstances
iii. Recommendations included:
    1. Establishing clear timeframes and definitions
    2. Incorporating intermediate remediation steps
    3. Allowing flexibility for justified absences
    4. Considering proxy participation and formal attendance tracking methods
iv. No formal action was taken. Further review is required.

i. Agenda Item: ACQ Board Members Information

i. Discussion: The group revisited the topic of sharing board member contact information to support communication and collaboration.
ii. Key considerations included:

1. Protection of personally identifiable information (PII)
2. Obtaining member consent for information sharing
3. Ensuring compliance with applicable public transparency laws
4. Members acknowledged the importance of balancing privacy with public accessibility.

iii. No formal action was taken.

j. **Agenda Item: Consent**
   i. Discussion: Members discussed the need for clear consent processes regarding the sharing of personal and contact information.
   ii. It was noted that:
      1. Members should have the ability to specify what information may be shared
      2. Any approach must align with legal and public transparency requirements
   iii. No formal action was taken

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

a. Rate Study - no additional updates
b. New Item - Tracy proposed reestablishing a steering committee to support the upcoming standards rewrite, noting this was done in the past and has been previously advocated for. She asked whether the group would like to place this on a future agenda and push the state to reinstate the steering committee during the rewrite process.
   i. Commenter: I strongly support forming a steering committee for the standards rewrite, emphasizing the need for a detailed, section-by-section review and broad representation from all ACQ stakeholders.

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

a. ACQ By Laws: *Daniel Ekman Daniel.Ekman@ddc.nm.gov*
   i. No recent meeting has taken place. Current and upcoming discussions will help determine the direction of any edits or revisions moving forward. Reminder to members that the bylaws are continuously reviewed and updated, and feedback is welcomed if anything unclear or in need of addition or revision.

b. Interagency Coordinating Council (ICC): *Michelle Pruitt mpruitt@lospasitos.org*
   i. The January ICC meeting focused on several ongoing priorities related to early intervention services in New Mexico. A key topic was the development of performance targets for early childhood outcomes for the upcoming 6-year State Performance Plan cycle. The team continues to review and analyze data, noting that while New Mexico has historically set higher targets than national averages, current performance appears slightly below the national average but remains on track and comparable to other states. Finalization of these targets is expected at the next ICC meeting.
   ii. Parent and provider panel discussions highlighted the critical importance of clear communication and strong family support, particularly during initial referrals to early intervention services. This is especially significant

during high-stress situations such as NICU stays. Families reported that once services were clearly explained, their engagement improved substantially, reinforcing the value of effective communication.

iii. Workforce challenges were also discussed, including scheduling difficulties and a cancellation rate of approximately 9%, with most cancellations initiated by parents. Efforts to improve workforce stability are ongoing through the development of a wage scale and career lattice. An ad hoc committee has been established to further this work, with a second meeting scheduled to continue advising and supporting the Early Childhood Care and Development (ECCD) program.

iv. Additional highlights from the lead agency report include New Mexico's continued leadership nationwide in identifying infants (birth to age one) with developmental delays or disabilities—an achievement sustained over several years. Between July and November, 11,578 children were served through early intervention programs, reflecting continued annual growth.

v. Lastly, legislative priorities were reviewed. While some funding for rate increases and wage scale initiatives was approved, it fell short of initial requests. Funding for improvements to the FIT Kids data system and certain professional development initiatives was not approved. A separate workgroup under the Early Childhood Education Advisory Council is exploring implementation of wage scale efforts, potentially beginning as early as October.

c. Mi Via Advisory Committee: *Leon Reval lee.reval@gmail.com*

i. The committee has not yet met but has an upcoming meeting scheduled. A new chair, Donna Brooks, has been appointed, and efforts are underway to keep her informed.

ii. The committee is currently working on proposed bylaw updates to clarify language, roles, structure, and purpose, with the goal of improving communication, supporting growth, and strengthening its function as an ACQ standing committee.

iii. There are challenges with communication and role clarity across systems, which can create confusion or a perceived divide between DD Waivers and Mi Via. The bylaw updates aim to address these issues and promote better alignment and collaboration moving forward.

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

i. No updates due to FAB not meeting until a director has been selected

e. Mi Vía Vendor Stakeholders: *Angelique Tafoya atafoya@altamiranm.org*

i. January and February meeting minutes have been submitted and will be distributed soon, while the most recent meeting minutes are still in progress.

ii. The committee discussed the 48-hour document signing requirement, ongoing vendor access to SSP information (including budgets, units, and guardian contact details), and continued challenges with obtaining necessary information to perform services.

1. Commenter on SSP: Emphasized the importance of in-home living support agencies having access to relevant SSP grid information,

particularly to meet strict 48-hour documentation and auditing requirements. Access to service details (e.g., scheduled supports) helps identify gaps in care. However, vendors should only have access to necessary portions of the SSP, not the entire document, due to privacy concerns.

2. Additional comment: Discussed balancing vendor access to SSP information with privacy protections. Vendors need access to relevant sections to perform their duties, but not the full SSP. This concern has been shared with the state and suggested a system solution (e.g., FOCUS) to allow partial access. Otherwise, vendors must obtain documents through the Employer of Record (EOR) or families, as consultants are not required to provide them—only doing so as a courtesy when authorized.

iii. The Stakeholder Vendor Committee recently met and shared several key updates. Angelique, the current chair, will be stepping down from the ACQ around June, and a replacement is being sought. Candidates should likely be ACQ members, and nominations are encouraged as soon as possible.

1. Discussion on Angelique stepping down and focused on succession and committee leadership. The following points were made:
    a. Chairs ideally should be ACQ members to ensure vetting and member-driven feedback.
    b. Angelique will mentor the incoming chair and remain involved as a non-member.
    c. Tracy Perry emphasized the challenge of finding someone to chair without vendor experience.
    d. Winton Wood suggested parents or others could temporarily fill in and be mentored.
    e. Cassandra DeCamp noted state staff could co-chair temporarily if needed but prefers a vendor lead.
    f. Angelique highlighted the need for a formal committee description, website recognition, and clarified responsibilities: attend meetings, notify members, prepare minutes, and communicate vendor-related updates.
    g. Committee participation is valuable for sharing perspectives, gaining information, and providing feedback.

iv. The committee discussed several operational and system-related topics, including billing identifiers, Turquoise claims timing, and updates to vendor packet invoicing processes within the FOCUS system. A major transition involving data migration and the claims system is scheduled for March 23.

f. ACQ Policy and Quality: *Winton Wood wiwood@salud.unm.edu*

i. A primary topic was the Service and Supports Plan (SSP) revisions. The Developmental Disabilities Supports Division (DDSD) incorporated

feedback from external stakeholders, including waiver recipients and advocates, to inform updates to the SSP. As of mid-March, the revised SSP had not yet been finalized or released, though DDSD indicated it is expected to be published in the spring.

ii. Regarding the Employment First Policy, no additional feedback was received following the presentation of the draft. The draft itself does not differ from current practices, and since the state already operates under an Employment First framework, it is unclear what further changes or next steps will occur.

iii. Several other policies remain in development:
    1. The Contract Management Policy is still being worked on, with additional information to be presented at a future meeting.
    2. The Training Compliance Policy is also in progress and remains a high priority - however, a draft is not yet ready for subcommittee review. DDSD acknowledged the subcommittee's interest and noted that an interim meeting could be scheduled if needed to review progress.

iv. The subcommittee also discussed the policy development and implementation process, including clarification about DDSD internal directives that are not publicly posted on the HCA (formerly HSD) website. It was emphasized that external stakeholder engagement occurs through the Advisory Council on Quality (ACQ), reinforcing the council's role in providing input on policy and quality initiatives.

g. Youth Supported Living Development Committee: *Gay Finlayson gfinlayson@salud.unm.edu*

i. No updates due to subcommittee has not met yet

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

a. Comment #1: It's been almost three years since I attended my first meeting with you, and I want to express my appreciation for your welcoming and the effort you put in. Our publication has learned a lot about a really important group of services the state is supposed to provide. You all represent the backbone of providing and receiving those services, helping vulnerable populations survive and hopefully have a decent life. The comment I wanted to make relates to what Representative Cates mentioned about questions on the ballot. She raised important points about the legislature and the need for it to act professionally as a body for the entire state. A lot of problems happen because both the executive and legislative branches chose not to address DSPs—people who are the backbone of daily supports. It's incredibly unfair that they often don't get a living wage for these essential services. Regarding the rate study Jennifer mentioned, it didn't come in until January, after the legislative session had started, because HCA didn't get the contract signed in time. That's water under the bridge, but a new administration will come in January, and it's crucial they understand that, regardless of political ideology, they need to fix these problems. You need to set

the tone early and make your voices heard in the months leading up to that. Jennifer also suggested getting some of your people in front of them on day one with a plan, and I agree. We'll continue to push, asking questions even if uncomfortable, and the media will keep prodding along the way. I know it ruffles feathers sometimes, but that doesn't matter. The work you do is important, and we'll keep supporting and pushing alongside you.

b. Comment #2: I am going to read a statement from a parent of a young adult on the waiver regarding the proposed home study for Mi Via. We got some information from Jen today, but nothing indicating it's been taken off the table, so we can only assume it's still being considered. My name is Cara Reeder, and I am the parent of a full-care, nonverbal Mi Via participant. I am speaking about the proposal to implement mandatory home studies within the Mi Via Waiver. Because this would allow the state to evaluate private homes, I submitted an IPRA request for the data justifying this change—any reports, analyses, or comparative safety data showing that Mi Via participants face greater risks than those on the traditional DD waiver, or that existing safeguards are insufficient. The records produced did not include any comparative safety data, incident trend reports, systemic risk analysis, or CMS directives supporting home studies. Instead, the materials largely consisted of internal emails referencing a single DD waiver situation and a family interested in transitioning to Mi Via. No broader analysis demonstrating a systemic safety issue within Mi Via was provided. This absence of data is concerning. Major policy changes affecting private residences should be grounded in documented systemic need, not isolated cases.Existing safety mechanisms already address concerns, including mandatory reporting of abuse, neglect, and exploitation, and investigations by Adult Protective Services. Without documented evidence of a systemic safety problem, there appears to be no basis for requiring Mi Via participants and their families to submit to involuntary home studies. Before moving forward, I respectfully ask that the state publicly provide objective data demonstrating the necessity of this expansion. I am happy to provide the IPRA records I received for the ACQ committee's review. Families deserve transparency and evidence when policies affecting their homes are being considered.
c. Comment #3: She's apologizing for being late this morning to the meeting because we were without electricity - it didn't come until 10 o'clock.
d. Comment #4: As I experience the system as a family member and now liaison with MVAC and ACQ, I've noticed most service disruptions don't come from policy—they come from communication gaps between the participant, EOR, consultants, fiscal agent, and providers. Families often become the informal bridge between these parts, even though that role isn't clearly defined. Why it matters: bridging already exists in real life, but it's rarely acknowledged in the formal program structure. When it's not recognized, issues can fall on deaf ears, and families struggle to know where communication should flow. My thought: Mi Via already has five structures—the participant (receiving services), the EOR (legally managing services), the consultant (translating the service plan), fiscal

management (PALCO/Conduit), and service providers (delivering services). I suggest adding a sixth role: family coordination and communication. This role exists in practice even if not defined in policy. It wouldn't create new authority, but it would acknowledge a function that helps communication move faster, supports quicker remedies, and gives families a formal voice at the table to maintain the bridge.

e. Comment #5: I want to highlight the 0–3 age range. We often talk about waiver services here, which are important, but as a broader IDD provider and council, we also need to consider early childhood services. The ECECD is currently working on a wage scale and career lattice to increase wages across early intervention, home visiting, daycare, pre-K, and all ECECD programs. Unfortunately, FIT is often overlooked, even in a cabinet dedicated to early childhood. We're not always viewed as critical as universal daycare or pre-K. It's essential to provide fair, livable wages for all early childhood staff. Under FIT, we employ professionalized, often doctorate-level staff at wages comparable to a general bachelor's degree. Staff do this work out of dedication, much like DSPs, but they deserve fair pay. This council should advocate for this legislatively, include it on a fact sheet, and consistently consider FIT alongside IDD services. Early intervention is vital for children with disabilities or risks of delays, and funding must fairly support these services. Please keep FIT in mind, and feel free to reach out if you have thoughts on the wage scale or career lattice. We are actively monitoring it through the ICC Finance and Funding Committee to ensure our staff aren't overlooked.
f. Comment #6: Representative Cates talked this morning about paying legislators. I'm not proposing anything, but she reminded us that the median income in that constitutional amendment is about $64,000 a year. Compare that to what our DSPs make. Also, it's not just letters from CMS. The Committee on Energy and Commerce and the U.S. House of Representatives has sent letters to 10 blue state governors requesting information on Medicaid program integrity and issues around fraud, waste, and abuse.There's a lot of work to do and many folks coming at us. We just need to figure out how we want to respond.
g. Comment #7: I apologize for going back a bit, as I wasn't in the room for earlier conversations. I heard discussions about standards and a comment that revisions don't necessarily have to go through the ACQ, and I wholeheartedly agree. I want to give a shout-out to our nurses who gathered through ACQ and other agencies to review nursing standards. They provided thoughtful, thorough feedback on requirements, timelines, and the strain these put on families and participants. I'm very thankful for their work. This is the governor-appointed body, and she needs to be aware of what's being done here. ACQ should have a voice in any standard revisions. I encourage committees for different areas of standards, programs, and services. I also wish we were notified sooner than 2–3 months before revisions are due. Many were blindsided by the last deadline; notice came at the DDSD quarterly provider meeting on a slide that didn't even include the actual deadline. Better communication between ACQ and DDSD is

critical. Our voice matters—not just providers, but parents and self-advocates too. That's the purpose of ACQ.

h. Comment #8: I want to take a moment to talk about some challenges with changes across the 1915C waivers—the traditional developmental disability waiver, the MEVIA self-directed waiver, and the Medically Fragile waiver. Some changes are helpful, but others are hard to understand. Communication is critical, and I feel like we've been falling short. People connected to these programs—whether providers, participants, or family members—need not just notification but conversation and engagement, and that's been lacking lately. We need an earnest discussion about changes that seem to make three very different approaches look almost the same. These programs have different models, structures, and philosophies. Similar services may exist, but administration, processes, and requirements should remain tailored to each waiver. For example, service plans, home studies, and monthly notes all differ across waivers—and they should. I'm heartened by ideas like forming a steering committee. Even if the healthcare authority isn't involved, we have a responsibility as an advisory body to advocate for the community we serve and protect.

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
  - March 19, 2026, 2PM to 3:30PM
- ACQ Executive Committee Meeting
  - April 2, 2026, 2PM to 3:30PM
- ACQ Meeting
  - April 9, 2026, 9AM to 1PM