



## ACQ Committee Meeting Summary Notes

October 9, 2025

9:00 AM to 12:00 PM

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### 45 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*, Kelley Harvey, *ACQ Administrator*

### Agenda/Discussion

1. Welcome and announcements: Siri Guru Nam Khalsa, ACQ Co-Chair
2. DDSD Director's Report: Jennifer Rodriguez, Director, DDSD
3. Representative Kathleen Cates
4. Public Comment: Daniel Ekman, ACQ Executive Committee Member
5. Review and request approval for minutes from ACQ Meeting, August 14th, 2025 Summary Notes, ACQ Executive Meeting, August 22nd, 2025 Summary Notes, ACQ Listening Session, September 11th, 2025 Summary Notes, ACQ Executive Meeting, September 23, 2025 Summary Notes
6. ACQ Membership Openings: Tracy Perry, ACQ Co-Chair
7. Discussion on ACQ sub-committees: Tracy Perry, ACQ Co-Chair
8. Standing Committee Updates: Tracy Perry, ACQ Co-Chair
9. Public Comment: 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. DDSD Director's Report: Jennifer Rodriguez, Director**
  - a. Waiver Programs
    - i. Supports Waiver has officially been sunset. The Supports Waiver was initiated to provide people assistance while they were on the waitlist. We have subsequently ended the waitlist and are now allocating people on a monthly basis to more comprehensive waivers and therefore, there is no longer a waitlist. We worked with CMS, the Centers for Medicare and Medicaid Services in completing this sunset on September 29th, 2025.
    - ii. Mi Via Waiver Renewed with CMS for another 5-year term. The new term began October 1st, 2025. Key pieces to understand about this, there are differences in what we had proposed. CMS asked us to remove two new services from the application (Employer of Record as a Waiver Service

and Socialization and Sexuality Education) that we were proposing because they needed more time to review and it would have held up the overall waiver renewal. We will need to submit a waiver amendment to CMS in order for those to be reviewed and approved in a few months close to the new year to align with the amendments for our current Rate Study. There are no significant concerns with those as services and CMS did acknowledge that they did need more time. The third change we made was removing a service called Personal Plan Facilitation because it has been a service that has not been used in multiple years, but CMS asked us to keep that in because CMS called into question whether or not we were meeting the "Maintenance of Effort Requirement" - this is a Federal Mandate where the states have to maintain a certain level of service provision in order to keep receiving Federal funding. We decided to keep the service and it will be an option if people want to select this as a service. The last significant difference is we were hoping to offer the EOR as a Waiver Service, but we will have to wait a few more months.

- b. Mi Via Waiver Representation for Mi Via Waiver Subcommittee
  - i. The next meeting scheduled for the 14th of October, our Mi Via Program Manager, Elaine Hill, will be present and will be attending those meetings moving forward.
- c. Rate Study Updates
  - i. We have completed the submission for the provider surveys and time studies that all of our providers were asked to participate in to inform the current Rate Study. We received an unprecedented response rate of 87% as compared to the previous Rate Study of 26%. We do have a breakdown of participation rates, but there are still providers trickling in that contacted our Rate Study vendor who have been given a few more days to provide their information. Also, we are looking at who did not participate. Please know, it is important to participate and help inform the Rate Study at large. Currently, we are sorting through the data and we will be looking at making recommendations within the next month. We may be completed by the end of the year.
- d. Lease Agreement Updates
  - i. Related to the CMS final rule, the home and community based service settings final rule requirements of provider-owned and operated homes requiring legal lease residency type of agreements. CMS asked us to ensure that folks were including due process rights and fair hearing information in those lease agreements. We requested that ACQ submit a list of questions or concerns the group had and we have received the list. Over the next few weeks, we will sort through and place responses to any questions that we are able to answer, and we may start an FAQ. Any questions that we cannot answer, we will reach out to CMS for guidance from the Federal government on what their expectations are.
    - 1. Question to Jen: On October 8th in the Policy and Quality

Committee, the lease agreement came up and the question that I asked was related to the feedback - is there a new deadline for Mi Via Vendors to submit the room and board lease agreement after we receive your updates from the feedback that will be submitted to you?

- a. Answer from Jen: No, we have not extended deadlines. However, if you feel you cannot meet the deadline, reach out to me directly.
2. Question to Jen: My case manager stated that all dwellings require the individual with disabilities to have their own room with a lock. I am concerned because we experienced a time where my son, who experienced significant seizure disorders at the time, locked his door and we could not open it for 2.5 hours.
  - a. Answer from Jen: We've heard feedback like that and part of the CMS final rule does in fact state that waiver recipients, like everybody else, have the right to privacy. This includes privacy of their own living unit, personal space, and they are required to have locks. There are caveats to that and CMS is clear on how your situation feels that might not be safe for your son. The way to address that from a compliance perspective from CMS is to document in the person's individual service plan (ISP) or the service and support plan (SSP) for Mi Via - it will need to go through a human rights committee (HRC) to sort the situation.
3. Comment to Jen: On the topic of human rights, the recent memo that came out on the human rights requirements, was referring to the Federal Regulatory requirements as outlined in 42 CFR etc etc. The following requirements must be documented in the Person-Centered Service Plan, but it does not say it has to go in front of a human rights committee, which is different from traditional DD waiver because Mi Via does not have under the authority of a human rights committee. The traditional DD Waiver does have the Human Rights Committee
  - a. Comment from Scott Doan: To be clear, the memo being referenced applies to DD Waiver, living care arrangement providers only. It's not toward Mi Via.
    - i. Response to Scott: It does mention IHLS, In-Home Living Service - only Mi Via has that.
    - ii. Response to commenter and Scott from Jen: You are right Scott about the memo, but if it does include the in-home living support that is a requirement for the IHLS service. And as for the commenter, yes, you are correct that we do not

require HRC committees in the Mi Via waiver with our service provider types. Some of that is simply because we do not offer the same type of services that we do for the DD Waiver where the Human Rights Committees are required. Nobody at DDSD or Healthcare Authority can change the Federal rule, which has been established for almost 10 years now. The bottom line is if somebody has an extenuating circumstance that they feel they cannot comply with, you need to meet as a team and develop health and safety measures, you will need to document it in a person-centered plan and if relevant, you have a Human Rights Committee meeting.

e. House Bill 395 Report

- i. The report set forth requirements for DDSD to collect information on our direct support professional demographics, wage information and a set of criteria and points on an annual basis. The information about the calculation and usage of wage information, are there any specific questions about that?

1. Question to Jen: Has the report been posted?

- a. Answer from Jen: It should be posted on our website. If not, I'll make sure it is posted. The ACQ Administrator will send out via email.

f. Additional questions and comments for Jen:

- i. This is a comment, there is a requirement that people have a lock on their door and they have a key to that door. There is no prohibition for having a key for whomever may need to get into the room to ensure safety.
- ii. This is a comment about locks on doors for DDW clients. I am a parent of someone that is moving from Mi Via to the DD Waiver and she will be going into a medical-supported living home. She has a safety plan that we had in place for two years. Now that we are moving over to the DD Waiver, we have to go through the Human Rights Committee to get it approved. Is that true?

1. Jen's response: Yes, at this point, it sounds more of a formality.

**3. Public Comment: Daniel Ekman, ACQ Executive Committee Member**

- a. Note: Public Comment was adjusted due to Representative Kathleen Cates being available at 10AM MST and the meeting was running ahead of schedule
- b. Comment #1: The speaker raised concerns about the Policy and Quality Committee's limited involvement and short meetings, despite many new state-level memos and policy changes. They highlighted issues with Mi Via's new monthly Therap questionnaires for consultants' participant visits, noting the forms feel incomplete or poorly designed—for example, lacking "not applicable" options

and limiting answers to one choice when multiple may apply. When reported to DDSD, the state was unaware the questionnaire had already gone live. The speaker emphasized the committee's role is to provide input and suggestions to the state.

- c. Comment #2: I want to share my experience with my son who was 10 years old at the time and we were visiting family. Their house was old and at 3AM, he went to use the bathroom. He had locked the door and the only way to release was using a thin nail to push out the lock. It was a big ordeal and at that time he was experiencing seizures that came on by stress. It was a stressful moment.

4. **Representative Kathleen Cates, State Representative from District 44 (Corrales, parts of Rio Rancho, Northern Part of Albuquerque, and the unincorporated area of Alameda)**

- a. Updates and Comments:
  - i. Comment: Legislators do three categories of services: We try to find funding, change a policy by writing a bill, we advocate for individual constituents.
  - ii. Update: Last year, Representative Lujan and I were able to get HB120 all the way to the Governor's office, but she vetoed it. HB120 was about creating an Office of Accessibility. It would be geared toward helping those access areas, specifically a State website or a State building and they are having accessibility issues - do you report this to the Governor's Commission on Disability, to DDSD, to the AG's Office, to the Facilities Manager? The answer is "yes" to all, which means we don't have a centralized reporting place to see the data and make planning decisions on providing the most accessibility. This is why the bill was created to develop an Office of Accessibility to become a centralized reporting place for all New Mexicans who may struggle with having access to State buildings and websites and the office would provide technical assistance (site reviews), which then would create an annual report to send to the Interim Health and Human Services Committee. It would also go to the General Service Department, which provides maintenance to 800 State buildings, including the Department of Technology that manages all the websites for the State and to the Governor's Office. These four groups make budget requests and decisions regarding how we're going to address these accessibility issues. Despite the bill being vetoed, we have mended some things and hope the Governor sees the importance and is willing to sign off on it this year. We are also adding on a budget request for her to consider as well.
  - iii. Update: In 2023, Representative Thompson and I, along with other legislators, had a prosthetics bill passed, which required or asked the insurance companies to pay for one sports-related prosthetic. Before, the companies would only pay for one most basic prosthetic every 5 years, even though the prosthetic manufacturer stated it would only last for 2 or 3 years. With this bill, it will ask for the sports-related prosthetic and to

add activity chairs. So, if you are in an athletic sport that requires an activity chair, we can add this to the bill.

- iv. Update: HB42 - continuing to advocate for funding issues. Last year we were told it was funded to help address the categories that did not receive a rate increase in 2024. We were informed they are not going to pay for it because HCA did not get enough money in their budget. Then we were told they could start paying for it, but not until January, then we were told they were not going to pay for it. So this discussion is still ongoing and I am aware there are independent living centers that are not getting paid and the Speaker of the House, plus the Chair of Appropriations Committee is also aware of this. We are advocating to make sure that we are addressing the situation.
- v. Update: There are also some accessibility issues with State employees that I am working on.
- vi. Update: I am also using every opportunity to remind our State agencies and the public about the success of the FIT program. I am uncertain on why they are not getting the attention or the budget that they deserve when we talk about our Early Childhood programs across the State.
- vii. Update: I worked on a bill last year on increasing adult hydraulic changing tables across the State. We eventually want them mapped onto the Bureau of Tourism's website to help with planning an in-state vacation or for the out-of-state visitors. We were moving through it and set to be funded through capital outlay, and the Bureau of Tourism asked us not to do that because there is an administrative burden. Instead, they created a program Destination Forward and public facilities can request grants through that program to put in hydraulic adult changing tables. I am hoping to get more funding this following year. My goal is to have an adult changing table in any building that is either owned or even partially funded by the State that has one gender-neutral bathroom and a minimum of 4,000 individuals that pass through the building a year.

b. Questions and Comments for Representative Cates:

- i. Comment #1: There are few community centers in Albuquerque and other locations that I would vouch for to be ASMR Accessibility like community centers. I see individuals with disabilities make use of the centers - like North Domino Baca, which is a great facility but with a lot of individuals that are autistic and/or having sensory related issues that would benefit from having accessibility to ASMR, which is a service that would be beneficial in calming the sensory issues that individuals are having.
  - 1. Response from Representative Cates: I can talk to the City of Albuquerque, the ASMR, that is a premier center. If they were going to roll it out, that specific community center would be the first place. If you could email me your contact information so that I can find out specifically what it is that you're looking for.
- ii. Comment #2: I mentioned this earlier in the year, but I am seeing children

with development disabilities and mental health issues can be covered on their parents' employee insurance through the age of 26, if that parent stays employed with that entity, but if that parent transfers jobs, even within the State entity, I am being told I can't transfer that insurance for my son because I have been considering retirement and I can keep him on my insurance through the State retirement program. However, with Medicaid being threatened, the lack of having transferability within the State entities, I was wondering how to find information to see if we could get a bill where we could open up the ability to transfer while parents are able to keep their children on their employee insurance if they need to change jobs.

1. Response from Representative Cates: I did start a conversation earlier this year with the Office of Superintendent Assurance. However, with our Medicaid being threatened, they are in crisis mode of addressing things in the special session. That is their focus, but I am ready to go back to them to say something.
- iii. Comment #3: I don't understand the activity chairs - what are those?
  1. Response from Representative Cates: Activity chairs are wheelchairs with a wheel that allows you to play basketball in them, or race, they are sports-related wheelchairs. The bill I am working on is asking insurance companies to pay at least part of it if someone is willing and wanting to be athletic and to increase their activity level.
- iv. Comment #4: I have a question about free child care and wondered if you have heard about the fact that individuals who are medically complex are not able to access that same free child care for the most part - is there a plan to make it more accessible to individuals who are medically complex and if not, what is the best avenue to advocate for those families?
  1. Response from Representative Cates: If the lack of accessibility means there are not enough providers who are capable of doing it - it's not that they won't. It's not that the State won't fund it, it's that there are not enough providers.
    - a. Response from commenter: Correct, if we have a child who has a G-tube, currently there is not a daycare that can take them and provide the care that they need. So I am wondering if there has been a discussion about this?
      - i. Response from Representative Cates: I do know and I don't speak for the agency, but the Early Childhood Education Department Division is doing outreach to try to increase the amount of providers throughout the State. However, if you know any providers currently, but they need additional funds for equipment, expansion, renovation to make it more accessible, you can let me know. There is an

agency called New Mexico Finance Authority - our quasi-governmental agency, they have 19 programs where they fund Public purpose infrastructure projects and one of those is now childcare centers. If you are a current child care center, or you want to go into childcare, but you need a low to no interest loan - this agency will give loans and if you can show a number of people served, the loan is forgiven into a grant.

**5. Review and request approval for minutes from ACQ Meeting, August 14th, 2025 Summary Notes, ACQ Executive Meeting, August 22nd, 2025 Summary Notes, ACQ Listening Session, September 11th, 2025 Summary Notes, ACQ Executive Meeting, September 23, 2025 Summary Notes**

- a. All summary notes were unanimously passed

**6. ACQ Membership Openings: Tracy Perry, ACQ Co-Chair**

- a. Introduction of interested Behavior Support Candidate:

- i. Chris Larranaga: A New Mexico native from Santa Fe who has lived in Albuquerque since 1995. He has around 20 years of experience in the field, beginning as a direct support professional and later working as a case manager for 16 years. Chris earned his undergraduate degree in teaching from the University of New Mexico and a master's degree in social work from New Mexico Highlands University. He expressed his passion for advocating for the population he serves, appreciation for what he has learned in the field, and enthusiasm about participating in the ACQ and continuing his advocacy efforts.

- 1. Voting Quorum: Unanimously passed, Chris's information will be submitted to the Governor's office.

- b. Introduction of interested ACQ Executive Candidate:

- i. Valerie Dewbre: The Director of Adult Service Coordination at ENMRSN in Clovis. She has been with the agency for over 11 years, starting as a service coordinator and previously working in direct care with children. Valerie is beginning her second term on the ACQ and expressed appreciation for the opportunity to become more involved. She noted that her agency provides a range of services through the DD Waiver, Mi Via Waiver, and state general funds, primarily serving rural areas—which she said gives her a unique perspective to contribute to the executive committee.

- 1. Voting Quorum: Unanimously passed

- c. Open Position: People with I/DD and members of their families – Individuals with a diagnosis, either in childhood or adulthood, of an intellectual or developmental disability or family members or family guardians (i.e., not corporate guardian) of that individual. One member shall receive services at an Intermediate Care Facility/IDD.

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

- a. Rate Study Sub-Committee - no updates as of 10.09.2025

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

- a. ACQ By Laws: *Daniel Ekman* [Daniel.Ekman@ddc.nm.gov](mailto:Daniel.Ekman@ddc.nm.gov)
  - i. Suggested edits have been made for the By-Laws and a motion to approve was introduced
    - 1. By-Laws have been approved on 10.09.2025
- b. Interagency Coordinating Council (ICC): *April Spaulding* [aprils@abrazos.org](mailto:aprils@abrazos.org)
  - i. April reported that the ICC has not held a public meeting since her last update but recently completed its annual strategic planning retreat in late September. The retreat brought together council members and stakeholders to review progress, gather feedback, and set new goals and committees to better support the Family Infant Toddler (FIT) Program. The group also received an update on a new ECECD database platform under development, which aims to modernize and streamline processes. While members are excited about this advancement, there is also some apprehension about transitioning to a fully electronic system. The platform's development will continue over the next 14 months. April noted that the next ICC public meeting will be held virtually on November 14 and invited anyone interested to attend.
- c. Mi Via Advisory Committee: *Tim Gardner* [tgardner@drnm.org](mailto:tgardner@drnm.org)
  - i. Tracy Perry spoke on behalf of Tim Gardner as his proxy for the Mi Via Advisory Committee (MBAC). She reported that, like the ICC, the MVAC has not met since the last ACQ meeting and therefore has no new updates. The committee meets quarterly, with the next meeting scheduled for October 23 at 12:30 p.m.
- d. Medically Fragile Waiver Family Advisory Board (FAB): *Ann Marie Parmenter* [AMParmenter@salud.unm.edu](mailto:AMParmenter@salud.unm.edu)
  - i. Ann Marie reported on the Family Advisory Board (FAB), which met on September 2 and will meet next on November 4. The main focus of the last meeting was the upcoming 2026 renewal of the Medically Fragile (MedFrag) Waiver. Families expressed major concerns based on past experience with the 2021 renewal, noting that several services added then—such as individual goods and services, vehicle modifications, customized community supports, facility respite, and specialized therapies—remain inaccessible due to a severe lack of providers.
  - ii. Additional update, FAB members opposed removing underused services like facility respite, emphasizing that lack of providers shouldn't justify elimination. They also requested a review of how DDSD recruits providers and raises awareness about the need for medically fragile service providers, especially in rural areas.
  - iii. Another topic, budget caps were another significant issue: current limits have not increased with rate adjustments, making it difficult for families to access essential services like nursing without exceeding their budgets. Although exceptions can be requested, FAB urged a review to make caps

more realistic.

- iv. Ann Marie also reported that families started having to switch from the Medically Fragile Waiver to the Mi Via or DD Waiver to access services, often losing access to critical nursing care and paying out of pocket. Parents shared frustration and fatigue after years of advocacy with limited results, particularly once their children turn 21, when services become even more restricted.
- v. Last, Ann Marie highlighted the lack of public and provider awareness about the Medically Fragile Waiver and its Medicaid supports. The UNM Medically Fragile Case Management Program previously held a contract with DDSD to provide outreach and education, but that contract ended in June 2025. Despite this, they plan to continue networking efforts without formal support.

e. Mi Vía Vendor Stakeholders: *Angelique Tafoya [atafoya@altamiranm.org](mailto:atafoya@altamiranm.org)*

- i. Angelique reported that the Mi Via Vendor Committee has met since the last ACQ meeting but has not had DDSD representation. Elaine Hill has now been designated as the DDSD representative, with a backup list in place, which the committee appreciates since much of its work depends on DDSD feedback.
- ii. Several discussion items remain unresolved due to pending DDSD guidance, including issues around lease agreements for in-home living supports, A&E requirements and liabilities, updates on the rate study's impact on Mi Via vendors, approval for using CSV files for billing, an update on gross receipts tax (GRT) in budgets, and progress on the Employer of Record (EOR) policy still under development.
- iii. The committee also requested inclusion on the ACQ website to help vendors more easily find information and join meetings, as identifying Mi Via vendors remains difficult. Scott Doan noted that the request was sent to the DDSD Mi Via Waiver Program Manager and DDSD Deputy Director over Mi Via for review and consideration.
- iv. Looking ahead, the committee is considering forming a work group to review Mi Via standards now that CMS approvals are complete, aiming to provide vendor feedback during the next review phase. Angelique emphasized that the group continues to meet regularly, has strong vendor participation, and welcomes anyone interested in joining their meetings.
  1. Angelique clarified the following: The committee intends to form an internal work group within the Mi Via vendor group to review standards. She emphasized that this should not be interpreted as creating a subgroup of the ACQ for standard revision. Their intention is only to gather interested internal members to review standards from a Mi Via vendor perspective.

f. ACQ Policy and Quality: *Winton Wood [wiwood@salud.unm.edu](mailto:wiwood@salud.unm.edu)*

- i. Winton reported that the ACQ Policy and Quality Committee met yesterday. The committee meets every other month on the second

Wednesday from 1–3 p.m., with the next meeting scheduled for December 10. Overall, the meeting was brief, and the committee is looking for more substantive engagement and opportunities for input from the state.

- ii. During the recent meeting, Elaine Hill, Mi Via Program Manager at DDSD, presented a request for feedback from the Mi Via Unit regarding the universal sharing of the SSP (Service Support Plan) among vendors and providers to improve communication and coordination. The committee is asked to provide feedback—particularly on how to protect participant privacy while allowing providers the necessary information—by Wednesday, October 22.
- iii. Winton noted that recent meetings have been brief and light on content, despite ongoing state activity. The committee hopes the state will more actively use the ACQ Policy and Quality Committee for reviewing draft documents and providing feedback, even on small details like grammar or clarity.
- iv. Winton also mentioned that meeting invites are currently sent only to those on the email list, which has caused some members to miss them. Winton will ensure the entire ACQ committee receives the December invite.
  - 1. Question for Winton: Concerns about the Medically Fragile Waiver and its upcoming renewal, raised by the Family Advisory Board, should it be discussed within the ACQ Policy and Quality Committee or if a separate subcommittee should be created?
    - a. Winton response: The Medically Fragile Waiver concerns could be addressed both within the Policy and Quality Committee and possibly through a subcommittee. The committee's scope has expanded beyond reviewing documents to include substantive discussions on key issues. Winton recommended having topics sent to her and Elana so it can be added to a future agenda.
    - b. Scott Doan response: According to the ACQ bylaws, there are eight standing committees, but new subcommittees can be created by the director, designee, advisory council, or ACQ co-chairs. If there's interest in forming a subcommittee focused on provider recruitment for the Medically Fragile Waiver, the ACQ co-chairs can approve it and seek volunteers. I agree that the issue could also be discussed within the Policy and Quality Committee, but a dedicated subcommittee might be more effective for addressing the specific Medically Fragile Waiver concerns.

g. Youth Supported Living Development Committee: *Gay Finlayson*  
[gfinlayson@salud.unm.edu](mailto:gfinlayson@salud.unm.edu)

- i. No report for 10/09/2025 ACQ Meeting

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

- a. Comment #1: The speaker supports vendors having access to necessary information but strongly cautions against universally sharing the full SSP in the DDSD Media system. They argue that self-direction is rapidly eroding and that automatic vendor access to the full SSP would further undermine participant choice and privacy. While acknowledging vendors' legitimate needs for budgets and service information, there are also concerns about misuse—such as vendors reviewing unrelated services to solicit more business. They urge the State to explore solutions with strict guardrails and to preserve the core self-directed model, where participants or their representatives control what information is shared.
- b. Comment #2: The speaker requested for the final HB395 annual report and where it may be posted because they could not find it on the DDSD website and want to ensure they are reviewing the final version before submitting comments.
  - i. Tracy Perry responds that she will send it to him directly.
- c. Comment #3: The speaker highlights the significant challenges faced by medically fragile individuals and their families, noting that they are underrepresented in these discussions. She explains that the Medically Fragile Waiver is consistently under budget—by about \$4 million annually—because families cannot access services due to a severe lack of providers. All five services added in the 2021 waiver renewal remain largely inaccessible. She details numerous hardships these families face: no daycare options for children with complex medical needs; limited or nonexistent respite care; extremely high costs and poor availability of accessible transportation; burdensome, time-consuming processes for medical travel and mileage reimbursement; difficulties accessing specialty care that often requires costly out-of-state travel; and ongoing problems with DME providers that delay essential medical supplies. She stresses that medically fragile families encounter barriers at nearly every step, urges greater representation for their needs, and emphasizes that she will continue advocating despite how exhausting it can be.
- d. Comment #4, related to comment #3: The speaker clarifies that because Mi Via is the last-payer, families must first use Medicaid (through their Turquoise Care MCO) for medical transportation. This requires prior authorization and mailing reimbursement forms, with no option to fax—often making the process slow and burdensome. While Mi Via can cover some transportation for community activities written into a budget, accessing transportation remains complicated, and efforts such as exploring Uber are still inconsistent. The speaker offers to discuss possible solutions for the Medically Fragile Waiver but reiterates that medical transport must go through Medicaid first, which is often difficult for families.
- e. Comment #5, response to Comment #4: The speaker emphasizes that some individuals on the Medically Fragile Waiver are being forced to take their DD Waiver slot off hold or switch waivers because they cannot access essential

services under the Medically Fragile Waiver due to a lack of providers. She stresses that not every family can or wants to use self-direction, and that the Medically Fragile Waiver offers unique services that are not available elsewhere. She urges that it be acknowledged on the record that families are leaving the waiver out of necessity—not choice—and calls on DD Waiver providers to consider serving the Medically Fragile Waiver as well, noting that the population is small but in great need of support.

- f. Comment #6: The speaker reports conflicting guidance about implementing new fair hearing language in leases. One project manager told them they only needed to update the lease template, while another said all existing leases must be re-signed. They are uncertain whether they must re-execute all leases or simply apply the new language moving forward and raise the issue in case others are facing the same confusion.
- g. Comment #7, related to Comment #6: The speaker notes that there was confusion with the initial lease agreement request due to problems with the Smartsheet system. She agrees and suggests that DDSD clarify whether already-issued leases must be reissued with the new fair hearing language. She requests that DDSD send an updated memo outlining the current expectations, since the Smartsheet needs corrections before it can be reliably used.

## **10. Closing: Tracy Perry, ACQ Co-Chair**

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### **Zoom Meeting Location:**

#### **Join Zoom Meeting**

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

### **Upcoming ACQ Meetings and Listening Sessions:**

- ACQ Executive Committee Meeting
  - November 10th, 2025 3:30PM to 5:00PM
- ACQ Listening Session
  - November 13th, 2025 9AM to 10:00AM
- ACQ Executive Committee Meeting
  - November 24th, 2025 2pm to 3:30PM