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Niki Kozlowski, Acting Deputy Secretary  
Alanna Dancis, Acting Medicaid Director

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## Behavioral Health Reform and Investment Act Executive Committee Meeting Minutes

Date: April 23, 2026 | Time: 1:00 p.m. – 4:00 p.m.  
37 Plaza la Prensa, Santa Fe, NM 87507

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- **Welcome and Roll Call**

- Committee Present:

- Nick Boukas, Executive Committee Chair, *Behavioral Health Services Division Director at the New Mexico Health Care Authority*
    - Kari Armijo, *New Mexico Health Care Authority Cabinet Secretary*
    - Alanna Dancis, *Acting Medicaid Director*
    - Karl W. Reifsteck, *Administrative Office of the Courts Director*
    - Dr. Violette Cloud, *Behavioral Health Expert*
    - Dr. Stacey Cox, *Behavioral Health Expert*
    - Gerald P. “Jerry” Ortiz y Piño, *Former Senator, Behavioral Health Expert*

- Behavioral Health Reform and Investment Act Leads:

- Sarah Jacobs, *Administrative Office of the Courts Deputy Director*

- **Quorum Confirmation**

- A quorum was established.

- **Meeting Called to Order**

- The meeting was convened at 1:00 p.m.
  - Chairman Boukas welcomed attendees.

- **Approval of Minutes and Agenda**

- Minutes from January 20, 2026, BHEC Meeting

- Dr. Cox motioned to approve the Minutes.
    - Director Reifsteck seconded the motion.
    - The motion passed unanimously.

- Agenda for April 23, 2026, BHEC Meeting

- Director Reifsteck motioned to approve the Agenda.
    - Secretary Armijo seconded the motion.
    - Senator “Jerry” Ortiz y Pino requested additional time for Public Comment, noting that it could extend the meeting beyond 4:00 pm. With no objections from the Committee, Chairman Boukas approved the request.
    - All members present voted in favor, and the Agenda was approved.

- **Old Business | New Mexico Health Care Authority Updates**

- Kari Armijo, Cabinet Secretary, New Mexico Health Care Authority



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- Secretary Armijo provided an update on the Behavioral Health Feasibility Study and clarified the status of prior gap-analysis work. She noted that the Health Care Authority previously initiated a behavioral health gap analysis for adults in 2020-2021, completed by PCG, but the study was not finalized due to flawed data and methodological concerns.
- During the 2025 legislative session, the agency received funding to conduct a new behavioral health feasibility study and subsequently issued an RFP. Manatt Health was selected to complete the study, which included an updated gap analysis. Secretary Armijo emphasized that the Manatt study is the final, approved study the agency is using, and that questions about the earlier PCG study should be directed to the Manatt findings instead.
- Secretary Armijo noted that the Manatt study includes robust stakeholder engagement and strong data analysis, and many committee members participated in that process. The study has been posted publicly on the HCA website ([hca.nm.gov](https://hca.nm.gov)), available through Behavioral Health Assessment and Feasibility Study since the legislative session, and it has been shared broadly with stakeholders.
- The results of the feasibility study will be presented at the May 4 Medicaid Advisory Committee meeting. If additional time is needed, the agency will schedule further discussion. After the presentation, the study will also be sent to the Executive Committee for review and potential inclusion on a future agenda.
- Secretary Armijo noted that statute requires a completed behavioral health gap analysis by June 30, 2027, and the agency will begin procurement for that work in the near future.
- In response to a question by Senator Ortiz y Pino about whether the study will impact the Committee's work, Secretary Armijo confirmed that the study includes concrete recommendations on where to build network capacity, key areas of need, leverage of funding, and other opportunities. Senator Ortiz y Pino expressed interest in reviewing the study to inform regional planning efforts.
- Rhonda Rodriguez, Provider Services Officer, Medical Assistance Division (MAD), New Mexico Health Care Authority
  - Ms. Rodriguez presented a high-level overview of SB3 (2025) single credentialing. She noted that SB3 (2025) requires the Health Care Authority to establish a Medicaid credentialing process by June 30, 2027, to reduce administrative burden on behavioral health service providers.
  - She reported that MAD worked with the MCOs to ensure compliance, and CertifyOS was selected as the single-credentialing vendor in September 2025.
  - Phase 1 – MCO Single Credentialing
    - Credentialing and re-credentialing have been centralized and consolidated for all providers.
    - Initial credentialing began March 1, 2026.
    - Re-credentialing will begin September 1, 2026.
  - Phase 2 – Single Point of Entry



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- A single-point entry for MCO credentialing will be available through Yes.NM.gov for providers applying in one or more participating MCO’s network:
    - Providers will see two links:
      - Provider Enrollment System—to enroll and certify as a Medicaid provider.
      - CertifyOS Single Credentialing System—providers applying to one or more MCO.
      - Launch is scheduled for May 1.
  - Committee Questions & Discussion:
    - The Committee thanked Ms. Rodriguez for the presentation and noted that single credentialing is a meaningful step forward. Director Reifsteck asked whether the state could take additional practical steps—outside of legal changes—to reduce barriers in the contracting process between providers and MCOs.
      - The Committee discussed why some providers contract with only one or a few MCOs. Ms. Rodriguez explained that contracting decisions are provider-driven, and there is no requirement for providers to contract with all plans. She emphasized that credentialing and contracting are separate processes: credentialing is completed once through CertifyOS and shared with all MCOs, while contracting remains an individual negotiation governed by federal Medicaid managed care rules that the state cannot override.
      - Members raised concerns about access in communities—particularly rural areas—with only one provider. HCA noted that MCOs must meet network adequacy requirements, monitored by region and specialty, and that there is generally substantial overlap across MCO networks. Behavioral health leadership added that they rarely hear of MCOs refusing to contract with behavioral health providers; the more common issue is overall provider shortages.
      - Senator Ortiz y Pino asked whether HCA receives reports when MCOs decline to contract with credentialed providers. HCA responded that no such report exists, and that network adequacy monitoring is the primary indicator of gaps. It was noted that contracting decisions may also reflect quality, program integrity, or rate negotiations.
      - HCA highlighted that it provides technical assistance to providers experiencing contracting challenges, that MAD and BHSD maintain provider support teams, and that the agency meets regularly with MCOs to review adequacy and address concerns. MCO community reinvestment funds can also support local service development and provider partnerships.
- **Old Business** | Administrative Office of the Courts Updates
  - Sarah Jacobs, Administrative Office of the Courts, Deputy Director
    - Director Jacobs provided an update on the Enhanced Sequential Intercept Mapping (eSIM) Workshops.
    - Pamela Trujillo was introduced by Director Jacobs as the project manager supporting the regional planning effort.



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- Director Jacobs reported that 11 of the 13 regional workshops have been completed. Region 10’s workshop was held earlier in the day, and Region 5—rescheduled due to a conflict—is set for the first week of May. That session will complete the workshop series.
  - Regions are now focused on planning and assembling their regional plans, and AOC continues to provide technical assistance as needed. AOC and the Health Care Authority are also finalizing joint FAQs to support regions; these are expected to be released within the next few days.
  - Director Jacobs invited questions from the Committee. None were raised.
- **NOFO | Early Access Regional**
    - Nick Boukas, Executive Committee Chair
      - Two Early Access regional plans—Region 1 and Region 12—were resubmitted. Region 1’s proposal includes crisis-related services totaling \$2 million, with several sub-projects identified for review.
        - Dr. Cloud raised concerns identified during Early Access review regarding:
          - Procurement expectations placed on accountable entities.
          - Requests for funds to be disbursed directly to multiple agencies rather than solely through the regional accountable entity.
        - Dr. Cloud noted that similar issues are emerging in the broader regional planning process and suggested revisiting how funding flows to accountable entities.
        - Secretary Armijo responded that SB 3 (2025) and its companion appropriation in House Bill 2 specify that funds must be awarded as grants to regions, not directly to individual providers. Statutory language limits HCA’s ability to distribute funds outside the regional structure, and legal review has confirmed this interpretation. Regions are responsible for further disbursement.
        - Dr. Cloud agreed but noted that the statutory use of “grants,” combined with accountable entities’ quasi-governmental status, is creating confusion. She expressed concern that the current pre-approval process—including procurement-like steps, SME review, and rubric scoring—treats accountable entities as grant applicants, even though the funding is non-competitive and already allocated to each region.
        - Dr. Cloud emphasized that approval should focus on statutory plan requirements (SIM alignment, annual reporting, data, local resources, timelines, continuity of care, language access, alternative funding strategies, provider lists, Medicaid coordination), with broader evaluation occurring post-approval.
        - Secretary Armijo acknowledged the complexity of establishing a new regional governance framework and agreed that simplification is desirable. However, appropriations are tied to approved regional plans, which must be based on the SIM process and voted on by the Committee before funds can be released.



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- Dr. Cloud reiterated that the core issue is order of operations: funding amounts were established before plans were developed, yet the current process imposes procurement-like requirements before regions can access their allocations. She suggested that once a region submits a plan meeting statutory requirements, it should be able to use its funds without being treated as a competitive applicant.
- Dr. Cloud raised concerns regarding Nations, Pueblos, and Tribes, noting that the current regional map assigns tribal communities to regions in ways that do not reflect sovereignty or geographic realities. Some non-contiguous Navajo chapters are placed in regions whose funding they cannot access because they have been directed to work through the Navajo Nation (Region 11). She stated that this structure creates inequitable barriers and does not honor government-to-government relationships. Dr. Cloud also noted reports that some tribes may be charged indirect costs when accessing funds through regional entities, which she described as inappropriate.
- She emphasized that these issues are interconnected and warrant reassessment. She urged the Committee not to let sunk costs prevent needed course corrections.
- Dr. Cloud motioned to pausing and recalibrate the current workflow, noting that statutory deadlines remain but the steps leading up to plan submission can be adjusted. She recommended convening a focused workgroup to clarify:
  - the role and status of accountable entities as quasi-governmental bodies,
  - appropriate government-to-government funding pathways, and
  - how to avoid unnecessary administrative layers that delay distribution of funds.
- Motion was seconded by Senator Ortiz y Pino.
- Dr. Cloud suggested using the Early Access experience as a case study to identify process failures and improve the approach moving forward.
- **VOTES | Early Access Regional Plans**
  - **VOTE | Early Access Regional Plans for Region 1**
    - Director Reifsteck motioned to approve Region 1's plan without administrative fee to tribes and one accountable entity: Santa Fe County.
    - Motion was seconded by Dr. Cloud.
    - Motion passed.
  - **VOTE | Early Access Regional Plans for Region 12**
    - Dr. Cloud motioned to approve Region 12's plan.
    - Motion was seconded by Dr. Cox.
    - Motion passed.
- **Motion to Pause Review Process** (Withdrawn)
  - Dr. Cloud raised concerns about the need for greater clarity and transparency around:
    - The status and role of accountable entities
    - How funds flow to them
    - How the current review and rubric process treats accountable entities.



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- Several members, including Senator Ortiz y Pino and Director Reifsteck, expressed interest, and Dr. Cloud moved to temporarily pause the current review process to reassess these issues.
- Senator Ortiz y Pino seconded the motion to temporarily pause the current review process to reassess these issues.
- During discussion, it became clear that:
  - A pause in the review process would also pause Early Access funding, because 10 of 13 regions are already under contract.
  - Pausing would prevent the remaining two regions from receiving Early Access funds.
  - Members agreed that Early Access funding should not be interrupted.
- The Committee clarified that the intent was not to pause Early Access funding, but rather to:
  - Continue reviewing regional plans,
  - Request a more transparent explanation of how funds flow to accountable entities, and
  - Reassess how accountable entities are designated.
- **Motion Withdrawn**
  - The motion to pause the review process was withdrawn by Dr. Cloud.
  - No vote was taken.
  - Committee agreed to address accountable-entity transparency in a future work session.
- **Regional Plan Proposals**
  - Chairman Boukas reported that HCA is transitioning to Submittable to streamline regional plan submissions. The platform organizes proposals by priority area, routes them to subject matter experts for review, and returns SME comments to the Committee to support discussion, approval, or clarification.
    - Because Submittable was launched later than planned, one region was granted an exception and allowed to submit its full plan outside the platform to avoid requiring substantial last-minute changes.
    - Chairman Boukas acknowledged public comment concerns regarding Submittable and proposed forming a working group with AOC, LFC, HCA, and one or two Committee SMEs to review the platform using one or two regional plans as test cases. The goal is to ensure the platform is:
      - Understandable to regions,
      - Transparent regarding expectations and workflow, and
      - Uniform for use moving forward.
  - No motion was required. Chairman Boukas requested SME participation and emphasized the need to move quickly—within one to two weeks—to provide clarity to regions.
  - Director Reifsteck noted that Submittable was not part of the process envisioned when the Committee approved the scoring rubric, template, and deadlines. He expressed concern that the shift represents a course change and asked how Submittable fits into the previously approved process. He suggested the Committee determine whether it wishes to continue with the platform and supported a workshop to evaluate its value.



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- Chairman Boukas asked for clarification on whether the proposed session would be a committee workshop. Director Reifsteck asked whether the Committee is comfortable creating a workshop process after having already approved a process.
- Dr. Cloud stated that Submittable relates to concerns she previously raised about the relationship between HCA's stewardship role and the regional accountable entities. She noted that the current Submittable workflow and rubric differ from the approved template and that an exception was already made for one region. She questioned the rationale for continuing with Submittable in its current form.
- Dr. Cloud renewed her earlier motion, emphasizing the need to review the plan review process, clarify engagement with accountable entities, and determine what criteria should apply at this stage—distinguishing between plan review, quality checks, fiscal accountability, and behavioral health standards relevant to both LFC and HCA. She stated that the Committee needs time to workshop these issues to ensure external transparency.
- **Motion to pause approval of regional plans, review and workshop:**
  - Dr. Cloud moved to for the Committee hold a workshop to review the submission process, transparency expectations, and allocations to Native American partners, and clarified that the motion does not prevent regions from submitting plans.
  - Seconded by Senator Ortiz y Pino.
  - After lengthy discussion, motion passed.
- **Legislative Update [Agenda Adjustment]**
  - Chairman Boukas briefly adjusted the agenda to allow legislative guests to speak prior to the Region 2 presentation.
  - Virtual Attendees: Senator George Muñoz, *Chair, New Mexico Senate Finance Committee and Charles Sallee, Director, New Mexico Legislative Finance Committee*
  - Senator Muñoz:
    - Rebuilding the behavioral health system is slow, difficult, and mistakes are inevitable.
    - The legislature expects regions to move forward, even if imperfectly; mistakes can be corrected, but inaction cannot.
    - The system was “basically destroyed” under a former administration, and rebuilding will naturally involve errors, omissions, and gaps that become visible over time.
    - Regions must show that initial funding is being used effectively and should braid funding across Medicaid, Workforce Solutions, and behavioral health planning funds.
    - Longterm sustainability is essential; this is not a one-year project.
    - Western NM remains a “desert for mental health” —statewide costs still unknown.
    - Medicaid Trust Fund may support future needs; state will need to “figure it out together.”
  - Director Sallee
    - Provided an overview of the state's behavioral health funding structure.
    - Medicaid is the primary payer for behavioral health in New Mexico, with projected spending of \$1.2 billion this year.





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people last year, is not meeting the needs it was designed for, and similar challenges may arise in regions without Albuquerque’s psychiatric resources.

- The Committee suggested involving the Department of Health, which oversees state facilities, to ensure statewide facility planning aligns with regional needs. Members also noted that Sequoyah, the state facility for youth with serious emotional needs, is underutilized and should be considered in statewide planning.
- Region 2 plan did not include quantitative estimates such as:
  - the size of the identified problem,
  - the percentage currently addressed, and
  - the percentage expected to be addressed with new funding.
- The question was raised whether the Committee expects this level of detail in regional plans, acknowledging that procurement rules prevent regions from identifying specific contractors in advance.
  - **Response from Region 2 (Dr. Lindstrom)**
    - Dr. Lindstrom explained that the regional plan template focused on identifying five priority areas based on stakeholder engagement, including the youth-focused enhanced eSIM process. The template did not request percentage-based estimates of need or impact, so the region did not structure its plan that way.
    - He clarified that once the plan is approved, the region will solicit proposals aligned with the five priorities and apply a logic model to measure outcomes. The plan includes the beginnings of that framework.
    - Dr. Lindstrom emphasized that procurement timelines pose significant challenges. Past procurements for opioid settlement funds have taken 12–18 months, delaying service implementation. He expressed concern that if regions must conduct separate procurements for each priority area, providers may receive funds too late in the fiscal year to meaningfully implement services.
    - He noted that recurring service costs cannot be sustained with one-time funds and highlighted the need to use these funds for startup, implementation, capacity building, and infrastructure, rather than ongoing operations.
    - Region 2 is exploring options to avoid lengthy procurements, including:
      - contracting with the HCA Administrative Services Organization (ASO), which already has agreements with most behavioral health providers,
      - using existing multi-award contracts with 65 providers, and
      - using IGAs where appropriate.

**Tribal Funding Considerations**

- Region 2 includes \$1 million designated for tribal needs. Dr. Lindstrom explained that:
  - ❖ The region has an agreement with Isleta Pueblo to support their planning.
  - ❖ Sandia Pueblo has not yet engaged, so remaining funds will be held for them should they choose to participate.



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- ❖ Any unspent tribal allocation may also support urban Native populations, which represent more than 350 tribes in Albuquerque.
- Dr. Lindstrom noted that Region 2 initially attempted to work with To'hajiilee, but was informed that funding must flow through the Navajo Nation.

**Clarification on Funding Formula**

- Dr. Cloud inquired about the difference between Region 2's allocation in the plan and the amount shown in the funding formula. It was clarified that: Region 2's total allocation is \$13.79 million, of which \$1 million is the Native American allocation, leaving \$12.79 million for the regional plan.
  - ❖ Deputy Director of Finance for the BHSD, Ricky Martinez, confirmed that the Funding Formula posted on HCA's website is accurate, though its layout may cause confusion. All regional totals add correctly.
  - ❖ The Committee requested a future discussion on the Native American service population data source, noting the importance of accuracy.

**Additional Discussion**

- ❖ Secretary Armijo requested clarification on Region 2's five priority areas, noting that categories such as "policy" and "access" were broad and lacked specificity. She asked how these priorities align with the statutory funding buckets (crisis, SUD, workforce, infrastructure) and raised concerns about approving a plan without clearer detail on proposed infrastructure, services, timelines, and use of funds.
- ❖ Dr. Lindstrom explained that the regional plan is not a set of provider proposals. The plan identifies five priorities derived from the enhanced eSIM process and stakeholder engagement. After approval, the region will solicit provider proposals aligned with those priorities and evaluate them using logic models, business plans, and measurable outcomes.
- ❖ Secretary Armijo and Chairman Boukas asked what activities fall under the "policy" priority and how it ranked above needs such as housing or youth services.
- ❖ Dr. Cloud moved to approve the Region 2 plan. Seconded by Senator Ortiz y Pino.
- ❖ Region 2 representatives clarified that:
- ❖ The broad priority categories reflect the full range of issues identified through eSIM and stakeholder input.
- ❖ The policy priority addresses system-level barriers (e.g., CPSW billing limitations, misalignment between courts, competency processes, and service systems).
- ❖ Funds would not be used for lobbying; they may support studies, analyses, or system-improvement work.



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- ❖ Secretary Armijo acknowledged the tension between avoiding micromanagement and ensuring sufficient clarity for state oversight. Some members, including Director Dancis, expressed concern about approving broad categories without more detail; others emphasized that the Executive Committee’s statutory role is to confirm that plans meet required elements, not to evaluate granular implementation details.
- ❖ A suggestion was made to approve the plan with a request for additional specificity within 45 days. The motion’s maker declined the amendment, noting that follow-up detail can be addressed through HCA implementation oversight, not conditional approval.
- ❖ The Committee continued discussing the appropriate level of review, the distinction between the Executive Committee’s statutory role and HCA’s administrative responsibilities, and how to balance regional autonomy with accountability.

○ **Motion to Amend Motion to Approve Regional Plan Proposal for Region 2**

- Dr. Cloud moved to amend the motion to approve the Region 2 Regional Plan Proposal by allowing 45 days for the region to provide additional clarity on Priority 1 policy issues, including identifying what elements of Priority 1 were derived from the SIM process
- Senator Ortiz y Pino seconded the motion.
- Motion passed, with one no vote by Director Reifsteck, citing need for more measurable outcomes throughout the plan.
- After discussion, Secretary Armijo agreed the plan is too high-level but also agreed not to micromanage regions.

○ **Final Motion (Amended)**

- Approve the Region 2 plan with a 45-day requirement for Region 2 to provide:
- Additional specificity on Priority 1 (Policy)
- Clarification of measurable outcomes
- Responses to follow-up questions (to be sent within one week)

● **Public Comment**

- Comments were received from both in-person and online attendees

● **Next Meeting, Agenda Tops, and Action Items**

- Nick Boukas, Executive Committee Chair

- Next Meeting: Friday, August 14, 8:30am to 11:30am
- Additional Agenda Topics
  - Beyond upcoming regional plan submissions, the committee agreed to add:
    - A work session focused on
      - ❖ Transparency and allocations to Native American partners
      - ❖ Clarification of submission timing and year-round intake
      - ❖ Any needed financial or procedural clarifications for accountable entities
- Timing & Need for Earlier Reconvening



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- Secretary Armijo and Dr. Cloud expressed that the work session should occur sooner rather than later, given timelines for regions still developing plans.
- Regions preparing submissions
  - Region 2 will submit an updated logic model using HCA's new template.
  - The committee may need to reconvene before the next quarterly meeting for a work session. Chairman Boukas stated that HCA staff will coordinate calendars to schedule the work session. The work session will be structured to ensure:
    - Public transparency
    - Compliance with open meeting rules
    - Clear deliverables for committee review
    - The committee will determine at the next meeting whether any items require formal action.
- Questions About Process & Public Meeting Requirements
  - Director Reifsteck, Senator Ortiz y Pino, and Dr. Cloud sought clarity on:
    - Whether the committee will vote on the outputs of the work session
      - ❖ How the work session's recommendations will be presented back to the full body
      - ❖ How to ensure compliance with open meeting requirements, especially if smaller groups meet to draft clarifications
- **Adjournment**
  - Director Reifsteck moved to adjourn the meeting., seconded by Dr. Cox.
  - The motion passed unanimously.
  - Meeting adjourned at 4:45 p.m.