



ACQ Executive Committee Listening Session
Meeting Summary Notes
January 8, 2026
ZOOM Meeting
9:00 AM to 10:00 AM

29 Participants

ACQ Executive Committee Attendees: Scott Doan, *Deputy Director, Developmental Disabilities Supports Division (DDSD)*, Tracy Perry, *Co-Chair, ACQ Executive Committee and CEO, Direct Therapy Services*, Daniel Ekman, *Advocate, Developmental Disabilities Council, Program Manager, Center for Self Advocacy*, Valerie Dewbre, *ACQ Executive Committee, Director of Adult Service Coordination, ENMRSH*, Kelley Harvey, *ACQ Administrator*

I. Welcome/Introductions

II. Open Floor for Comments

A. Tracy Perry opened discussion on the following:

1. How to improve the ACQ
2. Advice for DDSD
3. Other topics or questions

B. Comments:

1. **Comment #1:** There is a draft of the new service and supports plan for Mi Via and public comment is being requested. Comments will be needed by tomorrow. Please email Winton Wood if you need a copy and she will forward it.
2. **Comment #2:** Rate Study is in full swing. I like that the Rate Study was looking at the cost for Environmental Modifications (eMods) in comparison not only with New Mexico, but across the nation. They had a suggestion at 15,000 and I feel the State does not want to raise it because a renewal was submitted for 5,000. It's currently at 5,000 and an issue we have encountered is that we can't get a contractor to come out and look at a job for 5,000. It leaves families without or dipping into any money that they may have to get it done themselves. The other issue is that the quote is never going to be 5,000 - it's possible for a ramp, but not for a bathroom modification. I want to remind the State and remind everybody else to please advocate for a reasonable reimbursement rate for eMods.
3. **Comment #3:** I am not familiar with the Mi Via new draft plan. About the eMod, it was noted 15,000, but I think the Rate Study recommendation was 25,000 and that is over five years. To be clear, the eMod is 5,000 for five years. Currently, the proposal is to bring us in line with other States - I could be wrong. I have discussed how far behind New Mexico is at 5,000 every five years in providing an adequate reimbursement rate for eMod.

4. **Comment #4:** Could eMods be funneled out to providers? I do not know what the process is now about how eMods get approved, but if it could be funneled for providers to have access to contractors in their local communities. It's my understanding there are one or two eMod providers in the State. If providers could be responsible for securing and contracting with a provider to do a project, they could monitor it. I understand currently that a provider in Albuquerque may be sent to Carlsbad to do a project, and they spend the \$5,000 for travel time to and from the site. Would it be possible to require a Federal Medicaid situation where it could be turned over to the local communities to complete those projects for efficiency.
5. **Comment #5:** Do we have local providers, at least in Mi Via? For example in Las Cruces, New Mexico, it is rare for an Albuquerque company to travel to Las Cruces. This is a problem because it is not an easy system to use when you are working with the State for a reimbursement for work you have completed. Our experience is that most providers in the metro area do not go to Las Cruces because of the travel time. For those who use to work with the system, they are choosing not to do it because they question: "Why are we going to waste our time when the administrative system is labor intensive to work with the State?" The reimbursement for a sum of 5,000, which we can't really cover all our costs while they have to meet all the requirements of the liability insurance, contractor's license, and the business license. Once in a blue moon, you will have a contracting company that will make an exerted effort to try and reduce costs as much as possible - we're just not seeing it anymore.
6. **Comment #6:** Referring to Comment #5, The providers are in Mi Via. The Mi Via consultant who helps with the process and the EOR who approves of this contractor. The EOR family are recommended by the Mi Via consultants to call three different companies, get three different estimates and ask all the right questions - the consultants help with that. They are supposed to guide the family. Note, we're not responsible in any way, shape or form, and we don't make recommendations to pick a certain company. All of that is in place currently, and the only sticky point is the reimbursement rate. Any contractor in the state can serve Mi Via if they're willing to, as long as they have a contractor's license, business license and liability insurance. We do have contractors throughout the State, but they do not want to work for 5,000. Second, we have not seen a copy of the new Mi Via standards. I mentioned this to Jennifer about the new standards and what we were sent in November to review even though the Mi Via renewal started Oct. 1 for five years. We had asked the State about that and whether the wrong copy was distributed because there's caps on ours. The person who sent it out, they checked on that and were told, no, these are correct, but we will do an amendment. Jennifer



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reassured us and a memo came out that, no, there are no caps on hourly caps on services in Mi Via. However, we have not seen the standards that reflect that nor have we seen the permanent standards. So we're still waiting and maybe Scott knows when they might come out.

- a) Response from Scott Doan: I don't have an update on the revised amended Mi Via waiver service. I'll follow up with Melanie Buenviaje and Elaine Hill.

7. **Comment #7:** I wanted to provide comments on benefits for folks who are on any of the State's Home and Community based service waivers. We've been seeing an increase in challenges with folks trying to recertify for their SNAP or Supplemental Nutrition Assistance Program AKA food stamps. There are different levels of income that family members might be paid for a specific service. Historically they haven't been counted as income and now they are being counted as income. Other challenges involved being bounced around within the Income Support Division. Folks are being guided and they need to talk to the Institutional Care and Waiver Unit, which is where all public benefits for the waiver recipient and their household members should be processed. This is incorrect. You need a regular case worker, then it goes back to the Institutional Care and Waiver Unit caseworker. This problem is creating delays for folks to access basic human needs of getting food. The second part at least with my agency, a handful of people are having a problem with getting their Medicaid date recertified and are experiencing technical glitches. It sounds like with Aspen, the system at the Income Support Division uses. There are folks who have medical complexities and this creates a significant issue if they don't have any other form of Medicaid or health care insurance because the system shows that they don't have any. Even though the Income Support Division might say yes, you are recertified, but a physician won't see this person until they can see in the Medicaid system, whether that be the portal, that this person has Medicaid. If this could be reviewed before the implementation of changes with the One Big Beautiful Bill Act and how that's impacting Medicaid in particular would be helpful. My third point is related to the gross receipts tax. I think it's such a great thing for folks who are on Mi Via so they no longer have to pay it outside of their budget. I'm hoping to get some more guidance soon on that. Consultants have noticed when they log into the online system that's used for tracking budgets and the service and support plan there's no line items for it, and there are budget goals for it. The information is not accurate. A memo was sent out saying the implementation would be done by March. Am I going to be able to move those funds at all or are the funds gone? It would be helpful to have more information for participants, EORs, and Mi

Via consultants. That way we can provide that guidance appropriately to folks. My fourth comment is the Legislative session is starting soon. Anyone who subscribes to the Disability Coalition's newsletter, there is information from Ellen Pines who had noted in the newsletter about money earmarked from the Developmental Disability Supports Division for the program, but the verbiage also hinted that it is not fully committed for being for provider increases, like, for rate increases. Could there be more solid language around that?

8. **Comment #8:** Related to comment #3 to comment #6, Albuquerque has different contractors for options, but when you live out in the rural area, you have to stay with what's available nearby and sometimes it's expensive. We did a bathroom modification last year and the 5,000 wasn't enough to start with. We had to come up with the rest of the money, which was close to \$12,000, out of our own pocket. Albuquerque people have different choices to pick contractors or get different estimates. And you're right, people from Albuquerque won't come, not even to come and do an estimate for that price.
9. **Comment #9:** There's always issues in the rural area regarding any service. You might have the availability of a vendor, but what does that really look like? The increase of the amount to the environmental mods is fabulous. It is going in the right trajectory to support families because that's a lot of extra money. My next comment is about home studies. It was discussed at the ACQ Mi Via Vendor Committee. It was brought up by Selena, who is not on this call today, that this was in its infancy in coming out as a requirement and we opposed it. We didn't know anything about it and we didn't know what the intention was behind it, and we were told that we would get more information. Then the provider meeting happened on the 16th of December, and there were a couple of slides in there from Selena, which clearly stated that in-home living provider vendors would be responsible for completing this home study. It also states that we will have training sessions in February or March prior to the implementation. I want to go on record saying that I am completely opposed to this. I have a lot of questions, which is why I'm opposed to it. My understanding as a DD waiver provider, which is not the same as Mi Via, is that home studies on the DD waiver provider are done annually and they're to ensure that the home is safe. Those are typically in tandem with a monthly visit. This is not part of in-home living vendorship. On Mi Via it is not part of the service. It is not part of the standards unless the standards that we haven't seen in the final draft have removed those. It completely changes the in-home living service and adds liabilities that are troublesome. The return rate from the Mi Via on the in-home living doesn't include any of that oversight. As we were told, there were not necessarily specifics other than the provider meeting that said, it is happening and what it states in here is all in-home living. Vendor agencies will be



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required to complete a home study prior to the participant receiving services and that it is the individual contractors or the vendor agencies that will be responsible for ensuring the health, safety and accessibility and independence which is difficult given that the consultants are the boots on the ground. I have lots of concerns as an in-home living vendor and that has the potential to impact our vendor provider network.

10. **Comment #10:** I have submitted my paperwork to the State, but I haven't received anything. I want to ask who I can meet with to discuss the role of responsibility of an ACQ member. I've done a lot of these meetings throughout most of my life professionally, and they're great. Sometimes they can be very advantageous. Sometimes they can be very confrontational and I'm not sure how they're going to be led going forward. I want to become a good fit and not somebody who's going against the grain when I have questions, because the rate study is something that I have input on. Who would I email? Secondly, other things like SNAP, Medicaid and other benefits that I don't want to use the word non directly...those take up a lot of space in the conversation and if they play a role - fantastic. How and who can I reach out to, both on an ACQ level and maybe on a State level, to make sure that I'm providing the best information going forward and I produce good points and everybody can see them and understand.
- a) Response from Tracy Perry: You can get with myself, Scott, any of the ACQ executive committee - that would be me, Scott, Kelley, Valerie, Daniel, and Siri. If the executive committee is willing, when we have our executive committee, maybe we can make some time and you can join in and we can answer any questions you may have in one of our executive committees.
 - b) Additional response from Scott: Thank you, Tracy. I agree with everything that you said to Leon. Plus, I would also add, we have an ACQ orientation. I think you missed it. We had done it right before you had come on as a member. Kelley will send you the presentation. I've been in contact with the Governor's office. They have all of your information. They've confirmed with me that they have it. They're just a little bit behind, given the holidays and it is in process.
11. **Comment #11:** Response from Scott Doan on Comment #9 - In terms of home studies for In-Home Living Services, I'm not aware that a final decision has been made on that. We have an internal meeting next Tuesday to discuss it further. I'll bring up that the impression is, if I hear you correctly, the final decisions have been made. I'm not aware of that. Doesn't mean that I'm exactly right. I still think it's open for some

discussion and feedback, at least that's my understanding. To the eMods, Tim was right that the recommendation from HMA Burns is 25,000 for five years. I want to be clear that you will get no argument from the Healthcare Authority or DDS that \$5,000 is enough. We recognize that is not enough money at all. As Judy stated that they had to pay out of pocket \$10,000 for environmental mods. That's not uncommon. Unfortunately we agree it's not enough. Any rate increase including environmental mods is going to depend on the appropriation. What we get from the legislature and I am sure you have seen that there's recommendations from the Governor's office and now there's recommendations from the LFC, and so DDS will have to work between those two to try to reconcile what that final number is. Remember it depends on appropriation, how much we get. Decisions have to be made about how you apply that.

12. **Comment #12:** My understanding was that \$5,000, it's not like across the board that everybody has \$5,000. Turquoise Care has maybe \$6,000. It came up several times recently and we asked why was it reduced back down coming out of Covid to that \$5,000? Why didn't you leave it at that \$6,000 so that it's equivalent? I thought the Health Care Authority had that authority. I think that if one program has a certain rate that's higher, everybody should have that same rate. I did want to get back to what Angelique was saying and Tracy, Mi Via is not the traditional DD waiver, Mi Via is 99% family oriented loved or loved one, whether it be your adopted family, whoever you call your family. Which is different from traditional duty waiver because there are families involved, but there's also a very large portion of providers and group homes. If you have something like a group home run by staff that are not family, it makes sense to me then that, yes, everything is done by the codes. Everything is done by oversight. You have outsiders coming in that are not your family, usually being paid an hourly wage, whereas in Mi Via, in the home situation, it is very different. It's your choice who your providers are and we cut out the middleman. The agency you can use for in-home living supports is the administrative side of things, not the inspector coming into your home all the time. I understand safety and it's important, but I agree with a different model from a group home setting. I think that in-home living supports is excellent the way it is. We are required as Mi Via consultants to go into the home and we have to report every month if there are any red flags. If it looks like there could become a safety hazard, we want to work with the family, make some suggestions on how and why that could be a safety hazard. If the state tries to put Mi Via into another traditional duty waiver, what's the point of having two waivers? And that's not to say that we should and do away with a waiver. The beauty of Mi Via is self-direction and we do have consultants going into the home, which we worked hard to give the in-home living support providers a living wage. One thing to note about Mi Via is the family members, they don't have



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benefits, they don't have retirement when they're working for the in-home living company for their loved one or their contractors, they don't have sick leave, they don't have vacation leave. They have no benefits. So they get a wage - that's reasonable. But an in-home living supports agency will start to take a huge cut if they are required to do these other things or they will say that's not worth our time. Then there's less competition, which means less pay for the actual person doing the work. I want to voice my opinion to the State about this. Mi Via is becoming less and less self directed.

13. **Comment #13:** As bad as things may seem in New Mexico, the Minnesota State association executive announced that they have stopped payment for 14 services in social services, home and community based services, and food stamps. All 14 services are not being paid for, regardless of the service, whether it's a home and community based DD waiver provider or a SNAP provider. There are providers that are calling their association asking if there is money because they cannot make payroll. Our situation is dire, but it's not nearly as dire as the States that our current presidential administration has taken aim at to try to bring change.
14. **Comment #14:** I wanted to talk about a memo that came out about the audiologist. There are some members who need an audiologist. The decision consultation form was a significant topic at the quarterly provider meeting. I would recommend that you review the memo and look at the guidance that was provided at the provider quarterly meeting because of the exception versus decision consultation. *The commenter could not finish due to bad signal and members recommended the speaker to send an email.*
 - a) Additional comment added on: The decision consultation form conversation was that if there were no audiologist available or if you need to be seen for a hearing check and Medicaid won't cover it - the team and the case manager needs to reach out to the care coordinator to request an exception.
 - b) Another comment added on: There is confusion around the use of the decision consultation form. A memo was sent out on December 4, 2025, signed by Jen. An annual hearing exam is not a requirement of the waiver. It's recommended by an audiologist or if there is something in the record that states the individual has an issue with hearing, they need hearing aids or they went to the annual physical and the primary care physician recommended that they go see an audiologist. It's at that point that DDS and Quality Manager Bureau of DHI will look to see if an audiological form or

hearing exam has been completed. If the individual and or the guardian do not want to see an audiologist or a hearing doctor, you use the decision consultation form so you can document the conversation with the individual and the guardian, both the benefits and the risks of not seeing a hearing doctor- the individual and the guardian sign off on the decision consultation form and it's place on their file. It is sufficient for DDS and DHI. I confirmed this with Valerie Valdez, Bureau Chief with DHI. The hearing exam is not an annual requirement, it is as recommended. are the physical and the dental, eye exams, hearing exams. It's as recommended.

- 15. Comment #15:** I have a question about the budget. The governor's budget is very different and I pulled the information that came out through the LFC to see what they're saying. My question, are we going to get any updates from the department on what is being recommended for services in fiscal 27 so that we can advocate appropriately and speak to the right people?
- a) Scott Doan's response: In our DDS budget proposal, we asked for 47 million dollars, specifically for rate increases. The governor put out her executive budget and she specifically called out 10 million dollars for rate increases. 10 million does not equal 47 million. The LFC recommended 6.3 million for residential services. So, DDS will have to work with the governor's office and the LFC to reconcile what that final number is going to be.
 - b) Response to Doan's comment: Thank you for that number. I will go back and look at it as well. That is so completely disheartening for our entire IDD community. That is so disheartening. My question to you to put it on record is will the ACQ or other entities have the opportunity to give some advice or some recommendations as to what that 6.3 is used for? I don't need an answer. I'm trying to put it in the space of collaborative efforts
 - c) Response to Doan's comment: It will really depend on what winds up in House Bill 2 and the language used. Sometimes they're very specific on how monies are supposed to be spent, and sometimes they leave it a little bit more wide open. You are correct in terms of if you have concerns, now is the time to voice them.
- 16. Comment #16:** This comment is in reference to the decision consultation form clarification. I agree with Scott's response. In the past, we've always received a directive on hearing every three years. I agree if there's a physical and there's a need for a hearing test, and then there's a recommendation, to follow that path. My understanding from the conversation and that provider meeting is that if there was a decision consultation form on a hearing test, then we'd have to submit a justification letter and submit that to DDS to then get an exemption for



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the requirement of that appointment. I think there's a lot of agencies that interpret that, but also are confused because they're still familiar with the three year requirement in the past.

17. **Comment #17:** I want to publicly comment to the governor that one of her projects dear to her heart is free child care and giving an adequate salary to the providers, the staff, and the direct support providers. However, I want to make note, a family that was concerned about hearing from their providers about developmental disability services, said they can't compete currently with their rate of reimbursement with what is proposed for the child care staff. The governor needs to look at that. I think it's important that the legislative finance committee also looks at that if they are going to be placing funding into free child care. They need to look at how that can harm other programs and instead of harming other programs, meet them so that everybody is adequately paid for their time. Additionally, I want to state that since we were on the care coordination, what I'm seeing in Mi Via is an issue with care coordination with our MCOs. There's been a disconnect in what they do and what the Mi Via consultant does. I had a family come to me in need of medical support and prior authorization. That is what care coordination is for and they have a care coordinator who was first in developmental disabilities and who tried to dissuade them from using their service. They said, you have an immediate consultant who can take care of that - we do not do medical. I met with the care coordinator who said they now understand what Mi Via does. He also mentioned there is a total burnout across the field because they manage a 80-people caseload. I want to go on record that the State for several years now has been pushing collaboration between Mi Via and care coordination and to use care coordination, but something in the system is not working. It sounds like there needs to be a different approach than caseload overload for care coordinators and I don't know what that means. Is it lack of funding to the MCOS for this service?

C. Closure of Listening Session, 10AM MST

1. Tracy Perry closed out session and stated transcript was completed

Follow-Up Points:

- ACQ Listening Session – February 12, 2026, 9:00AM to 10:00AM
- ACQ Executive Committee Meeting – February 19, 2026, 2:00PM to 3:30PM
- ACQ Meeting – March 12, 2026 9:00AM to 1:00PM

Zoom Information:

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

DDSD ACQ website:

- [Advisory Council on Quality - New Mexico Human Services Department \(nm.gov\)](#)

ACQ Public Comments:

- <http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/quality-public-comments.html>