



ACQ Executive Committee Listening Session
Meeting Summary Notes
February 12, 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)*, Siri Guru Nam Khalsa, *Co-Chair, ACQ Executive Committee*, 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:** My name is Kara Reeder and my husband, James Reeder. We are parents to an individual receiving Mi Via Waiver services. Recently, we received notice that they're considering doing home studies for the Mi Via program. We wanted to share our views on that and how we're kind of opposed to that because we don't feel like it fits into the model of the Mi Via program. I'm submitting this comment to state my strong opposition to the proposal to implement so-called home studies for me via participants receiving in-home living supports through vendor agencies. The proposal asserts that a home study is not an "inspection." This claim is contradicted by the substance of the proposal itself. Any process that evaluates environmental safety determines adequacy of supports, assesses compliance with standards, occurs on a reoccurring basis and is triggered by a perceived risk or changes in living circumstances is by definition and effect an inspection. Renaming the process does not change its function, impact, or intrusiveness. What is equally concerning is the complete disregard for the privacy and rights of other individuals living in the home. A Mi Via participant is often not the sole occupant of their residence. Parents, spouses, children, roommates, and extended family members are not Medicaid recipients, have not agreed to state oversight, and are not subject to waiver requirements.

This proposal improperly extends state authority into the private lives and homes of non-participants, crossing serious legal ethical and personal boundaries. Mi Via was explicitly established as a self-directed alternative to the traditional DD waiver. Importing traditional DD waiver-style home studies into Mi Via undermines the very foundation of the program. Self-direction means that individuals and families control how their supports are integrated into their lives, not that the state dictates how a private household must function. Framing this change as parity across waivers ignores the fundamental philosophical differences between the programs and participant choice, rather than protecting it. If the stated concern is vendor accountability, this proposal is both misdirected and excessive. Vendor accountability can and should be addressed through existing service documentation, outcomes monitoring, participant satisfaction, and established incident reporting mechanisms without imposing professionalized credentialing requirements that disregard the lived expertise of family caregivers who have supported individuals for their entire lives. Subjecting private homes to routine and conditional oversight is not a necessary or appropriate tool for managing provider performance. It's also important to acknowledge the extensive oversight that Mi Via families already experience. Participants and families routinely receive monthly visits from Mi Via consultants. Biannual state in-home health and wellness visits, regular monitoring from service coordinators and frequent interactions with medical providers and specialists. These layers of oversight already place families under ongoing observation and accountability. The proposal to introduce yet another recurring presence in the home raises serious concerns about redundancy, intrusion and cumulative burden. At what point does oversight become excessive, and how does adding additional home visits meaningfully improve safety, rather than simply expanding surveillance into private residences. Any discussion of additional oversight must also acknowledge the reality of what family caregivers already shoulder every day. As the parents of a full-care, non-verbal individual, we are not only caregivers, but also personal attendants for bathing, dressing, and hygiene. Transportation providers, appointment schedulers, care coordinators, medical interpreters, advocates, meal planners and cooks, housekeepers managing constant cleaning and laundry, and the point person for every professional who enters the home.

These roles are continuous and essential to our son's ability to live safely and with dignity in his own home. Proposals that add further scrutiny or requirements into private residences without recognizing the cumulative labor disregard the reality of family caregiving and risk compounding strain, rather than supporting stability. The proposal further misuses the home and community-based services setting requirements as justification for home studies. Home and Community Based Services (HCBS) was



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designed to protect individuals from institutional control and intrusion, not to authorize state surveillance of private residences. Using HCBS compliance to justify entering homes, assessing family dynamics, or evaluating household living standards is a distortion of the intention of those regulations. The inclusion of vague and subjective triggers such as new risk, caregiver strain, or changes in the living situation is particularly troubling. These undefined criteria invite inconsistent, arbitrary, and potentially discriminatory enforcement. Families should not be placed under perpetual scrutiny based on loosely defined perceptions rather than clear objective standards, notably absent from this proposal is any data. Demonstrating a need for this level of intrusion within the Mi Via waiver. The state has not presented evidence showing that Mi Via participants experience greater safety risks than those on the traditional DD waiver nor that existing safeguards are insufficient. If the state is asserting that similar oversight is necessary for priority, then it must also provide data demonstrating that such measures have resulted in measurably better outcomes, or increased safety under the traditional waiver. Absent this evidence, the rationale for expanding oversight into Mi Via is unsubstantiated. Finally, this proposal reflects a broader and deeply concerning shift in responsibility. Instead of addressing systemic issues, such as provider workforce shortages, which is something we struggle with being in a rural area. It's so hard to get care out here, funding limitations and oversight of contracted agencies. The burden has shifted onto families and private households. The implication is that homes themselves are the risk, rather than failures in the system and supports. This approach is both irresponsible and contrary to the principles of self-direction. At a fundamental level, this proposal raises an unavoidable question about the state's long-term intent. Does the state genuinely support individuals with intellectual and developmental disabilities living in their own homes and communities with dignity, privacy, and autonomy? Or is the ultimate objective to exert increasing control over private lives under the guise of safety and oversight? Policies that treat homes as regulated environments and families as compliance subjects are fundamentally incompatible with community-based self-directed living. If the state wishes to remain aligned with the true spirit of the Mi Via program, any consideration of home studies should be offered as an optional support requested by the participant or family, rather than imposed as a requirement. Self-direction means that families choose which supports are helpful and appropriate for their circumstances, making home studies mandatory contradicts that principle. If the state is unwilling to limit home studies to a voluntary, participant-directed option,

then they should not be implemented within Mi Via at all. In summary, this proposal represents a significant overreach. It reframes private homes as regulated environments, diminishing the autonomy Mi Via was created to protect and extend State authority beyond appropriate limits. For these reasons, I strongly urge the State to abandon the introduction of home studies within Mi Via, and to respect the privacy, autonomy, and self-directed nature of the program, this proposal should not move forward.

a) Comment from Tracy Perry: Thank you so much. I appreciate you coming today and please make sure to send in that letter to HCA.

2. **Comment #2:** I want to also talk about the proposed home study. I want to underscore that Mi Via is principally family-loved-one based. Families don't have to necessarily be biological - your family are those people you trust, that we care for or that care for us. Those are the people that would care for us, regardless of getting a salary or not - of course, the salary is extraordinarily important to lift our families out of poverty. However, it is not as though we have outsiders coming into our homes. There are in some cases like a residential home or group home. However, this is a stressful time in our country and there are high tensions within our political climate. We are getting word people are coming into homes unauthorized. ICE is coming into homes without warrants and it is affecting New Mexican families and families all over this country. I think the home study is bad timing and suggest tabling this until the States addresses that. I want to note that I believe the State's intentions are good to make sure that they're in a healthy home and that everything is safe for them. But, we need to know what this looks like - whoever comes into the home to do the study, will it be a subjective outlook? For example, in Taos county there are people who use outhouses and they like it like that. What if we have an inspector and marks this as unhygienic and requests to have indoor plumbing. Which makes you question if that is the case, are there funds for that? There is also the opposite side of that, if a participant prefers an outhouse. With Mi Via, you are choosing how you want to live. There is so much more to this and I question what if there will not be good training for this, which means lack of or not great oversight, erroneous reports. Please table this until you can give facts about why it is needed, what studies were completed to note this home study is needed, and what does this home study look like? I want to also add in, Mi Via consultants come into the home at least once a quarter as required or sometimes more. DDS wellness people also come into the home twice a year. Third-party assessors come into the home once a year.
3. **Comment #3:** I want to talk about immigration. It has come to our attention, the Department of Homeland Security, whether Immigration and Customs Enforcement or Customs and Border Patrol, have come in and have taken folks who are involved in the Mi Via program. This is a huge



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concern and is happening across the country, but it's a concern that it is happening to waiver recipients. American citizens are being taken. For example, ICE came to a person's home and did not take them because they were wheelchair bound, but took two other people who were gone for 12 hours, then released them. I want to focus on the safety piece of what is happening and what is needed in terms of guidance or communication about what to do when something like this happens.

- a) Siri GuruNam Khalsa response: I also have a concern on what was said. My case manager mentioned some of the concerns with having individuals that are on the different waivers being citizens, but their caregivers are either residents or have resident status or are of immigrant status. These individuals are taking care of waiver participants.
4. **Comment #4:** I was asked to share this about vendors and now that the Gross Receipts Tax (GRT) is outside of the individual budget allocation. For Mi Via, a vendor stated they received guidance from the State on the GRT should not be on the vendor request form the EOR turns into Conduent, it is required on the invoice. On the invoice, they have been putting it on it, but on the vendor request form, they have not put it and Conduent has rejected it because the GRT is not listed on the vendor payment request form. There is confusion on this.
 - a) Response from Tracy: Yes, I agree - more communication around the GRT is needed. Possibly a listening session or a training for everyone who may be involved.
 5. **Comment #5:** I know the Rate Study has been wrapped up and the final report is available on the Healthcare Authority website. There are some questions about if any recommendations will be implemented and what it will look like. I know Mi Via consultants have been advised that our rate will not be reduced as recommended in the Rate Study. But, I also heard that smaller caseload sizes amongst case managers and consultants may be moving down from 50 to 35-36 that was listed in the Rate Study. It would be great to get additional information. I understand we are still in the legislative session and there was a reduction in budget to be able to potentially pay for the Rate Study and to pay for providers on the different waivers. What is DDSD and the Healthcare Authority trying to push and consider implementing as a reflection of that Rate Study?
 - a) Response from Scott: DDSD is fully aware of the recommendations, but we have not made any decisions and we do not plan to do so until we receive the final budget. What appears in House Bill 2 - there will be differences between the Executive's (Governor's) recommendations and the LFC's

recommendation. There are concerns about budgets and we do not plan on making any programmatic decisions until we know how much money we receive. Our commitment is to not lower rates and there are recommendations in the Rate Study to lower some rates, which we are committed to not doing.

- b) Add on comment from Tracy: The legislature has not seen or looked at our Rate Study, which means this next interim from March until December - that is the time where we need to do work to get our rates for the Rate Study. You need to show up at the Health and Human Services every month to do public comment on why we need our rates. This will help when we go to the next session and ask for our rates.

6. Comment #6: Anyone who wants to gather and formulate ideas on what Tracy mentioned, it's important for us to continue to keep that conversation going throughout the year - not just when the session starts. Also, I want to give a shoutout to Vashad and Daniel for the presentations they did related to legislation. It was a phenomenal day. I want to add on a couple of things - 1. I would like to remind everyone that we did a Fact Sheet (Legislative Sheet) and I am hoping the ACQ will adopt this as a standard requirement moving forward into the legislative session. The sheet is to discuss the things Tracy mentioned. It's a great way for us to have an additional voice as the governor's appointed council, 2. Related to budget and circling back to the hot topic of the home studies that is unfunded. Doing a home study is not just other duties assigned. It is based on what we know through the DD waiver requirements. It requires mileage, oversight to make sure home studies are performed properly and within guidelines of what the standards may be. In addition to that, if you read the January newsletter through DDSD, there's also the self-assessment that will be required. So it's not just the home study, it's also the self-assessment. I am not balking at the need to do a home study - safety is always a concern, but I am more concerned about how many people are going to have to be involved in this and the cost to it. Another point to add, DDSD is taking feedback on standard updates for the DD Waiver. The feedback is required by February 28, 2026, per Steven Fernandez. One last piece, there is a community practice call through DDSD to create a group to provide feedback to the nursing standards.

- a) Question: when was the feedback request sent out? I was unaware and usually we have a whole Steering Committee.

(1) Answer: I am not sure.

7. Comment #7: I wanted to get this out there, but I want to get more engagement and involvement from our board members because what I see from our groups as a great strength is the knowledge and experience represented on our board. I want to encourage each of our ACQ board members to consider sharing your expertise through program



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presentations, informational updates, or even discussions on topics that could benefit our members and broader community during the larger ACQ meeting. This is an industry that I find has lots of trends that fit across the board and I was thinking about other options our ACQ board members could present on. Perhaps professional development insights, any lessons learned, community resources or other important information that would help others grow or succeed. If you are interested in presenting or have ideas you want to explore to sign up to present at these ACQ Meetings, feel free to reach out to the ACQ Administrator.

- 8. Comment #8:** We need to look at our MCO Partners because they are having similar issues about what to do when their care coordinators are in homes. If ICE shows up, it may be a good idea for DDSD or the HCA to try to work with the MCOs to develop training or suggestions on what to do when this occurs. I've been discussing with legislators related to the House Bill 395 report, the legislature is big about talking about economic impact and placing money where it can create jobs. In House Bill 395, there are over 10,000 direct support professionals that were paid almost \$300 million in a calendar year. If we start pushing this information with our legislative representatives to look at the developmental disabilities waiver employs over 10,000 and pays over \$300 million in wages to local communities throughout the State of New Mexico, that is a significant economic impact and even more so when that money is matched with the Federal government's medical assistance percentage.
- 9. Comment #9:** Responding to comment #7, we have our own group to be able to advocate and inform about the consultant perspective, as well as for participants. I've previously, on behalf of the self-directed Provider Association, have requested to be able to do training on things that are pertinent to Mi Via and have requested an exception. The problem we encounter is in the Mi Via service standards - it says that consultant agencies are not permitted to provide training and that also may be similar to the traditional DD waiver standards. I would love to be able to do a training or a presentation but there's a bit of a restriction because we are bound by those standards that we're not able to provide training. So, if the healthcare authority wants to provide an exception to that, I would be willing to volunteer for that, to be able to do a presentation at ACQ.
- 10. Comment #10:** I am going to use Angelique as an example, her term is actually running out, because she has served 3 sets of a 3-year term on the ACQ. Do we have a current board roster of when terms are expiring and if we are looking for new members?

 - a) Response from Scott: Yes, we do and we maintain a current ACQ board member list with the terms provided to us by the governor's

office. There has been a request to share the board member list, but there is information that we want to be selective on due to it being personal contact information. If you have a specific question about your term, we can answer it for you. We do have someone who will term out because you cannot serve more than 3 consecutive terms. If you do term out, you must wait for a full year and then you could come back. At the next ACQ Executive meeting, we will put forward a motion on what information will be shared.

- 11. Comment #11:** Question, since these positions are all governor appointed, is this information not public? If somebody filed an IPRA request for the ACQ membership, couldn't they get all the information?
- a) Scott's response: That is a good comment, they are appointed by the governor and you are vetted by the governor, but I believe you are right. I will ask the governor's representative on this to get her thoughts.

- 12. Comment #12 from Scott:** I want to acknowledge the comments made around DDS's proposal for home studies, specifically to Mi Via in-home living services, were heard very clearly the objections to that, including the reasons why. I will be passing these comments directly to the Mi Via Program Manager, the Deputy Director of Mi Via, and the DDS Director.

C. Closure of Listening Session, 10AM MST

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

Follow-Up Points:

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

Zoom Information:

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

DDS ACQ website:

- [Advisory Council on Quality - New Mexico Human Services Department \(nm.gov\)](https://www.nm.gov/quality-public-comments.html)

ACQ Public Comments:

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