



## Comments from 2018 New Mexico Statewide Listening Sessions<sup>1</sup>

### Elected Officials Attending:

#### Senators:

William Soules (D), *District 37*

Jeff Steinborn (D), *District 36*

Elizabeth Stefanics (D), *District 39*

Bill Burt (R), *District 33*

#### Representatives:

Tomás Salazar (D), *District 70*

Greg Nibert (R), *District 59*

### Locations:

Las Cruces (LC) - April 18

Roswell (R) - May 17

Las Vegas (LV) - June 21

Farmington (F) - July 19

Albuquerque (A) - August 16

### Issues and Comments:

#### Paid and family caregivers concerns:

- Recognition:
  - Caregivers do not feel like they are treated as professionals. (LC)
  - Specialized therapists are paid at a much higher rate, but caregivers are the eyes and ears. (LC)

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<sup>1</sup> Comments are color-coded IF the speaker identified himself-herself as a stakeholder from the field of caregivers serving those who are elderly or caregiver of those working with persons with disabilities.

- There should be a public awareness campaign on why we should value caregivers. (ABQ)
- Working conditions, employment status and pay:
  - Some agencies keep workers employed just under full time, so workers do not qualify for benefits such as health insurance, overtime and/or employment taxes paid on their behalf. (LC)
- Care workers must be properly classified as employees or independent contractors so they receive all the rights and protections to which they are legally entitled under FLSA.
  - Caregivers are often asked to work extended shifts due to the shortage of caregivers or due to caregivers calling in sick, not arriving on time, etc. (LV)
  - Some caregivers would like discretion in deciding which consumers to work for, instead of being assigned consumers they may not have been trained to care for. (LV)
  - Employers are not always able to pay for health insurance for caregivers. Therefore, many caregivers may be on Medicaid, and others may qualify but have never applied. (ABQ)
  - Caregivers need health insurance. (R)
- Training needs:
  - Caregivers need training that is easy to access (LC). Training is not always easy to access, especially in rural areas. (ABQ)
  - Caregivers need training that is relevant to the specific kinds of consumers they are caring for. (LC)
  - Caregivers need training in cognitive and behavioral health. (ABQ)
  - Caregivers need training that is accessible when they have down time, since they are juggling many competing priorities, including care for their own elders. (LC)
  - Caregivers need training in using new technology like tablets and apps to integrate care and/or electronically verify time at work like Electronic Visit Verification. (LC)
- Coordination with consumers, families and care teams:
  - Care coordinators need more time per client since they often are unfamiliar with client needs. This situation impacts the quality of information that paid and unpaid caregivers receive about the client. (LC)
- Resources for consumers, families and care teams:
  - Paid and family caregivers struggle to find time to provide everything that a client or family member needs. (LC)
  - Even family caregivers don't have enough time to attend support groups that might help cope. (LC)
  - Caregivers don't have easy ways to access support or even benefits systems. Caregivers must be able to easily obtain information about resources, self-care and to access respite services. (LC)
  - There is inadequate access to bilingual services. (LC)
  - Language barriers are frequent between caregivers, clients and agency administrative staff. (ABQ)

- There should be a place for family caregivers to get help with paperwork and enrollment of a family member in program(s). (LC)
- Family caregivers need assistance with navigating the health care world. (ABQ)

### Other stakeholder priorities and concerns:

- Training:
  - Family members need for the paid caregivers to be better-trained. (LC)
  - Several stakeholders mentioned the need for a tiered system of certification to recognize and reward training of caregivers in specific skills sets. (ABQ, LC, LV)
  - Family members would like to see a ratings system that compares different provider agencies according to the training or certifications their care workers have. (LC)
  - Additional training would reduce the attrition of workers. (LV)
  - Professional caregivers have to see evidence that obtaining additional skills and certifications will be beneficial to them in terms of pay. (LV)
  - Agencies cannot afford to provide the training to workers serving persons with disabilities to help them advance skills and careers. (R)
  - Minimum mandatory training would protect care recipients; limit liability of companies; and protect the health of caregivers. Such training could include lifting, moving, transferring and infection prevention. (R)
- High turnover rates and difficulty attracting workers to the field. (LC)
  - New Mexico reimbursement rates are too low and have been for far too long. (ABQ, LC, LV, R)
  - Caregivers experience burnout due to the stress of very long travel distances and unreliable personal vehicles. This is especially problematic in rural areas. (F)
  - It is difficult to attract caregivers and other staff to positions serving people on the Developmental Disabilities Waiver because of their complex needs. (LV, R)
  - Caregivers' hours are often limited by their employers. Then, caregivers often have to leave and take other jobs if they cannot be scheduled by the employer for enough hours to earn the income they require. (LV)
  - There are insufficient marketing strategies to attract new or young entrants to the workforce, or older workers seeking a second career to the direct care field. (LV)
- Wages and benefits:
  - At one time in New Mexico, caregivers serving person with disabilities had an identifiable career path. It was possible for employers to attract workers with relevant knowledge and skills. Now, costs of living have increased but wages have not. There is no identifiable career path in this field any longer. There is no incentive for motivated workers to seek jobs in this field.
  - Developmental Disabilities Waiver staff seem to be constantly tired because they work multiple jobs to make ends meet. This fatigue leads to

mistakes that are harmful to consumers and can cost workers their careers. (LC, R)

- Many caregivers cannot get enough work hours to make ends meet. They must, therefore, work in other part-time jobs which are most often also low-wage jobs. (F)
- Caregivers often care for their consumers for more hours than is approved by the consumer's insurance plan. This means a caregiver may be working without pay at times. (F)
- Medicaid reimbursement should differentiate between skilled and unskilled caregivers. Caregivers who go "above and beyond" should be acknowledged and paid better than those that just "do the job." (ABQ)
- Home care agencies are required to pay caregivers for travel time and mileage, but the Managed-Care Organizations do not include travel pay in Medicaid reimbursements to providers. (ABQ)
- More money must be allotted for caregivers rather than for administration. (ABQ)
- Care coordination and accountability:
  - There is inadequate communication between care coordinators, treatment guardians and agencies, leaving caregivers without a clear way to communicate information about a consumer's needs or to get help for him/her. (LV)
  - Agencies and care coordinators do not always respond in a timely manner when an incident occurs. (LV)
  - Proper boarding home inspections and home checks must be implemented and then consistently monitored and enforced. (LV)
  - It can be difficult for professional caregivers to coordinate with family caregivers. Every person in the system needs more support to coordinate services for the consumer. (LV)
  - State funding for senior centers has been cut yet these centers serve as essential support for families, consumers and caregivers. There is also funding distributed through senior systems, but communities don't have adequate information about how to apply for this funding. (R)
- Technology:
  - Electronic Visit Verification (EVV):
    - Agency staff end up spending a lot of time fixing mistakes made by caregivers who have to use EVV because so many caregivers are low-level readers/users of technology other than for phone use. (F) Some agencies must hire staff just to manage the new EVV system and needs it creates. (LV)
    - Agencies have had to spend a lot of time on training staff on EVV but are inadequately funded for doing so. (LV)
    - Agency staff are often unfamiliar with the technology needed to participate in EVV. (F)
    - Caregivers in rural areas have difficulty getting a signal for EVV - some telling us they have to climb onto consumers' roofs to clock in. (LV)

- Caregivers who cannot clock in using EVV may not be getting paid for the hours worked. In cases of a caregiver who knows how to use the technology but has no cell service, he/she must rely on a supervisor to clock in for them. (F, LV, ABQ)
  - Caregivers can only clock in and out at the consumer's home, so they can't start or end work in the community. **Mi Via Waiver advocates are concerned that this limitation will limit independence for consumers relying on this waiver.** (LV)
- Special issues in rural areas:
    - At least one agency does not pay frontline caregivers for travel time nor does it compensate caregivers for mileage between consumers. In contrast, nurses and other licensed staff are paid mileage for and travel time. For example, a caregiver may be asked to drive up to 80 miles round-trip for one- or two-hour shifts. Since workers are not compensated for this travel time or mileage, caregivers often end up paying more in gas than they make during the shift. Thus, consumers are going without the services to which they are entitled also! (F)
    - Caregivers in the most rural parts of NM also often refuse shifts due to travel distance from home to first consumer. (F)
    - Inclement weather is yet another barrier for long-distance travel and travel on unpaved roads. Caregivers go without work and consumers go without care to which they are entitled. (F)
    - Agencies and caregivers have difficulty conducting outreach in these rural areas to inform potential clients about their services. (F)
    - Hubs of support are needed outside major cities. (LV)
  - Special populations:
    - Veterans:
      - One supervisor estimates that veterans make up 20% of her client base, but are often in rural areas that caregivers spend more money travelling to than they are paid to work that shift. (F)
      - Many veterans need care in rural northwest New Mexico but those veterans are almost never approved for enough hours to truly cover their needs. (F)

**For more information:**

New Mexico Direct Caregivers Coalition

Ph. 505-867-6046

[www.nmdcc.org](http://www.nmdcc.org)

[facebook.com/NewMexicoDirectCaregiversCoalition](https://facebook.com/NewMexicoDirectCaregiversCoalition)

[twitter.com/NMCaregivers](https://twitter.com/NMCaregivers)

*NMDCC advocates for direct care workers' education, training, benefits, wages and professional development so they may better serve people who are elderly and those with disabilities.*