Summary of Meeting with Care Managers, 5/16/25

On May 15, Sachs Policy Group facilitated a discussion on Zoom with over a dozen care managers from across New York State. The meeting began with an overview of the goals and progress of the coalition for whole person care, including a brief tutorial on the website, then the meeting facilitator asked the attendees the following questions:

1. What are the challenges for care managers to providing whole person supports?
2. What could be changed in your day to day to create whole person supports?
3. What could be changed systematically to create whole person supports?
4. Any other recommendations to help achieve this?

Below is a summary of the major ideas provided in response by the attending care managers.

1. Building stronger relationships across the circle of support for individuals can help promote more person-centered supports.
2. Reducing wait-lists and time to service will prevent people with I/DD and their families from requiring even more services and supports.
3. Enhancing staffing across a range of professions (e.g., developmental pediatricians, DSPs, etc.). would be helpful.
4. There needs to be more emergency respite.
5. Lower caseloads for care managers would result in the prevention of more intensive service needs and more person-centered services.
6. It would be helpful to add floating care managers to help decreased caseloads in order to remain person centered.
7. Internships for “pre” care managers would be helpful for building a skilled pipeline.
8. There needs to be fewer requirements to access Applied Behavioral Analysis and it should be more widely available in both fee-for-service and managed care and there should be longer hours to access ABA.
9. There are large barriers to accessing dental services and more resources are needed to provide this service.
10. There should be more in-home supports and more in-home providers for parents of those with I/DD.
11. There should be wider availability of recreational respite.
12. Certain services people can access when in a residence vs. not in a residence should be equal.
13. There needs to be more transparency about the time that parents/individuals must wait to access services. The timeframes and processes are much longer and more

cumbersome than people may expect and transparency would help prevent burn out and create more realistic expectations.

14. Better communication about individuals' needs should be promoted across systems.
15. There should be better transition planning for students aging out of school-age services.
16. There are too many disconnected assessments and evaluations being conducted by in appropriate people and not enough sharing across these assessment tools (CAS, CANS, DDP, LifePlan, etc.)
17. Care managers should be trained on the CAS and CANS.
18. Could these assessment be merged into one to simplify and streamline the provision of supports?
19. When someone has needs for services from another services system in addition to their I/DD related needs, there is an assumption that OPWDD is the primary agency and will be responsible for meeting all needs.
20. There should be programs and policies to entice more people to enter the field of DD.
21. There should be more transparency about the cases that are coming through the front door so families can be more quickly linked to services.
22. Trainings for families should be offered in multiple languages on off hours and through alternative media.
23. The self direction budget (as great as it is for the families) seem to have flaws and should be re-examined (especially the mileage reimbursement).
24. Could OPWDD created a recreational respite type of program for those that live on their own