



Annual Celebration

August 27, 2026

Technology Solutions: Building My Good Life

Welcome

Marlana R. Hutchinson
Deputy Secretary

DEVELOPMENTAL DISABILITIES
ADMINISTRATION, MARYLAND
DEPARTMENT OF HEALTH



Remarks and Presentation of Proclamation

Dr. Meena Seshamani
Secretary

MARYLAND DEPARTMENT OF
HEALTH



Tech First Proclamation



Remarks

Carol Beatty
Secretary

MARYLAND DEPARTMENT OF
DISABILITIES



Vendor Show Case

Technology Solutions: Building My Good Life

Technology First Vendor Showcase



Technology First Vendor Showcase



Glint



kibu



Technology First Vendor Showcase



Special Needs Navigator
Navigating disability with confidence



Technology First Vendor Showcase



Keynote Speaker



Brian Hart - CEO

The Remote Supports Playbook:

From Organizational Readiness to Technology Deployment

ShiftAbility Smart Living



Using Technology to solve the staffing crisis
and improve outcomes

Who We are



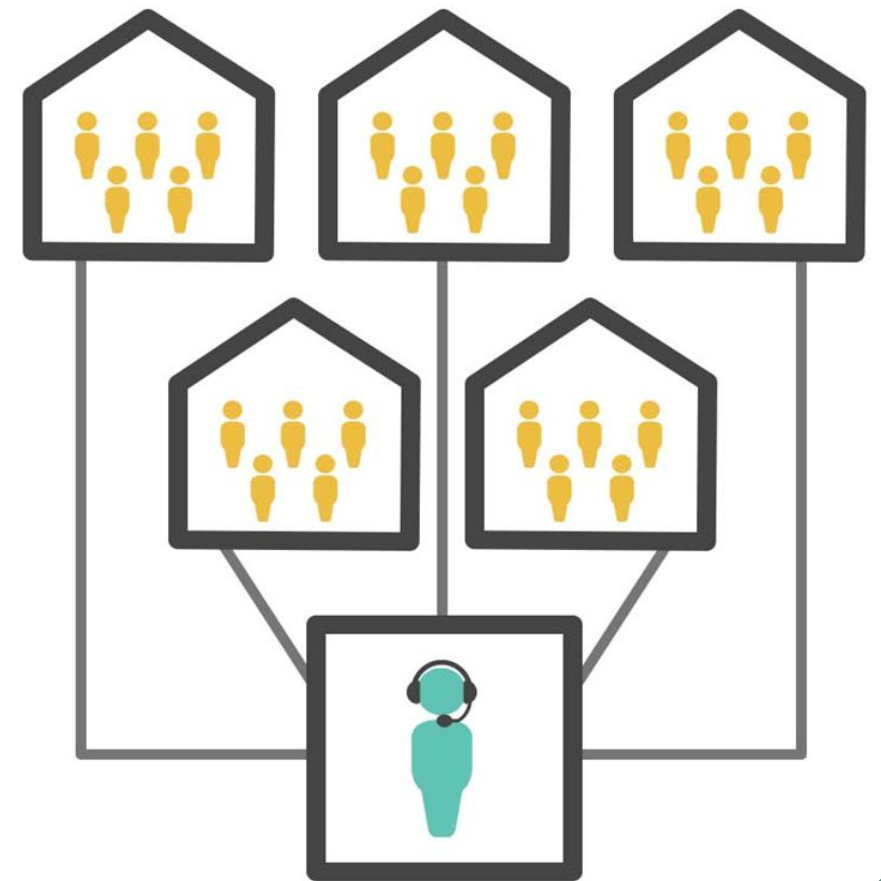
ShiftAbility is a transformation consulting firm that emerged from the Smart Living Demonstration Project. Its mission is to equip agencies with the tools, expertise, and confidence needed to become Smart Living agencies. Through targeted training, assessment tools, and strategic connections with technology partners, ShiftAbility empowers agencies to operate as their own remote service providers.

ShiftAbility is led by a team of experts in the I/DD field and technology. Since 2022, ShiftAbility has partnered with over 50 agencies to add remote supports to their services, over 15 states.

The Reality We All Face

- Staffing Shortages
- Rising Costs as needs increase
- Limited Provider Capacity
- Inconsistent Outcomes

The Current model requires more staff to serve more people or increased needs, and is just not scalable



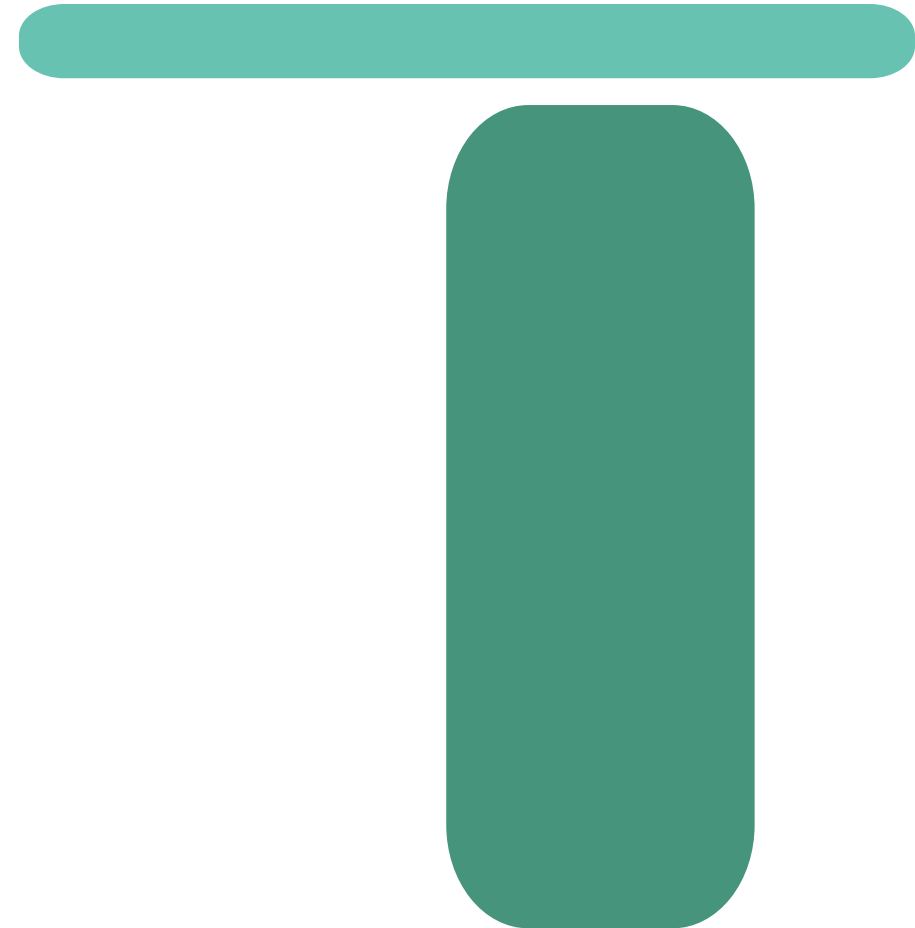


The question every provider should be asking:

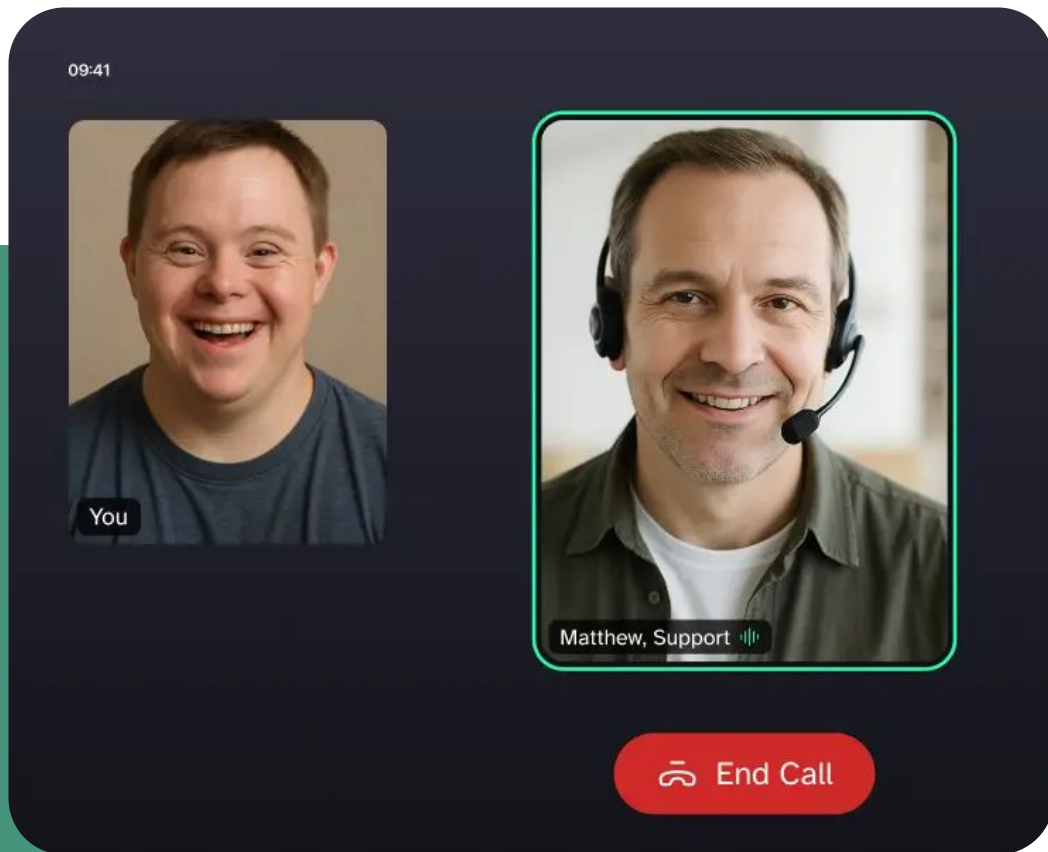
What if staffing never returns to
normal?

The ShiftAbility Model of Change

Empowering providers with an affordable technology-enabled service model that furthers community integration, independence and opportunities for and with people with developmental disabilities



How is this different to other models



It's a value-based tech-first approach of delivering services.

It includes new ways to assess staffing, the needs of the individuals, a way to deliver services, and the cultural methodology of inclusive services.

Outsourced remote supports models do not allow for the same level of scale and control by the provider, and do not realize the same level of cost savings or increase in outcomes.

Our model empowers each provider to provide remote supports enabling them to increase supports and reduce annual increases in new authorizations of in person support as needs change.

This isn't adding in technology as an additional support to current models, its redesigning how care is delivered.

Nationally, What is Remote Supports?

Remote Supports is a service model that integrates technology and direct care to support individuals with developmental disabilities. It uses real-time, two-way communication, including home-based sensors, cameras, and other devices, to provide a less intrusive way of meeting the needs of individuals living in the community 24 hours a day, seven days a week. When hands-on care is not required, Remote Supports allows trained staff to provide support remotely, promoting greater independence for the individuals they serve.

Through a Maryland Lens

Remote Support Services provide oversight and monitoring within the person's home through an off-site electronic support system in order to reduce or replace the amount of staffing a person needs while ensuring health, safety and welfare.

Remote Supports is about how staff provide support, not the device itself.

A Person-Centered Experience

Assessment

The assessment begins at a high level and progressively becomes more detailed until we fully understand the individual's needs and the items that are important to and for them. At this stage, we will also conduct a value stream mapping of the in-person staff.

Technology Determination

The technology team matched the identified needs with available and appropriate technology to support the individual.

In-Person Needs Determined

Needs that cannot be addressed with technology are supported through integrated, targeted supports.

Remote Plan Developed

Using the individual's assessment, staff time study, and technology evaluation, a remote support plan is developed.

Team Meeting, Proposal Outlined to All Involved

A meeting is held with the individual's team to review the remote support plan, discuss technology, and ensure everyone understands the plan.

Training Period

Technology is installed, and the training phase begins, with in-person staff remaining in the home while remote support provides overlapping supports.

Staff Fade Out

If the training phase is successful and all data is verified, in-person staff are gradually phased out and remote support begins.

Future Planning

As an individual's needs change, technology can be adjusted, or in-person staffing schedules can be modified.

Why Providers Benefit



Providers benefit from adding provider-led remote supports in the following areas:

- Increased Capacity
- Reduced Staffing Pressure
- Improved Sustainability
- Ability to Scale Supports without needing to Scale Staffing

Why Most Struggle



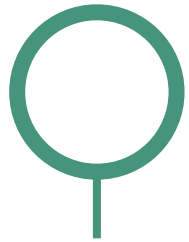
Providers struggled with many similar questions in remote supports:

- Where Do We Start?
- Who Are Candidates?
- How Do We Gain Buy-In?
- How Do We Train Staff?
- How Do We Scale?

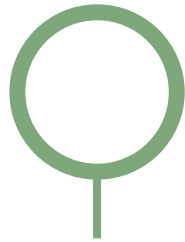
This is Where ShiftAbility Comes In



Transformation Process



Deliver training on technology installation, configuration, and the establishment of technology rules

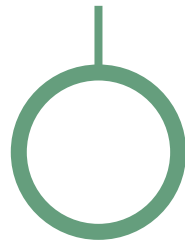


Support site setup and develop an operations guide for each location



Provide follow-up support, ongoing technology updates, and assist in developing plans for scaling

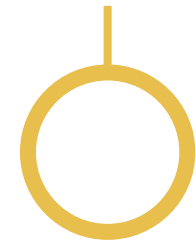
Match technology based on assessments and manage the procurement of technology



Provide training on procedures related to service delivery

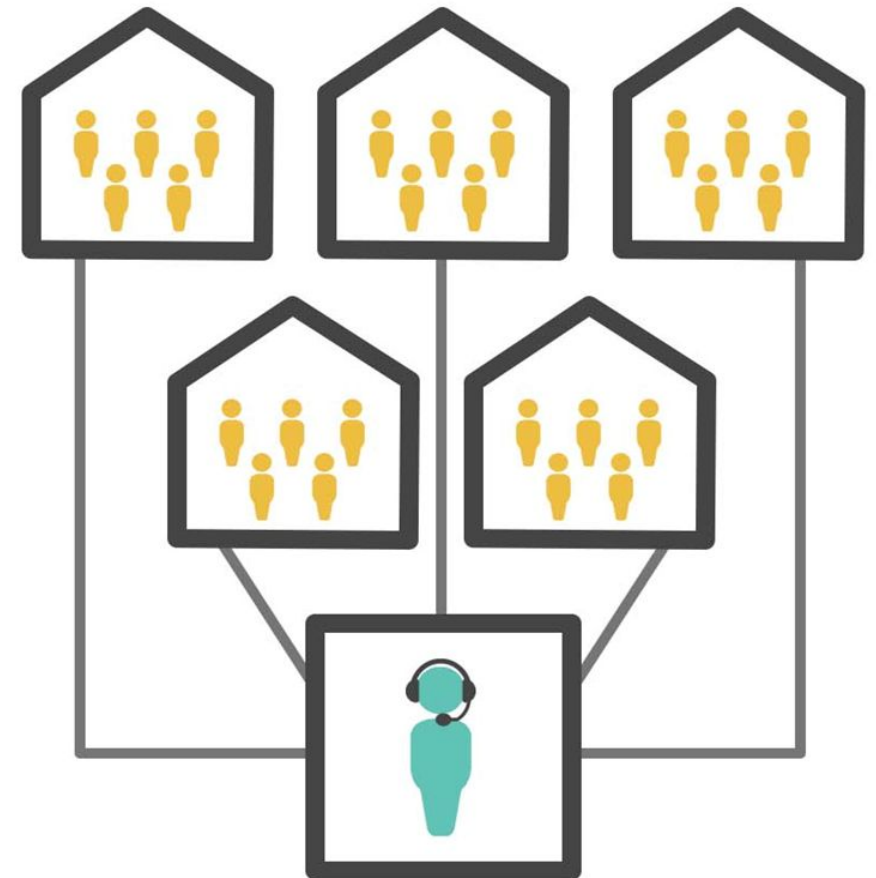


Assist with rule and rate setting as needed



The Future

- Every Provider will use Remote Supports in some manner
- The only question is when...
- And can they make the shift quickly enough to meet the needs of the agency and individuals



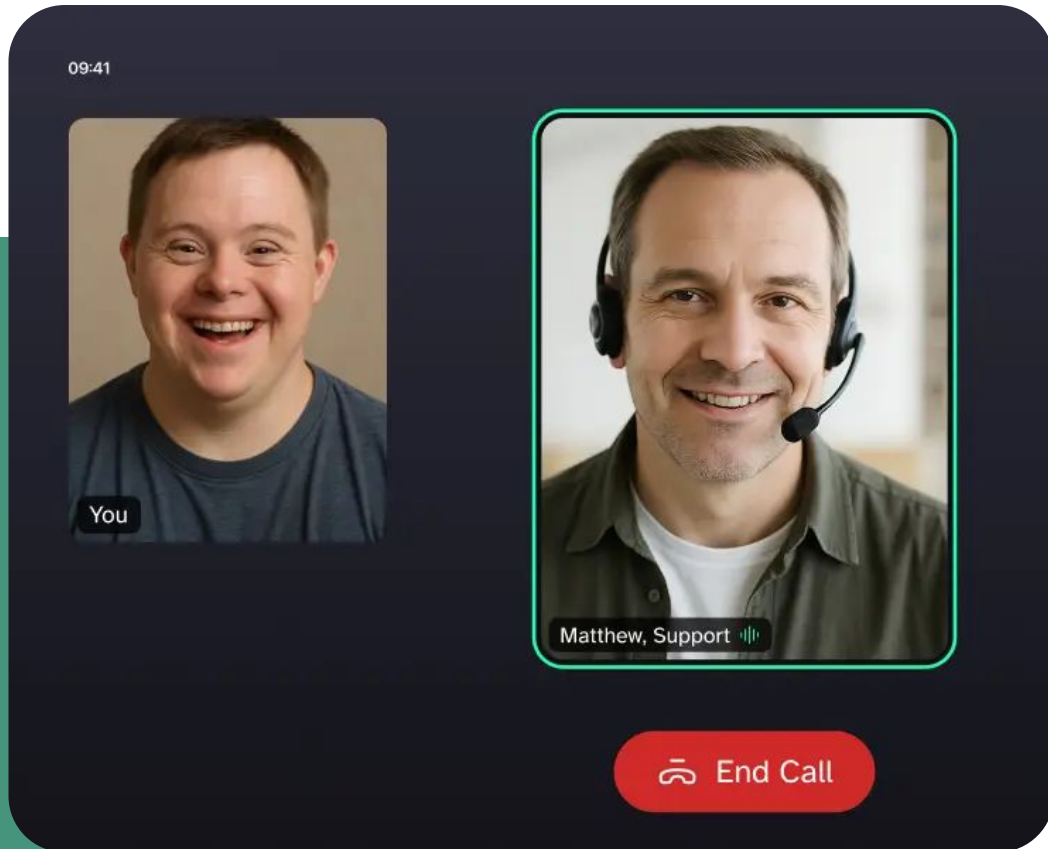
So, now what?

Start Small

Start Learning

Start Preparing

Reach out to ShiftAbility for a quick call to determine your best pathway to remote supports.



Thank You

Brian Hart

CEO, ShiftAbility

brian@shiftabilityconsult.com

801-494-7632



I See Differently: Meta Ray-Ban Smart Glasses



Scan Marker Pal



Genx Aevit System



Building My Good Life: My Lived Experience

Jessica Stine, Shasha Punyas, Starr Gardiner





ASSISTIVE TECHNOLOGY: NOT JUST A PRACTICAL SOLUTION, A FUNDAMENTAL RIGHT

Abby George

Allis Kensing

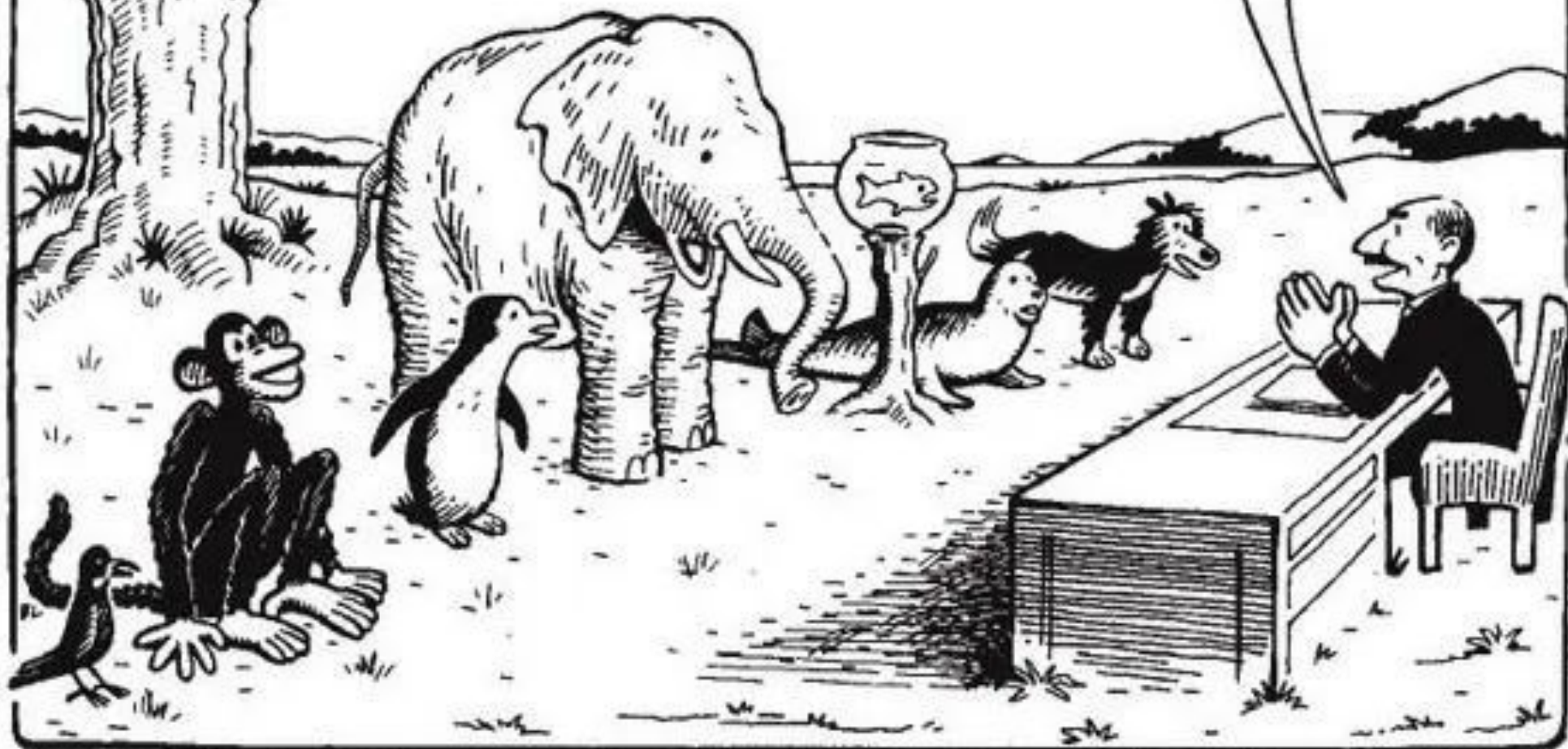


Abby George, SEEC



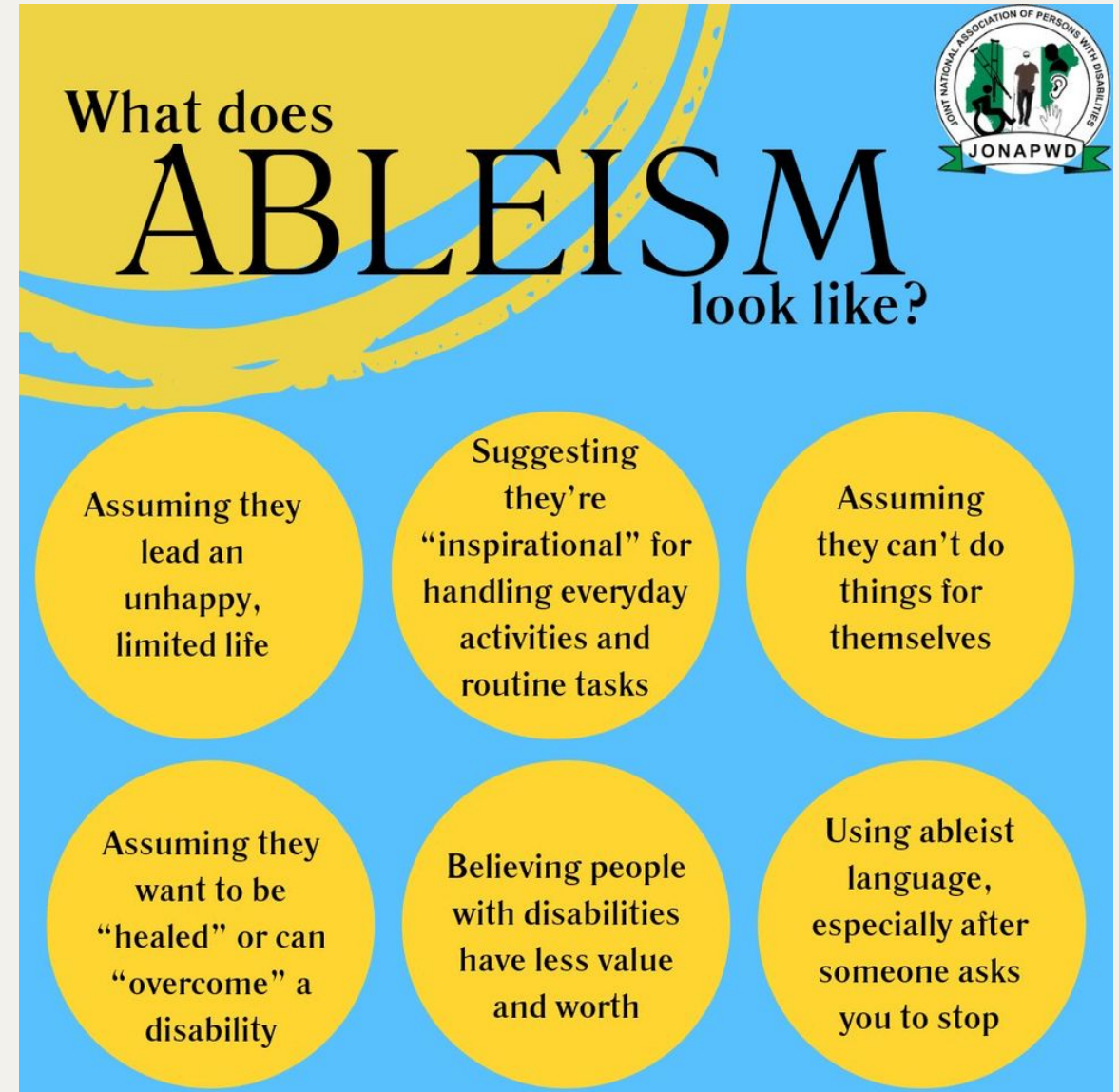
Allis Kensing, Penn-Mar

FOR A FAIR SELECTION
EVERYBODY HAS TO TAKE
THE SAME EXAM: PLEASE
CLIMB THAT TREE



WHAT IS ABLEISM?

A set of beliefs or practices that devalue or discriminate against people with physical, intellectual or psychiatric disabilities.



Source: Center for Disability Rights

WHAT IS ASSISTIVE TECHNOLOGY?

Any device, software, or equipment designed to help people with disabilities, injuries, or age-related challenges overcome barriers and live more independently.



TECHNOLOGY IS A HUMAN RIGHT

Everyday Life

- 95% of US adults use the internet
- Technology is routine, expected, normalized

The Access Gap

- ~1 in 3 do not have needed technology
- <3% receive formal supports
- Barriers: funding, training, expectations

Sources: Pew Research Center; CQL (Friedman, 2023)



The gap is not ability, it's access!

Everyone deserves the opportunity to use, learn and benefit from technology.

WHY TECH? WHY NOW?

We build tools FOR people
instead of WITH them



Dignity of risk



A good way to challenge our
Ableism



Change our expectation, change
the outcome



HOW DOES ASSISTIVE TECHNOLOGY DECREASE RELIANCE ON PAID STAFF?

Increases person centered-ness

Decreases prompt dependency

Increases staff ability to support person on skill development

Helps the bottom line



THE PROCESS

Consideration

Could this person benefit from technology?

Assessment

What are the interests, motivations, and dislikes of the person? What are their goals?

Device matching

Low tech? High tech? What will fit organically into their lives?

Training

Who needs to know how to use/implement the tech solution?

THE 3 E'S FOR INFORMED DECISION MAKING



Education



Exposure



Experience



Consideration



Assessment



Device Matching

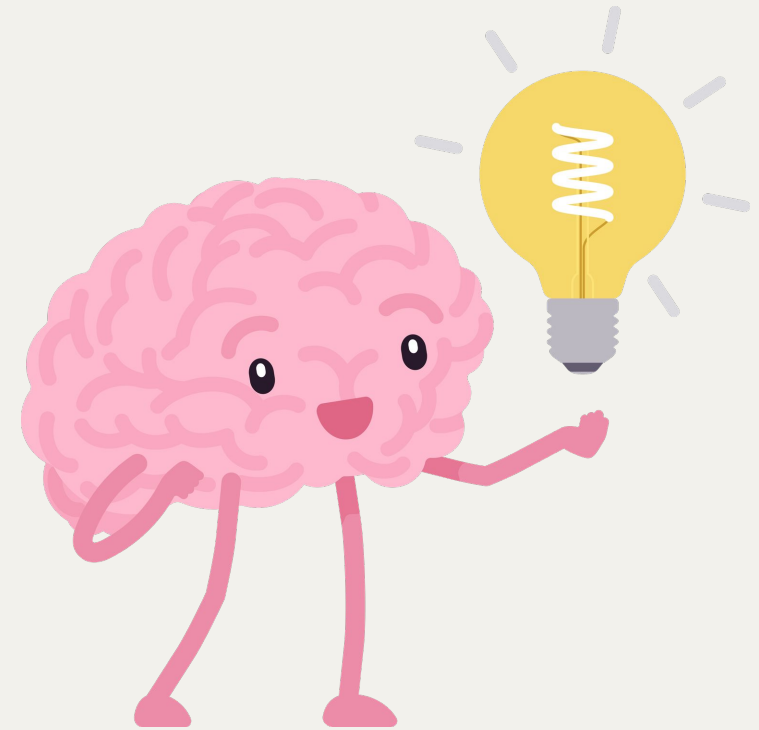


Training

CONSIDERATION

Look at all areas of the person's life

- Residential (activities of daily living, morning and evening routines, meal planning, leisure activities)
- Community (navigating relationships, communication)
- Employment (tasks, professionalism, natural supports)
- Mental/emotional support (emotional regulation, executive functioning)



ASK: Are there any opportunities for the person to be more autonomous? Are there any opportunities for staff to fade?

ASSESSMENT

- Assessments need to be done no matter the request!
- Capture observational data over several settings
- Interviews with the person, staff and family

Outcome:

1. Understand what currently works and doesn't
2. Understand what motivates and interests the person
3. Understand what gaps need to be filled



Pro tip: request assessment on its own as part of the PCP. You can always go back later and request device/training through revision.

DEVICE MATCHING

Ensure whatever solution, low or high tech, fits organically into the person's life.

Consider: durability, portability, charging/battery protocols, storage



TRAINING

- One of the more vital parts of the process
- Anyone who will support the person or interact with the device should be trained
- Plan ahead: Direct Support Professionals (DSPs) go on vacation, get promoted or have turnover. Ensure you build in enough training time throughout the year to train new/covering staff
- Training will happen no matter the solution (low/high tech)



KEY STAKEHOLDERS

Consideration



- Person Supported
- Family
- AT provider
- Staff/DSP

Assessment



- Person Supported
- Family
- AT provider
- Anyone in the circle of support (work, community, etc.)
- CCS

Device Matching



- Person Supported
- Staff/DSP
- Family
- CCS

Training



- Person Supported
- Staff/DSP
- Family

PCP Support



- CCS (advocacy, PCP development, goal and outcome achievement)



THANK YOU!

Abby George: AGeorge@seeonline.org
Allis Kensing: allis kensing@penn-mar.org



Technology Solutions: Building My Good Life

Education

Maryland Certificate of Program Completion Endorsements: Guidance for Maryland's Partnering Agencies

Division of Special Education

August 27, 2026

PRESENTED BY
Traci Stauffer

Secondary Transition Section Chief

Jeff Wyatt and Dr. Tatum Williams

Secondary Transition Performance Specialists

Professional Learning: Meet Your Presenters



Traci Stauffer
Secondary Transition
Section Chief



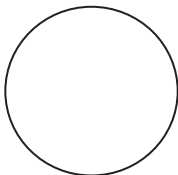
Jeff Wyatt
Secondary Transition
Performance Specialist



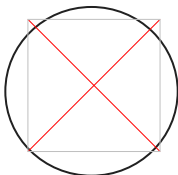
Dr. Tatum Williams
Secondary Transition
Performance Specialist

Top 5 Predictors for Post-School Success

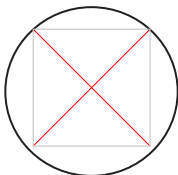
NTACT:C Research-Based Evidence



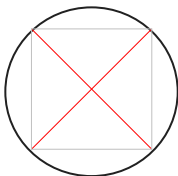
Career & Technical Education (CTE)
Specialized job training significantly increases the likelihood of competitive employment.



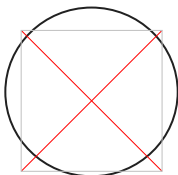
Paid Employment & Work Experience
Real work tasks or a paying job before graduation directly leads to higher post-school employment rates



Self Determination & Self Advocacy
Students who make choices, solve problems, set goals, and lead their own IEP meetings achieve greater independence.



Inclusion in General Education
Accessing the standards-based curriculum alongside peers promotes higher academic achievement and social/emotional development.



Interagency Collaboration
Aligning school efforts with vocational and community partners ensures a smooth bridge to adult services.

Policy Context and Legislative Drivers

SPP/APR Indicator 14	COMAR 13A.03.02.09	Blueprint for Maryland's Future	MCOPC Endorsements
Tracks post-school outcomes for youth with IEPs no longer in secondary school	Provides authority for the Certificate of Completion	Elevates college and career readiness for all students	Community and Citizenship, Career and Work Readiness, Postsecondary Education



A Collaborative Effort

Workgroup comprised of 27 members across 14 stakeholder agencies

- Educators
- Parents and Advocates
- Employers
- Partnering Agencies



MCOPC Endorsements Overview

Postsecondary Education

- **Continue learning** after secondary school
- Readiness for **educational opportunities**

Career and Work Readiness

- Preparation for **employment**
- Readiness to **enter the workforce**

Community and Citizenship

- **Growing independence** within the community
- Readiness to **contribute to the community**

Standards and Competencies

IEP teams monitor attainment of Competencies beginning the IEP year in which the student is 14 or turning 14



[MCOPC Endorsements Attainment Rubric](#)

Endorsement Competency Attainment Rubric

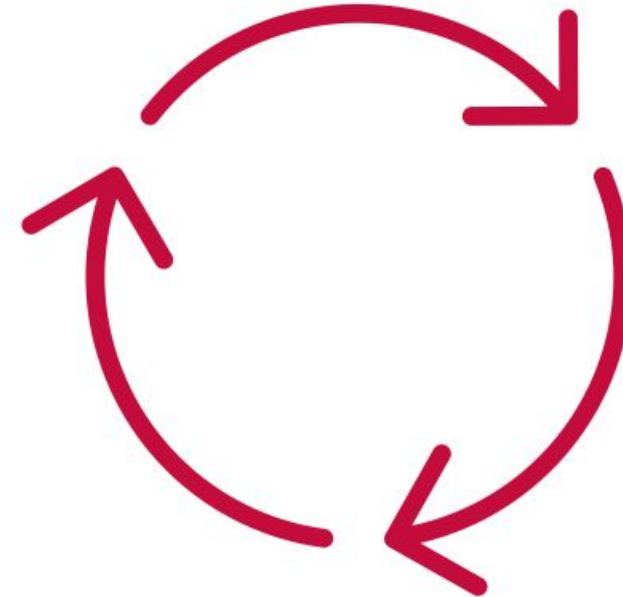
Rubric Score	Performance Level	Description
0	Not introduced	N/A
1	Approaching Competency	Demonstrates Competency with less than 75% accuracy in all authentic opportunities
2	Demonstrates Competency with or without adult support	Demonstrates Competency with between 75-90% accuracy in all authentic opportunities
3	Demonstrates Competency independently (with or without identified accommodations)	Demonstrates Competency with 90% or greater accuracy in all authentic opportunities

[MCOPC Endorsements Attainment Rubric](#)

Collaboration Drives Post-School Success

As a partnering agency, you join a continuum of support.

- Students
- Families
- Local Education Agencies
- Partnering Agencies



Summary of Impact

Students

- Confidence and clarity of goals
- Documented skills

Families

- Empowerment for more collaborative planning
- Advocacy readiness

Local Education Agencies & Partnering Agencies

- Streamlined planning
- Reduced duplication of assessments and services

What Transfers Beyond Graduation

- Maryland Certificate of Program Completion
- Individualized Education Program: Summary of Performance (SOP)
- Transcripts with Noted Endorsements
- MCOPC Endorsement(s): Summary of Competency Performance (SCP)



<https://marylandpublicschools.org/programs/documents/special-ed/tab/mcopc-endorsements-scp-toolkit-a.pdf>

SCP Example: Competency Development Snapshot

Standard	Competency	Rubric Score	Competency Attainment
Self-Advocacy	1.3 State what post-school services and support they may be eligible for and knows how to effectively request services.	1	Given a list, Jordan identified adult service agencies. He continues to work on identifying specific supports and services offered by the agencies.
Communication	2.3 Asks appropriate questions including asking clarifying questions and provides appropriate information when asked.	2	When prompted and given a checklist, Jordan used his communication device to clarify work task directions.
Transportation	5.4 Understands how to align personal schedule with transportation schedule.	1	Jordan followed practiced routes when in the community. He continues to work on managing work hours with transportation schedules.

Putting Endorsements to Work

What agencies can do now: A call to action

Prepare	Align	Collaborate
✓ Use shared language	✓ Crosswalk your programs and services	✓ Develop information-sharing protocols
✓ Train staff	✓ Identify opportunities to customize services	✓ Ask families about student competency development
✓ Review a sample SCP	✓ Use SCP data to inform planning	✓ Encourage young adult ownership
✓ Encourage a presume competence mindset	✓ Incorporate SCP review into Person-Centered Planning	✓ Plan and participate in local cross-sector professional learning and transition councils

Let's Talk Transition



Traci Stauffer, Secondary Transition Section Chief
traci.stauffer@maryland.gov

Jeff Wyatt, Secondary Transition Performance Specialist
jeff.wyatt@maryland.gov

Dr. Tatum Williams, Secondary Transition Performance Specialist
tatum.williams@maryland.gov



Lunch Break and Visit Vendor Room





Technology Solutions: Building My Good Life

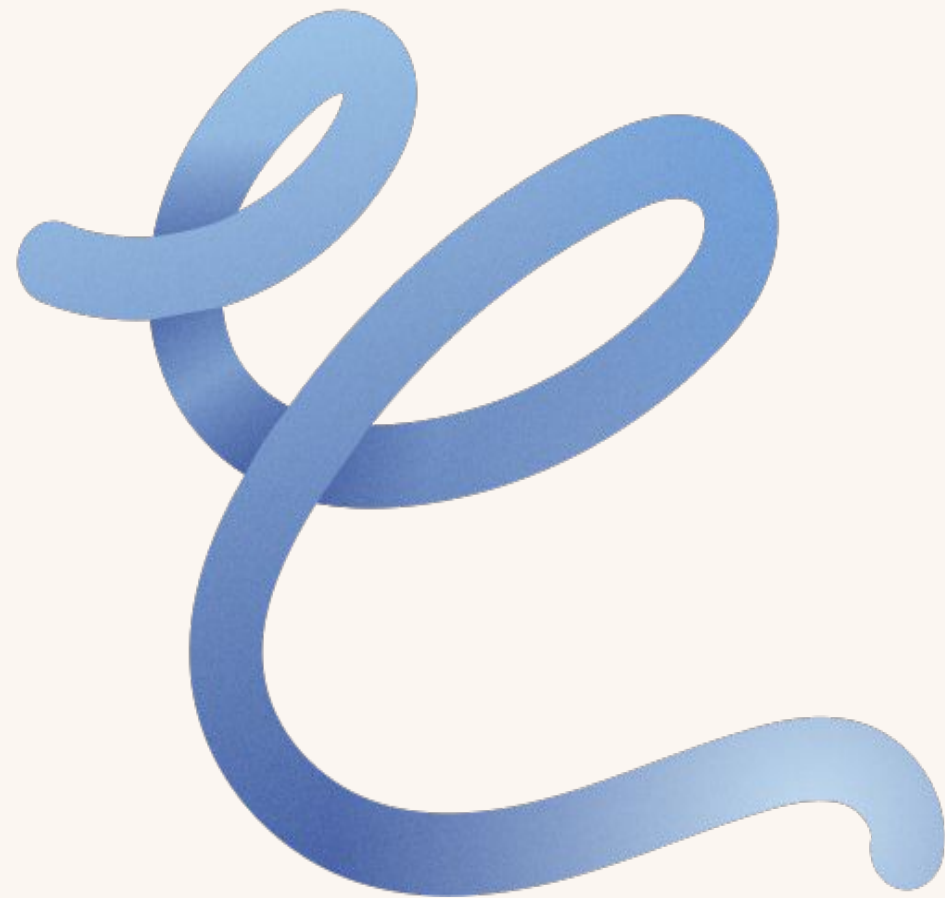
Maryland Highlights



SEEC's IDEA Lab

From Inspiration to
Action

Mercedes McKeel
Abby George





Who are we?

Mercedes McKeel

- Learn to Earn Program Manager
- I oversee a unique program that combines career exploration, skill-building, real-world experience, and customized employment supports
- I love to spend my off time gardening and being outside

Abby George

- Person Driven Technology Manager
 - I oversee Assistive Technology from assessment to device matching to training
 - I love true crime podcasts and hanging out with my dog!
- 

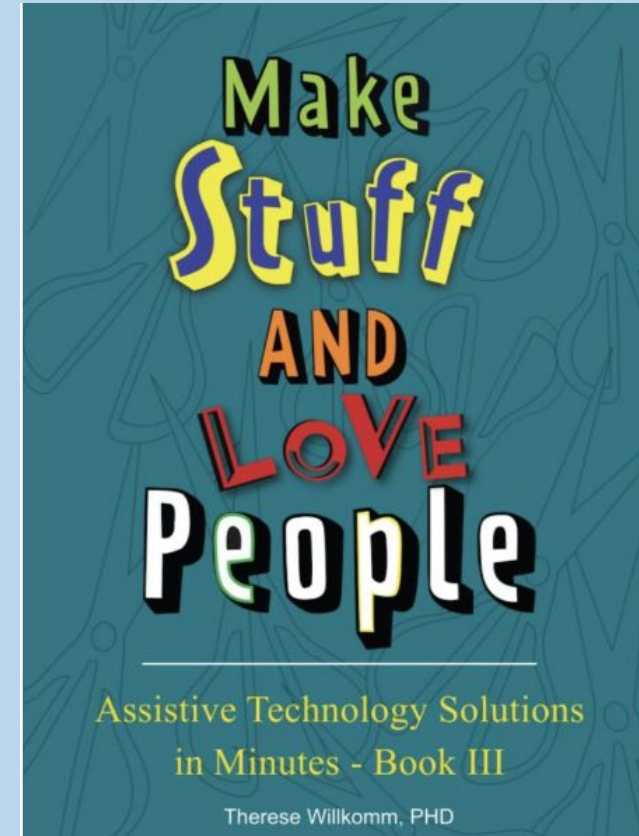
Our Why

The IDEA Lab was born from a need for a space where people with disabilities can co-create their own solutions.

We believe tools should be made with people, not for them.

We saw this in action at the 2024 TASH conference in New Orleans, where we attended a session led by Therese Willkomm, who designs no-tech adaptive tools with everyday materials.

We wanted to expand the definition of assistive technology, showing that meaningful solutions can be high-tech, low-tech, or no-tech, and are rooted in creativity, personalization, and problem-solving.





Funding



Innovation Fund (internal)

Innovation Grants supplied by SEEC to fund creative initiatives proposed by DSPs

Fundraising (external)

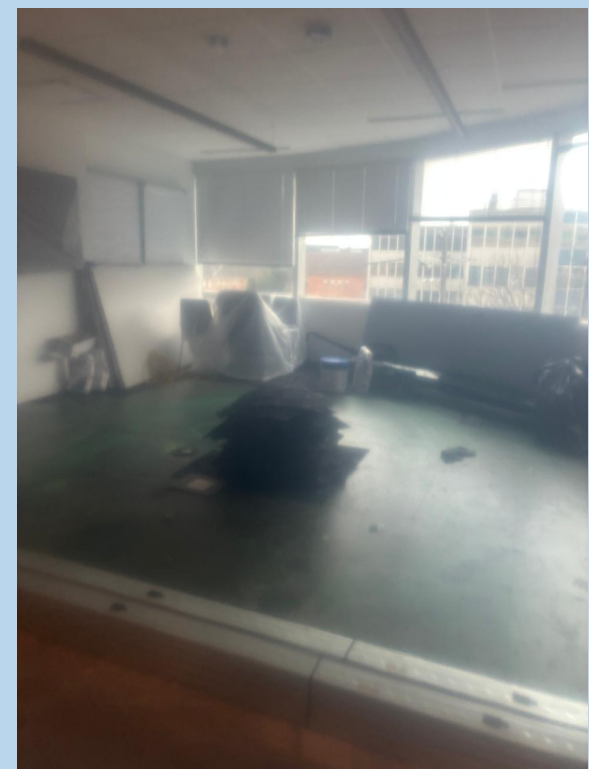
We hosted a social media campaign to raise funds for the IDEA Lab and growing technology library. This included a “Family Feud” style recorded game show where the theme was technology and ableism.

Additionally, we appealed to donors and partners to raise money. Our property management company donated \$7,500 to renovate the space

Grants (external)

We received funds from the TAM grant for several initiatives related to the IDEA Lab, including the hiring of 2 temporary Ambassadors, and the opportunity to host workshops in the space.

Before/ during renovation





After!







What's in the IDEA Lab?

Tech Library

low and high tech tools
covering a wide variety
of practical uses

people can check
devices out to try them
at home

Makerspace

We want to build
adaptive tools with
people instead of for
them

We have many
everyday materials we
can use to help people
overcome physical
barriers

Film space

Film is the great
communicator

Self Advocacy films,
video resumes, etc





Our IDEA Lab Ambassadors

Getachew



Leah

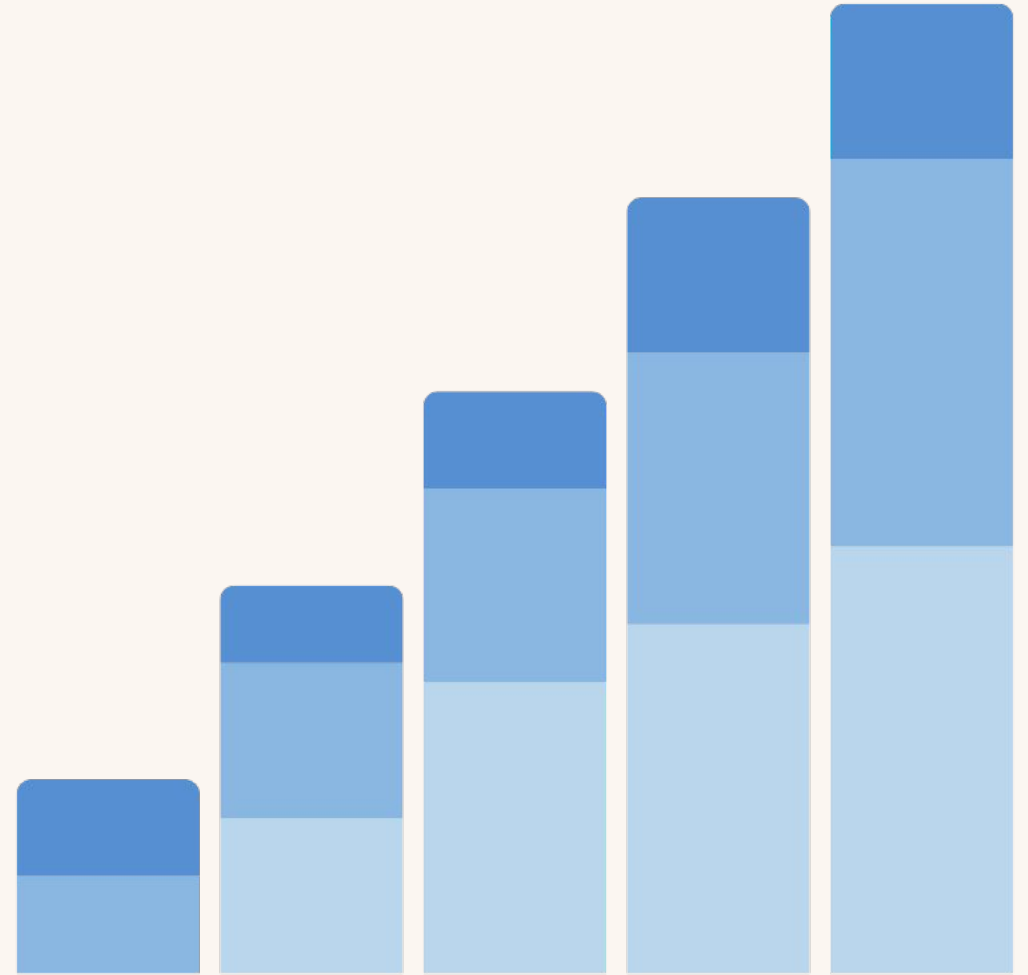


Where do we go from here?

The IDEA Lab is a place where we hope community members, regardless of disability, come to build personalized solutions to the barriers they face

Workshops highlighting a specific tools

A self sufficient space where people supported take the lead in designing their tools



Thank you!

If you'd like to visit the IDEA
Lab, please scan the QR code.



Mercedes McKeel: MMckeel@seeonline.org

Abby George: AGeorge@seeonline.org





Toni Massimo, Meaningful Day Services
Coordinator, Neurodiversity at Work at Kennedy
Krieger Institute.

[Video](#)



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Allis Kensing, Enabling Technology Manager

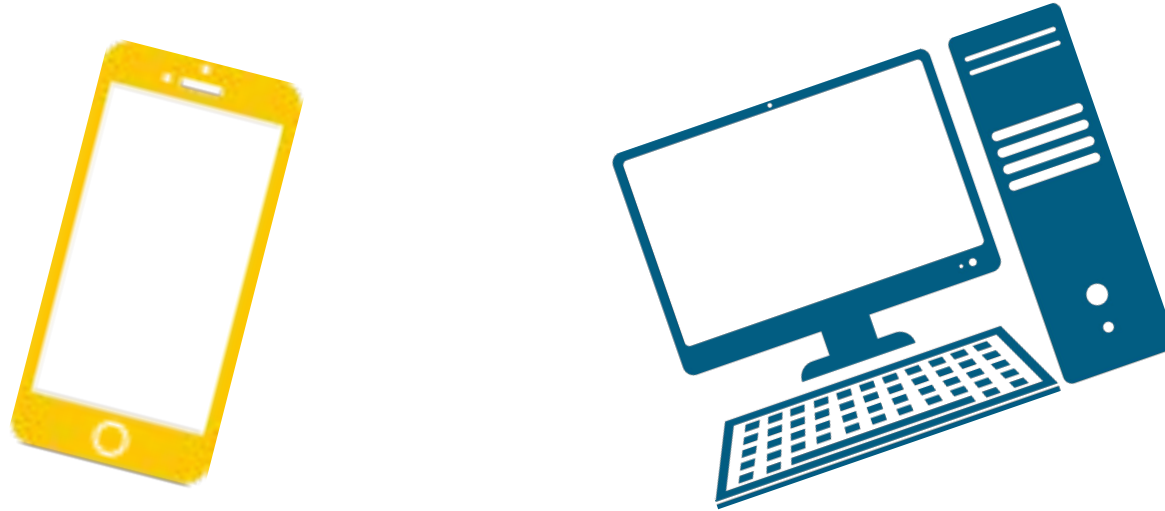
[Video](#)



The Arc Maryland
Received a Digital Literacy
Training Grant From



What is Digital Literacy?



- Digital literacy is the ability to use the internet & digital tools effectively, responsibly, and safely.

Being digitally literate helps people...



Access information efficiently – Find accurate and relevant content online

Communicate effectively – Use email, messaging, and social media appropriately

Stay safe online – Recognize scams, protect privacy, and manage security

Participate fully in society – Engage in digital services, communities, and opportunities

Gain skills and confidence for today's digital world

AT&T Basic Training Videos

Navigating a Website

Learn your way around websites.

🕒 7 mins

This module was made possible by AT&T

Basic Search

Learn about search engines and get started searching the internet

🕒 7 mins

This module was made possible by AT&T

Intro to Email

Get started with email

🕒 15 mins

This module was made possible by AT&T

Using a Mobile Device (iOS)

Learn basic information about mobile devices and iOS phones.

🕒 36 mins

This module was made possible by AT&T

QR Code Basics

Learn the basics of QR Codes and how to use them

🕒 11 mins

This module was made possible by AT&T

Using a PC (Windows 11)

Learn the basics of using a PC with the Windows 11 Operating System

🕒 27 mins

This module was made possible by AT&T

Cyber Security/Safety - Ways to Stay Safe Online



- Secure websites



- Strong Passwords

- Online Frauds and Scams



Online Safety Training Videos

Welcome!

Online Fraud and Scams

Activity 2: Recognizing Scams

This course is provided by



Online Account Training Videos

Activities in This Course

Click on a lesson below to begin.

1 Creating a New Account

Learn the basics of creating a new account on a website.

🕒 08:00

[Start](#)

2 Logging In to an Account

Logging in and help if you lost your password.

🕒 06:00

[Start](#)

3 Account Security

Learn tips for keeping a new account secure.

🕒 04:00

[Start](#)



The Arc Maryland offers both digital advocacy and cybersecurity-online safety trainings, in-person and virtually.

Or, watch the AT&T videos online at:
<https://att.digitallearn.org>

For Information, Contact :

Sharon Dols, Deputy Executive Director
(O) 410-571-9320, ext 200
sdols@thearcmd.org



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info@thearcmd.org



<http://www.thearcmd.org>



8601 Robert Fulton Dr. Suite 140 Columbia, MD 21046

Get the Latest News from The Arc Maryland!

Sign up for our email updates to get updates on advocacy opportunities, special events, disability-related news, legislation, and more around Maryland!





Realizing What Is Possible:

Technology, Independence, and Compliance for
People with IDD & the Ecosystem Around Them

Justin Amoyal and Dr. Maiulik Trivedi



[Testimonial](#)

Justin Amoyal
Founder and CEO of Impruvon



Dr. Maiulik Trivedi
Chief Strategy Officer, StationMD



[Testimonial](#)



StationMD

Telemedicine for Individuals with Intellectual
& Developmental Disabilities

Realizing What's Possible

*Technology, independence, and compliance for people with I/DD —
and the ecosystem around them*

Justin Amoyal | CEO & Co-Founder, Impruvon

Dr. Maulik M. Trivedi, MD, FACEP | StationMD

impruvon.com · stationmd.com



Why I'm here

**In 2019, I lost my brother to an
Overdose.**

I couldn't understand how this could have happened.

That question changed everything.

I built defense systems. This is harder.



BEFORE

Advanced R&D for fighter jets,
submarines and defense platforms



NOW

Medication safety and care
coordination
for people with I/DD

We ask the least-trained, most-distributed teams to run hospital-grade workflows.

Non-clinical teams, in people's homes, doing work hospitals struggle with.



Turnover

New faces every shift, retrained every time



Regulatory burden

Hundreds of pages to know by heart



No clinical background

Clinical-level work without clinical training



Distributed settings

Nurses can't be in every house at once



Tech fatigue

One more app is a hard sell

Five rule sets, all binding, none written for a house with a kitchen counter.

WHAT THE RULES EXPECT

- Federal and Joint Commission guidance
- State regulations
- Agency policies and procedures
- Person-centered preferences
- Team documentation standards

VS

THE REALITY

- Homes, not clinical settings
- Med closet + file cabinets outside of the person's room
- Complicated Med passes & related regulations multiple times a day
- 10 million distractions for DSPs
- No person-centered guides for DSPs and people supported

The ah-ha moment

Errors happen before, during, AND after the Med Pass. There is a medication lifecycle that is broken in our industry.

That is why Impruvon was born.

Pharmacy, eMAR, EHR, state systems — nothing talks, so staff retype everything.

Every hand-off is a chance to get it wrong.



Pharmacy



Provider
eMAR



EHR



State
Systems



Human error

Retyping between systems
creates preventable mistakes



Wasted time

Duplicate entry drains
staff hours every day



Incomplete picture

Clinical decisions made
without real-time data

Person-centered care gets lost in the chaos.

-  Different team members every shift
-  Turnover compounds it
-  Individual preferences get forgotten



That's not a staff failure. That's a systems failure.



Let's *Impruv*-On It

What does it look like when we get this right?

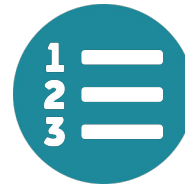
Prevent the error before it happens — at every step, for every DSP.

Tools that look and feel like the apps DSPs use after work



Reminders and alerts

A nudge before a distraction derails the med pass



Guided, compliant workflows

Nothing skipped, missed, or done out of order



Easy to use, easy to train

Productive within hours, not weeks



Training that doesn't stop

In person, virtual, and ongoing



Built-in regulatory compliance

**"Compliance should feel
like breathing —
you shouldn't have to
think about it."**

Embedded in the platform. Not layered on top.

Orders flow in from the pharmacy. Staff approve — they don't retype.



Approve, don't type

Orders arrive ready to review; fewer transcription errors



Built with DSPs

Designed from 500+ DSP interviews



Remind what gets forgotten

Missed passes, overdue treatments, upcoming tasks



Automate the manual

Refills, narcotic counts, compliance checks



Audit-ready reporting

Captured in real time, assembled automatically

**Every role sees only what they need —
including the person supported.**



Administrators



Site Managers



Nurses



DSPs



**People
supported**

And it talks to the systems around it.

One eMAR connected to the pharmacy, the EHR, telehealth, and the clinical team.



Pharmacy



Telehealth



HRST



EHR



**Remote
Monitoring**



Prevention shows up in the numbers.

Outcomes from providers using Impruvon today, across 28 states



39%

higher medication
compliance rate



69%

more audit-ready
documentation

48%

fewer medication errors

Charles Lea Center: 23,643 medications, zero errors.

Case study — December 2025

100% medication
compliance

23,643 medications
administered
compliantly

0 medication
errors

“

After the integration of Impruvon, what changed first was more organization; more allowing our people to be more independent. It was more person-centered. That is what we're most proud of: being able to offer that to our individuals. Our medication errors went down, of course. The documentation was better. It's still better. The person-centered independence, the reduced medication error rate, and improving the documentation are the biggest wins.

— **Jessica Ruppe**
Director of Health Services,
Charles Lea Center



StationMD

Telemedicine for Individuals with Intellectual
& Developmental Disabilities

Specialized Telehealth: A Game Changer for the Disability Community

MAULIK M. TRIVEDI, MD, FACEP



StationMD: A Healthcare Solution to Support People with I/DD

Founded by emergency room doctors

Specially focused/trained on individuals with I/DD

21 states, 40,000 lives covered...over 100,00 virtual encounters



Committed to Pioneering Advancements for Individuals with I/DD

Proud members/sponsors of:



Featured speakers across the country

- 2023 South Carolina Human Services Providers Association
- 2023 Annual DDNA Conference
- 2023 New York Alliance Annual Conference
- 2023 ANCOR Annual Conference
- 2023 SPADD Conference
- 2021, 2019 AAIDD Conference
- 2022, 2021, 2019 AADMD Conference
- 2022, 2021 DDNA Conference
- 2021 i2i Conference
- 2021 MHPA Conference
- 2021 NASDDDS Mid-year Conference New York Alliance for Inclusion & Innovation
- 2020 Home and Community-Based Services
- 2019 Tennessee DIDD Enabling Tech Conference

Causes of Frequent ER/Urgent Care Use for People with I/DD

High risk/multiple comorbidities

Lack of access to medical care otherwise

Regulatory requirements

Primary doctor lacks immediate availability

How can individuals with I/DD access personalized care in a non-disruptive and stable environment?





The Challenges of Care in an Emergency Room...

- Frightening for individuals with I/DD
- Trauma of transport
- Exposure to infection — COVID 19
- Disruption of routine
- Missed medication

General disruption, weeks to stabilize and puts many at risk

By Tara Lagu, Carol Haywood, Kimberly Reimold, Christene DeJong, Robin Walker Sterling, and Lisa I. Iezzoni

'I Am Not The Doctor For You': Physicians' Attitudes About Caring For People With Disabilities

DOI: 10.1377/hlthaff.2022.00475
HEALTH AFFAIRS 41,
NO. 10 (2022): 1387–1395
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ABSTRACT People with disabilities face barriers when attempting to gain access to health care settings. Using qualitative analysis of three physician focus groups, we identified physical, communication, knowledge, structural, and attitudinal barriers to care for people with disabilities. Physicians reported feeling overwhelmed by the demands of practicing medicine in general and the requirements of the Americans with Disabilities Act of 1990 specifically; in particular, they felt that they were inadequately reimbursed for accommodations. Some physicians reported that because of these concerns, they attempted to discharge people with disabilities from their practices. Increasing health care access for people with disabilities will require increasing the accessibility of space and the availability of proper equipment, improving the education of clinicians about the care of people with disabilities, and removing structural barriers in the health care delivery system. Our findings also suggest that physicians' bias and general reluctance to care for people with disabilities play a role in perpetuating the health care disparities they experience.

Tara Lagu (Tara.lagu@northwestern.edu), Northwestern University, Chicago, Illinois.

Carol Haywood, Northwestern University.

Kimberly Reimold, University of Massachusetts, Worcester, Massachusetts.

Christene DeJong, Baystate Health, Springfield, Massachusetts.

Robin Walker Sterling, Northwestern University.

Lisa I. Iezzoni, Harvard University and Massachusetts General Hospital, Boston, Massachusetts.

The Problem with the ER:

Expensive yet Suboptimal Care



Telemedicine is Here to Stay

The word "Health" in a bold, black, sans-serif font, enclosed in a thin black rectangular border.

Telehealth has radically changed the way we go to the doctor — and we have the pandemic to thank for that

The word "SLATE" in a bold, white, sans-serif font, set against a dark purple rectangular background.

Telehealth has been good in the pandemic.
It could be great long term

The USA TODAY logo, featuring a blue circle to the left of the words "USA TODAY" in a bold, black, sans-serif font.

The pandemic ushered in a 'new era of medicine': These telehealth trends are likely here to stay

The AMA logo, featuring the letters "AMA" in a white, serif font, followed by a white caduceus symbol, all on a dark purple rectangular background.

Congress must ensure telehealth access after pandemic's over

We cannot lose sight of the importance of telehealth for more vulnerable populations, such as those with I/DD.

How Telemedicine Can Help

Problem

- Lack of Access
- Suboptimal care for special needs
- Primary care unavailable in off-hours
- Regulatory pressures

Solution

- Telehealth removes geographic impediments
- Connect to doctors with specialized I/DD training
- Provide access to medical records/database
- Personalized care provided in safety of person's own environment
- Provide availability 24 hours
- Need doctor evaluation immediately
- Provide full documentation



Other Typical Cases (Not Always Emergent!)



Medication refill



Medical question/
medication
reconciliation



Behavior change



Constipation

StationConnect Platform

- 24/7 client portal access
- Data access
- HIPAA-compliant care coordination
- Electronic health record

StationMD Consultations

From: 2019-01-06 To: 2021-03-08

Sort: LOS Order: Up Limit to site: None Limit to Admission Followup: No

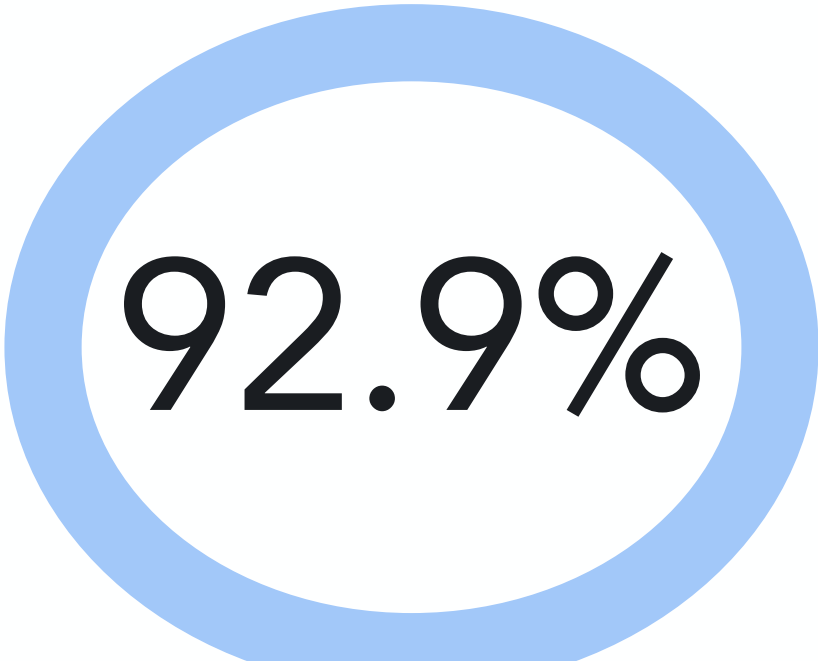
Change Sorting Download Excel

Site	Call Time ↑	Patient	Providers	Clinical	Notes	Updates
Nursing Home 1 (basic)	6/30/19 1:35 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	PMD: maginao SMD: Sang Lee	CC: Altered mentation Dx: None Outcome: ED Transfer	1. Progress Note	Admitted: Yes No Concerns
Nursing Home 1 (basic)	7/11/19 3:08 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	PMD: argento SMD: SMD Doctor One	CC: Altered mentation Dx: Chest pain, unspecified (R079); Outcome: ED Transfer	1. Progress Note	Admitted: Yes No Concerns
Nursing Home 1 (basic)	7/18/19 11:41 AM EDT	Calichman, Meghan (1) DOB: 11/21/1970, age 50	PMD: s SMD: SMD Doctor One	CC: Test Dx: Chest pain, unspecified (R079); Outcome: Observe	1. Progress Note	Concerns
Nursing Home 1 (basic)	8/28/19 8:02 PM EDT	test, forms (123) DOB: 11/21/1970, age 50	PMD: smith SMD: SMD Doctor One	CC: form test Dx: Chest pain, unspecified (R079); Outcome: Observe	1. Letter: Return to program	Concerns
Nursing Home 1 (basic)	12/29/19 9:35 PM EST	Test, Calichman (12345678) DOB: 11/21/1970, age 50	PMD: [object Object] SMD: SMD Doctor One	CC: test Dx: None Outcome: Observe	1. Progress Note 2. Progress Note	Concerns
Nursing Home 1 (basic)	1/24/20 9:36 AM EST	test, forms (123) DOB: 11/21/1970, age 50	PMD: na SMD: Jason Boulware	CC: na Dx: Impacted cerumen, bilateral (H6123); Outcome: ED Transfer	1. Progress Note	Admitted: Yes No please select Concerns
Nursing Home 1 (basic)	8/20/20 12:16 PM EDT	Test, Concerns (SMD099141652) DOB: 12/19/2003, age 17	PMD: marco SMD: SMD Doctor One	CC: High blood pressure Dx: Bradycardia, unspecified (R001); Abrasion, left lower leg, initial encounter (S80812A); Chest pain, unspecified (R079); Epileptic seizures related to external causes, not intractable, with status epilepticus (G40501); Anxiety disorder, unspecified (F419); Outcome: Observe	1. Progress Note	Concerns

Outcomes



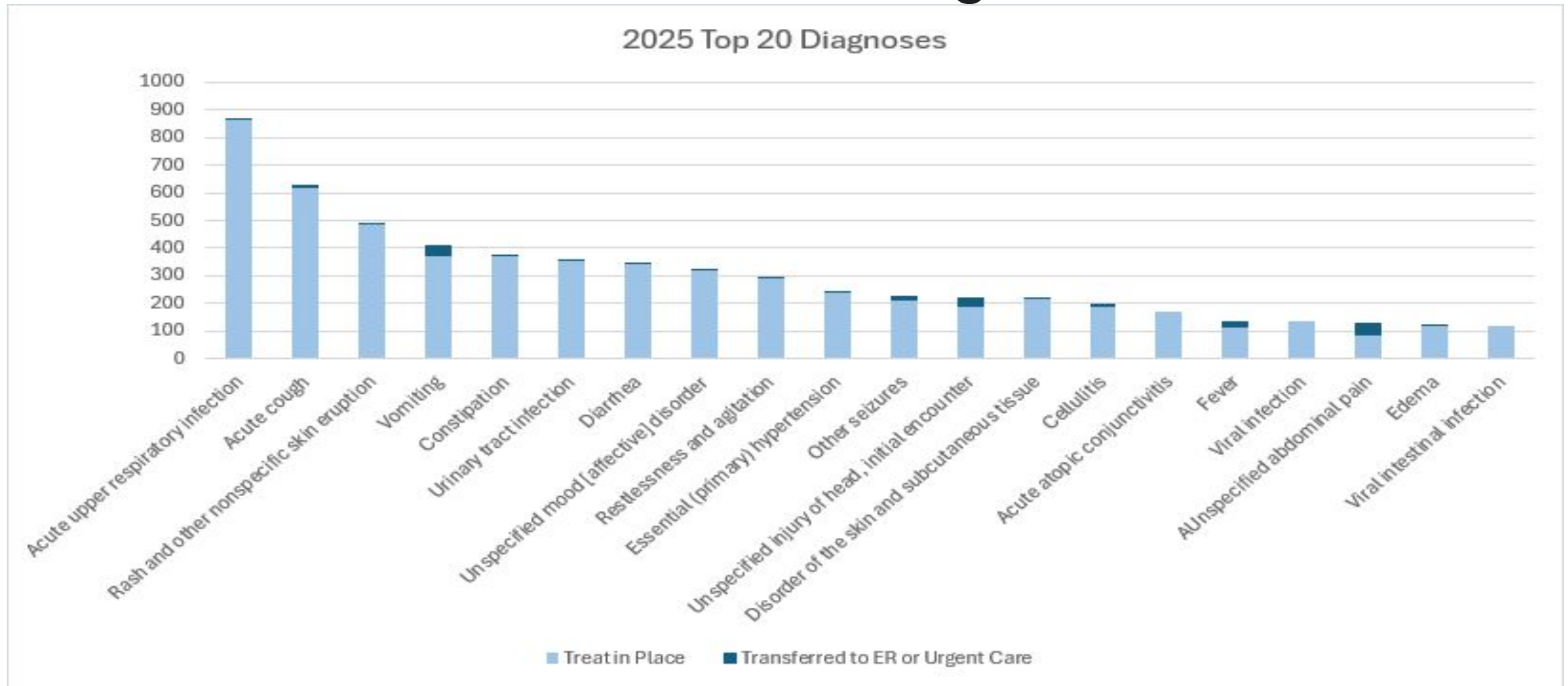
Proven Outcomes



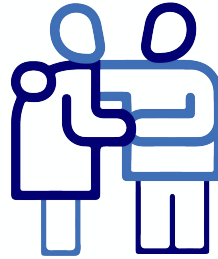
Data from all clients shows an average 92.9% treat in place rate reducing ER and Urgent Care transfers

January 2020 - March 2025	
StationMD Visits by Outcome	
Time Period	% Treated in Place
2020	89.0%
2021	93.3%
2022	93.0%
2023	93.1%
2024	92.9%
2025	94.3%
92.9% of StationMD Clients with IDD Are Treated in Place	

Most Calls Result in Avoided ER Transfers Across Diagnoses



StationMD Users Report Satisfaction



- 96% were happy with their StationMD visit
- 94% would recommend StationMD to a family or friend
- 84% prefer to use StationMD vs. venturing out to seek medical care

Pennsylvania Provider Agency Telemedicine Partnership with StationMD



May 2021, agency launched a telehealth pilot in 22 residences



55 telemedicine visits were logged in 7 months



87% of patients were treated in place avoiding unnecessary transfer to the ER



Avoided 32 unnecessary ER visits and 25 urgent care visits



Achieved a cost savings of **\$49,000 in 7 months** (an estimated **\$82,000 annually**)



Expanded service to all 40 residences following success of the pilot

New York Provider Agency Telemedicine Partnership with StationMD



November 2020, agency launched telehealth pilot in 28 of its 42 residences, prioritizing services for the most medically frail and chronically ill



Conducted 174 StationMD medical consultations in 6 months



157 (or ~90%) were treated without transfer to the ER



August 2020, agency expanded service to all 42 homes and 240 people based on pilot success



Achieved a **total cost savings of \$15,000 over 6 months** and **\$30,000 annually**



Care where people already live.

The right medication at the right time.

A doctor available without leaving home.

Technology should protect the people who cannot advocate for themselves.



StationMD

Telemedicine for Individuals with Intellectual
& Developmental Disabilities

Thank You. Reach Out to Learn More!

Justin Amoyal

CEO & Co-Founder, Impruvon
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Chief Business Development & Strategy Officer, StationMD
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impruvon.com · stationmd.com



Assistive Technology?



Assistive Technology:
An Introductory Training for the DDA Community
Developed by DDA's Technology First Taskforce

Training Available Now on DDA's Website



- health.maryland.gov/technologyfirst
- Under “Additional Resources”
 - **AT Training:** 60-90 minute training with videos to help people understand what AT is, how it can increase independence, and learn how to obtain and use it
 - **Instructors Guide:** 32 page companion guide for instructors delivering this training, with knowledge checks.
- The DDA Technology First Task Force recommends DDA require this training within the first 6 months for CCS and providers (not yet required but encouraged).



Assistive Technology:

An Introductory Training for the DDA Community

Developed by DDA's Technology First Taskforce

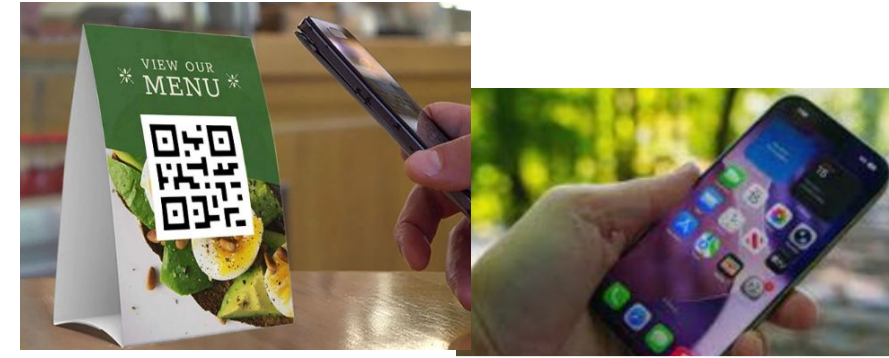
INSTRUCTORS GUIDE

This companion guide is designed to support instructors delivering the **Assistive Technology (AT): An Introduction for the DDA Community** training to DDA provider staff, Coordinators of Community Services, and other stakeholders, as appropriate, within the Maryland DDA system.

Instructor Guide for "Assistive Technology: An Introduction for the DDA Community" Training – March 2026

Technology is All Around Us

- Technology support does not always require new devices
- Many everyday tools can increase independence
- Help people learn to use existing technology in their environment, for example:
 - Ordering food using QR code menus
 - Using social media to connect with friends or community groups
 - Using smartphone maps for directions
 - Setting phone reminders or alarms
 - Scanning QR codes for event information
 - Smartphones and built-in accessibility features



Sometimes the role of support staff is to **teach, model, and practice using technology that is already part of everyday life.**



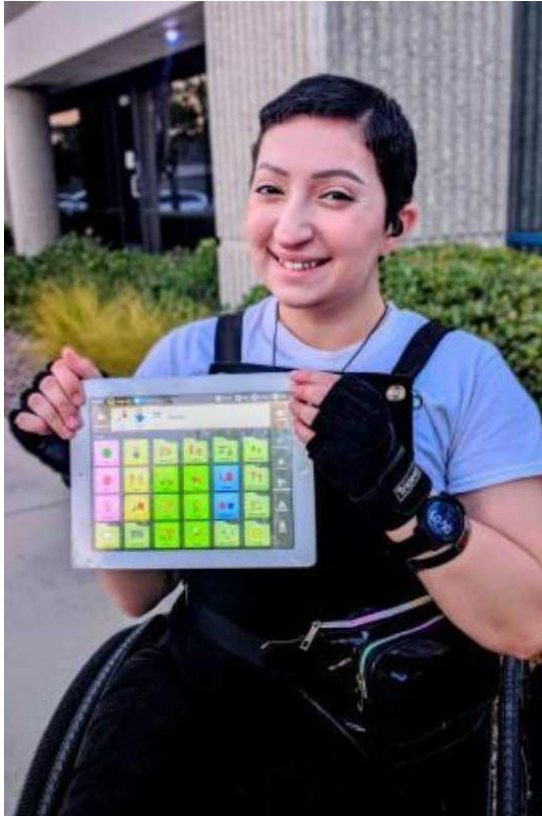
Technology is All Around Us (Cont.)

More Examples:

- Smart home devices (lights, plugs, thermostats)
- Self-checkout kiosks at stores
- Voice assistants (Siri, Google Assistant, Alexa)
- GPS and navigation apps
- Online banking and budgeting apps
- Grocery and food delivery apps
- Rideshare apps
- Calendar and reminder apps
- Video calling and messaging apps

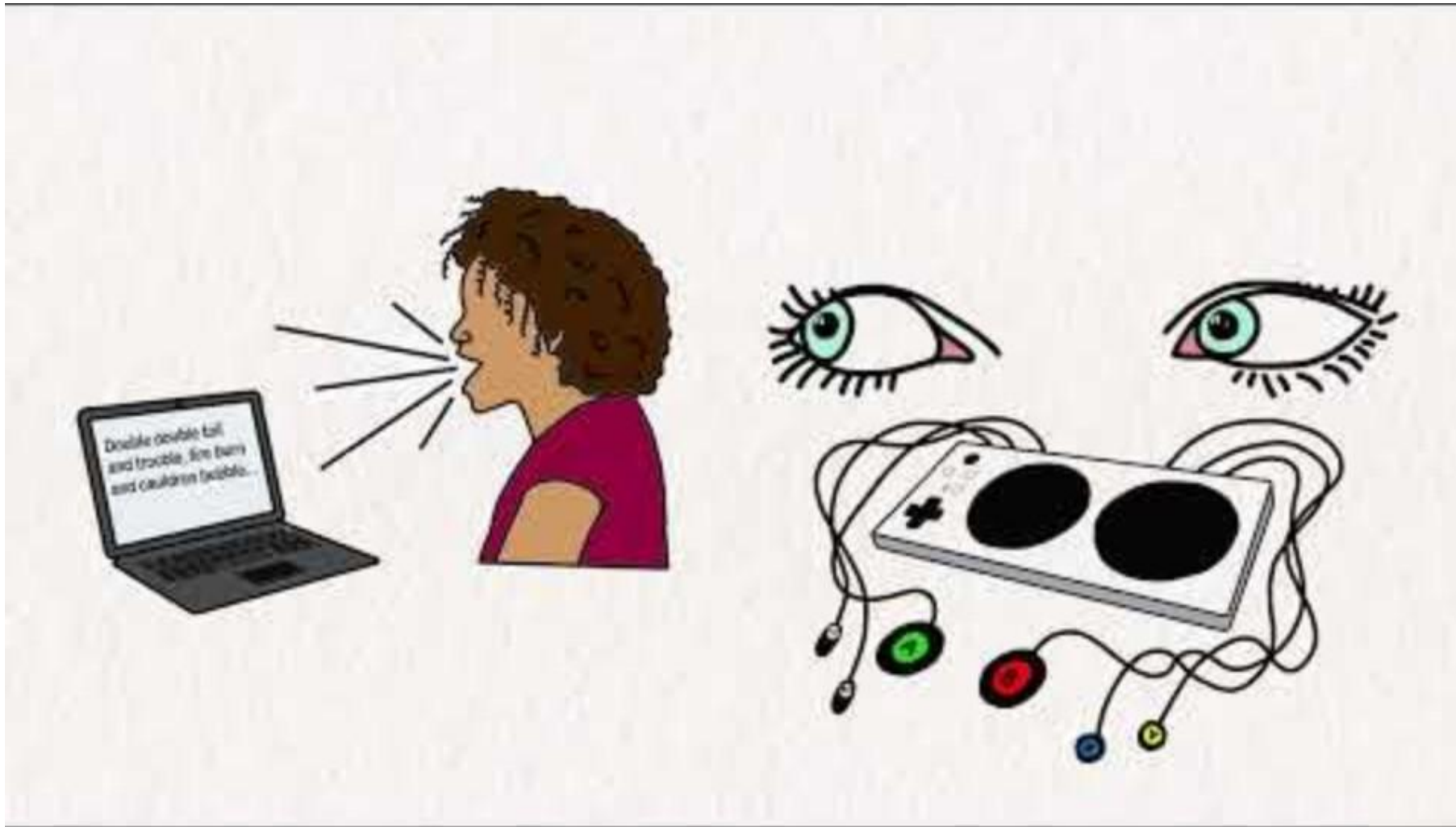


What is Assistive Technology (AT)?



Assistive Technology is any item, piece of equipment, or product system that helps a person increase, maintain, or improve functional abilities.

Assistive Technology is any tool or device that helps someone do something they might have difficulty doing on their own.



Welcome to Assistive Technology: Plain & Simple

[Click to Play 2 Minute Video](#)

Examples of Assistive Technology



Augmentative and Alternative Communication (AAC) Devices



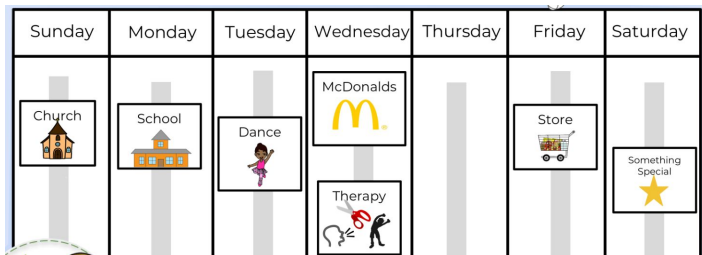
Talking Alarm Clock + Reminders



Assistive Listening Devices



Adapted Phones



Visual Schedules
+
Timers



Electronic Magnifiers



Simplified Remotes +
Switches



Adapted Keyboards
+ Mice

What is Enabling Technology (ET)?

Enabling Technology uses electronic tools and systems to increase independence, safety, and connection. If assistive technology is a single tool, enabling technology is often a coordinated system of technology working together.

Examples:

- Door sensors
- Medication dispensers with alerts
- Smart home systems
- Motion detectors
- GPS tracking devices



What is Remote Supports (RS)?

Remote Supports is support services provided by staff from a remote location using technology.

Examples:

- Staff monitoring sensors overnight
- Two-way video check-ins
- On-demand support via tablet or smart device
- Remote coaching

Remote Supports is about **how staff provide support**, not the device itself.



Maryland is a Technology First State



On August 15, 2022, Maryland became a Technology First State through a governor's proclamation. This means **Maryland is committed to empowering all Marylanders with disabilities to access technology that helps them live, work and play in their communities.**

Technology First is defined as: A “framework for systems change where technology is considered first in the discussion of support options available to individuals and families through person-centered approaches to promote meaningful participation, social inclusion, self-determination and quality of life.” (Tanis, 2019)

Finding AT is Easier Than You Might Think!

- Every State has a program to help you find Assistive Technology.
- [The Maryland Assistive Technology Program](#) (MDTAP) allows people to see and borrow AT from its lending libraries.
- You can try different kinds of Assistive Technology to find what works best.
- You can borrow Assistive Technology to try at home, school, or the workplace.
- Anyone can visit and tour one of MDTAP's Assistive Technology Libraries to see what's available and to talk with an Assistive Technology Specialist about what you need.



Video of MDTAP AT Library Tour:
<https://www.youtube.com/watch?v=bxoT5SDAw1g>

Things to Know

- Assistive Technology should always be **Person-Centered**.
- You don't have to know a lot about Assistive Technology or be too tech savvy to get started.
- Finding the right Assistive Technology takes a certified AT professional to be part of the Person-Centered Process – there is no one size fits all for everyone, but there are people who can help you find what is the best solution for you.
- There are funding options available to help you get Assistive Technology services (assessments, training) and devices.



Where Do We Start?

What do you (or the person) want to be able to do more independently?

Start with the goal – not the gadget!



Overview of SETT Framework

Developed by Joy Zabala for **Assistive Technology decision-making**.

S – Student/Person: Strengths, needs, preferences

E – Environment: Physical, social, instructional context

T – Tasks: What the person needs to do

T – Tools/Technology: Devices, software, supports

Goal: Match technology to the person, not the other way around.

Consider abilities, goals, and context for effective technology use.

Use the Assistive Technology Navigator

Type atnavigator.com in your address bar to get started!



ASSISTIVE TECHNOLOGY NAVIGATOR

Our Assistive Technology page is a resource presented by MIH in conjunction with the Maryland Developmental Disabilities Administration. On Aug. 15, 2022, Maryland became a Technology First State through a proclamation signed by the Governor. This means the state is committed to empowering all Marylanders with disabilities to have access to technology that will help them live, work and play in their communities.



Communication



Computer Access



Daily Living



Phone



Hearing



Low Vision / Blind



Memory / Cognition



Recreation



Employment



Environmental Control

- ✓ Visit the [AT Navigator](#) to help you find out more about how to explore and obtain AT in the area(s) identified.
- ✓ The AT Navigator is designed to help you navigate the variety of AT services available right here in Maryland.
- ✓ The AT Navigator guides you through categories, supports, and funding options.



Introducing the Assistive Technology Navigator

[Click to play 1 minute video](#)

A person's hands are holding a black tablet against a background of a lake and mountains under a cloudy sky. The tablet screen shows a quote in white text. The quote is: "FOR MOST OF US, TECHNOLOGY MAKES THINGS EASIER. FOR A PERSON WITH A DISABILITY, IT MAKES THINGS POSSIBLE". The word "POSSIBLE" is in a larger, bold font. Below the quote, it says "- JUDY HEUMANN" and "AMERICAN DISABILITY RIGHTS ACTIVIST".

FOR MOST OF US, TECHNOLOGY
MAKES THINGS EASIER. FOR A
PERSON WITH A DISABILITY, IT
MAKES THINGS

POSSIBLE

- JUDY HEUMANN
AMERICAN DISABILITY RIGHTS ACTIVIST

Presenter Information

- Daphni Steffin, MBA, ATACP
- Chief Operating Officer, [Opportunities, Inc.](#)
- Board Member, [Maryland Inclusive Housing](#)
- Certified in AT through [California State University Northridge](#)
- Co-Chair of DDA's Tech First Taskforce
- Lead contributor to [AT Navigator](#)
- Email: dsteffin@opportunities-inc.com





X A N D A R K A R D I A N

Precious “Preciosa” Myers-Brown

Chief Innovation & Dream
Officer, CEO of Vista Supports
& Regional Representative for
Xandar Kardian



X A N D A R K A R D I A N

More Presence, Without Presence.

An Enabling Technology Case Study Featuring Xandar Kardian

Precious "Preciosa" Myers-Brown

Founder & CEO, Vista Supports | Chief Innovation and Dream Officer (CINO)

Voice of Enabling Technology™

Overnight support is where dignity is quietly won or lost.

WHAT PEOPLE DESERVE

Uninterrupted sleep

No stranger walking in overnight to check on them.

Privacy in their own home

No cameras, no microphones, no recording.

The same safety as anyone else

Someone will know if something is wrong.

WHAT AGENCIES CARRY

Staffing gaps overnight

Callouts, turnover, unfilled shifts.

Rising acuity, aging residents

Falls, seizures, cardiac events at 3 a.m.

A duty of care that never sleeps

Regulators, families, and their own values.

Enabling technology is the least intrusive way to keep someone safe while they live their life.

CONTACTLESS

No wearables to charge, no devices to remember. If a person cannot or will not wear it, it is not enabling.

PRIVATE BY DESIGN

No cameras. No microphones. No recording. What is measured is vital signs and movement, not a person's life.

PART OF A PLAN, NOT A PRODUCT

Enabling tech works when it is written into the person's ISP and the agency's overnight protocol, not bolted on.

A man who kept falling asleep in the day program.

Fictitious name. Real person. Real overnight.

WHAT THE DAY TEAM SAW

Falling asleep at the day program.

Multiple doctor visits looking for a cause.

Medications added to help him ***stay awake***.

Still tired. Still declining. No clear answer.

WHAT THE NIGHT TEAM WAS DOING

Overnight bed checks every 2 hours.

Every check woke him up.

He would open the door, walk the hall, take a long time to settle again.

By morning, he had barely slept.

Nobody was measuring the one thing that was actually wrong.

01

INTERRUPTED SLEEP

Overnight checks and door opens fragmented his sleep, every night.



02

DAYTIME EXHAUSTION

He fell asleep at day program. Staff assumed a medical cause.



03

MEDICAL WORKUP

Multiple appointments. New stimulant medication to keep him awake.



04

MORE HARM, NOT LESS

Side effects, more visits, more paperwork. The root cause was still overnight.

This is how a good team, doing their job by the book, ends up harming the person they are trying to protect.

One radar sensor on the wall told us more than a year of appointments.



XK300 Essence in a resident bedroom. No wearable, no camera, no microphone.

WHAT CHARLES' DATA SHOWED

Door opens at 12:14, 2:03, 3:47, 4:52.

Ambulation in the room after each staff check.

Actual time asleep: under 3 hours a night.

Elevated resting heart rate during “sleep.”

WHAT CHANGED

Overnight protocol rewritten around the data, not the clock.

The stay-awake medication was discontinued.

Charles slept. The day-program “episodes” stopped.

Charles is not a device story. He is the reason the right infrastructure matters.

Vista Link is the platform where all of our enabling technology talks to one another, so the agency sees one picture, not eight dashboards.



Vista Link™ by Vista Supports

ONE SIGNAL LAYER

Radar, sleep, vitals, door and motion sensors all feed the same record.

ONE OVERNIGHT PICTURE

Overnight staff, on-call nurses, and the QIDP see the same person, in real time.

WRITTEN INTO PRACTICE

Vista Link is tied to the ISP and the overnight protocol. It is care coordination, not surveillance.

WHAT THIS LOOKS LIKE WHEN IT WORKS

A quiet hallway. A resting person. A team that already knows.

That is what enabling technology, deployed as practice, is meant to do.

More presence. Without presence.

Precious "Preciosa" Myers-Brown

Founder & CEO, Vista Supports

Chief Innovation and Dream Officer (CINO) | *Voice of Enabling Technology™*

Author of [Tech Equity: Freedom Through Enabling Technology](#)

preciousmyersbrown@vistasupports.com | vistasupports.com



Technology First Task Force Members

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Allis Kensing - Penn Mar Human Services

Amanda Distefano - Maryland Department of Aging

Ashley Lankford - Towson University

Babette Smith - Intentional Supports

Barbara Demchick - Occupational Therapy Association

Betsy Hein - Centers for Independent Living (CIL)

Brenda Isennock - Maryland Division of Rehabilitation Services

Chris Rogers - Maryland Developmental Disability Council

Cody Drinkwater - People on the Go

Daphni Steffin - Opportunities Inc.

Foad Hamidi - University of Maryland, Baltimore County

Gabriel Forsythe - Assistive Technology Professional

Jeanine Cowan - Service Coordination Inc.

Jeff Wyatt - Maryland State Department of Education

Jessica Stine - Maryland DDA Western Region

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Randy Kiser - Community Living Inc., Frederick County

Raychon Stroman - Resource Connections, Inc.

Robert Groendal - Administration for Community Living

Sarah Calhoun - Maryland Assistive Technology Program

Stephanie Jones - Developmental Disabilities Administration

Closing Remarks



Thank You!