NEW YORK STATE | Office for People With Developmental Disabilities

Attachment 18

Technical Proposal Response Cover Page

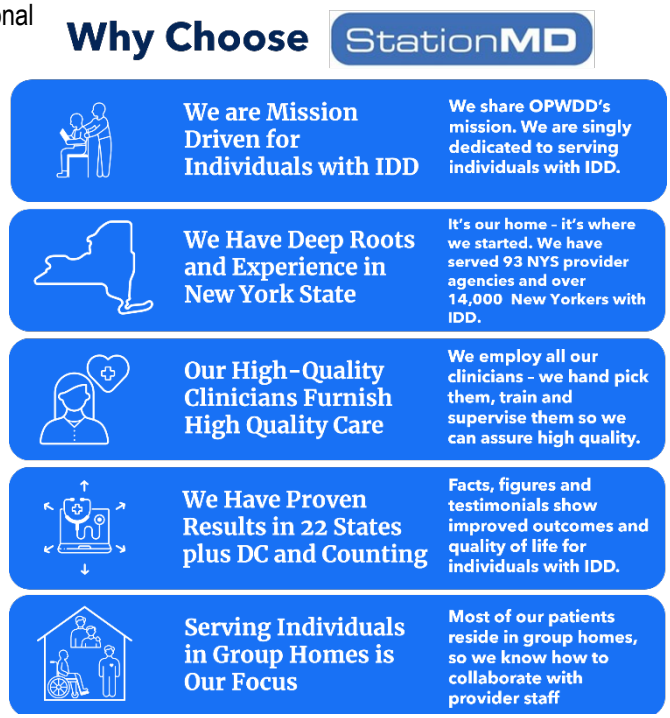
RFP OPD-2025-54
Physician Services Pilot

Bidder: StationMD PC

INTRODUCTION

Understanding of the Problem. With RFP OPD-2025-54, OPWDD seeks to pilot a new service to support approximately 1,160 individuals with intellectual and developmental disabilities (IDD) living in 176 state-operated homes. Currently, when urgent or emergent health issues arise, individuals are often transported to the Emergency Room (ER), requiring staff accompaniment. This practice poses health and safety risks for both staff and residents, and it frequently results in overtime, leaving homes understaffed. The existing workflow begins with the RN on-call, who triages the situation and escalates to the medical on-call provider for complex cases or when determining the need for internal treatment or transport to the ER or urgent care. This reactive model strains resources and disrupts continuity of care – highlighting the need for a more efficient, person-centered solution.

OPWDD's Physician Services Pilot program aims to avoid these unnecessary trips to the ER, urgent care or a doctor's office and to eliminate the wait time, cost, and exposure of such visits. The pilot program would provide round-the-clock, on-demand medical services via telemedicine visits. **These services closely mirror the on-demand telemedicine services specialized for individuals with IDD that StationMD has successfully delivered across New York State (NYS) and nationwide.** With nearly a decade of experience, we have built a proven infrastructure, clinical team, and operational model tailored specifically to individuals with IDD. **Below, we outline why StationMD is ideally positioned to serve as OPWDD's pilot program provider.**



We Are Mission Driven to Serve Individuals with IDD. StationMD provides specialized on-demand services for individuals with IDD. It's that simple. That's what we do, and that's all we do. That is our company's mission. Our mission aligns closely with the objectives of OPWDD: providing comprehensive, person-centered care that improves quality of life while reducing costs of care and improving quality of life. We are *not* a broad-based telehealth company with a generic patient panel, where individuals with IDD are merely a small subset. That model, where IDD care is folded into generalized platforms, is precisely what contributes to poor outcomes. When clinicians lack specialized training and experience with this population, quality of care suffers.

We Have Deep Roots and Broad Experience in NYS. StationMD was formed to deliver on-demand telemedicine services specialized for individuals with IDD to New Yorkers with IDD. These services are essentially the same as the remote physician services OPWDD is procuring. Since 2016, we've conducted 139,000 encounters with New Yorkers. We provide 24/7, 365-day immediate access to clinicians specially trained to serve individuals with IDD who offer the full spectrum of remote physician services: triage, assessment, evaluation, treatment, warm hand-offs and follow-up. For over a decade, we've set the standard for on-demand, remote physician services for individuals with IDD. Since our founding in NYS, we've grown to serve more than 46,000 individuals across 22 states and DC, with 3 more states nearly ready to launch.

For nearly 10 years, StationMD has been delivering on-demand telemedicine services specialized for individuals with IDD - services that are nearly identical to those OPWDD seeks in this Physician Services Pilot:

- In New York, we have served 93 provider agencies and over 14,000 New Yorkers with IDD.
- Today we serve 46,000 across the U.S. (and that number continues to grow).

We Know Group Homes and Their Staff. The only patients we see are individuals with IDD – most of whom have met nursing facility (NF) or intermediate care facility (ICF/DD) level of care (LOC). We serve them when they reside in state-operated homes, privately-operated certified residences, and private homes. Often, generic telehealth providers serve only individuals who live with mild IDD and who do not meet LOC. They do not have experience serving the population OPWDD seeks to serve or experience coordinating with group homes and other residential providers. We do. In fact, states trust us to serve their most complex populations in their state-run facilities; In Ohio and Tennessee we have proudly served their state-operated residences for years. Unlike traditional telehealth providers, our model is designed and proven to serve individuals in group homes and other certified residential settings and to collaborate with the individual's Direct Support Professionals (DSPs) and

other provider staff. In fact, we do such a good job working with DSPs, that 94% of NYS DSPs surveyed said that our service makes their jobs less stressful. The depth of our understanding of Direct Support Professionals' (DSPs') importance inspired us to create *DSP Spotlight*, a monthly recognition program that celebrates the hard work and profound impact of DSPs.

High Quality Clinicians Deliver High Quality Care. Throughout our 9-year journey, one thing has remained constant: our commitment to a tightly integrated clinical model. Unlike many organizations, **we do not outsource clinical care**. Every one of our clinicians is recruited, hired, and managed directly by us. We don't rely on subcontracted clinicians, clinical staffing agencies, or third-party clinical providers. This hands-on approach allows us to maintain exceptional quality and consistency in care delivery. This staffing-intensive model is the backbone of our success. It's how we've earned a client retention rate of approximately 95.5% and built lasting trust with the communities we serve. While we do partner with subcontractors for administrative support – such as IT services – our clinical operations remain fully in-house. That's not just a detail. **It's a defining feature of our model, and a key reason we continue to deliver the highest quality care in the field – with a 95.5% client retention rate and 94% patient satisfaction.**

We Have Proven Results. We have demonstrated **consistent results year over year – reduced preventable Emergency Department (ED) visits, increased quality of care and quality of life, and cost savings**. Sample results from one state are shown in a text box on this page. We continue to replicate these results with provider after provider, in state after state.

Our team is ready to deploy pilot program services immediately, with 44 clinicians already licensed in New York and another 4 in process. We understand and have adapted our service to meet NYS requirements – including nurse coordination required by ADM #2003-01 – and we are trusted by NYS providers, group home residents and advocates. Thus, we can assure a smooth transition and minimal implementation delays – as well as the satisfaction of individuals, DSPs and provider organizations.

Our Impact

Here are a few examples of our results in NYS. We see similar results in other states.

- On average, reduced unnecessary use by:
  - ✓ 0.5 ER visits/person/year
  - ✓ 0.2 urgent care visits/person/year
- Patient survey results reveal:
  - ✓ 96% were happy with their StationMD visit
  - ✓ 94% would recommend StationMD to a family or friend
- Surveys of direct care workers reveal:
  - ✓ 94% report less stress in their job
  - ✓ 93% believe StationMD services improve individuals' quality of life
  - ✓ 95% believe StationMD services improve the individual's overall health outcomes

With our experienced clinicians, dedicated operations team, and secure telemedicine platform, StationMD is fully prepared to meet the State's requirements and deliver high-quality, timely, and reliable telemedicine services. **In the following pages, StationMD outlines our proposed approach to furnish services requested in RFP OPD-2025-54, Physician Services Pilot.**

PHYSICIAN SERVICES PILOT IMPLEMENTATION (5.1.) [1]

StationMD's proposed approach to implementing the pilot program is outlined below. **We address the items in the order in which they are listed in Section 5 of the RFP.**

Equipment (2.3.1.1. and 5.1.1)

StationMD's app and use of equipment is designed to maximize access to services while minimizing administrative burden and technology challenges. Our app is simple and intuitive to use and understand – DSPs and other provider staff are comfortable using it and explaining to individuals how the app works. We will provide equipment to those providers who wish to have it – and for those who prefer to use their existing equipment, there is no requirement to obtain equipment from us.

Our approach to equipment is also designed to assure patient confidentiality, data security, and compliance with all state and federal

"Please send a HUGE THANK YOU to your doctor… he literally allowed our patient to remain in a less restrictive environment for a longer period because of the support he provided.
But in addition to that, he gained our patient's trust and for a youth that has the amount of trauma that he had, that is a huge victory…your doctor and the whole StationMD team was only a phone call away…your doctor made a point to say, if you need anything before the next appointment, just give us a call and we knew that he truly meant it.
Once again, we are reminded that StationMD provides top notch service. There is no service like it and the caliber of the providers in unmatched. We would not be able to find the level of service we get from StationMD anywhere near us in the community."

- Erica Covert
Director of Together For Youth
Non-Secure Detention Facility, Canaan, NY

[1] Throughout our proposal, we include with each subheading the corresponding RFP Section numbers for ease of reference.

laws. In the provision of the pilot services, StationMD will adhere to all applicable NYS OPWDD and NYS ITS policies including but not limited to those relating to information classification, encryption, and security. We will assure that all data will remain within the Continental United States (CONUS), and, as required by the RFP, we will meet monthly with OPWDD or its designee to discuss security controls and protections in place to ensure the confidentiality, integrity and availability of our supplied system and the data it contains.

Determine What Equipment OPWDD Has and What Needs To Be Purchased (2.3.1.1.1)

To determine what equipment is needed, StationMD will collaborate with OPWDD to conduct the following steps immediately after contract award:

- **Conduct a webinar** for all homes that participate in the pilot. During this pilot we will provide an overview of StationMD's services and will demonstrate how the equipment is used by providers to access services. We will also provide an overview of the equipment available to providers. Providers will have the option of participating in the live webinar and/or watching a recording of the webinar, which we will make available to all providers participating in the pilot program.
- **Survey** homes that participate in the pilot. This survey will ask providers to indicate whether they would like to use their own equipment or have equipment provided by StationMD. For those who would like to use their own equipment the survey will ask for some details that enable StationMD to confirm that the available equipment meets StationMD specifications.
- **Hold one-on-one meetings** with homes that participate in the pilot. StationMD will meet individually with each of the participating homes to review and confirm their equipment needs and to coordinate other logistics related to start-up and installation. Based on our experience in NYS, we anticipate that 25% of pilot homes will request such a one-on-one meeting.

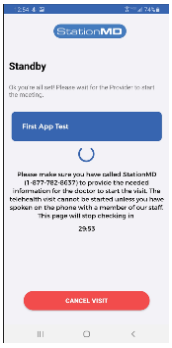
At the end of this process, StationMD will deliver a report to OPWDD detailing the equipment needs of each participating home. We will use this report to inform our pilot program launch process: we will order all necessary equipment, assemble and install it as outlined under Provider and Individual Enrollment and Onboarding in Section 2.3.1.4 below.

Provide Required Equipment to Perform This Service. (2.3.1.1.2., formerly 2.3.1.1.3.)

Described below is:

- StationMD's mobile app, StationConnect® as well as back up access available in lieu of our mobile app
- Equipment to be used by NYS providers to access pilot program services
- Equipment to be used by StationMD to provide pilot program services

StationMD's Mobile App. Our fully HIPAA compliant telemedicine platform can be accessed via our StationMD mobile app, StationConnect®, on an Android or iOS device or through a URL on any windows device. In cases where StationMD provides the equipment to the group home, StationMD will load the app on the tablet before sending the tablet to the provider. Providers using their own equipment can simply download the app or use a web browser to access StationMD. **Our Technical Assistants can work hand in hand with providers to assure successful installation and can facilitate the conduct of test and mock encounters**. All StationMD audio and video calls take place via a HIPAA-compliant cloud-based communication platform operated by a vendor, Zoom. The secure and reliable platform has stringent service level guarantees and continually adjusts based on the strength and reliability of the client's Internet performance. A recent *Video and Audio Performance Report* concluded that our partner handled variable packet loss, variable latency, 3G cellular network, and congested network testing better than the other major vendors in the space, stating:



- "[Platform] consistently delivers the best overall experience, excelling in video quality, resource utilization, and maintaining performance under network strain. "
- "[Platform's] leading performance, particularly in high-quality video and efficient resource use, positions it as the top choice for robust and reliable virtual meetings."
- In addition, the audio and video calls adjusted quickly (within 10 seconds) when the network quality deteriorated or recovered. We are able to monitor and report on the quality of individual sessions and overall system performance.

The StationMD app is **available in the Apple Store and Android Play Store for free download**. More information about provider onboarding and app set up is in Section 2.3.1.4 under Provider and Individual Enrollment and Onboarding. More information about our app and selected screenshots of the app are available in Exhibit A. Links to videos demonstrating our app in use are in Exhibit E.

Backup Access in Lieu of Our Mobile App. StationMD provides **multiple methods of connecting with clinicians**. Our app can interface with anyone having secure Internet access and a tablet or smartphone meeting the requirements described above.

- User can use our Progressive Web App (PWA) on Chromebooks or most laptops. That PWA can be downloaded from: https://stationmd.com/get-app/
- Users can use Zoom's mobile app or Zoom's web-based application
- StationConnect® can email or text a unique meeting link to the caregiver that will open Zoom's web-based application on virtually any Internet connected device.

In an internet outage, we can continue to perform telemedicine visits over phone audio. In circumstances when the home is unable to use the StationMD app (e.g., internet outage, malfunctioning tablet), StationMD can instead conduct encounters via telephone. In these cases, pilot home staff simply call the toll-free StationMD clinical line to establish the encounter. The call may be placed from a landline or mobile device. This can also be a back-up in rural areas, where internet services are unreliable. That said, StationMD's app is designed to function in low bandwidth situations and has consistently functioned successfully across all of the 58 New York counties we serve, assuring uninterrupted access to care statewide.

Equipment to Be Used by New York State Providers to Access Services

StationMD's services can be accessed using limited equipment. Our **deliberately simplified approach to using equipment** helps to assure:

- Provider staff and individuals are familiar with the equipment and find it easy to use, thereby reducing barriers to access
- Pilot program services can be delivered cost-effectively, without the use of expensive equipment and associated maintenance and training costs

In fact, providers can use equipment they already own to access StationMD's services and prefer to use their existing equipment. This way, staff are already familiar with how to use the equipment, and they do not need to juggle duplicative devices. We will support them in using their existing equipment. For those providers that would like to have equipment provided for use with StationMD's services, StationMD will provide that equipment. We also furnish some optional equipment to providers that are interested. Below we describe in more detail the equipment we will furnish to providers and related connectivity requirements, as well as equipment ownership, installation and maintenance.

Required Equipment for New York State Providers. For optimal results, all homes participating in the pilot with StationMD must have the following equipment:

- A **tablet or smartphone** that can support the StationMD mobile application HD (iOS or Android) and has (720p or higher resolution) auto-focus web camera. A tablet can be provided by StationMD; however, our experience in New York State is that approximately 10% of providers prefer to use their own tablets.
- **Vital signs equipment** including a digital thermometer, blood pressure monitor, and pulse oximeter blood oxygen saturation monitor. This vital signs equipment can be provided by StationMD; however, our experience in New York State is that approximately 10% of providers prefer to use their own vital signs equipment.

While all pilot homes will be required to have this equipment and using it offers optimal results, we understand that outages and malfunctions can cause this equipment to be unusable at times. As we describe above under "Back-Up Access in Lieu of Our Mobile App," we offer several alternative ways that providers can engage with StationMD when this required equipment is not available.

Optional Equipment for New York State Providers. StationMD can also provide the following optional equipment to homes that request it. This equipment supplements the required equipment and is not required.

- **Full cart** – includes a heavy-duty gooseneck floor stand with keyboard tray and storage basket, a Bluetooth wireless keyboard, an HD webcam with auto-focus, and a USB-C to USB-A adapter. Our experience in New York State is that approximately 5% of providers opt to have StationMD provide a full cart.
- **Table top model** – includes Microsoft Type Cover, an HD webcam with auto-focus, and a USB-C to USB-A adapter. Our experience in New York State is that approximately 5% of providers opt to have StationMD provide a table top model.

All tablets we provide are in "kiosk mode" so that only StationMD's app can be loaded onto it, making it function only for the function of contacting StationMD. Please see Exhibit B, Equipment Sheet, for more information about these equipment offerings.

Network Requirements Including Internet Connectivity. In order to participate in the pilot program, homes must have Internet access. The Internet access may be through Wi-Fi or a cellular data mobile plan. Note that it is Internet connectivity that is essential, and users may depend on their cellular mobile devices if no Wi-Fi is available. Telemedicine video consultations utilize the Zoom SDK (software development kit) under the covers and recommend bandwidth of 2.6Mbps/1.8Mbps (up/down).

Access to the EMR for provider agency users is recommended, but not necessary. If utilized, access requires a modern browser (Chrome or Edge) running on OSX or Windows with minimal bandwidth. Medical records (EMR) are not stored on devices, but rather StationConnect® (in Microsoft AWS).

Ownership of Equipment. OPWDD will not be required to return any equipment following the Contract; OPWDD will own the equipment upon purchase. In other words, StationMD will not require homes or OPWDD to return any of the equipment it provides.

Installation of Equipment. Our fully HIPAA compliant telemedicine platform can be accessed via our StationMD mobile app on an Android or iOS device or through a URL on any windows device. Providers using their own equipment can simply download the app or use a web browser to access StationMD. The StationMD app is available in the Apple Store and Android Play Store for free download.

In cases where StationMD provides equipment, **we will purchase, assemble and configure each piece of equipment for user sites**, ship the equipment to the provider site, and provide remote training and support to guide provider staff through the installation and set-up process. If needed, StationMD's Technical Assistants can complete all equipment set-up and maintenance remotely for providers who are using equipment supplied by StationMD. These Technical Assistants can test the devices' functioning, update operating systems and configure camera and device settings.

StationMD services can be started as soon as provider and individual information is provided. Some minimum identifying information is required but will depend on the provider's requirements for implementation as well. StationMD has many ways to obtain patient information when we onboard a new individual. We can accept a file through our own secure upload system, or encrypted email. If additional individuals are to be added or changed, we can receive these changes through the same formats.

Maintenance and Replacement of Equipment. StationMD will assist providers with maintenance or replacement of equipment. StationMD's Technical Assistants not only complete telemedicine visit setup for individuals served – they can also troubleshoot technical concerns. StationMD's technical support is available 24/7/365 to help with any issues connecting to the telemedicine platform. In cases where StationMD's technical support team identifies equipment failure or malfunction, StationMD will assist with product returns, exchanges and warranty repairs in accordance with the manufacturer's provided warranty and/or will provide replacement equipment.

Equipment to Be Used by StationMD to Provide Pilot Program Services

In keeping with our streamlined approach to equipment for providers, StationMD's system functionality and equipment is streamlined, designed specifically to support the provision of pilot program services. Below we describe in more detail StationMD's:

- Overall system functionality and design
- Data storage and security
- System security

Description of System Functionality. StationMD's system functionality is straightforward and is designed to support the workflow required to provide pilot program services. StationMD technology provides an electronic platform using Software as a Service (SaaS) delivery. The platform, known as StationConnect® , acts as: an electronic medical record (EMR) storage system; a remote records access portal to our clients; a medical note taking system to our clinicians; a practice management system to our operations team; a

data interface for interoperability between HIPAA compliant systems; and a telemedicine connection point between our clinicians and the individuals we serve. As a SaaS platform, our technology can interface with anyone having secure Internet access.

StationMD has many ways to obtain client information when we onboard a new individual. We can accept a file through our own secure upload system, secure SFTP, or encrypted email. If additional recipients are to be added or changed, we can receive these changes through the same formats. Our services can be started as soon as recipient information is provided. Our fully HIPAA compliant telemedicine platform can be accessed via our StationMD mobile app on an Android or iOS device or through a URL. on any windows device. As a last resort, we can provide some services via voice calls only when video capability is unavailable.

Operating System/Software Environment. StationMD uses Amazon Web Services, Inc., Microsoft Corporation, and 11:11 Systems, sub-service organizations, for cloud hosting services, collaboration services, and back-up services, respectively. StationConnect® is implemented in a virtual private cloud (VPC) inside StationMD's AWS cloud infrastructure. The application is software-as-a-service (SaaS) based and uses secure webservices to connect StationMD doctors to patient data. The StationConnect® EMR runs on Amazon Web Services (AWS) using a dedicated Virtual Private Cloud (VPC) for the production environment. The operating system used is Ubuntu LTS with an Apache web server. The EMR is routinely tested for vulnerabilities and annually tested by a third party. All business access is performed through the web-interface (SaaS). Access to the actual server is significantly restricted to authorized personnel.

The StationConnect® application uses the AWS Amazon Machine Images (AMI) Ubuntu Linux server baseline and manually applies the CIS Benchmark settings to harden the server. Wazuh is utilized to automatically scan the server to validate that the CIS benchmark was applied correctly. Employee laptops have policy settings centrally managed and deployed through JumpCloud and are monitored through Atera. All servers and workstations are protected with CrowdStrike Falcon.

Operating system updates and firewall rules are also centrally enforced via JumpCloud. To support the delivery of our services, we engage with a limited number of trusted third-party partners. These partners provide complementary solutions and infrastructure that enhance the quality, security, and efficiency of our offerings.

Physical Security Features. As noted above, StationMD management is responsible for maintaining and implementing information technology and physical security controls. As described in Sections 2.3.1.4.9. and 5.4, StationMD completes a background check on all employees, and any individual with access to our solution and data center. We transfer physical data center risk to AWS and annually review their SLA and SOC reports to ensure they maintain acceptable levels of physical security. We use Microsoft 365 cloud storage for both PII and PHI storage. As with AWS, we review the SLA and SOC reports from Microsoft.

Detailed Network Requirements and Protocols. StationConnect® operates over standards-based protocols. Browser based access must enforce TLS 1.2 or later over TCP (IPv4).

Data Security. **StationMD's data security protocols are stringent**, particularly for its Electronic Medical Record System. All information stored and transmitted is encrypted using standards-based protocols. The StationConnect® electronic medical record (EMR) system encrypts data at rest with AES-256. All data transmitted between our EMR and clients uses the software-as-a-service model and encrypts all data using TLS 1.2 (or later). The EMR uses role-based access control (RBAC) to protect privacy and limit unauthorized access to sensitive data.

To assure its commitment to data security, StationMD established a Corporate Information Security Committee (CISC), consisting of executives and managers representing each area of the company. This body serves as the deliberative assembly to develop and maintain the Company's risk assessment and data security process, corporate information security policies, corporate privacy policies, corporate standards and procedures.

StationMD adopted and routinely updates a set of policies and procedures that delineate how the company will meet security and confidentiality requirements. Some of these policies are noted in the text box on this page.

List of StationMD's Cybersecurity Policies

- ✓ Commitment to Information Security & Privacy
- ✓ Risk Management
- ✓ Monitoring, Logging, & Auditing
- ✓ Secure Architecture
- ✓ Endpoint Protection
- ✓ Data & Asset Protection
- ✓ Access Control
- ✓ Third Party Management
- ✓ Incident Response & Management
- ✓ Business Continuity
- ✓ Training & Awareness
- ✓ Patching & Vulnerability Management
- ✓ Acceptable Use

StationMD's commitment to data security and risk mitigation is evidenced also by its recent HITRUST certification. We have been HITRUST certified since late 2021. Our current certification letter runs through November 15, 2025. The current examination is occurring for the 2-year period beginning November 16, 2025. This **certification by HITRUST** Alliance demonstrates how StationMD meets the highest independent standards for managing and mitigating security risk. HITRUST is especially valued as it harmonizes numerous authoritative sources such as HIPAA, SOC, NIST, and ISO 27001.

Finally, a SOC 3 independent service auditor's report (01/29/25) examined StationMD's data controls and assertions for the most recent period and concluded that StationMD's controls within the telehealth solution services system were effective and that service commitments and system requirements were achieved.

Data Security Protocols, Including Protection of Personal Health Information (PHI). StationMD's approach and commitment to data security is described above. Electronic Personal Health Information is stored on our AWS Relational Database Service (RDS) using AES-256. Keys used in the production environment are unique and distinct from keys used in other environments. Access to our EMR through the Internet is protected through registered certificates and encrypted using TLS 1.2 or better.

Data security risks identified are analyzed and mitigated by StationMD, as required, through various means (including but not limited to): Security information and event management (SIEM), advanced web filtering, penetration testing, CIS hardening, training, backups, tabletop exercises and firewalls. Each mitigating control is verified through the Security Risk Assessment, HITRUST and SOC audits.

Downtime and other technology failures affecting system availability are monitored through the StationConnect® application itself, the SIEM, and AWS CloudWatch. Alerts are generated and forwarded to technical operations for assessment and remediation. On-call administrative staff are available 24/7 for incidents occurring outside normal business hours.

Database Environment, Storage and Disaster Recovery. The AWS RDS is used to store live patient records. A backup snapshot is created every several minutes (approximately 5-minute intervals). Full backups are created daily. AWS Production is replicated in near real-time to a remote AWS Region. This ensure virtually no data loss in the unlikely event our primary clustered database is unavailable for an extended period of time. Recovery Time Objectives and Recovery Point Objectives are defined, and backups are routinely tested. Each and every daily backup is encrypted and securely transmitted to a disaster recovery region. We maintain a comprehensive Business Continuity and Disaster Recovery Plan, which is routinely reviewed for updates and tested annually by an independent third party. Feedback from these tabletop exercises is then incorporated into the plan.

Electronic Mail Communications. All e-mail is sent and received through Microsoft Office 365. There are no special requirements for electronic mail communications, as PHI and PII are not transmitted from StationMD's EMR using unprotected e-mail.

Application Security and Auditing. StationMD maintains strict compliance with all federal and state regulatory agencies regarding both the security and use of our telemedicine medicine as well as the delivery of care to our patients via telemedicine. We recognize that the telemedicine landscape will continue to evolve, and we have systems in place to monitor these changes to ensure our continued compliance.

The EMR uses role-based access controls (RBAC) to control access to specific features based on named users and their role. Action performed by those users are audited by the application – both the previous data values and new data values are preserved. Users with elevated permissions are required to complete two-factor authorization prior to gaining access to the system. Optionally, OPWDD may elect to use their own SAML/SSO based identity provider to impose more stringent requirements.

StationMD sought and received an independent auditor's report that reviewed our company's telehealth system controls. The report concluded: "…the controls within StationMD's Comprehensive Telehealth Solution Services system were effective throughout the period November 16, 2023 to November 15, 2024…" StationMD is continually monitoring the application security using log anomaly scanning through our SIEM, periodic virus scanning, and web application penetration tests.

OPWDD Interfaces. StationMD understands the value of interoperability in healthcare. StationConnect implements a secure, scalable, and seamless interface engine to multiple third parties. Our interface supports fully bi-directional data transmission. Real-time data retrieval permits our clinicians to make more informed decisions and provide faster treatment. Our real-time post-encounter workflow pushes the signed clinician notes back to OPWDD's EHR to coordinate actions without the delays associated with faxes or phone calls.

While access to StationConnect can be granted to OPWDD staff, they can see everything they need to see right from the OPWDD EHR.

Technically, the interface engine supports connections to virtually any platform. Some of the larger ones are Epic, Cerner, eClinicalWorks, and PointClickCare. Protocols include FHIR (Fast Healthcare Interoperability Resources), Traditional HL7 (ADT, ORM, ORU, etc.), JSON RESTful APIs, SFTP, and more. The adaptable interface can also support SOAP envelopes, XML, and pipe-delimited formats. In short, any traditional or modern API interface to OPWDD's EHR can easily be configured with little or no software development. We will work with OPWDD to determine which integrations are needed, if any, in addition to the EHR, such as pilot home resident and staff rosters. We understand that OPWDD will provide technical specifications, interface requirements and API documentation prior to implementation, and we are prepared to collaborate with OPWDD to assure seamless interoperability.

Exhibit Showing Equipment (2.3.1.1.3., formerly 2.3.1.1.4)

Exhibit B shows equipment required for all homes participating in the pilot program, as well as the optional equipment. We will use a flyer similar to the one in this exhibit to educate pilot homes about the equipment requirements and options. Our approach to engaging with pilot homes will be determined through our collaboration with OPWDD as outlined above in 2.3.1.1.1.

Training (2.3.1.2. and 5.1.2)

Immediately following contract award, StationMD will collaborate with OPWDD to develop a comprehensive training plan that details our approach to training during pilot program start-up and ongoing service.

StationMD provides accessible and ongoing training for all of our users to increase their comfort and capabilities to use our platform, and, as appropriate, to increase their health care knowledge. We are continually enhancing the training experience for all users, and we will draw from our robust library of training materials and experience to assure that all users are well prepared to engage with StationMD.

We recognize that training doesn't always "stick", so we've built our support model around that reality. Our robust technical assistance function (see Section 2.3.1.4) includes a dedicated Technical Assistant who provides hands-on guidance during every encounter. This real-time support ensures successful connections, reduces frustration, and reinforces learning through direct experience – making our technology accessible and reliable for all users.

Under Section 2.3.1.1.1 we outlined the steps we will take to determine what equipment pilot homes will need. These activities will serve a dual purpose: in addition to identifying equipment needs, they will be among the initial steps in training. StationMD will collaborate with OPWDD to conduct the following steps immediately after contract award:

- **Conduct a webinar** for all homes that participate in the pilot. During this pilot we will provide an overview of StationMD's services and will demonstrate how the equipment is used by providers to access services. We will also provide an overview of the upcoming training opportunities and available resources.
- **Survey** homes that participate in the pilot. This survey will ask providers to indicate whether they would like to use their own equipment or have equipment provided by StationMD. We will also ask about providers' preferred modes of training and the provider staff's level of comfort and experience with telemedicine and technology. We can also use this opportunity to learn more about how train-the-trainer models might work in the pilot homes.

After taking these initial steps, we will develop and execute the training plan. All pilot homes will have the opportunity to complete initial training before go-live, and ongoing training will be conducted after go-live. As we outline below, the training plan will address different learning styles, on-site and off-site trainings (as outlined in Section 2.3.1.2.2.), and other key features.

Training Encompassing Different Learning Styles, to OPWDD Users (2.3.1.2.1.)

At kickoff, we will provide a range of training resources to each pilot home, including a packet of training materials and a guide to navigate our online resources, along with magnets or stickers that provide simple instructions about how to access StationMD.

But our training won't stop there. We can offer a range of training modalities to suit all types of learners including:

- Written instructions, available both online and printable for those who prefer hard copy
- Printable quick-reference guides for easy access during encounters

- On-demand training videos and live and recorded webinars and videoconferences
    - These include short-form videos that relay small amounts of information, as well as long-form videos and webinars to relay more comprehensive information
    - Closed captioning is available on most videos
    - These asynchronous resources are available at any time, even before or after business hours, and can be self-paced
    - We can email these videos to staff or make them available with a QR code
- Live virtual training via webinars
    - These webinars offer the opportunity to interact with the instructor
- Live in-person training sessions
    - These would be targeted to a particular geographic region, with staff from that region invited to attend
- Practice sessions can be scheduled outside of these options above
    - Pilot home staff and individuals can practice together or independently, or they can observe their peers in a practice session

Additionally, we have Technical Assistant staff available 24/7 who are available to help clients navigate technical issues so that our services can be used by a staff person who does not remember everything they learned in the training, or even by a new staff person who has not yet completed training. The Technical Assistants frequently train users via videoconference about how to use StationMD equipment, mobile app, and web interface, as described under Section 2.3.1.3.

Our training extends beyond the use of equipment and the activation of an encounter. Our clinicians will frequently:

- Guide the individual or other layperson through necessary procedures during the assessment of the individual's condition.
- Train individuals and their supports about how to execute a treatment plan, providing step-by-step instructions and sometimes visual cues or demonstrations.
- Use the StationMD platform to observe the individual or his/her supports as they execute the treatment plan in the individuals' home, offering additional guidance and corrections, as needed. An example could be showing how to properly rinse an abrasion or coaching how to check vital signs properly.

Lastly, our physician/providers routinely work with the individual and their supports during the encounter to review the post-treatment follow-up plan, train them on necessary procedures (e.g., dietary changes, monitoring activities) to help assure that they feel confident in how to execute the post-treatment follow-up plan. These steps help to assure that the individual and their supports know and understand the next steps and what risk factors to watch for.

This multi-layered approach will ensure that everyone feels confident using our platform – regardless of their learning style or technical comfort level.

Include On-site and Off-site to Ensure Competency and Comfort Level of the User (2.3.1.2.2.)

When needed, our team can conduct in-person training on-site at the Developmental Disabilities State Operations Offices (DDSOO), in accordance with the RFP. The goal of all our training programs is to help all users feel confident and comfortable with all aspects of use – including but not limited to enrollment, equipment and app use, how encounters will proceed, and the like. For in-person training, we typically try to assemble a core group of administrators, supervising nurses and DSP supervisors and DSPs. It is important that all the care team have a shared understanding as to the role of StationMD, and different scenarios when it should be deployed. We often go over various examples, from acute to routine issues and walk through the steps. Although the technology is deliberately simple, we allow any potential direct user to get on a tablet and simulate the initiation and steps of an encounter. Oftentimes these opportunities create clarity around navigation of the system in addition to its function within the group home environment.

We always offer in-person training, and this is requested on occasion – particularly early in a rollout. However, we have found that new staff training, and additional clarifications are often requested as well. These are often performed virtually. The value of frequency and access typically outweighs the value of the in-person. Moreover, it lends to the ability for more of the stakeholders, including family members when desired, to attend. We will routinely survey provider staff and individuals to assess their levels of comfort and confidence and to offer them the opportunity to give feedback. We will also look at utilization trends to identify pilot homes with low utilization rates that might be an indication of staff discomfort. These data points will help us to target our training to assure the benefits of our service are being realized by all individuals across all pilot homes.

In Written and Electronic Resources that Provide Plain Language Instructions (2.3.1.2.3.)

StationMD provides **dynamic and accessible resources for individuals and their families and caregivers, for DSPs, and for other clinicians.** Written instructions, videos, and live and recorded webinars and videoconferences are all easily accessible through StationMD's portal. Among the materials we offer is a series of flyers, magnets and other ready reference materials that provide simple instructions and troubleshooting tips. All communication materials are tailored to the audience. Content targeting individuals, family members and DSPs – including all instructions and guides - are written at 6th grade reading level and use plain language.

No user is ever left to navigate our online or print materials alone. Our Technical Assistants are available 24/7/365 to answer questions, troubleshoot issues, and provide on-demand, real-time support, ensuring every user feels confident and connected at every step.

Likewise, treatment plans are written in plain language, so they are easy for DSPs to follow. They provide very detailed, step-by-step instructions in plain language, so they are easy to follow. The accompanying clinical charts, in contrast, are written at a higher reading level and are intended for use by other trained clinicians.

Be Accessible and On-going Training (2.3.1.2.4.)

All training materials and support services are designed to be fully **accessible**. We offer content in multiple formats – digital, print, video, and live sessions – with accommodations for visual, auditory, and cognitive needs. Our app confirms to Web Content Accessibility Guidelines (WCAG) 2.2 Level A and AA, supports screen readers and is Section 508 compliant, and our Technical Assistants are available 24/7 to provide personalized guidance, ensuring every user can engage confidently and independently. Translation and interpretation are also available through our Technical Assistants.

Ongoing training will be necessary when:

- New staff are hired at a pilot home, or new individuals move into a pilot home
- Someone who previously completed training wants a refresher
- StationMD makes significant user-facing updates to its platform, which happens infrequently

> *"StationMD has truly been a game-changer for us. It's not just about the cost savings–it's about smarter, more efficient, and more compassionate care for our residents."*
>
> ***- Matt Poel***
> ***Owner & CEO, Great Livin II***

When system updates occur, we will conduct a webinar, issue notices to all users, and will update our existing materials as needed. We will work with OPWDD to determine the best approach to training new hires and new residents. We are prepared to work with the pilot homes to establish a train-the-trainer model at each provider location if desired. Anyone looking for a refresher can access any of the resources available online and/or can contact our Technical Assistant with questions.

Include Use of Any Applicable Equipment, the Mobile App, Web Interface and Equipment Purchases (2.3.1.2.5.)

As noted above, we have Technical Assistant staff available 24/7 who are available to train users about how to use StationMD equipment, mobile app, and web interface, etc. and to conduct troubleshooting and diagnostics as described under Section 2.3.1.3. Our other training resources also cover all of these topics and are available on-demand, and we will cover these topics in our virtual and in-person trainings, as well.

Work Collaboratively to Ensure All Staff Who Work in the Pilot Homes Will Be Fully Trained (2.3.1.2.6.)

We will conduct a kickoff meeting for each pilot home. This kickoff will include training and can be virtual or in-person depending upon the preference of the pilot provider. We will collaborate with OPWDD to determine the best way to ensure that all staff who work in the pilot homes are fully trained. We could furnish each home with a list of recommended training activities and related materials for their staff to complete. Alternatively, we could conduct a series of training webinars and track attendance at those webinars, comparing it against a roster of pilot home staff. If desired, we could develop and administer a brief, user-friendly competency quiz that all staff could be required to complete. These trainings can be delivered virtually or in-person.

Support (2.3.1.3. and 5.1.3)

We provide comprehensive product support for our users. This support is in addition to the training and related resources (such as printed instructions, short-form video tutorials and webinars) that are available on-demand, as described in Section 2.3.1.2.1. above under the Training section of this proposal, under Provider and Individual Enrollment and Onboarding in Section 2.3.3.1, and in Exhibit C which contains samples of resources available to our group home clients.

Provide 24/7 Customer Service to Assist Users with Any Issues That May Arise (2.3.1.3.1.)

We offer a variety of avenues for users to obtain support with any issues that may arise. Some examples are outlined below.

Troubleshooting and Helpdesk Operations. We provide 24/7/365 technical support to ensure uninterrupted access to our telemedicine platform. Our Technical Assistants are involved in every encounter, guiding provider staff and individuals through the connection process via our app. This consistent human touch has, over 9 years, proven effective in reducing individuals' and provider staff's frustrations and resistance to technology.

As the first point of contact for each patient, the Technical Assistant is responsible for assuring that the individual and their DSP or other provider staff are connected to the clinician for that visit. If the provider staff are experiencing technical difficulties during that visit, the Technical Assistant will troubleshoot in real time, guiding the provider staff person through troubleshooting steps and diagnostics. If the real-time troubleshooting steps do not readily rectify the issues at hand, the Technical Assistant will work hand in hand with the provider to access our clinicians using one of our alternative modalities (outlined under Backup Access in Lieu of Our Mobile App in Section 2.3.1.1) so as not to delay care. In follow-up to the encounter, the Technical Assistant can work with the provider to continue troubleshooting and working toward a resolution.

Equipment Repair and Replacement. In cases where concerns can't be resolved via troubleshooting and StationMD's technical support team identifies equipment failure or malfunction, we will assist with product returns, exchanges and warranty repairs in accordance with the manufacturer's provided warranty and/or will provide replacement equipment.

Client Services Email Account. For less time-sensitive and other concerns, we operate a client services email account that is intended to answer and troubleshoot any and all concerns with regard to equipment, troubleshooting, a particular encounter, and basically anything that one might have a question about. We typically respond to email messages within one business day. Pilot homes can access technical support via any of these avenues.

Provide Assistance on Installing and Use of Any Required Equipment (2.3.1.3.2.)

In cases where StationMD provides equipment, we will order all necessary equipment, assemble and configure each piece of equipment for user sites, ship the equipment to the provider site, and provide remote training and support to guide provider staff through the installation and set-up process. **Providers who choose to get optional equipment like the tabletop or full cart, will receive that equipment fully assembled.** There is no need for them to spread parts and screws across the floor and try to assemble this equipment in the pilot's home. If needed, StationMD's Technical Assistants can complete all equipment set-up and maintenance remotely for providers who are using equipment supplied by StationMD. These Technical Assistants can test the devices' functioning, update operating systems and applications, and configure camera and device settings. They can also assist providers with installation and testing of the app on the providers' equipment, in cases where the provider elects to use its own equipment.

Successful onboarding also involves assuring that the provider staff and individuals are comfortable using the StationMD app and related equipment. In addition to our extensive training and online resources, users can access our Technical Assistants at any time to get assistance using any required equipment or our app, as we outline under 2.3.1.3.1 above.

We have an **efficient process for onboarding new group homes** that includes installing any equipment and our app and validating that provider staff and individuals feel comfortable using the equipment and app. A step-by-step description of the onboarding process we propose to use with the pilot homes is included in Exhibit D, along with our provider onboarding policy. Additional detail is under Provider and Individual Enrollment and Onboarding in Section 2.3.1.4 below. After contract award, we will work with OPWDD to refine this process.

> *"We have been very happy with StationMD! They are very easy to use and reach, and they conduct thorough evaluations. Keeping our individuals in their homes instead of urgent care or ER visits makes a huge difference. Thank you for providing such great care for our very special individuals!"*
>
> ***– Heather Smith, Director of Health Services at TNC Community***

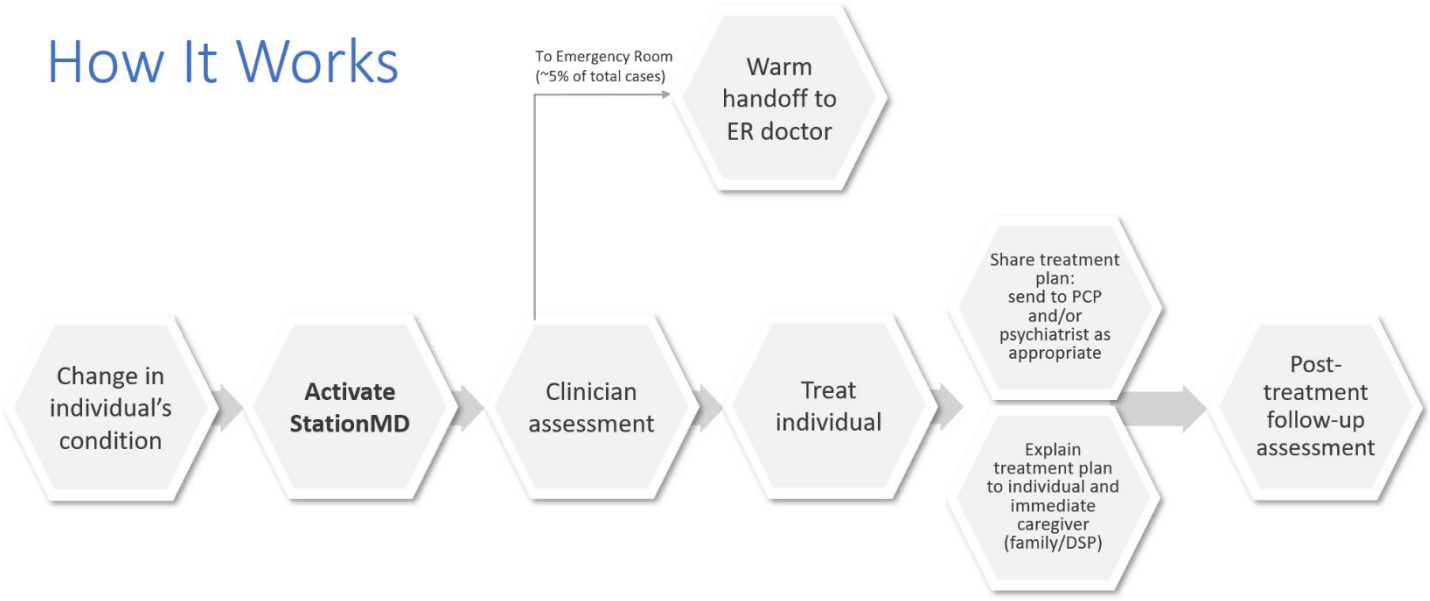
Process for Maintenance and Repair of Such Equipment (2.3.1.3.3.)

As described in detail above, StationMD's technical support is available 24/7 to help with any issues in connecting to the telemedicine platform and using equipment StaitonMD provides. In cases where StationMD's technical support team identifies equipment failure or malfunction, StationMD will assist with product returns, exchanges and warranty repairs in accordance with the manufacturer's

provided warranty and/or will provide replacement equipment. StationMD will guide the provider through the process, providing the appropriate contact information for manufacturers or their warranty providers and, where needed, information about troubleshooting and diagnostics we performed on the equipment. We will also provide temporary equipment during any repair.

Provision of Offered Service (2.3.1.4. and 5.1.4)

StationMD delivers on-demand physician services remotely to individuals with IDD. This consultative telemedicine intervention uses a secure video conferencing system, sometimes augmented by diagnostic tools, combined with clinical expertise to evaluate and treat individuals in their home environment; and to provide advice on when to best seek additional or in-person treatment, and to provide direct medical care when appropriate. The service operates within an internally developed electronic medical record (EMR) web-platform, StationConnect®.



We provide our services using a telemedicine platform that is a secure and HIPAA- compliant video conferencing system which allows our clinicians to perform a thorough evaluation, providing a full spectrum of clinical services. The clinician conducts the exam to **assess** the individual's condition and conducts **triage** to identify emergencies that require an ER visit. For emergent cases, the clinician conducts a **warm handoff** to the ER. For non-emergent cases, the clinician implements a **treatment plan**. The treatment plan is coordinated closely with the staff, family, and patients.[2] Primary care and other care team members are automatically notified and looped in as well when appropriate. **Prescriptions** are sent out when necessary. Based on the clinical presentation of the patient, a **follow- up** encounter or other follow-up activities may be performed, as needed, if deemed appropriate by the StationMD clinician. As a result of this process, a patient is diagnosed and treated far more quickly than in a traditional emergency department or urgent care visit and in the safety of their home. Key to the process is coordinating with the existing care infrastructure at every step.

Participation in StationMD's program is determined through a collaborative decision-making process involving the individual and their caregivers. Our goal is to ensure that each individual receives the most appropriate and effective healthcare support based on their unique needs. The graphic above illustrates how our service works.

Below we describe how we execute on each of these components of the pilot program service to provide clinical services and informational resources to support the individuals we serve, as well as the steps we will take to onboard new individuals and pilot homes. **We would be glad to provide additional information and to run a product demonstration, upon request.** In Exhibit E, we provide links to online videos showing individuals using our service, and Exhibit O offers perspectives from people who have relied on StationMD's service – individuals themselves, DSPs and other provider staff, provider agency administrators and family members. It also includes letters of support from key New York organizations serving and supporting New Yorkers with IDD who have also used our services: ADAPT Community Network, AHRC, and CP State.

[2] We recognize the sensitivity of individuals with I/DD to being medicalized with unnecessary medical terminology, yet we use the word "patient" on occasion because the service person is receiving from StationMD is a medical treatment.

Provider and Individual Enrollment and Onboarding. We have an **efficient process for onboarding new homes and enrolling the individuals who reside in those homes** to receive StationMD's service. A step-by-step description of the process we propose to use with the pilot homes is included in Exhibit D. After contract award, we will work with OPWDD to refine this process.

Of particular note, during enrollment of each individual we ask providers to furnish some key information so that we can assure continuity of care for the individual. As part of this process, we obtain the name and address of each individual's primary care physician and their preferred hospital in case any emergency visits are needed. As we describe below, this information is used for any follow-up activities and warm hand-offs that result from an encounter. While we can deliver pilot program services to individuals when we do not have this information, we recommend and prefer that this information be shared with us so that we can optimize quality and continuity of care for our patients.

Successful onboarding also involves assuring that the provider staff and individuals are comfortable using the StationMD app and related equipment. Exhibit D outlines our proposed approach to assuring that provider staff and individuals feel comfortable activating an encounter and engaging with our clinicians and telehealth interfaces.

Provide Medical Services to a Full Spectrum (2.3.1.4.1.)

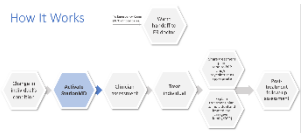
The intent of our service is to prevent unnecessary use of ERs, thereby increasing quality of life and care for individuals and reducing job stress and inefficiency for DSPs, nurses and other group home staff. In order to prevent unnecessary ER visits, we must provide a full spectrum of medical services. **We are not simply a nurse advice line or a traditional tele-doc service. We provide a full spectrum of services to assess and triage potential urgent and emergent clinical situations, to diagnose the presenting concern, to develop a treatment plan, to collaborate with the individual, the nurse, and the DSP to execute that treatment plan, and to prescribe medications as needed. We also conduct follow-up activities for each encounter and, where necessary, conduct warm hand-offs to ERs.** The process we use to deliver our services has evolved and developed over time, reflecting the growing depth of our expertise and our direct participation in multiple dimensions of IDD care: s clinicians, IDD specialists, medical directors of group homes, and Board Directors of Advocacy organizations.

Below we detail our proposed and proven approach to delivering services in accordance with the specifications set forth by OPWDD for its Physician Services Pilot.

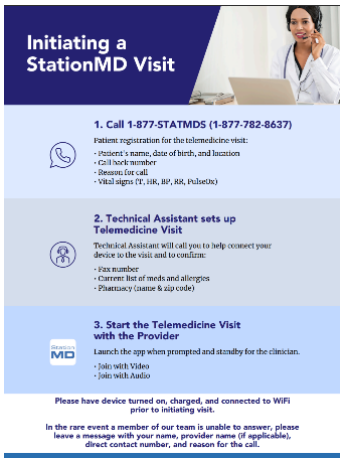
Once enrollment and onboarding is complete, we are prepared to deliver pilot program services for the enrolled individuals.

Change in Individual's Condition. When the provider staff identifies a potential clinical need to involve StationMD, the staff person will proceed according to that provider's policies and procedures which may or may not require the involvement of the home's Registered Professional Nurse or other supervisor. Then, the DSP (and/or the nurse) and the individual can activate StationMD.

The **encounter can be initiated for any perceived clinical need.** These can range from urgent (e.g., seizure, fall, behavior outburst) to routine (e.g., advice following flu exposure, med refill). Exhibit F contains a listing of the most common reasons for initiating an encounter, as well as some of the most common clinical conditions we have treated during the last 9 years. Among the most common are conditions such as: constipation, seizure disorder, diabetes management, falls and injuries, gait abnormalities, infections, aspiration, and medication issues.



Activate StationMD. The staff person, together with the individual, can initiate the StationMD encounter. The process does not require a medical professional to initiate the encounter; a layperson or unlicensed direct care staff person can do so. StationMD is available 24/7, 365 days/year and encounters can be conducted via any mobile device using our mobile app, or via one of the back-up modalities outlined under Backup Access in Lieu of Our Mobile App in Section 2.3.1.1. Depending upon the provider's decisions regarding StationMD's provision of equipment, the provider may use a mobile device it has acquired or may use one provided by StationMD. The individual and caregiver initiate the process by calling StationMD's telephone number. Some basic information is collected via telephone, and a Technical Assistant works with the DSP or nurse and the individual to assure



that their technology is ready for the encounter. Next, the StationMD Technical Assistant activates the encounter using the mobile app, **connecting the individual and the DSP or nurse to the clinician**. This is a tested and proven process. We deliberately design this process to start with a phone call, because we found that this familiar starting point poses the least perceived intimidation for users to quickly access care. From this point, individuals and DSP/nurses have a live, specially trained Technical Assistant to usher them through the activation of our app.

Technology Support. After initiating the encounter, the individual is activated within our StationMD system, notifying our response center. **Every encounter starts with a StationMD technical staff member (a "Technical Assistant") who guides the DSP or nurse and the individual through the simple connection process.** These Technical Assistants are all managed and trained to interact with this population and group home settings. Our Technical Assistants assist in the setting up of the encounter itself, ensuring that the equipment is prepared, and the encounter is set up in a low-stress interaction that occurs with the staff person and individual before the clinician enters the picture. The Technical Assistants can also help to conference in an individual's family or off-site provider staff (such as a supervising RPN), so they can participate in the encounter and, if desired, ask questions and hear the clinician's instructions. When needed, the Technical Assistant can also involve our interpreter, Language Line, in the encounter. Via Language Line we can provide real-time interpretation for individuals and/or provider staff in 240+ languages, as well as American Sign Language. Please see Exhibit L for more information about Language Line.

> *"StationMD provided medical care in a way that provided dignity and respect which empowered the person. As I watched, I could see the person building confidence."*
>
> ***Donna J. Gurley, BSE, MBA***
> ***Residential Waiver Manager,***
> ***Community Multi-Services in DC***

Clinician Assessment and Triage. Next, the medical encounter is initiated by the clinician. While the clinician awaits completion of the technology support, they are reviewing available medical records and medications, which are typically available through interface with the group home's local charting system . Then the StationMD clinician is connected with the individual. During the encounter, **StationMD initially functions to triage the individual**, to determine what kinds and level of care is necessary for the individual – namely if the individual immediately requires a physical visit to a hospital emergency department (ED) or urgent care setting. Unlike some other telehealth providers, **we do not rely on AI or non-clinicians to perform this important triage step**. This triage is performed by one of our board-certified acute care clinicians who are specially trained in providing medical care to people with IDD. Based on our nearly 10 years of experience providing these services, we have found that the triage and assessment of individuals with IDD needs to account for more than just a series of statistics and words being ingested by a bot; rather, **we rely on our highly trained clinicians** who can account for both vital statistics, observation, and other information they gather during the assessment. This is **particularly important in the IDD community, where conditions can present atypically**.

If it is determined that the issue can be resolved without urgent in-person care, a detailed medical encounter is performed, including establishment of a diagnosis, plan and testing or prescription if necessary. Importantly, **the priority of this triage process is always to provide the best level of care, not to simply avoid ER visits**. Consistently, our IDD-specialized process resolves over 90% of the issues are resolved without going to an ER or urgent care. Issues typically addressed range from urgent (i.e., fever, cough, asthma, UTI symptoms, and cellulitis), to behavioral health decompensations, to simple inquiry (e.g., how long must someone with COVID exposure be quarantined), to medication refills if the regular provider is not available.

Typically, when a DSP, nurse, or family member participates in a traditional physician visit with an individual who has IDD, the physician tends to talk not to the individual and instead to those accompanying the individual. That is not the case during our encounters. **Our clinicians are trained to engage first with the individual, with support from the DSP or nurse.** During the assessment, we aim to learn as much as possible from the individual themselves about their experience with the change in condition. In other words, our encounters are person-centered, and clinicians respect the individual.

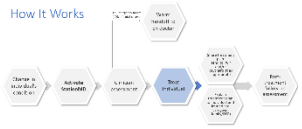
A key component to person-centered IDD care is behavioral health. One of the most important steps during the initial assessment is **distinguishing between a primary psychiatric or behavioral condition versus a behavioral manifestation of a physical health condition**. Too often in the care of individuals with IDD, there is a failure at this juncture, and individuals are misdiagnosed with a psychiatric or other behavioral condition. These misdiagnoses result in erroneous pharmacotherapies that are actually detrimental to the individuals. For this reason, **we train all of our clinicians, so they are equipped not only to handle acute behavioral health issues in the acute setting but also to effectively and efficiently make these differential diagnoses.** For addressing these acute

behavioral issues or concern, our clinicians are specifically trained to employ de-escalation techniques and, when appropriate, advise pharmacologic therapy in accordance with treatment plans.

Because **our median call-to-clinician face-to-face encounter is <8 minutes**, urgent and non-urgent cases are seen extremely quickly. Key emergent complaints are fast-tracked even quicker, but as noted care for this population cannot rely on the assumption that conditions will have traditional presentations. In cases where the clinician determines that a physical visit to a hospital or urgent care setting are not required, the clinician can progress to treat the individual.

Warm Handoff. In cases where the individual immediately requires a physical visit to a hospital emergency department (ED), **StationMD provides a "warm handoff" to the ER physician – clinician-to-clinician**. This communication is more finely tuned than a traditional "on-way" call that ERs routinely receive. **Because of our leadership's deep clinical experience both in ERs (particularly in NYS) and IDD, we are sensitive to the data points that can specifically avoid unnecessary testing and trauma that the ER process can pose to this population and minimize potential complications.** The call articulates individual's condition and acute concern, but the StationMD clinician also relays specifics regarding the individual's communication style, behavioral triggers. Articulation of baseline information is critical. For example, if a patient had a fall and there is concern for an ankle injury, an ER physician may automatically add a head CAT scan as a routine, particularly if the individual has communication barriers. A trained StationMD clinician may articulate that the fall was witnessed, and without head trauma, and the individual's mental status is at baseline. This can avoid the major extended time to obtain a CT, which in some case could require sedation or unnecessary risk or stress. In some cases, a warm hand-off back to the StationMD doctor can give reassurance to ER providers to avoid an unnecessary admission.

As noted above, during our many years serving residents of group homes, fewer than 10 percent of cases have resulted in a visit the ED; w**e have found that 94 percent of the time, the individual's medical issue can be addressed by our specially trained medical providers – in fairly immediate fashion**.



Treatment. During this stage, the StationMD clinician develops a treatment plan and works with the individual and their DSP or nurse and where applicable, the RPN, family members and/or authorized representatives, to implement that treatment plan. All of our clinicians use evidence-based clinical guidelines specifically focused on issues that arise in the I/DD population, and clinicians refer to StationMD's treatment guidelines when developing treatment plans. **The treatment plan is coordinated closely with the individual along with their staff and family, as appropriate, and we routinely train DSPs and caregivers about how to implement the treatment plan in the individual's home.** Our clinicians will frequently guide the DSP or other provider staff, as well as laypersons, through necessary procedures during the encounter. As a result of this process, an individual is diagnosed and treated far more quickly and with far less disruption than a traditional ER or urgent care visit and in the safety of their home. Moreover, the treatment and expertise is IDD-specialized and person-centered; unlike that which they would receive in an ER.

Examples of treatments include, but are not limited to:

- Electronic prescribing and communication with the patient's pharmacy;
- Ordering and reviewing lab and radiology testing;
- Verbal de-escalation of behavioral health exacerbation;
- Communication with other health care providers (ED, specialists, RNs, therapists);
- Reassuring and educating DSPs, other provider staff and caregivers; and
- Instructions on monitoring for changes in condition.

StationMD has developed treatment guidelines based on the most common chief complaints we have treated over the last 9 plus years. Many medical conditions have unique presentations and treatments in individuals with I/DD. As such, StationMD medical leadership saw the importance in outlining guidelines to ensure consistency in approach and ensure best practice. These treatment guidelines were developed in conjunction with clinical experts on I/DD around the country and are based on published best practices. Exhibit G contains a Sample Treatment Guideline, concerning influenza. This guideline is one of many that we have developed. The

treatment guidelines are reviewed periodically and updated as advancements or new best practices are identified. Input from DSPs (and, if they are present, nurses and family members) supplement input from the individual. The DSP or nurse supports the member and StationMD by relaying vital statistics and other clinical observations. As they gather that information from the DSP or nurse, our clinicians work with the DSP or nurse to assure that the individual understands each step of the assessment process, and we respect the individual's choices and DSP's or nurse's observations and suggestions. For example, if a DSP suggests that we gather vital signs in a particular sequence because the patient gets agitated by the blood pressure cuff, we can delay that aspect.

"StationMD telehealth has been an incredible tool to use… The ER these days have long wait times as well as undesirable outcomes. To use telehealth in these situations is phenomenal… The medical providers are professional, patient and understand our individual's needs especially in the DD/ID population… Some of our settings are in rural areas, so the ability to have in home telehealth is priceless."

Sue Waters, RN
Director of Health Care Services at Center for Disability Services, NY

These treatment guidelines are exactly that – guidelines. **Our approach is individualized and person-centered**, respecting the choices and preferences of the individual. We recommend a treatment option and collaborate with the individual and the DSP or nurse to tailor the treatment plan to suit the needs and wants of the individual and to reflect any constraints and circumstances under which the group home operates. For example, the individual prefers to have a particular DSP administer his medications, so the treatment plan is adjusted to reflect medication administration when the DSP is on shift, when possible.

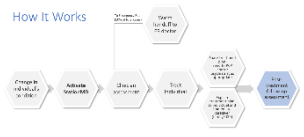
At this point during the encounter, we also take the opportunity to talk with the individual and the DSP to assure that they understand the treatment plan and to answer any questions they might have. This conversation offers the individual and the DSP an opportunity to learn more about the: individual's clinical condition and how to recognize and manage signs and symptoms in the future. Patients and DSPs have described this step as being empowering, helping them to build confidence and capability over time. It also **leads to improved quality of life for the individual and reduced stress on the DSP and other provider staff**. Data from an Ohio State study showed that 92% of DSPs found that access to StationMD reduced their work-place stress considerably and 91% found that StationMD improved their job satisfaction.

Sharing of Documentation. After every encounter, we create formal documentation of the encounter. This documentation can be transmitted several ways: 1) via secure fax; 2) via email notification which provides a link to our patient portal (called StationConnect®) with a copy of the documentation; and/or 3) through the client's electronic health record when requested by the client. If the primary care provider has been identified, a secure fax with the documentation of the encounter is sent to him or her, as well, to ensure appropriate care coordination. We will work with OPWDD to determine the most efficient means by which to transmit this information to each group home.

Documentation is **typically completed within two hours of the encounter** and always within twenty-four hours, and:

- Access to the documentation of the encounter is available to the individual and their provider (including the supervising RN) within a few hours of the encounter via our patient portal.
- If the individual has authorized us to share documentation or otherwise share the treatment plan and other information with a family member, unpaid caregivers, or other specified individuals, we will send them notifications when an individual is seen and they can be given access to the patient portal too to review the clinician's notes.
- The documentation is written in plain language so DSPs and non-clinical members of the team may understand.
- All medication instructions are written in a format that lists the name of the medication, the dose, the times of administration and the duration of treatment.
- Monitoring instructions are written and available for staff in lay- person language.

If a referral to a behavioral health provider is needed, we will clarify with the DSP/nurse what options are currently available to the individual and collaborate to ensure this avenue is pursued.



Aftercare/Care Coordination. StationMD's service includes **follow-up consultations with the treated individual and provider, in the appropriate timeframe, depending on the issue after the initial call.** In cases that require a re-evaluation, our aftercare team will call the pilot home to check in with the individual and their DSP or other provider staff member 1-2 days after the encounter to follow up and ensure the patient's treatment was successful. In cases of concern, the team arranges for reevaluation within an appropriate

timeframe. This team also follows up and discusses test results with the provider staff (including the home's RN, if desired), and the individual. Next steps are coordinated accordingly, under the direction of a StationMD provider. In cases where there are obstacles with getting tests done, or obtaining prescribed treatments, the team can assist in problem resolution, as well. This service may work in close contact with, but doesn't duplicate any of the functions of, ongoing case management. Through our longstanding presence delivering these services in NYS, we have built strong relationships with and knowledge of NYS providers, and we are familiar with the culture and operations of most of NYS's hospital ERs.

Coordination with RPNs in Accordance with ADM #2003-01. StationMD is very accustomed to working with the OPWDD Registered Professional Nurses (RPNs) in accordance with ADM #2003-01 and will do so in delivering pilot program services to pilot homes. **Understanding of the role of the nurse and appreciation of this key dynamic has been born out of years of collaboration and experience** as medical directors in the agencies themselves. **We intimately understand the requirements, pain points and responsibilities of the OPWDD nurse.** We can involve them in the pilot program service in a number of ways, some of which are outlined above. We will work with OPWDD and, as appropriate, each home, to assure that our approach is tailored to their needs. For example, we could: include RNs in the encounter or provide a post-encounter summary via telephone; send or share chart instructions with the RN; otherwise inform the RN about treatments, hand-offs, and pos-encounter coordination activities. We anticipate that the RNs would participate in training so that they are familiar with the pilot program service and related workflows.

Exhibit E provides some photographs and links to videos demonstrating how StationMD provides our services.

Clinicians and Support Available 24/7, 365 Days/Year (2.3.1.4.2.)

Changes in an individual's condition can occur at any time, and our services are designed to be available whenever such a change in condition occurs. Thus, S**tationMD clinicians are available 24/7 and 365 days when a medical issue arises. StationMD technical support is also available 24/7, 365 days per year to help with any issues in connecting to the telemedicine platform.** We are not simply "open for business" during these times, we use sophisticated tracking and analysis to assure that we have at all times of day coverage sufficient to assure immediate response as we outline below in Section 2.1.3.4.5. In responding to after-hours calls, we are sensitive to the circumstances of the provider staff member and the individual. For example, the home may have limited overnight staffing and the staff member may be juggling multiple responsibilities and experiencing a higher level of stress. Our clinicians are educated about the dynamics of group homes so approach each encounter with consideration of those dynamics and how they might, for example, affect the individual's and the DSP's initial presentation and interactions during the encounter, as well as how they might make certain treatment regimens more practical or feasible than others. In other words, our clinicians and Technical Assistants consider how the time of day and specific group home protocols and dynamics might influence the encounter and treatment plan.

Compliance with All Requirements (2.3.1.4.3.)

StationMD is committed to delivering pilot program services in accordance with all state and federal laws, rules, regulations, standards, guidelines, policies, procedures and bylaws of all applicable regulatory authorities and all policies, procedures, and regulations of OPWDD. We routinely conduct reviews and audits to assure our compliance with these requirements. **As a provider serving in Medicaid and other programs across more than 20 states, we recognize the critical importance of these compliance matters.** Thus, we will also be available to meet with OPWDD to understand the implications of new Administrative Memoranda and other state requirements that may impact this service, and to meet with pilot providers to assure that they understand any necessary changes in service delivery or related workflows. **Our familiarity with NYS requirements is so deep that we also assist providers to comply** with state regulations, as we outline under Section 5.4, and we are prepared to do so under this pilot and to assure our services support pilot providers in carrying out their duties under these regulations.

Coverage During Normal Working Hours When a Primary Provider Is Not Available (2.3.1.4.4.)

We supplement the work of primary care providers; we work hard not to undermine this relationship. That said, obtaining a same-day appointment with a primary care physician is often not possible. Even when a physician is available for an in-person office visit, the experience of leaving the home during an acute illness or event, traveling to and navigating an unfamiliar physician office, and

disruption of daily routines can contribute to a negative health event. Moreover, this can place avoidable stress on the direct care staff at the group home and take resources away from others in the setting. In some cases, traveling to a physician office is simply not a feasible option. We understand that providers may contact StationMD during or after business hours, and we are prepared to respond timely at any hour: our clinicians are available 24/7 and 365 days when a medical issue arises. With regard to the involvement of RPNs in accordance with ADM-#2003-01, we anticipate that the homes might have different protocols during normal working hours than they have in place after hours. As we outline under Coordination with RPNs in Accordance with ADM #2003-01 in Section 2.3.1.4.2, our approach to coordinating with RPNs will reflect these differences. As noted, in all cases, we communicate with the primary care provider and other PCP team members to ensure they are looped into any care events.

Availability of Sufficient Staff to Cover All Agreed Upon Times of Required Coverage (2.3.1.4.5.)

We have practices in place to assure sufficient coverage 24/7/365. At all times, we have a generous number of on-shift clinicians who are available to conduct encounters if the need arises. More clinicians are available "on-call" if unexpected excess volume occurs; this enables us to quickly absorb unanticipated increases in volume while maintaining quality of care and timeliness of service. We have a robust information system that allows us to timely track call volumes and other utilization trends, and we use that information to adjust our staffing accordingly, as we describe below and as evidenced by our historical performance. If an issue with a patient is unresolved at the time of a shift change, our clinicians communicate with the incoming clinician to ensure proper continuity of care.

Approach to Clinician Staffing. StationMD staffs **three types of clinicians**: physicians, physician assistants and advance nurse practitioners. Unlike a traditional provider setting, our staffing model does not depend upon traditional staffing ratios. **At least 30 percent of the clinicians on duty at any point in time are physicians, and any physician assistant or advance nurse practitioner operates at all times under the supervision of one of our board-certified physicians.** We believe that the vast majority of the time having a physician readily available for complex cases is important, and that's the way we operate – like an ER.

Immediate Availability and Ongoing Assessment of Capacity. We **constantly monitor and adjust our staffing** based on historical and projected use rates. Staffing levels are reviewed weekly based on a rolling four-week average and median call volume. The volume is analyzed by both day of week and hour of day and staffing is adjusted accordingly. These continual adjustments ensure we can meet our goals in treating individuals in a timely manner. StationMD has clinicians on call who can be available should an unexpected surge in utilization occur.

With more than 9 years of historical experience, we are able to use historical encounter analytics to inform our staffing models. For example, we increase our clinician ratios during flu and Covid season. We have also serviced in episodes where a minor motor vehicle accident required numerous people to be screened at once for injuries (to see if an ER visit was necessary). Our system has proven to serve these volumes effectively.

8 MINUTES

That's the median number of minutes from the moment an individual or staff member contacts StationMD to the moment they're face-to-face with a clinician. That includes time spent with our Technology Assistants, who guide users through setup and ensure a smooth connection.

That's a lot more efficient than going to the ER.

- Based on all StationMD encounters in a recent performance period

Demonstrated Record of High Performance. For 9 years, we have consistently provided 24/7 coverage and immediate response, both in NYS and around the nation. Under the contract resulting from this RFP, StationMD will connect individuals and their DSPs or other provider staff to a clinician in an average of 15 minutes or less. Exhibit M provides more evidence of our performance and impact.

Preference That Medical Providers Have Admitting Privileges at Local Hospitals (2.3.1.4.6.)

StationMD's clinicians do not have admitting privileges at local hospitals in NYS. We will, however, support admitting physicians by providing patient history and treatment plans in writing or via telephone. While the need for this type of support has been infrequent, we have provided this type of support when requested, and we stand ready to do so under this contract. We will coordinate with OPWDD to determine how our clinicians can be notified of inpatient admissions of pilot home residents so that we can offer our support. Notably, many of our clinicians have worked in NYS hospitals and have many connections throughout the state to ERs and admitting clinicians. As our program is staffed primarily by emergency physicians, admitting privileges are not customary for this subspecialty.

Ability to Provide Post Treatment Follow-Up During Off Hours (2.3.1.4.7.)

StationMD's pilot program service includes follow-up consultations with the treated individual and provider, in the appropriate timeframe, depending on the issue, after the initial call as detailed in Section 2.3.1.4.7 above. **Our clinicians operate 24/7, 365 days/year, and they make the follow-up calls and conduct other follow-up actions.** We schedule our follow-up calls as necessary to meet the individual's treatment plan and to address other logistical and pilot home operational constraints. If, for example, it makes sense to involve in the follow up discussion the same provider staff member(s) who participated in the original encounter, we conduct follow up during the times they are both available and that align with the individual's treatment plan.

Have a Free App That Can Be Downloaded on Any Windows, Android or Apple Device (2.3.1.4.8.)

As we describe under StationMD's Mobile App in Section 2.3.1.1.2, **our fully HIPAA compliant telemedicine platform can be accessed via StationMD's mobile app** on an Android or iOS device. Residential providers using their own equipment can simply download the **free app** or use a web browser to access StationMD. The StationMD app is available in the Apple Store and Android Play Store for free download. Users experience a friendly interface that guides them step-by-step through the process to initiate a video conference, and the app can be used immediately after downloading.

Alternatives to StationMD's mobile app are outlined above, under 2.3.1.1.3, and Exhibit E provides links to two videos, one prepared by Tennessee Department of Intellectual and Developmental Disabilities and one that features a compilation of local media coverage, which offer some examples of our user interface. A sample of user testimonials is included in Exhibit O.

Assignment of Qualified Medical Providers (2.3.1.4.9.)

Of particular importance to StationMD and the individuals we serve are the qualifications of our clinicians. As outlined below, our clinicians meet all NYS and OPWDD requirements set forth in the RFP. Furthermore, they are specially trained in serving individuals with I/DD.

Unlike many organizations, we do not outsource clinical care. Every one of our clinicians is recruited, hired, and managed directly by us. We don't rely on subcontracted clinicians, clinical staffing agencies, or third-party clinical providers. This hands-on approach allows us to maintain exceptional quality and consistency in care delivery. As we describe below, we oversee every aspect of our clinicians' performance – from onboarding and training to daily management and continuous improvement. This staffing-intensive model is the backbone of our success, so we take it seriously.

Provider Qualifications and Credentialing. StationMD follows NCQA guidelines for initial and re-credentialing for our clinicians, all of whom are specially trained in serving individuals with I/DD. Each is subject to the following:

- **Licensing and Board Certification.** All StationMD clinicians will be appropriately licensed to treat patients in New York State and board certified or board eligible by the American Board of Medical Specialties. Forty-four of our clinicians are already licensed, with 4 more in process. We verify licensure routinely to assure all clinicians' licensure is current.
- **Credentialing.** StationMD executes an extensive credentialing process for our clinicians prior to their starting to work with the company. This credentialing process is ongoing and ensures all clinician credentials remain in good standing. As part of this process, StationMD runs a criminal background check for all staff members. Medallion runs monthly OIG GSA checks on all clinicians. StationMD follows NCQA guidelines for initial and re-credentialing for all clinicians. As we are a telehealth company, we do not run any medical checks such as T.B. or health screenings.

A more extensive description of our credentialing program is in Exhibit H and copies of clinician licenses are in Exhibit 1 to Attachment 17, Minimum Mandatory Requirements.

Clinician Training. When we say that our clinicians are "specially trained in serving individuals with I/DD", we do not mean that they have simply completed a 1-hour or 1-day training. They complete **extensive training** before they are permitted to furnish any services, and they receive ongoing monthly training. Our training is developed with experts **nationally recognized** in serving individuals with I/DD. It is based on evidence-based practices and addresses the medical conditions that are commonly experienced by individuals with I/DD, as well as management of behavioral health crises, including de-escalation techniques and implementation of psychiatry crisis care management plans when available. A detailed description of our clinician training program is in Exhibit I.

For each clinician, we establish and maintain a permanent and auditable electronic record of training and competency exams. Reminders are sent to clinicians, and their compliance with training requirements is tracked. Clinicians who have not met continuing education requirements may be placed on probation and required to complete missed training modules before resuming service delivery. Our training involves:

- **Customized Curriculum Developed by StationMD with Guidance of National Experts:** We have developed a customized training program in the care of individuals with I/DD, with the guidance of clinical advisors from across the country. Using that as a starting point, we will develop a curriculum customized to the OPWDD pilot program that covers these topics:
    - Typical medical conditions, which include, but are not limited to constipation, conjunctivitis, seizure disorder, diabetes management, falls/injuries and gait abnormalities, infections, aspiration and other conditions that are common among individuals with IDD, with particular attention to the "Fatal Five" conditions and differential diagnosis of psychiatric conditions versus behavioral manifestations of physical conditions
    - Management of behavioral service integration and behavioral health crises, including trauma informed care, de-escalation techniques and implementation of psychiatry crisis care management plans, when available
    - Medication management
    - Interpersonal skills development and person-centered service delivery, including cultural sensitivity and use of culturally sensitive language, person-centered service planning and use of pertinent portions of the LIFE Plan, dynamics of a group home setting, use of plain language and communication with individuals with IDD including those who cannot articulate with words, and the like
    - Regulatory, safety and compliance topics, including abuse and neglect and critical incident reporting

> *"StationMD has become an essential extension of our team… When escalation is needed, StationMD physicians coordinate directly with local providers, bypassing wait times and even ordering labs or imaging when appropriate. With over 95% of our urgent needs treated in place, StationMD has bridged critical care gaps during workforce shortages and saved our organization countless overtime hours and costs.*
>
> ***Kimberly Corbett***
> ***Executive Director of Springbrook Community Connections***

The training is multi-factorial and encompasses video and written material. StationMD's training material is extensive, and examples can be made available for OPWDD staff to view upon request. For additional detail regarding our training curriculum, please refer to Exhibit I.

- **Multi-Day Orientation.** Clinicians are required to take part in 25 hours of initial training and 10 hours each subsequent year. These are composed of lectures and reading materials created by national experts such as Dr. Clarissa Kripke from UCSF and Dr. Craig Escude, from Intellectability. Additionally, a formal agreement with the Washington University's Department of Psychiatry (a leading department in I/DD expertise) and advisership with faculty member Dr. Greg Cejas. Dr. Cejas has helped us create a training program in addressing psychiatric crises in this population employing approaches that are appropriate for this population from an acute care perspective. Every clinician completes this training during the orientation process through our telemedicine platform and prior to treating patients.
- **Ongoing Monthly Training Requirements and Optional Training.** All clinicians are required to take part in 10 hours of training each subsequent year. After the initial training, clinician education continues with mandatory monthly modules that address different medical presentations, complications, updates to clinical protocols, and the culture of disability, and then on-demand training, as may be needed. For example, regarding the COVID-19 pandemic, the need to provide real time updates and training to our Clinicians was paramount to ensuring that the best possible care was being provided. Also, clinicians can access our on-demand training modules at any time at their own convenience if they are seeking refreshers or wish to explore a new topic.
- **Review of Cases During Monthly Quality Meeting.** All of our clinicians also attend StationMD's monthly quality meetings, during which we discuss cases with the entire clinical team to ensure a high standard of care. For each clinician, we also track and trend quality metrics such as documentation, medical decision making, and communication, and we share this information with our clinicians. In particularly complex cases we review and compare back to our clinical guidelines, discussing how these can be applied while maintaining individualized, person-centered care.
- **On-Demand Training.** Clinicians can access our entire training curriculum at any time, on an on-demand basis. StationMD can also assign specific training modules to a clinician based upon the findings of our internal quality review process.
- **As-Needed Training Modules.** Additional training sessions are provided as needed in response to emerging healthcare concerns (e.g., covid, flu or other infectious disease updates, new treatment guidelines).

In addition, before providing services via StationMD, each clinician must successfully complete comprehensive onboarding training about the following topics:

- StationMD's telehealth platform operations
- NYS Sexual harassment
- HIPAA and HITECH Overview
- Cybersecurity and HIPAA Training for Healthcare Personnel
- Abuse, Neglect and Exploitation
- Medicare fraud waste and abuse

Additionally, providers will receive specialized training in cultural competency tailored to NYS's diverse populations. This includes not only foundational education but also ongoing reassessments and scenario-based cases to reinforce skills and ensure readiness. By combining structured training with real-world cases, we ensure our clinicians are equipped to deliver compassionate, effective telehealth services that respect the cultural backgrounds and lived experiences of individuals with IDD across NYS.

Internal Quality Review. We take quality seriously, and we **invest substantial resources in quality review and continuous performance improvement**. Our clinicians undergo an internal quality review process at least monthly in accordance with our documented quality assurance protocols. This process, which is detailed along with other quality review practices, under Section 5.4, involves chart reviews for each clinician. Based on the findings of these reviews, our StationMD can take a variety of performance improvement actions, many of which entail additional training. We can then track the clinician to assure the clinician has successfully completed any assigned training or other remediation activities. Then the clinician will typically undergo a follow-up quality review to determine if their performance has improved and the identified deficiency has been addressed. If a clinician does not demonstrate the ability to deliver high quality care in accordance with our expectations, we will place the clinician on probation or terminate the clinician.

Reporting and OPWDD Access to Quality Review Reports (2.3.1.4.10.)

Routine reporting supports both care management for any individual treated by StationMD, as well as overall quality management and program management activities. We will provide OPWDD **access to quality review reports** that are completed as it relates to pilot program patient outcomes, satisfaction, incidents, mortality, etc.. Below we outline our proposed approach to designing and delivering daily and monthly reports to OPWDD. **StationMD will work with OPWDD to design customized reports**, as we routinely do with all of our clients. Exhibit J contains sample reports like those we have produced for other clients. These reports are in addition to the documentation we produce for each of our encounters, as described above under Sharing of Documentation in Section 2.3.1.4.1.

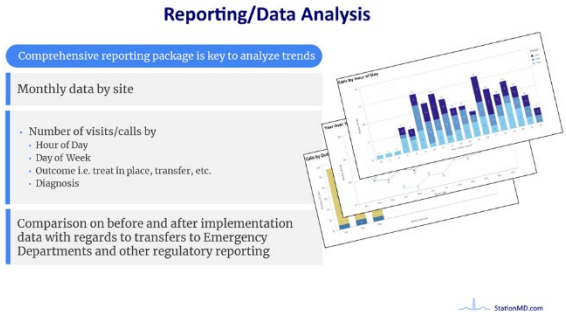
Daily Report. Each day by 10am, StationMD will deliver a report to OPWDD detailing the following for each call received on the preceding day: caller name, reason for call, call start and end time, name of treating clinician, outcome of call, required follow-up. This report will also tally the total number of calls. If desired to aid in care management activities, StationMD could instead issue for each encounter a summary containing the same data elements, within HIPAA guidelines. **We will collaborate with OPWDD to design this customized daily report.**

Monthly Report. A detailed report is also made available monthly, on or before the fifth of each month, summarizing the prior month's data. **StationMD will work with OPWDD to design a customized monthly report** that includes at a minimum:

- Total calls received
- Categorized calls (e.g., ER; in-house telemedicine visit; called in script)
- Total call time

At OPWDD's request, this report may be customized to include some or all of the following data elements:

- Hour of day and/or day of week
- Outcome of encounter and actions taken (e.g., warm hand-off to ER, called in a prescription, etc.)
- Diagnosis



The daily reports will include PHI so will be transmitted via a secure modality. We can transmit the daily reports via fax or via another mutually agreed upon modality. If OPWDD desires, we can also send for each encounter an automated email that includes a link to StationConnect® where OPWDD can view the encounter documentation.

Ad Hoc Reports. Providers can also run ad hoc reports on StationMD's patient portal, StationConnect®, at any time. Moreover, this information can be downloaded into a Microsoft Excel file.

ORGANIZATIONAL EXPERIENCE AND CAPACITY (5.2)

Our Company Mission and Impact. StationMD provides telehealth services for individuals with IDD. It's that simple. That's what we do, and that's all we do. That is our company's mission. Our mission aligns closely with the objectives of OPWDD: providing comprehensive, person-centered care that improves quality of life while reducing costs of care and improving quality of life.

StationMD was formed to deliver on-demand telemedicine services for individuals with IDD that are essentially the same as the Remote Physician Services OPWDD is procuring. We provide 24/7, 365-day immediate access to clinicians specially trained to serve individuals with IDD who offer the full spectrum of remote physician services: triage, assessment, evaluation, treatment, warm hand-offs and follow-up. Since our founding to provide these services in New York State, we've grown to serve more than 45,000 individuals across 22 states and the District of Columbia, with 3 more states nearly ready to launch. We also provide other telehealth services for individuals with IDD.

Today, **we provide services under three general models: via direct contracts with state IDD agencies (like the one that will result from this procurement); as enrolled providers in Medicaid HCBS waiver programs; and by directly contracting with group home providers**. We work hand-in-hand with paid and unpaid caregivers, with group home administrators and supervisors, and clinicians involved in these various settings – and our systems and workflows are designed to reflect these realities.

Our Clinical Team. Our clinical team includes physicians, physician assistants, and nurse practitioners to perform medical encounters. Nurses perform our after-care/follow up (discussed below). Because medical schools and clinical training programs rarely prepare physicians to care for individuals with IDD, all clinicians must successfully complete our extensive clinical training about serving individuals with IDD. Anyone who interacts with patients, including our clinicians Technical Assistants, also undergoes training about supporting individuals with IDD as well as DSPs and provider staff writ large.

Our Company Mission

We are ***dedicated to individuals with intellectual and/or developmental disabilities (I/DD)***. Our mission is to provide the highest quality of medical care for individuals with I/DD, fostering independence and improving quality of life for our patients and those providing their care.

Our clinicians are trained extensively on and experienced with the IDD-home ecosystem, including group home challenges, resources, and roles of the care team, including DSPs, nurses and others. Our team serve individuals who live in a range of settings including group homes and other certified residential settings, supported living homes, day programs, schools, and individuals' private residences. We are well-versed on navigating and coordinating within this system and effectively serving as a conduit to healthcare resources.

Organizational and Management Structure. The most important thing to know about our organizational structure is that, unlike many organizations, we do not outsource clinical care. **All medical services are provided exclusively by StationMD personnel**. **Every clinician is recruited, hired, and managed directly by us** – no subcontractors, staffing agencies, or third-party providers. This hands-on approach allows us to maintain exceptional quality and consistency in care delivery. We oversee every aspect of our clinicians' performance – from onboarding to daily management and continuous improvement. Importantly, our model and hands-on approach **has allowed us to find clinicians with particular interest in serving people with IDD; dedication to our mission is found on the front lines, not just at the management level**. Critically, our relationship with our front-line clinicians is collaborative; we have a culture that allows for an ongoing feedback loop that informs how we can make their jobs better and ultimately serve our population more effectively. Results show: **retention of our clinicians is greater than 95% year-over-year.**

This staffing-intensive model is the backbone of our success. It's how we've earned a client retention rate of 95.5% and built lasting trust with the communities we serve. While we do partner with subcontractors for administrative support, such as IT services, **our clinical operations remain fully in-house**. That's not just a detail. It's a defining feature of our

model, and a key reason we continue to deliver the highest quality care in the field. **Our results speak for themselves: high treat-in-place rates, reduced preventable ER visits, and consistent outcomes across thousands of individuals with IDD.**

Further evidence of our commitment to clinical quality is our leadership – **StationMD was formed by and is led by physicians. We are not a telehealth company looking for new markets to serve.** Our highly experienced management team of physicians are all considered thought leaders in the IDD field. Indeed, they hold Board seats on multiple New York State Provider organizations, as well as ANCOR, they routinely are invited to present at national conferences in the IDD field and have received multiple awards for their work, including the Leadership Award from the American Association on Intellectual and Developmental Disabilities (AAIDD). They also serve as Medical Directors for IDD provider organizations.

- Dr. Deven Unadkat, DO, serves as the President), overseeing clinical quality, provider training, and medical protocols to ensure the highest standards of care.
- Dr. Matthew Kaufman, MD, is the Vice President and CEO and is responsible for the overall business leadership, operational strategy, state policy expertise, and organizational growth.
- Dr. Maulik Trivedi, MD, as the Treasurer and Strategic Officer, focuses on expanding StationMD's reach, forming key partnerships, and driving innovation within the telemedicine model.
- Mansoor Khan, Co-founder, Secretary, and Board Member, is a longstanding leader in emergency medicine across the U.S..

Resumes for these company leaders are available in Exhibit K, and an organizational chart is available in Exhibit V. Our headquarters is located in Maplewood, NJ. StationMD Professional Corporation (StationMD) is a for-profit professional corporation and is registered to do business in NYS.

Subcontractors. Our commitment to quality and consistency extends to our operational model. **Since our founding, HealthTech Partners (HTP), a mission-aligned Management Services Organization, has served as our subcontractor to handle non-clinical operations such as billing, technology, security and finance.** HealthTech Partners management of the non-clinical aspects of the program has allowed StationMD to focus on the clinical product exclusively and provides the infrastructure of scaling while maintaining exceptional quality. Importantly, HealthTech Partners has the same mission and experience as StationMD, as it was founded to support its clinical practice. And its leaders have significant overlap. Dr. Kaufman, serving as the CEO of both, has led both organizations in working toward the unified mission to provide exceptional care through telemedicine for people with IDD. Likewise, Dr. Unadkat services as its CMO and Dr. Trivedi serves as its Chief Strategy officer. As with StationMD, its focus and commitment is exclusively designed to serve people with IDD through telehealth. For more information about HealthTech Partners and our relationship, please refer to Exhibit L. **HealthTech Partners has been StationMD's partner (a subcontractor) in performing all of the corporate experience we describe in this section, since 2016.**

For the pilot program, we propose to subcontract with Enterprise Solution Products (Enterprise) to furnish equipment assembly and delivery. Across the nation, we work with Language Line (translation and interpretation) and ScribeAmerica (reception and call-center operations) among other companies we access through HealthTech Partners. Since our patients and clients may interact with these two companies, we have included information about these companies in Exhibit L, along with information about our direct subcontractors, HealthTech Partners and Enterprise.

Selected Experience and Results. Below are examples of our work and its impact as measured by third parties and by us. More is in Exhibit M and throughout this proposal.

Selected Experience and Results in Other States

Provider Organization	Description of Relationship	Impact of StationMD's Service
State of Ohio	Ohio Department of Developmental Disabilities (DODD) contracted with StationMD in 2022 to implement a pilot program with the goal of improving access to health care and enhancing health outcomes for Ohioans with ID/DD. The DODD invited individuals with ID/DD, through	Ohio State University's analysis of the program found the following: • Participants had an avg of one fewer ER visits/year • 92% of DSPs found StationMD made their job less stressful • 93 of DSPs believed StationMD improved quality of life for people in their care • 96% of DSPs found StationMD improved their ability to provide quality care

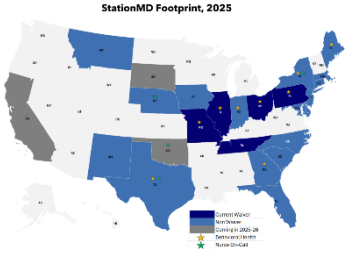
Provider Organization	Description of Relationship	Impact of StationMD's Service
	county boards, providers, intermediate care facility for individuals with intellectual disability (ICF), and other stakeholders to enroll in the Ohio StationMD pilot program.	• 94% of DSPs said StationMD clinicians demonstrated an understanding of the unique needs and experiences of individuals with IDD Results of the pilot led to incorporation of the program as an HCBS waiver services. More complete survey results are available in Exhibit M.
State of Pennsylvania	StationMD first launched services across Pennsylvania through collaborations with provider agencies that support individuals with IDD. These partnerships quickly demonstrated the value of our services, so the state developed a new HCBS waiver service and StationMD proudly became the first provider of on-demand physician telemedicine services specialized for individuals with IDD as an HCBS waiver service in the state.	• 94% treat-in-place rate • Use of StationMD's service increased by 21% monthly • 96% of individuals report they are happy with their StationMD encounter • 87% of DSPs and nurses reported increased job satisfaction due to StationMD • Provider agencies reported substantial savings and ability to redirect those dollars into better support services A more complete summary of our results is available in Exhibit M.

Because our mission is to provide specialized services to individuals with IDD, and because we deliver these services exclusively via telemedicine, **our telehealth and IDD experience are inherently intertwined**. Wherever we have provided telehealth services, they have been tailored specifically to meet the unique needs of individuals with IDD. Conversely, all of our work with individuals with IDD has been conducted through telehealth platforms. **As a result, readers may notice some overlap in our descriptions of telehealth and IDD experience, reflecting the integrated nature of our service model**.

Our experience providing telehealth services for individuals with IDD is so extensive that we cannot do it justice in this 30-page technical proposal. So, **we have created a series of appendices to convey our vast experience in easy-to-read fashion. We reference these in our descriptions below** of telehealth experience, experience serving individuals with IDD and length of experience.

StationMD Telehealth Experience

StationMD Footprint, 2025



5.2.1. Telehealth Experience

Telehealth for individuals with IDD is what we do – and it's all we do. We have over 9 years of experience providing medical and behavioral telehealth services **exclusively to individuals with I/DD**. We are not a generalized telehealth provider. Our services are designed specifically for people with IDD. For example, we provide our telehealth services to individuals regardless of setting. Most people we serve reside in group homes, so we work hand-in-hand with provider staff and handle the other logistical and coordination concerns unique to these settings. We offer three specialized telehealth services:

- **On-Demand Physician Telemedicine Specialized for Individuals with IDD.** This is the 24/7 instant access to a specialized IDD clinician that is referred to throughout the document – the reason we formed StationMD. Currently, we serve over 46,000 individuals with IDD across 22 states and DC. In 2024, we conducted over 52,000 medical and behavioral health visits, all of which were furnished to individuals with IDD and have provided more than 139,000 encounters over the last three years. Also, in 2024 we maintained a 94.1% treat-in-place rate – significantly reducing unnecessary emergency room visits. In NYS we serve over 14,000 individuals.
- **Other Telehealth Services.** We offer two other telehealth services – Nurse On-Call and Telepsychiatry – which we furnish to individuals with IDD in collaboration with their paid and unpaid caregivers and residential providers. Information about these services is in Exhibit U.

StationMD Telehealth Service Name	Number Served	Service Available Since
Nurse On-Call	~3500	2025
Telepsychiatry	~1200	2019
HAC	~46,000	2016

We provide these telehealth services in 22 states and DC. A complete map of these states is in Exhibit N, and an accompanying listing shows how long we have done this work in each state. Exhibit O contains testimonials from individuals served, their DSPs, group home administrators and others regarding StationMD's impact and quality. They can speak more eloquently than us about what it means to have consistent, high-quality care from an organization that specializes in serving individuals with IDD. Exhibit P shows a listing of our

clinical team members and the number of years they have worked in a job involving the provision of telehealth services, and Exhibit M shows the outcomes and results of our services.

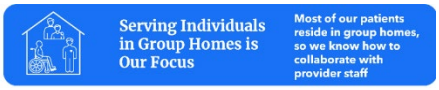
5.2.2. Intellectual or Developmental Disabilities Experience

Serving people with IDD isn't part of what we do – it's all we do. Our origin story explains it best. In 2016, two of our founders, Dr. Mansoor Khan and Dr. Matt Kaufman, were Chair and Vice Chair of the ER at Richmond University Medical Center in Staten Island when they noticed a troubling pattern: individuals with IDD from nearby group homes were frequently visiting the ER, often for issues that could have been addressed earlier or more appropriately in a different setting. Moreover, their experience in the ER was often traumatic for those individuals, required group home staff to accompany the individuals during the visit and during often long waits in an already over-capacity ER. In short, it was a lose-lose situation for all involved, and it ultimately provided poor quality of care with unspecialized clinicians. Drs. Khan and Kaufman decided something needed to change. StationMD is the transformative solution they built.

> In 2024, we conducted over 52,000 medical and behavioral health visits, all of which were furnished to individuals with IDD. We maintained a 94.1% treat-in-place rate–significantly reducing unnecessary emergency room visits and improving quality of life for individuals and their DSPs.

At StationMD, our entire organization is built around one purpose: delivering high-quality, compassionate physician care to individuals with IDD. From day one, we've focused exclusively on this population – not as a subset of a broader patient base, but as the heart and soul of everything we do.

We are not a general telehealth company with a few IDD patients mixed into a large panel. **We were founded to meet the unique medical needs of individuals with IDD, especially those who qualify for nursing facility (NF) or intermediate care facility (ICF/DD) levels of care.** Our clinicians are trained specifically to understand the complexities of this population – from communication barriers and behavioral health challenges to the nuances of co-occurring medical conditions.

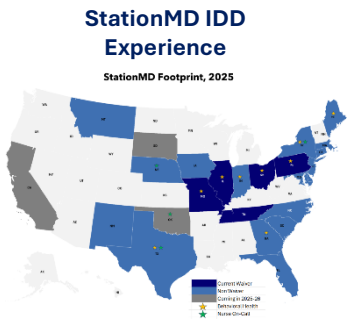


Unlike a general telehealth provider, we are built to serve individuals who live in residential settings and the full range of Home and Community Based Services (HCBS) settings. We are not a broad-based telehealth company with a generic patient panel, where individuals with IDD are merely a small subset. That model, where IDD care is folded into generalized platforms, is precisely what contributes to poor outcomes. When clinicians lack specialized training and experience with this population, quality of care suffers. Often, these generic telehealth providers serve only individuals who live with mild IDD and do not meet LOC. Frankly, they do not have experience serving the population OPWDD seeks to serve or experience coordinating with group homes and other residential providers. We do.

We serve individuals living in group homes via three general models: direct contracts with state IDD agencies, like OPWDD; as enrolled providers in Medicaid HCBS waiver programs; and by directly contracting with group home providers. **We work hand-in-hand with paid and unpaid caregivers, with group home administrators and supervisors, and clinicians involved in these various settings – and our systems and workflows are designed to reflect these realities.** This includes experience contracting with states to serve individuals residing in state-operated residential settings. In Ohio we serve 600 individuals residing in state-operated residences, and we are also contracted by Tennessee to serve their state-operated residences.

Our reach has grown to include over 46,000 individuals in more than 22 states and DC – the majority of whom reside in group homes. A few additional facts and figures are highlighted in the text box and graphic on this page, and more details regarding our experience serving individuals with IDD is in these exhibits:

- We serve in 22 states and DC and are a Medicaid HCBS service provider in 5 states. Exhibit N shows a map of these states and how long we have done this work in each state. It also shows other adjacent telehealth services we provide to individuals with IDD.
- Exhibit O contains testimonials from individuals served, their families, DSPs, group home administrators and others regarding StationMD's impact and quality. They can speak more eloquently than us about what it means to have consistent, high-quality care from an organization that specializes in serving individuals with IDD.



"For agencies like Racker that operate 24/7 residential programs in rural Central New York, access to timely and specialized medical care is not a convenience. It is a necessity. StationMD has been transformative for our organization and for the people we support."

Dr. Lloyd Darlow
Medical Director at Racker

- StationMD's leaders are committed to serving the IDD community. They serve on the boards of ANCOR, CP State, ADAPT and Anderson Center, and have won multiple awards in the IDD field. They also serve as medical directors for provider organizations in NYS and throughout the country. More information is in their resumes in Exhibit K and in Exhibit T.
- Exhibit P shows a listing of our clinical team members and the number of years they have worked in a job dedicated to serving individuals with IDD. Some have additional IDD experience not reflected here – through volunteer and family commitments and prior employment. In addition to the telemedicine experience of our clinicians, some of our partner HealthTech Partners' employees have experience building and operating telehealth platforms.
- Exhibit T highlights the numerous awards and honors received by StationMD and its leadership team members for their impactful work within the IDD community. These accolades reflect our commitment to advancing healthcare equity, innovation, and advocacy for individuals with IDD. It also outlines the key leadership roles StationMD holds in prominent IDD-related organizations. These positions underscore our active engagement in shaping policy, driving systemic improvements, and fostering collaboration across the IDD ecosystem.

We don't just serve this community. We advocate for it. We train for it. We build and support systems around it. And we remain unwavering in our belief that individuals with IDD deserve the same access to timely, high-quality medical care as anyone else – delivered by clinicians who truly understand their needs.

5.2.3. Length of Experience

For almost 10 years, we have provided services nearly identical to those OPWDD is procuring. StationMD originated in NYS, and NYS remains its longest-standing market. As we describe under Section 5.3 below, the NYS program was designed by two of the company's emergency physician founders 2016 after they observed the frequent ER visits and resulting challenges experienced by individuals from two nearby group homes that served individuals with IDD. We have expanded to other states as they have become aware of the need for and availability of our services. Today, we serve over 46,000 individuals across 22 states and DC with our 24/7 services, with over 1,000 individuals who receive behavioral health services. In 2024 alone, we conducted over 52,000 medical and behavioral health visits for individuals with IDD, maintaining a 92.9% treat-in-place rate – significantly reducing unnecessary emergency room visits. We have been a consistent and leading force in this space. That consistency extends to our clinicians; many of them have been with StationMD since its inception, and our low turnover rates mean that we have a clinician team with deep experience delivering these very specialized and unique services.

- We serve in 22 states and DC and are a Medicaid HCBS waiver service provider in 5 states. Exhibit N shows a map of these states and how long we have done this work in each state. It also shows other adjacent services we provide to individuals with IDD. In NYS, instructions in the CFR for certified residences specifically call out Health Access and Coordination (HAC) in line 40. This was created after StationMD's overwhelmingly successful DOH pilot, in order to help agencies continue services with reimbursements reflected in the payment rate rebasing process.
- Exhibit P shows a listing of our clinical team members and the number of years they have worked in a job dedicated to serving individuals with IDD. Some have additional IDD experience not reflected here – through volunteer and family commitments and prior employment.
- StationMD's leaders have demonstrated a longstanding commitment to serving the IDD community. They serve on the boards of ANCOR, CP State, ADAPT and Anderson Center, and have won multiple awards in the IDD field. They also serve as medical directors for group homes. More information is in their resumes in Exhibit K.
- Exhibit O contains testimonials from individuals served, their families, DSPs, group home administrators and others regarding StationMD's impact and quality. They can speak more eloquently than us about what it means to have consistent, high-quality care from an organization that specializes in serving individuals with IDD.

5.3. STATEWIDE AVAILABILITY AND REGIONAL PRESENCE

StationMD has a longstanding history serving New Yorkers with IDD and partnering with OPWDD, and we remain committed to both.

Areas/Regions Currently and Previously Served. StationMD has served New York State since 2016. Our commitment to New York State runs deep. In 2016, two of our founders – Dr. Mansoor Khan and Dr. Matt Kaufman – were leading the Emergency Department at Richmond University Medical Center in Staten Island when they noticed a troubling pattern: individuals with IDD from nearby group homes were frequently visiting the ER, often for issues that could have been addressed earlier or more appropriately in a different setting. Partnering with staff from Cerebral Palsy of New York (now CPU), they designed a telemedicine intervention tailored to this population and secured a small DSRIP grant to launch the pilot.

NYS Counties Served by StationMD

That early initiative laid the foundation for what would become a transformative model of care. With support from a NYS Department of Health Transformation Grant, the program expanded to serve more than 8,000 individuals with IDD across the state. While our reach has grown to provide on-demand telemedicine services specialized for individuals with IDD to over 46,000 individuals in more than 20 states, **our dedication to New York remains uniquely strong. This is where our mission began – and where we continue to invest in innovation, training, and partnerships that improve outcomes for individuals with IDD. Today we serve individuals with IDD in 58 of New York's 62 counties, including 93 provider agencies that serve 14,000 individuals.** We serve homes located in highly concentrated urban areas like New York City, as well as remote rural areas, like the outskirts of St. Lawrence County. In NYS, instructions in the CFR for certified residences specifically call out this service, called Health Access and Coordination (HAC), in line 40, making it an allowable cost for certified residences. This was created after StationMD's overwhelmingly successful DOH pilot, in order to help agencies continue services with reimbursements reflected in the payment rate rebasing process.

Below we highlight some of our longstanding relationships with providers in New York State and their results with StationMD. **Exhibit M provides more detailed descriptions of the results we have achieved** through our work with these New York organizations. Exhibit O includes testimonials from users as well as letters of support from key New York organizations serving and supporting New Yorkers with IDD who have also used our services: ADAPT Community Network, AHRC, and CP State.

Selected Experience and Results in New York State

Provider Organization	Description of Relationship with StationMD	Impact of StationMD's Service

Cerebral Palsy of NY	StationMD's and Cerebral Palsy of NY's Telemedicine Triage Project (TTP), which was funded by a Department of Health's Statewide Health Care Facility Program grant for five years. The Telemedicine Triage Project (TTP) is an innovative model that provides telemedicine consultations for people with I/DD who reside in state-certified group residences and present with urgent but non-emergent medical concerns when usual providers are unavailable. This served approximately 43 provider agencies and 1500 sites.	• Participating provider agency data showed that, on average, our services reduced unnecessary use by 6200 visits, which equates to:
		  ○ Reduction of 0.5 ER visits/person/year
		  ○ Reduction of 0.2 urgent care visits/person/year
		• Patient survey results reveal:
		  ○ 96% were happy with their StationMD visit
		  ○ 94% would recommend StationMD to a family or friend
		• DSP survey results reveal:
		  ○ 94% report less stress in their job
		  ○ 92% believe StationMD improves individuals' quality of life

Partners Health Plan (PHP)	For this managed care plan that contracts with Medicare and the NYS Medicaid program to provide benefits to enrollees through the Fully Integrated Duals Advantage for Individuals with I/DD Demonstration, StationMD served 1,100 enrollees.	• 90% treat-in-place rate • Estimated $5.7 million in savings over two years (2020-22) • Estimated 80% reduction in ER visits
93 Certified Homes	Approximately 93 residential provider agencies have contracted with StationMD between 2016 and 2025 in NYS.	These provider agencies experienced reduced ER and urgent care visits. Patients and their caregivers also expressed reduced stress and disruption and increased quality of life, as evidenced by testimonials in Exhibit O.

Areas/Regions to Serve. Under any contract resulting from this procurement, StationMD is prepared to serve individuals living in any part of New York State. We remain committed to providing our services statewide. We are prepared and able to begin delivering the requested services immediately. Of StationMD's total 85 clinicians who are involved in furnishing one or more of our services, 73 are licensed in NYS. Of the 48 clinicians that render our on-demand telemedicine services for individuals with IDD, 44 are licensed in NYS; the remaining 4 are in the process of obtaining NYS licensure.

Vendor Locations. Today, we provide our on-demand telemedicine services specialized for individuals with IDD in 58 of New York's 62 counties, as illustrated in Exhibit Q. StationMD's office is located in Maplewood, NJ, just over the NY-NJ state line. We routinely travel across NYS to support the provider agencies we serve. Exhibit Q includes a listing of all the provider agencies operating certified residential providers we serve in NYS.

5.4. QUALITY CONTROL MEASURES OF EMPLOYEES AND SUBCONTRACTORS

We recognize the importance of quality control measures in any government contract, and particularly in a contract like this that serves individuals who have special needs and rely on others to help them access and navigate their healthcare services. In our existing partnerships in NYS, we often work together with provider agencies, OPWDD and Justice Center to assist in quality and safety requirements. Below we outline our general approach to quality control for employees and subcontractors.

Plan to Track Direct Subcontractors. We maintain rigorous oversight of subcontractors through a structured performance management framework that includes formal contracts that outline clearly defined roles and responsibilities, measurable service-level agreements (SLAs), and regular reporting. **Each subcontractor is integrated into our operational workflows and subject to routine audits, quality reviews, and compliance checks.** We use centralized tracking systems to monitor actual performance against SLAs and other contract compliance. This approach ensures accountability, transparency, and alignment with our standards for high-quality, person-centered care. StationMD leaders are responsible for ensuring subcontractors are meeting contract requirements and routinely review vendor offerings and performance to assure that they continue to meet the needs of our growing business. As noted elsewhere in the proposal, **the key subcontractor is HealthTech Partners (HTP)**, where there is significant overlap with StationMD leaders (Dr. Kaufman is CEO, Dr. Unadkat is CMO). As such there is very close control over all quality metrics on key issues such as technology, non-clinical operations, and technology assistants. For example, percentage of random calls taken by technology assistants and receptionists are monitored and scored by a practice coordinator for customer service, proper information gathering and trouble shooting. Based on scores, receptionists and technology assistants may be sent for specific retraining, shadowing and Performance Improvement Plans (PIPS).

All calls are monitored and tracked for various metrics, including time from call to seeing a doctor on the screen, duration of calls and time to chart completion. Each of the metrics has corresponding reviews and plans for staff or technology adjustment as necessary. **Exhibit R lists some of the key quality measures we will use to monitor** our proposed direct subcontractors: HTP and Enterprise Solution Products, as well as measures we will partner with HTP to use in monitoring Language Line and ScribeAmerica.

Plan to Track Direct Employees. We track employees through a **structured performance management system** that emphasizes accountability, quality, and continuous improvement. Each employee is onboarded with clear expectations and trained to meet our specialized standards. Clinicians are permitted to begin delivery of services only after fully and successfully completing all training and other onboarding steps, including our rigorous credentialing process. Exhibits D and H describe our onboarding and credentialing processes. We use centralized tools and have in place policies and procedures to monitor employee performance such as clinical activity, responsiveness, documentation quality, and adherence to protocols. Annual performance reviews for each employee, feedback, and outcome-based metrics – such as treat-in-place rates and patient satisfaction – inform ongoing coaching and support. We engage in formal performance improvement plans when indicated. This process ensures consistent, high-quality care and alignment with our mission across all employees.

Our clinicians undergo an internal **quality review process** at least monthly in accordance with our documented quality assurance protocols. Under the guidance of our Chief Medical Officer, the Quality Review Committee has developed standards of care for the practice as well as a robust Peer Review Program. **Quality reviews are conducted on all charts of individuals transferred to an emergency department/urgent care and then a subset of charts is reviewed for each clinician.** A monthly report is generated and reviewed with the clinicians that tracks the following:

- An appropriately documented history of present complaint and illness
- An adequate physical exam and adherence to clinical guidelines
- Appropriate medical decision making and advice and its clarity in layperson for ease of understanding
- All orders for medications are to have clear instructions with at minimum: name of medication, dose, number of tabs to give, when to give, how to give, and for how long to continue the medication or treatment
- For those patients sent to the ER, we track and trend that a warm handoff has been made with the clinical staff at the emergency department of the patient's choosing

- Clarity of instructions on when to seek additional care and advice, as well as when to follow up with PMD or specialist

A concern or complaint about a particular case from any of the following sources can result in a **focused quality review**: patient complaints submitted via our secure portal, peer reports, team member reports, patient experience survey, regulatory body reports. Based on the findings of these reviews, our StationMD can take a **variety of performance improvement and remediation actions**. For example, StationMD can assign specific training modules to a clinician based upon the findings of our internal quality review process. We can then track the clinician in our Learning Management System to assure the clinician has successfully completed the assigned training modules. Then the clinician will typically undergo a follow-up quality review to determine if their performance has improved and the identified deficiency has been addressed. Other actions we may take to mitigate concerns identified through these quality reviews include but are not limited to: conduct one-on-one training by a peer or supervisor, subject all encounters to a review until concerns are remediated, assign a supervisor to observe all encounters, and direct the clinician to shadow more experienced clinicians. These remediation strategies are not mutually exclusive, and when appropriate they are documented in formal Performance Improvement Plans (PIPs). Quality of care is our upmost priority, and remediation strategies will be designed to assure quality of care is not compromised. If a clinician does not demonstrate the ability to deliver high quality care in accordance with our expectations, we will place the clinician on probation or terminate the clinician. Exhibit R includes an overview of our Quality Review Process.

In evaluating employee and subcontractor performance, we also consider results from our surveys of the individuals we serve and their survey DSPs and other provider direct care staff and provider administrators. Twice annually we also survey our employees. We also consider complaints, service utilization statistics and other factors. We conduct "secret shopper" calls to confirm that encounter initiation steps are being conducted properly and efficiently, and we record client interactions with Technical Assistants as a quality monitoring and improvement tool. Additionally, we consider aggregate performance statistics in our quality reviews, to identify learning opportunities and areas where policies and procedures may need to be refined.

We are proud of our low employee turnover rates. All of our leaders and many of our team members have been with StationMD since its inception and others have been with us for multiple years. We hold all employees to a very high standard, so our low turnover rates mean that our team is deeply experienced, which helps us to assure quality. Our URAC credentialing is further evidence of our quality, safety, and integrity.

Exhibit R includes our Operational Quality Assurance Standard Operating Procedure along with examples of quality control measures we will employ for our employees and subcontractors.

Credentialing and Background Checks. Today, StationMD and HealthTech Partners complete a **background check on all employees, as well as any individual with access to our solution and data center**. These are performed during employee onboarding and repeated annually. Background checks are part of our rigorous credentialing process. Descriptions of our credentialing and background check processes are in Exhibits H and S. We establish and maintain a permanent and auditable electronic record of all background checks, licensure and other clinical credentials, and training and competency exams. Our background check includes criminal history, sex offender registry, OIG, SAM, and Global Watch. We also do an SSN trace and address history check as part of the background check. Additional checks, such as employment history and education verification, may be conducted depending on the role and responsibilities of the individual. **All staff participating in the OPWDD pilot will undergo an industry standard criminal history background check in compliance with OPWDD requirements**.

Example of Resolving an Issue with an Employee. An **example of a doctor undergoing remediation** occurred after we received a complaint from a provider agency that she appeared impatient and dismissive with the DSP. We investigated further, holding independent discussions with the provider staff and our doctor. We got feedback from the doctor that the DSP appeared distracted and was not listening. The DSP, in turn, explained that they were short-staffed and had other issues going on simultaneously (namely, two individuals were arguing aggressively).

The doctor was re-educated about the role of DSPs and the range of responsibilities and pressures they experience, through a lecture and 1:1 counseling. She also was obligated to watch "A Day in the Life of a DSP" video. The doctor indicated that these additional educational activities created valuable insight to her DSP interactions since, and in fact, she has received many accolades for her care.

Assistance for Providers in Complying with Regulations. In addition to helping agencies meet required needs in obtaining medical care, our program has experience and design to address scenarios relating to providers' compliance with regulations. For example,

below we describe how we handle cases of medication errors, allegations of abuse, neglect or exploitation and other reportable incidents.

- **Medication administration errors or delays:** These are reportable situations, and we guide staff on the safest next steps, monitoring of the patient, and specifying when in-person care is needed.
- **Allegations of abuse, neglect and exploitation:** Our team is trained annually on abuse, neglect and other reportable incidents as it pertains to individuals with IDD. Our team is available to medically assess, stabilize and treat any patient that is allegedly the victim of abuse or neglect. We perform a medical evaluation and initiate treatment if indicated for these situations. We confirm the agency has provided a safe place for the patient. We do a wellness check within 24-72 hours of the report to ensure the patient is well. We work with OPWDD and/or the Justice Center as part of their investigation and have good working relationships with many Justice Center and OPWDD investigators, and our treating clinicians are available for interviews as needed for their investigations.

5.5. DIVERSITY PRACTICES

We proudly share the state's commitment to advancing Minority- and Women-Owned Business Enterprises (MWBEs) and Service Disabled Veteran-Owned Businesses (SDVOBs) promoting equal opportunity for all – regardless of race, ethnicity, religion, national origin, gender, age, disability, or other factors. This commitment is not just a principle; it's reflected in the makeup of our workforce, as detailed in Attachment 11: Equal Employment Opportunity Staffing Plan, which demonstrates that we meet the state's goals in spirit. **More than 40% of StationMD's workforce is Hispanic, African American or Asian, and 79% are women. These patterns hold true for our clinicians, as well**; approximately 40% of StationMD's clinicians are Hispanic, African American or Asian, and 79% are women. Our subcontractor and partner of many years, HTP, has a similar workforce composition: approximately 27% of HTP's workforce is Hispanic, African American or Asian, and 66% are women.

For over a decade, we've set the standard for remote physician services for individuals with IDD. Since our founding in New York State, we've grown to serve more than 46,000 individuals across 22 states plus DC – and throughout that journey, one thing has remained constant: **our commitment to a tightly integrated clinical model**.

Unlike many organizations, we do not outsource clinical care. Every one of our clinicians is recruited, hired, and managed directly by us. We don't rely on subcontracted clinicians, clinical staffing agencies, or third-party clinical providers. This hands-on approach allows us to maintain exceptional quality and consistency in care delivery. We oversee every aspect of our clinicians' performance – from onboarding and training to daily management and continuous improvement. This staffing-intensive model is the backbone of our success. It's how we've earned a client retention rate of 95.5% and built lasting trust with the communities we serve. **While we do partner with subcontractors for administrative support – such as IT services – our clinical operations remain fully in-house. That's not just a detail. It's a defining feature of our model, and a key reason we continue to deliver the highest quality care in the field.**

We rely on subcontractors to assist us with administrative functions, such as information technology, equipment assembly and other functions. **For the pilot program, we propose to partner with Enterprise Solution Products, a New York certified MBWE and SDVOB**, who will perform equipment assembly and delivery for all pilot homes that elect to obtain equipment through the pilot program. More information about Enterprise Solution Products is available in Exhibit L.

Because we are not willing to compromise on quality of care delivered to the individuals we serve, we are not positioned to meet the state's MWBE and SDVOB goals as stated. **To further demonstrate our commitment and support the state's MWBE and SDOSB objectives**, we are offering targeted assistance to MWBE- and SDVOB-certified organizations that provide physician services. One of the biggest challenges in this field – and a key reason this pilot program is so critical – is the lack of physicians trained to serve individuals with IDD. Across New York and nationwide, there's a shortage of qualified providers, and individuals with IDD, along with their Direct Support Professionals (DSPs), feel the impact every day. **Medical schools and clinical training programs rarely prepare physicians to care for this population. That's why we are stepping up.** We will host a series of training webinars for MWBE-certified physician service providers. These sessions will cover essential clinical practices, communication techniques, and follow-up strategies. These are the skills that truly shape the patient experience. **This initiative does two things: it builds the capacity of MWBE and SDVOB healthcare providers, and it strengthens the overall ability of our state's providers to serve individuals with IDD. It's a meaningful step toward equity, inclusion, and better care for those who need it most.**

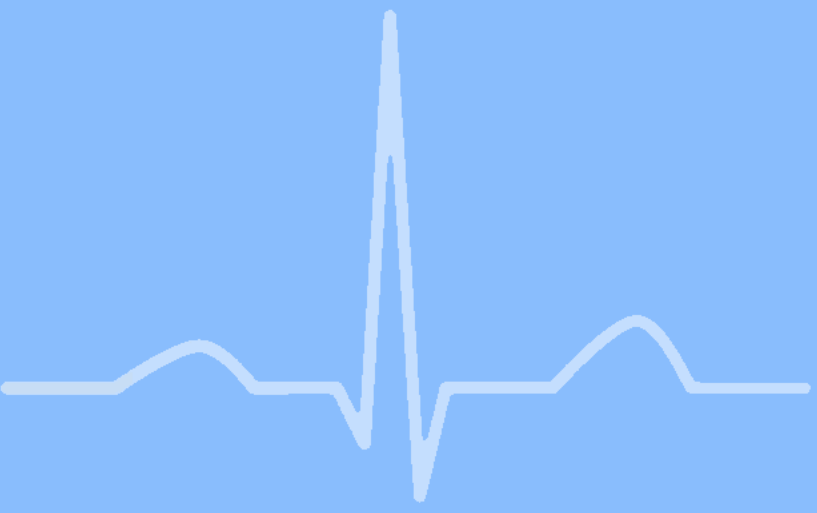
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit A

Screenshots of the StationMD App

In this exhibit, please find selected screen shots of StationMD's app used to conduct encounters.

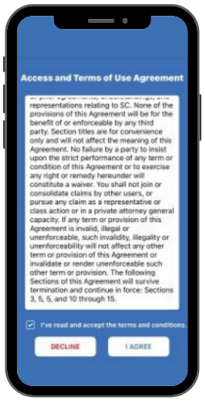


NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD
APPLICATION OVERVIEW

Starting Your Telemedicine Visit

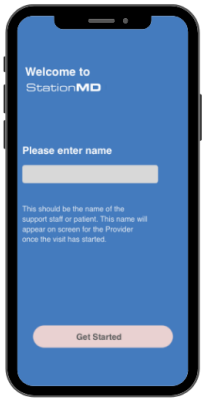
FIRST STEP FOR EACH VISIT IS TO CALL 1-877-STATMDS (1-877-782-8637)



1

Terms of Use & Consent

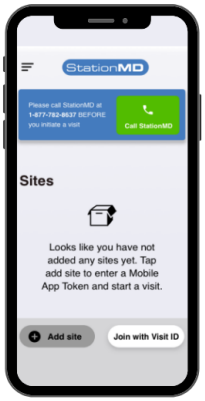
Review and agree to both the Terms of Use and Consent. This step is only required when first using the app.



2

Enter a Name

This name can be changed later on the Menu screen.



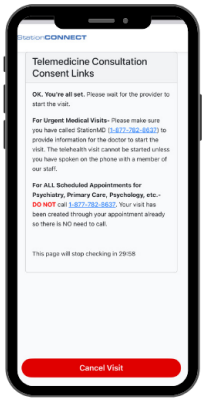
3

Add a Site

Tap "Add Site"

You will be given a mobile app token when you call.

Once you enter your token, you can tap "Add Site" to enter. Once the site is entered, it will remain in your list of sites.



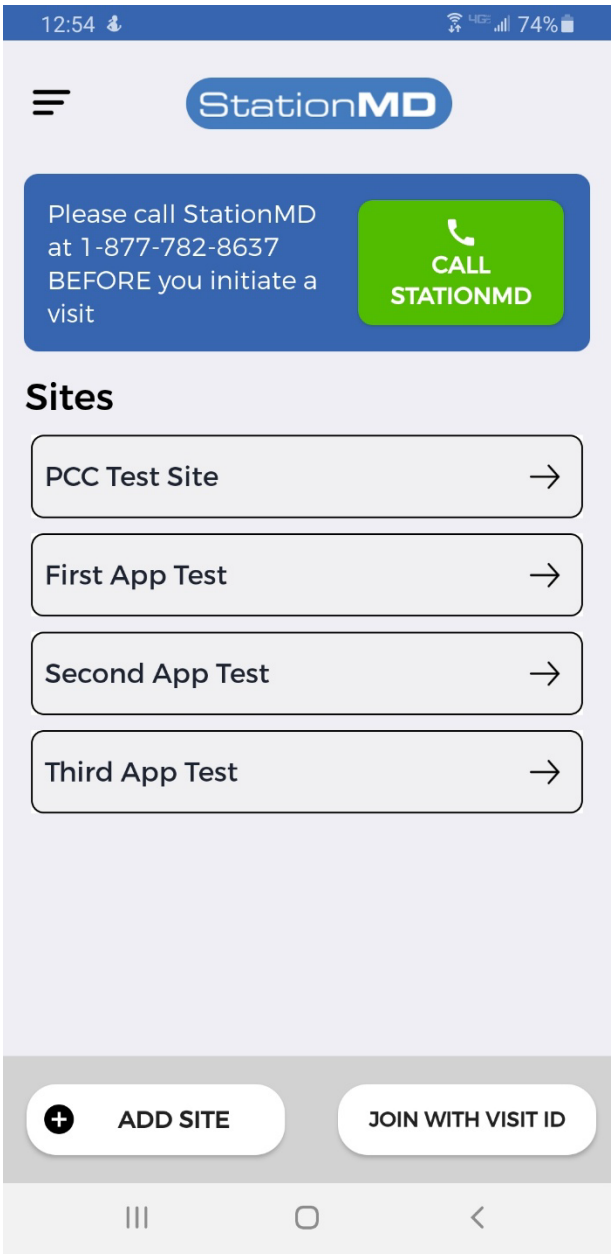
4

Wait for the clinician to start the visit.

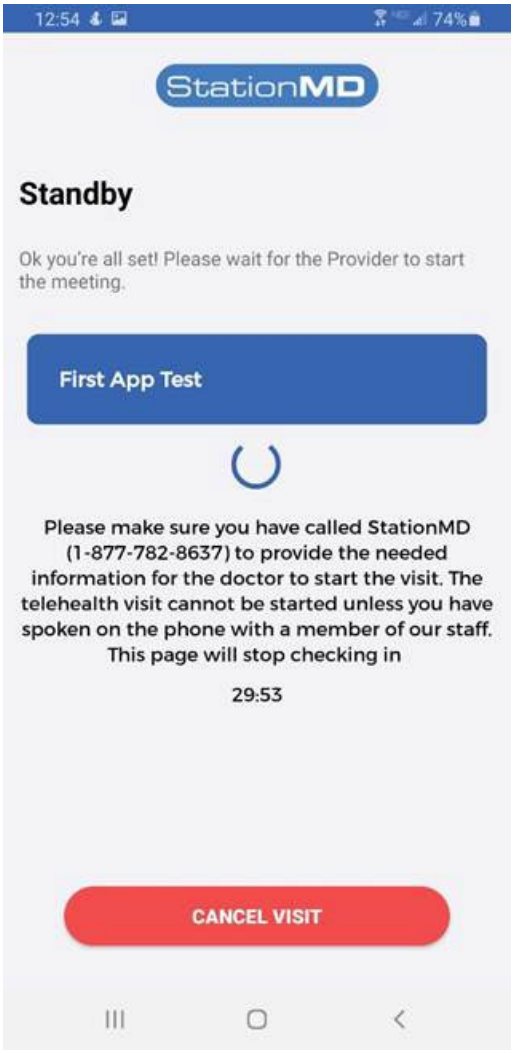
StationMD

This document is provided to clients as part of their training materials instructing them on how to initiate a telehealth visit with StationMD.

As the application starts up and verifies connectivity with StationMD, the user is presented with a splash screen reminding them of the toll-free number to call prior to initiating a visit.



After calling StationMD's toll-free number, users will be instructed by StationMD's technical assistant to "Add Site" or "Join with Visit ID". If there have been previous visits, the associated sites are displayed. We understand that DSPs and other support staff may provide services at multiple sites. The list of previously visited sites is displayed and may be chosen with a single click – bypassing the need to enter any token or scanning a QR code. This acceleration decreased the time needed to set up the telemedicine visit. Note that experienced users can jump right to this screen and initiate the phone call with a push of a button (assuming device supports telephone functionality).



If the clinician has not yet joined the call, the user will be presented with a Standby screen. If the clinician joins prior to the DSP / support staff, the telemedicine visit will immediately begin when the site is selected. This screen won't even be presented.

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit B

Equipment Sheet

In this exhibit, please find our equipment sheet showing the equipment. All homes participating in the pilot with StationMD must have the required equipment, a tablet or smartphone and vital signs equipment. The pilot homes can also use optional equipment at their own discretion. The pilot homes may provide required and optional equipment themselves or obtain it from StationMD.

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Equipment Options

TABLET loaded with StationMD App

- Samsung Galaxy A9 Tablet WiFi Model
- Rugged Full Body Protective Case with Screen Protector

VITAL SIGNS PACK

- Omron 5 Series Upper Arm Blood Pressure Monitor; Soft Wide-Range Cuff (or similar model)
- Fingertip Pulse Oximeter Blood Oxygen Saturation Monitor with Lanyard and Carrying Case (or similar model)
- Digital Forehead and Ear Infrared Thermometer Dual Mode Thermometer - Accurate Quick Read Temperature Thermometer (or similar model)

TABLE TOP

Optional Equipment - does not include tablet

- Microsoft Type Cover
- HD Webcam with Auto-Focus
- USB-C to USB-A Adapter

FULL CART

Optional Equipment - does not include tablet

- Bluetooth Wireless Keyboard
- Heavy-Duty Gooseneck Floor Stand with Keyboard Tray and Storage Basket
- HD Webcam with Auto-Focus
- USB-C to USB-A Adapter

* Illustrations are for informational purposes only and may differ from actual equipment delivery

Updated Oct 2025

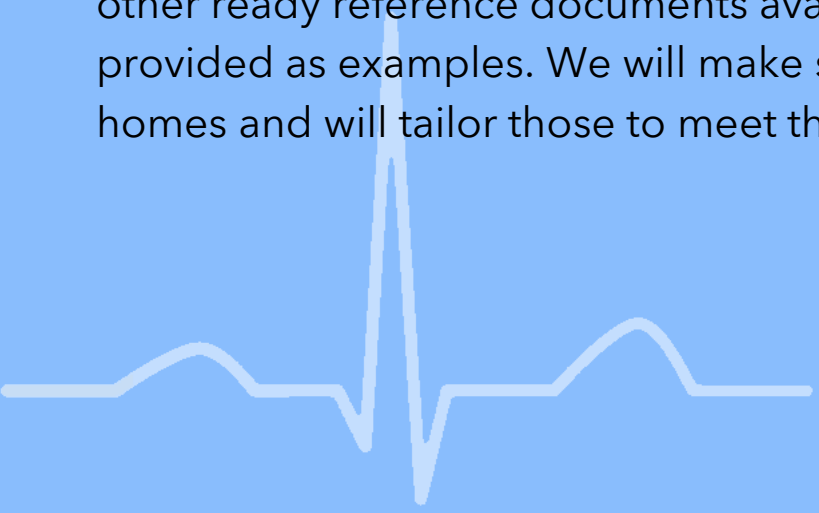
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit C

Sample Training and Support Resources for Provider Agencies and Their Staff

In this exhibit, please find examples of user guides, short form videos, and other ready reference documents available to our clients. These are provided as examples. We will make similar materials available to the pilot homes and will tailor those to meet the needs of the OPWDD pilot.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

STATIONCONNECT® USER GUIDE

October 2024

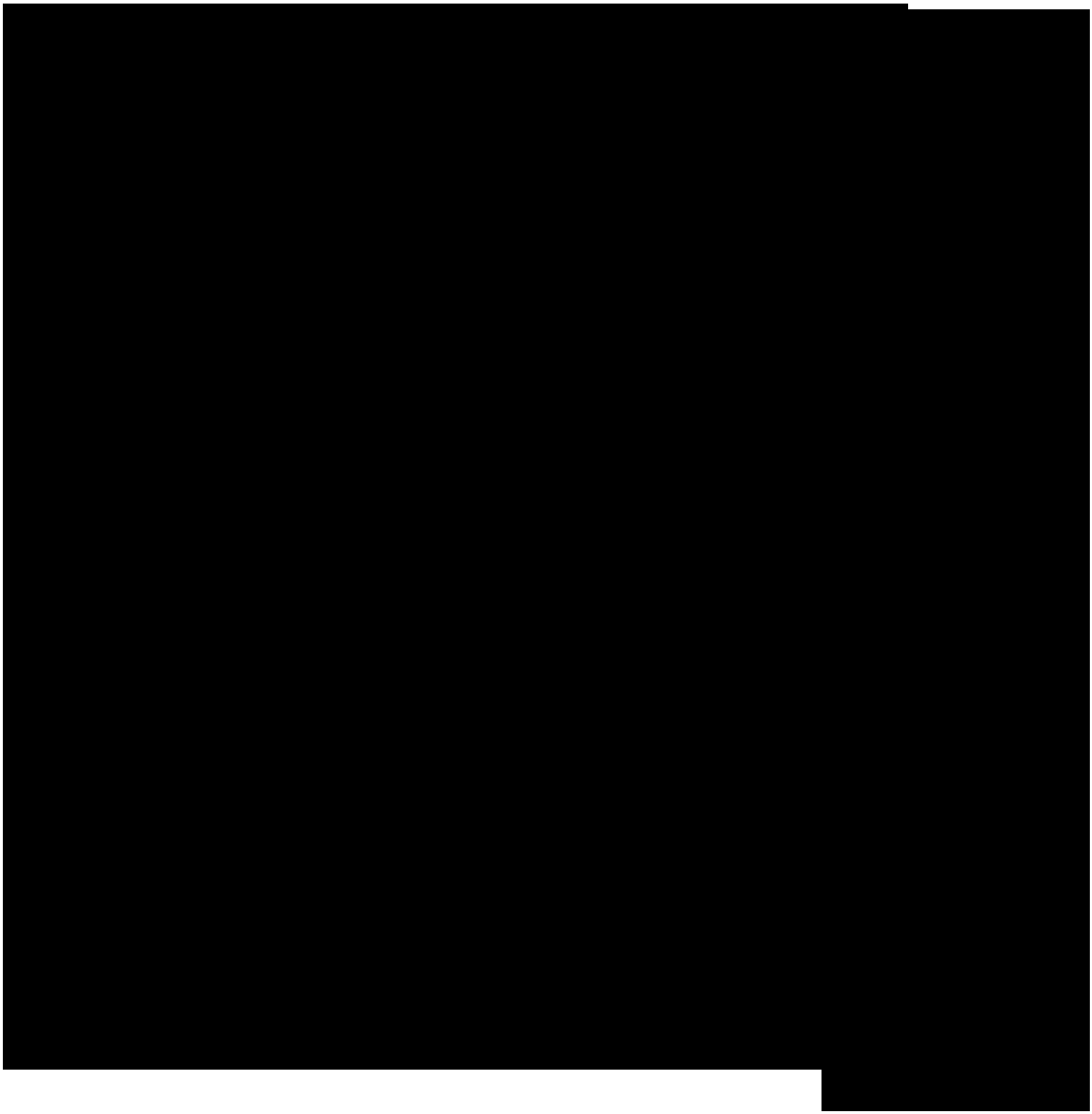
Table of Contents

About StationConnect®

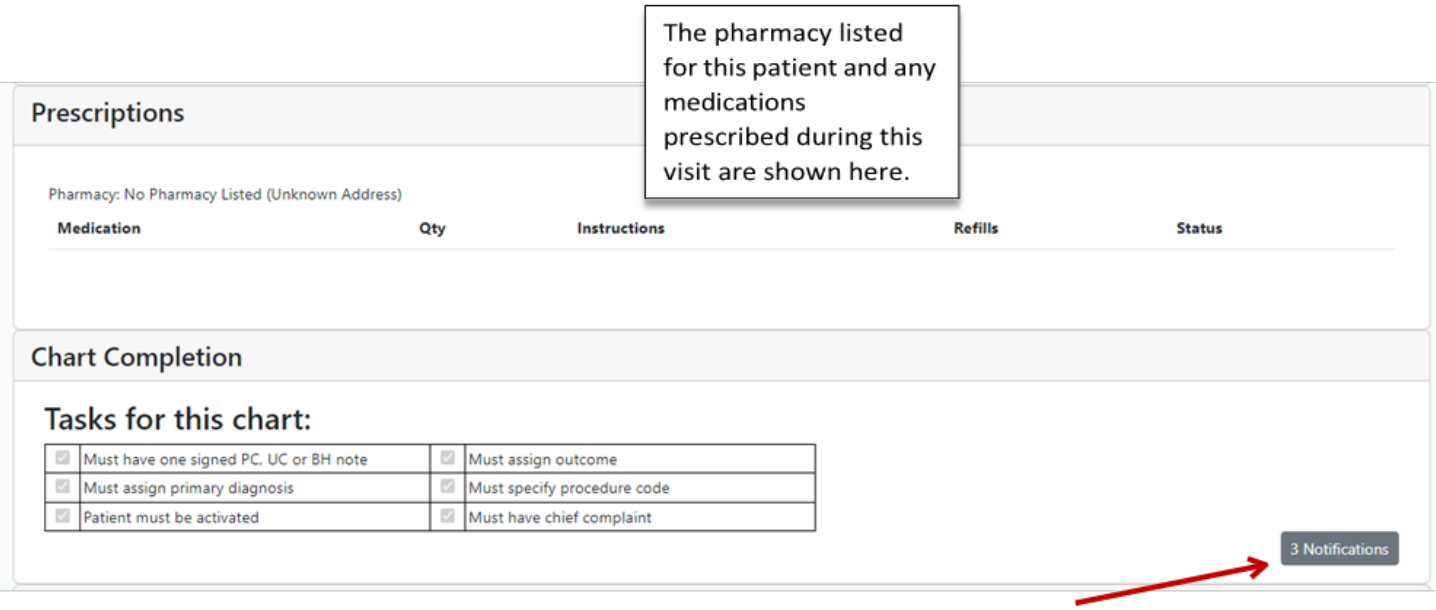
StationConnect® is StationMD's own electronic health record system. It houses patient information such as medical history, medications, diagnoses, and past visit documentation. It is used by our clinical team during patient encounters, and by designated client contacts for self-service access to visit data and information.

If you are a new client with designated access to StationConnect, you will receive a welcome email from our team with instructions and information.

If you have any questions or concerns with StationConnect and its features, please contact clientservices@stationmd.com.



You can also see Clinical Information and Diagnosis related to the visit you are reviewing.

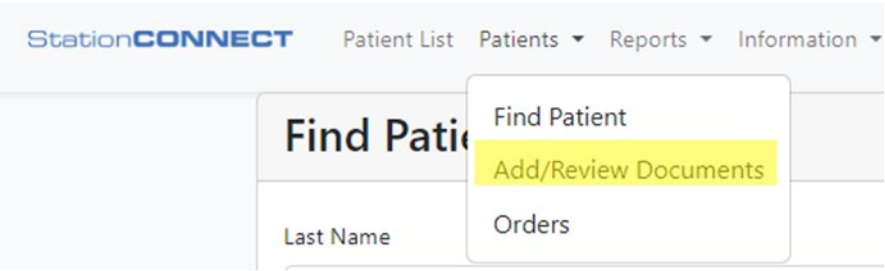


Clicking the gray notifications button will display a list of all emails and fax numbers where the visit note was sent.

To add or remove emails or fax numbers from this list, please email clientservices@stationmd.com

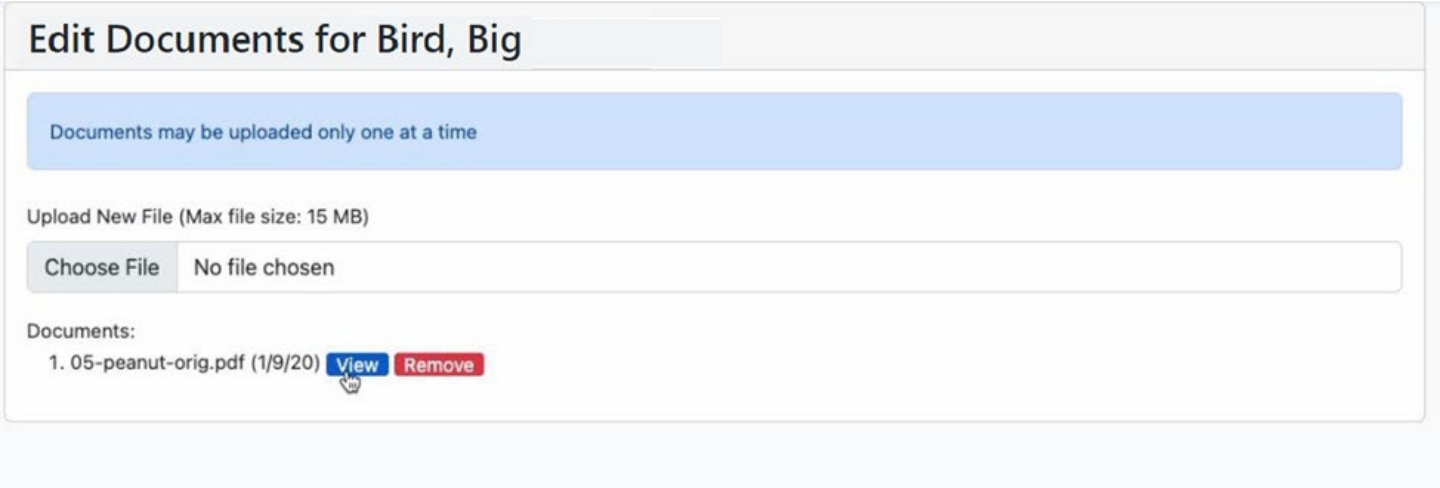
Uploading Documents

To upload a document for StationMD to review during a patient's next visit, click "Patients" > "Add/Review Documents" on the top navigation bar.



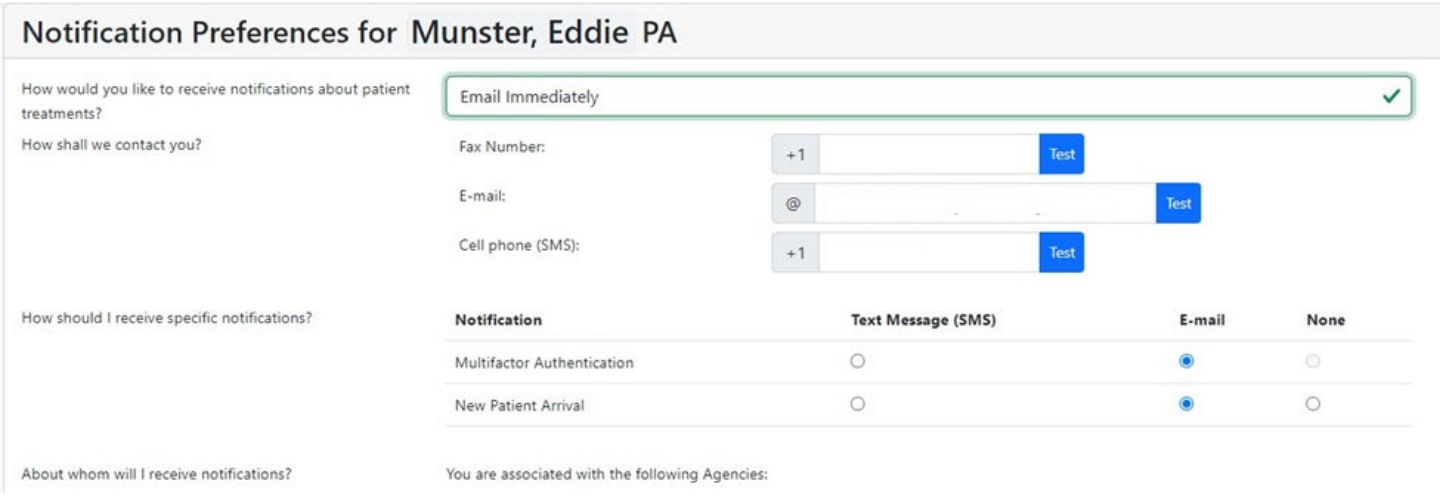
Type and select the name of the intended patient.

Click "Choose File" to find and upload a document. Here, you can also view/manage already uploaded files.



Information

On the top navigation bar, the Information tab gives you the option to update your preferences. Here you can set how you would like to receive notifications of patient visits and see for whom you will receive notifications.



Appointment Scheduler

24/7 Urgent Care clients are not eligible to schedule appointments. Please do not use this feature of StationConnect for 24/7 Urgent Care.

How to Make a Call - For Clients - YouTube Videos

This animated video is provided to clients as part of their training materials and available upon request. The video provides a quick overview of what to expect during a StationMD call.

The accompanying video can be accessed by scanning the QR code below or by visiting https://youtu.be/WZ0OlaemC3E

For convenience, a mobile-optimized version of the video is also available and may be accessed using the QR code and link provided below.

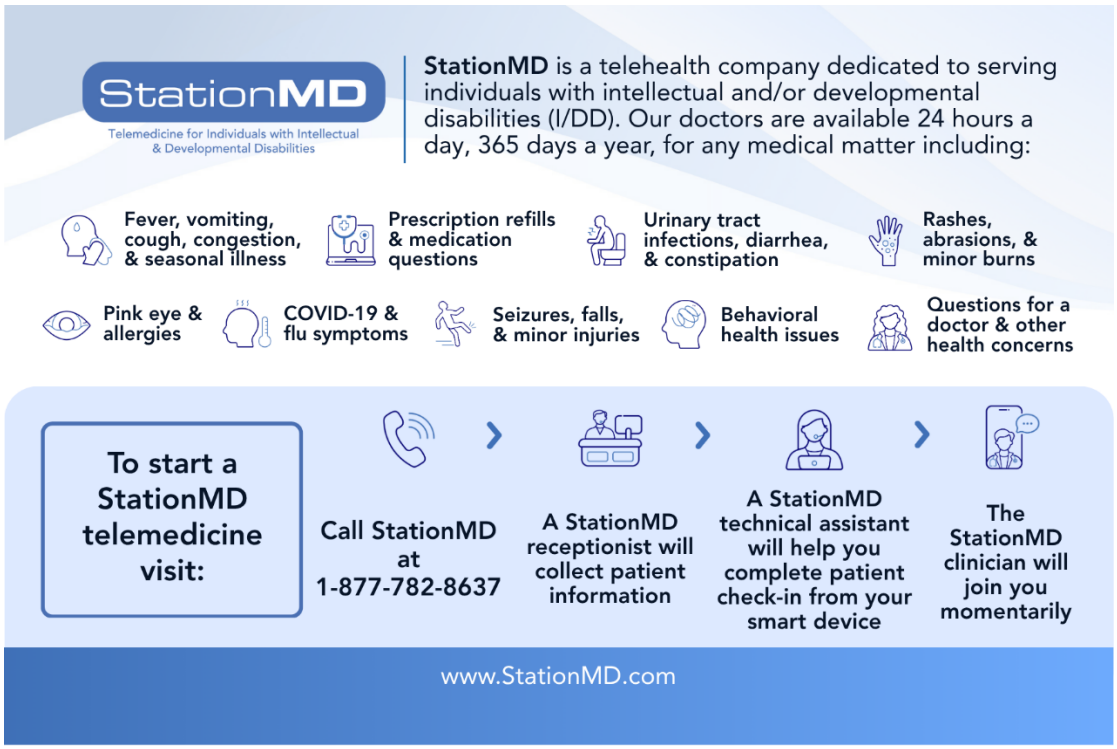
https://youtube.com/shorts/jqzhutZl3lM?si=Ui_NLrnTgK_2DfkR

When and How to Make a Call - Flyer

This document is provided to clients as part of their training materials and is available upon request. Clients are encouraged to place this flyer in high-traffic areas for support staff to easily reference. This currently available in English and Spanish; additional translations are available upon request.

When and How to Make a Call - Stickers

This sticker design is also provided to clients as part of their training materials and is available upon request. Clients are encouraged to place this sticker by telephones for support staff to easily reference.



StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit D

Proposed Provider Onboarding, Enrollment and Staff Training Process

In this exhibit, please find an example of our onboarding policy for new group homes and other residential providers. Please also find a sample step-by-step description of the onboarding process we propose to use with the OPWDD pilot homes. We will collaborate with OPWDD to refine this process.

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD

STANDARD OPERATING PROCEDURE MANUAL

Agency Onboarding

Table of Contents

Purpose

The purpose of this standard operating procedure is to describe the steps taken to onboard new agency partners.

Contract Signing & Client Hand-off

Upon receiving the fully executed service agreement, the Growth Team member will email the Operations Team with:

- Service Agreement
- Service Start Date
- Number of Lives to be Covered
- Contract Contacts

Depending on which services the agency is contracted for, the recipients of this initial hand-off email will change.

The Growth Team member will then email the client to introduce relevant Operations Team members to take over onboarding next steps.

Introduction & Next Steps

The Operation Team will send an introductory email to the client, outlining important next steps to get ready for the service start date. This information includes:

- Confirmation of first invoicing date
- *Agency Worksheet and instructions for filling it out
- Optional Orientation Booking Link
- For Clients Webpage and Log-in

- Information on Obtaining Consent
- Invoicing Information: W9 and Banking Information

The new agency will be added to the appropriate SmartSheet Onboarding tracker for visibility across departments.

Agency Worksheet

Through the Agency Worksheet, the client provides crucial information that allows StationMD to deliver excellent customer service and seamless continuity of care. Data collected includes:

- Operational, Clinical, and Invoicing Contacts
- Staff to receive StationConnect access at a site and/or agency level
- Staff to receive monthly Utilization Reports
- Site addresses, contacts, and fax information
- Individual Demographics such as name, date of birth, address, and insurance information
- Agency Pharmacy information

Operations will follow up with the client to check on progress or any questions related to the Agency Worksheet. This must be received prior to the start date so that the proper profiles can be built StationMD's systems.

When the worksheet is received, it is checked over by the Health Information Manager and Urgent Care Practice Coordinator to ensure it is filled out correctly. Then, they will begin building the agency, contacts, individuals, and sites within StationMD's CRM and proprietary
E.H.R. system, StationConnect.

Orientation Call

If the client chooses to book an Orientation Call, it will be conducted by the Product Implementation Specialist. During the call, she will cover when and how to call StationMD, as well as post-visit documentation, accessing visit information, and general best practices for telehealth encounters.

Consent

Patient consents are collected by the agency and provided back to StationMD either via PDF or an online form (www.stationmd.com/consent). Consents can be collected in advance during onboarding and/or at the time of the patient's first encounter. If consent is not on file before a patient is called for, StationMD's team will attempt to obtain consent while setting up the patient encounter.

Services Begin

At the service start date, the contract is set to “Live” and the agency will be marked as “Active” in StationMD’s CRM. The Accounting team will be notified of bill date, billable lives, and invoicing contact.

StationMD

PROPOSED APPROACH TO PILOT HOME ONBOARDING, ENROLLMENT AND STAFF TRAINING PROCESS

Below is a step-by-step description of the onboarding, enrollment and staff training process we propose to use with the OPWDD pilot homes. We will collaborate with OPWDD to refine this process. Upon contract award, we will collaborate with OPWDD to refine this process and to develop a detailed workplan for its implementation. Activities may or may not occur in the order in which they are listed, and some activities will be conducted concurrently. Training of individuals and provider staff is a critical step during implementation, because DSP discomfort with the equipment and app can create access barriers.

1. Meet with OPWDD to refine the process outlined below and develop a detailed implementation plan, including a detailed training plan
2. Develop educational materials specific to OPWDD's pilot program
3. Determine process to be used for data and information exchange (including reports) and obtain API documentation and other information systems specifications
4. Conduct initial kickoff webinar for providers, conducted jointly with OPWDD and StationMD, to educate providers about the new pilot program, including:
    - Underlying rationale for the pilot program and results achieved to date in other NYS IDD provider settings
    - How the on-demand physician service is delivered, including a demonstration of our app and a mock encounter
    - Pilot program implementation timelines and logistics
5. Conduct follow-up provider training to offer providers an overview about required equipment and equipment available via StationMD
6. Conduct survey of pilot providers to determine:
    - Which providers are interested in acquiring equipment via StationMD
    - Which providers are requesting a 1:1 meeting with StationMD to discuss equipment
    - Providers' level of digital literacy, preferred training modalities, numbers of staff, etc., to inform development of training plan
    - Other information, as needed
7. Register pilot homes with StationMD, including delivery of resident roster from each group home and instructions about updating the roster when residents are discharged, deceased, or newly admitted.
8. Obtain consent consistent with NYS and federal requirements from the individual or, where applicable, their authorized representative, as needed
9. Obtain pilot homes' equipment orders and arrange for equipment assembly and delivery
10. Support pilot homes with StationMD app installation and, where applicable, equipment delivery and set up
    - Support pilot providers with app installation, including remote technical support to install StationMD's app on provider-owned devices

- Provide remote (and, where needed, on-site) technical support to aid the provider in setting up the Station-MD equipment and using the app on that equipment for the first time, etc.

11. Assure data accessibility or transfer is functioning as needed (e.g., rosters, transfer of/access to EMR and, when applicable, applicable portions of the LIFE Plan, etc.)
12. Conduct training for pilot provider staff members (e.g., DSPs, nurses) who will be participating in the encounters with the individuals regarding the use of equipment, app, etc.
    - This training can be conducted via a variety of avenues and is important to assure that DSPs and other provider staff are very comfortable using the service
13. Conduct educational session for individuals residing in pilot homes and their authorized representatives, as well as their interested family members
    - This can be conducted via a variety of avenues and is ideal to assure that the individuals develop a level of comfort before they find themselves needing to use an unfamiliar interface and system in an urgent scenario
14. Make available technical support resources that can be posted in the pilot home, such as stickers and magnets that are ready references with brief "how to's", short-form videos, and other instructional materials
15. Begin monitoring activities, examining data by pilot home, to identify trends
16. Provide ongoing technical support, as needed
17. Conduct additional training for individual pilot homes or groups of homes in person and/or virtually
18. Track encounter activity at each pilot home to identify low usage rates
    - Deploy additional training and support as needed in accordance with StationMD's existing process to assure that the staff at each and every home feel confident using the StationMD app and accessing our service

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit E

Sample Product Demonstrations and Information

In this exhibit, please find links to online videos showing individuals using our service. One of these videos was prepared by Tennessee Department of Intellectual and Developmental Disabilities and one features a compilation of local media coverage. These videos are provided to offer a sense of the individual's and DSP's experiences during an encounter, as well as our user interface.

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

About StationMD - YouTube Video

About StationMD – YouTube Video

This video was produced by the Tennessee Department of Intellectual and Developmental Disabilities in 2020 to announce a partnership with StationMD to provide telemedicine services in Tennessee.

The video can be accessed by scanning the QR code below or by visiting https://youtu.be/Y9ssFPuR0XA

StationMD in the News - YouTube Video

StationMD in the News – YouTube Video

This video features a compilation of local media coverage highlighting StationMD's impact and partnerships across various communities. The clips showcase real-world examples of how our telehealth services are improving access to care and supporting individuals with intellectual and developmental disabilities (I/DD).

The video can be accessed by scanning the QR code below or by visiting https://youtu.be/E5q7MpoaCec

About StationMD – Photography

Stills from the "About StationMD" video produced by Tennessee Department of Intellectual and Developmental Disabilities, 2020.


StationMD
To Reach The Doctor - Please Call
1-877-STATMDS [1-877-782-8637]
For Technical Support - Please Call
908-663-2929 Ext 821
StationMD


Back
StationMD

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit F

List of Most Common Reasons for Initiating an Encounter and List of Conditions Commonly Treated

In this exhibit, please find a listing of the most common reasons for initiating an encounter, as well as some of the most common clinical conditions we have treated in 2025.

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

Top Reasons for Calls Made to StationMD

The following data represents the most frequent clinical concerns prompting individuals and provider staff to initiate an encounter with a StationMD clinician in 2025, year to date. An encounter can be initiated for any perceived clinical need. These can range from urgent (e.g., seizure, fall, behavior outburst) to routine (e.g., advice following flu exposure, medication refill).

1. Medication order
2. Fall
3. Cough
4. Initial visit to assess behavioral concerns
5. Vomiting
6. Medication Error
7. Diarrhea
8. Constipation
9. Med Error
10. Possible UTI
11. Cold symptoms
12. High blood pressure
13. Fever
14. Headache
15. Rash
16. New medication
17. Abdominal pain
18. Seizure
19. Sore throat
20. Back Pain
21. Follow Up

Top Diagnoses Made by StationMD Clinicians

This analysis presents the most common diagnoses determined by StationMD clinicians following clinical evaluation in 2025, year to date. Often the clinician's diagnosis differs from the individual's or provider staff person's reason for initiating the encounter, although the two are often related. These diagnostic patterns illustrate the range of acute and chronic conditions we manage through telemedicine, highlighting our expertise in treating infections, managing chronic disease exacerbations, and addressing behavioral health needs for individuals with IDD living in a range of settings, including group homes and other residential settings.

Rank	**Top Diagnosis**
1	Acute upper respiratory infection
2	Rash and other nonspecific skin eruption
3	Acute sinusitis
4	Unspecified acute lower respiratory infection
5	Cough
6	Constipation
7	Urinary tract infection
8	Vomiting
9	Unspecified injury of head
10	Diarrhea
11	Restlessness and agitation
12	Essential (primary) hypertension
13	Seizures
14	Disorder of the skin and subcutaneous tissue
15	Acute atopic conjunctivitis
16	Cellulitis
17	Abdominal pain
18	Deficiency of other vitamins
19	Gastro-esophageal reflux
20	Other abnormalities of gait
21	Headache

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit G

Sample Treatment Guideline

In this exhibit, please find a sample treatment guideline developed by StationMD. This is one of a long series of treatment guidelines we have developed that are tailored to reflect the unique aspects of treating an individual with IDD.

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD's Treatment Guideline for Influenza-like Illness

Background

Influenza Like Illnesses (ILI) are infections of the upper respiratory tract that are caused by a virus. Common ILI's include influenza, COVID-19, and RSV. Most people with ILIs will generally do well and tend to have a good prognosis. Individuals with developmental and intellectual disabilities are particularly at risk on complications of ILIs. Common symptoms of ILI are:

- Fever
- muscle aches
- headache
- lack of energy
- dry cough
- sore throat
- nasal congestion
- runny nose

Complications include hypoxia, dehydration, and bacterial co-infection. Those that have co-morbidities are at a higher risk for developing complications of ILI.

Co-morbidities include:

- Adults 65 years and older
- People with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle, such as cerebral palsy, epilepsy, stroke, severe intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
- People with immunosuppression, including that caused by medications or by HIV infection.
- Women who are pregnant or postpartum (within 2 weeks after delivery)
- People who are extremely obese (i.e., body mass index is equal to or greater than 40)
- Residents of nursing homes and other chronic care facilities

Testing for the different viral infections can help differentiate the variety of causes for ILIs. Home testing for COVID-19 (antigen testing) is readily available and should be ordered routinely. COVID PCR, Influenza antigen/PCR, Rapid strep testing, RSV antigen/PCR, and Viral panel testing will require the patient to leave their homes and travel to get tested. Travel while ill for our patient population can cause undue burden and risk. Especially since the results of these tests generally do not change management of the ILIs. As such, these tests should be avoided, and empiric treatment considered.

Evaluation

All should be evaluated via a complete history and video exam and staff should be instructed to obtain vital signs. Review vital signs log to compare abnormal results, if available.

STEP 1: *Assess vital signs, work of breathing, and signs of dehydration*

1. Patients with hypoxia, increased work of breathing and severe dehydration should be evaluated in the ED.
2. A detailed history on the events surrounding the episode should be ascertained and information/concerns given to receiving ED.

Once an emergency is ruled out, attempt to monitor in place when clinically appropriate by performing history and video exam, outpatient studies and interventions.

STEP 2: *Evaluate and treat symptoms as clinically appropriate*

1. Consider starting the patients on:
    - Analgesics
    - Antipyretics
    - Anti-tussive
    - Expectorants
    - Antihistamines (antihistamine/deco ngestant combinations)
    - Nasal saline spray
    - Nasal decongestants
    - Inhaled beta agonists
    - Honey
    - Zinc
2. Always ask if the patient has PRN medications available to treat for these symptoms and consider using those meds, as they are immediately available.
3. Consider bacterial causes for symptoms: sinusitis, bronchitis, pharyngitis and conjunctivitis.

STEP 3: *Consider the following risk stratification for management of Influenza-like illness in times of wide community spread.*

	Category I	**Category II**	**Category III**
Findings	URI symptoms	URI symptoms FEVER	URI symptoms Fever Co-Morbidities
Management	■ COVID antigen testing ■ Symptomatic treatment	■ COVID antigen testing ■ Symptomatic treatment ■+/- Tamiflu	■ Covid antigen testing ■ Symptomatic treatment ■ Consider Antibiotics ■+/- Tamiflu

References:
https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm Uptodate.com

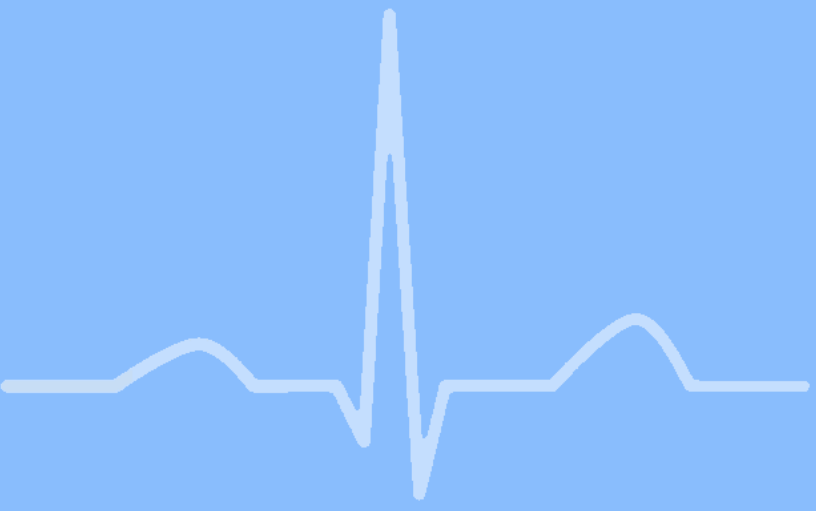
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit H

Clinician Credentialing Program

In this exhibit, please find our credentialing policy used for all our clinicians.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD
CREDENTIALING

Approved By: Deven Unadkat President Date: 12/1/2017	**Policy #** [0016] **Version #** 6.0 **Initial Effective Date:** December 1, 2017

Background

All providers must be appropriately credentialed to ensure all proper qualifications and requirements are met to perform their jobs. Providers are any individual requiring some type of medical professional license to perform their job as outlined in the Provider Type policy.

All credentialing processes and monitoring are done in compliance with 4.1 of the StationMD Contractor/Employee Handbook with regards to the company's equal opportunity policy, the Discrimination policy and Provider Credentialing Rights policy.

The Clinical Operations Committee will approve the start of the credentialing process for a provider through the Medallion platform, and will give final approval on all the credentialing files within 60 days of approving the provider to be credentialed. The Clinical Operations Committee meets each Monday from 11a-12p except for designated company holidays. Providers ready for final credentialing approval are brought to the first meeting following the completion of their file. Approval will be recorded during the Clinical Operations Committee Meeting and providers will be notified via email within 10 business days of the outcome.

Statement

Providers will be credentialed in states and facilities based on the needs of the company and as determined by the Chief Medical Officer. All providers will submit all required documents and all documents are kept securely within our credentialing system, Medallion.

The credentialing documents below are required upon hiring for provider type of **physician (MD and DO)**. All documents, information and verifications must be obtained prior to the provider being brought forth to the Clinical Operations Committee Meeting for final credentialing approval.

- StationMD application;
- Licensure or related documentation to engage in clinical practice;
- NPI Validation through NPPES
- Board certification status
- Highest level of education;

Work history

- Current state (or international) licenses in all jurisdictions;

- Criminal background checks (SAM search included in company's criminal background check);
- Federal and state list of excluded individuals/entities;
- Education and applicable professional training;
- Drug Enforcement Agency (DEA) certificate (only required to have one on file unless applicable for other states as this is based on business needs of company);
- Controlled Drug Substance (CDS)-(if applicable by state for license)
- Legal liability claims history. Current proof of liability and level of liability insurance not required as company will insure if credentialed;
- History of professional sanctions;
- History of any sanctions or disciplinary actions (including OIG, CMS Preclusion List and Medicaid State exclusion lists);
- Disclosure of any physical or behavioral health conditions that could impede a provider's ability to provide care or telemedicine services; and
- Medicare Opt Out Status

The credentialing documents below are required upon hiring for provider type of **physician assistant**. All documents, information and verifications must be obtained prior to the provider being brought forth to the Clinical Operations Committee Meeting for final credentialing approval.

- StationMD application;
- Licensure or related documentation to engage in clinical practice;
- NPI Validation through NPPES
- Highest level of education;
- Work history
- Current state (or international) licenses in all jurisdictions;
- Criminal background checks (SAM search included in company's criminal background check);
- Federal and state list of excluded individuals/entities;
- Education and applicable professional training;
- Drug Enforcement Agency (DEA) certificate (only required to have one on file unless applicable for other states as this is based on business needs of company);
- Controlled Drug Substance (CDS)-(if applicable by state for license)
- Legal liability claims history. Current proof of liability and level of liability insurance not required as company will insure if credentialed;
- History of professional sanctions;
- History of any sanctions or disciplinary actions (including OIG, CMS Preclusion List and Medicaid State exclusion lists);
- Disclosure of any physical or behavioral health conditions that could impede a provider's ability to provide care or telemedicine services; and
- Medicare Opt Out Status

The credentialing documents below are required upon hiring for provider type of **advanced nurse practitioner**. All documents, information and verifications must be obtained prior to the provider being brought forth to the Clinical Operations Committee Meeting for final credentialing approval.

- StationMD application;
- Licensure or related documentation to engage in clinical practice;
- NPI Validation through NPPES
- Highest level of education;
- Work history
- Current state (or international) licenses in all jurisdictions;
- Criminal background checks (SAM search included in company's criminal background check);
- Federal and state list of excluded individuals/entities;
- Education and applicable professional training;
- Drug Enforcement Agency (DEA) certificate (only required to have one on file unless applicable for other states as this is based on business needs of company);
- Controlled Drug Substance (CDS)-(if applicable by state for license)
- Legal liability claims history. Current proof of liability and level of liability insurance not required as company will insure if credentialed;
- History of professional sanctions;
- History of any sanctions or disciplinary actions (including OIG, CMS Preclusion List and Medicaid State exclusion lists);
- Disclosure of any physical or behavioral health conditions that could impede a provider's ability to provide care or telemedicine services; and
- Medicare Opt Out Status

The credentialing documents below are required upon hiring for provider type of **registered nurse**. All documents, information and verifications must be obtained prior to the provider being brought forth to the Clinical Operations Committee Meeting for final credentialing approval.

- StationMD application;
- Licensure or related documentation to engage in clinical practice;
- NPI Validation through NPPES
- Highest level of education;
- Work history
- Current state (or international) licenses in all jurisdictions;
- Criminal background checks (SAM search included in company's criminal background check);
- Federal and state list of excluded individuals/entities;

- Education and applicable professional training;
- Drug Enforcement Agency (DEA) certificate (only required to have one on file unless applicable for other states as this is based on business needs of company);
- Controlled Drug Substance (CDS)-(if applicable by state for license)
- Legal liability claims history. Current proof of liability and level of liability insurance not required as company will insure if credentialed;
- History of professional sanctions;
- History of any sanctions or disciplinary actions (including OIG, CMS Preclusion List and Medicaid State exclusion lists);
- Disclosure of any physical or behavioral health conditions that could impede a provider's ability to provide care or telemedicine services; and
- Medicare Opt Out Status

The credentialing documents below are required upon hiring for provider type of **psychologist**. All documents, information and verifications must be obtained prior to the provider being brought forth to the Clinical Operations Committee Meeting for final credentialing approval.

- StationMD application;
- Licensure or related documentation to engage in clinical practice;
- NPI Validation through NPPES
- Highest level of education;
- Work history
- Current state (or international) licenses in all jurisdictions;
- Criminal background checks (SAM search included in company's criminal background check);
- Federal and state list of excluded individuals/entities;
- Education and applicable professional training;
- Drug Enforcement Agency (DEA) certificate (only required to have one on file unless applicable for other states as this is based on business needs of company);
- Controlled Drug Substance (CDS)-(if applicable by state for license)
- Legal liability claims history. Current proof of liability and level of liability insurance not required as company will insure if credentialed;
- History of professional sanctions;
- History of any sanctions or disciplinary actions (including OIG, CMS Preclusion List and Medicaid State exclusion lists);
- Disclosure of any physical or behavioral health conditions that could impede a provider's ability to provide care or telemedicine services; and
- Medicare Opt Out Status

The credentialing documents below are required upon hiring for provider type of **psychology extern**. All documents, information and verifications must be obtained prior

to the provider being brought forth to the Clinical Operations Committee Meeting for final credentialing approval.

- StationMD application;
- Licensure or related documentation to engage in clinical practice;
- NPI Validation through NPPES
- Highest level of education;
- Work history
- Current state (or international) licenses in all jurisdictions;
- Criminal background checks (SAM search included in company's criminal background check);
- Federal and state list of excluded individuals/entities;
- Education and applicable professional training;
- Drug Enforcement Agency (DEA) certificate (only required to have one on file unless applicable for other states as this is based on business needs of company);
- Controlled Drug Substance (CDS)-(if applicable by state for license)
- Legal liability claims history. Current proof of liability and level of liability insurance not required as company will insure if credentialed;
- History of professional sanctions;
- History of any sanctions or disciplinary actions (including OIG, CMS Preclusion List and Medicaid State exclusion lists);
- Disclosure of any physical or behavioral health conditions that could impede a provider's ability to provide care or telemedicine services; and
- Medicare Opt Out Status

StationMD does not require verification of the Social Security Administration Death Master file as all provider identification is confirmed through EVerify and providers are scheduled for set shifts. In the event of a provider's death, this would be known if provider does not show for assigned shift as this would be escalated to clinical on-call team for follow-up.

Primary verifications can be obtained directly from Medallion and housed within. Copies of the primary verifications will be maintained in the provider's credentialing file as well. If verification cannot be obtained through Medallion, direct contact is made with applicable state/school. Primary verification is also done through FCVS, AMA, CAQH, NPDB, and complete background checks with copies of the verifications kept in the provider's credentialing file.

Continuous monitoring of AMA and NPDB profiles are done for all providers and alerts sent to Credentialing Manager with changes. Changes received will be included in the provider's credentialing file.

Monthly monitoring is done of Medicare Opt Out status, Medicaid State exclusion lists, CMS preclusion list and System for Award Management (SAM) list. Monthly monitoring will be maintained in the company's credentialing files.

CAQH profiles are required to be attested every six months for accuracy. The Credentialing Analyst will ensure this is completed and dates of attestations updated in credentialing system, Medallion.

Signed:

President Policy

History

Adopted: 12/1/2017

Initial Effective Date:12/1/2017

Review Date: 9/1/2020, 11/8/2020, 1/25/2021, 3/4/2021, 2/10/2022,

7/21/2022, 3/1/2023, 4/24/2023, 3/1/2024, 3/20/2025

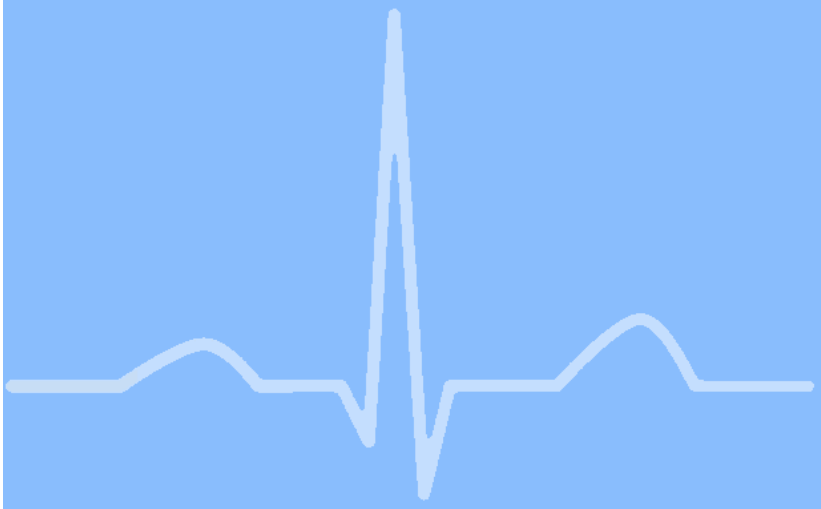
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit I

Clinician Training Program

In this exhibit, please find a description of our core clinician training program. For the OPWDD pilot program, we will develop a customized training program that reflects additional topics specific to the pilot program, including those listed in the body of our technical proposal.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD
CURRICULUM ON IDD HEALTHCARE

StationMD recognizes that American medical school and post graduate medical education lacks detailed and specific education on intellectual and developmental disabilities. Our mission is to provide the highest quality medical care for individuals with intellectual and developmental disabilities utilizing telehealth, fostering independence, and improving quality of life for our patients and those providing their care.

In alignment with our mission, all clinical staff at StationMD are specifically trained in the different common conditions and situations regarding intellectual and developmental disabilities. Prior to seeing patients, all StationMD clinical staff undergo a rigorous training program. This includes viewing our training lectures and reviewing our evidence based clinical guidelines and glossary. All materials are available for our clinical staff in real time, if needed, during patient interactions. After the initial onboarding training, one of our training lectures are highlighted every month and reviewed as ongoing reinforcement of the initial training.

Many of our clinical staff have been acknowledged as a recognized provider in IDD healthcare. These are clinicians who have completed additional courses in IDD medical education, indicating their commitment to providing quality healthcare to people with IDD.

Our curriculum consists of our proprietary training modules tilted:

1. What is IDD? - a general introduction to individuals with intellectual and developmental disabilities.
2. Direct Service Professionals and IDD group home living and support services
3. Communicating with Individuals with disabilities- part I
4. Communicating with Individuals with disabilities- part II
5. Communicating with Individuals with disabilities- part III
6. Communicating with Individuals with disabilities- part IV
7. Acute medical considerations in patients with IDD: Aspiration
8. Acute medical considerations in patients with IDD: Constipation
9. Acute medical considerations in patients with IDD: Dehydration
10. Acute medical considerations in patients with IDD: Dental Issues
11. Acute medical considerations in patients with IDD: GERD
12. Acute medical considerations in patients with IDD: Seizures
13. Acute medical considerations in patients with IDD: Recognizing early signs of Sepsis
14. Acute medical considerations in patients with IDD: Medical causes for change in behavior
15. Acute medical considerations in patients with IDD: The fatal five presentations
16. Acute medical considerations in patients with IDD: Spasticity
17. Acute medical considerations in patients with IDD: Health Risk Screening Tool

18. Acute medical considerations in patients with IDD: New Antidepressants and Atypical antipsychotics used in management of behavioral health issues in patients with IDD and their complications.
19. Acute medical considerations in patients with IDD: SSRI used in management of behavioral health issues in patients with IDD and their complications.
20. Acute medical considerations in patients with IDD: Tricyclic antidepressants and MAOIs used in management of behavioral health issues in patients with IDD and their complications.

Our curriculum also consists of our proprietary evidence-based guidelines for the acute management of patients with intellectual and developmental disabilities titled:

- Abuse and Neglect
- Constipation
- Dehydration
- COVID-19
- Falls
- Feeding Tube Complications
- GERD
- GI Bleeding

Lastly our Glossary of terms pertinent to IDD includes:

1. IDD person first language
2. Terminology used in the IDD social ecosystem

- Influenza
- Influenza-like illnesses
- Neuromuscular issues
- Pneumonia
- Pressure Ulcers
- The Red eye
- Seizure management
- Skin and Soft Tissue infections

We continually add modules to our curriculum. As more are added, our clinicians review the lectures. We are currently working on the following modules to enhance our curriculum:

1. Acute medical considerations in patients with IDD: Intellectual Disability: Prevalence and Diagnostic Considerations
2. Acute medical considerations in patients with IDD: Depression
3. Acute medical considerations in patients with IDD: Anxiety
4. Acute medical considerations in patients with IDD: Schizophrenia
5. Acute medical considerations in patients with IDD: Bipolar Affective Disorder

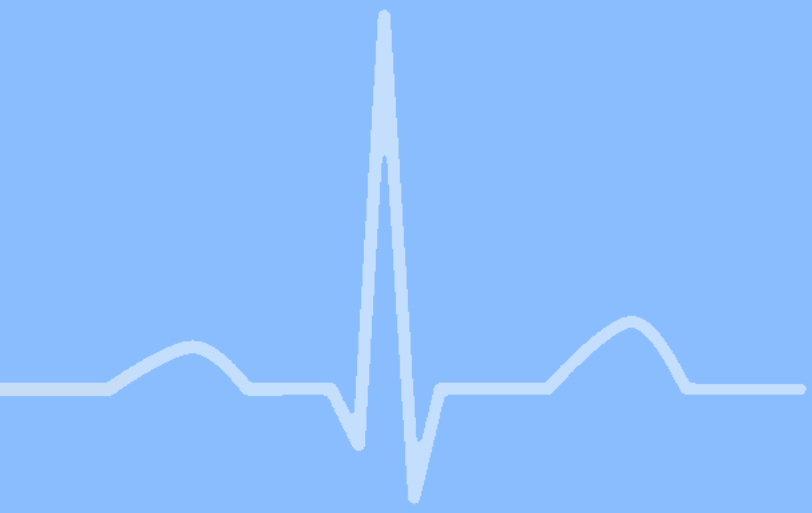
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit J

Sample Reports

In this exhibit, please find a sample of a monthly report that StationMD. This sample is provided for illustrative purposes only; we will work with OPWDD to develop reports that meet OPWDD specifications.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

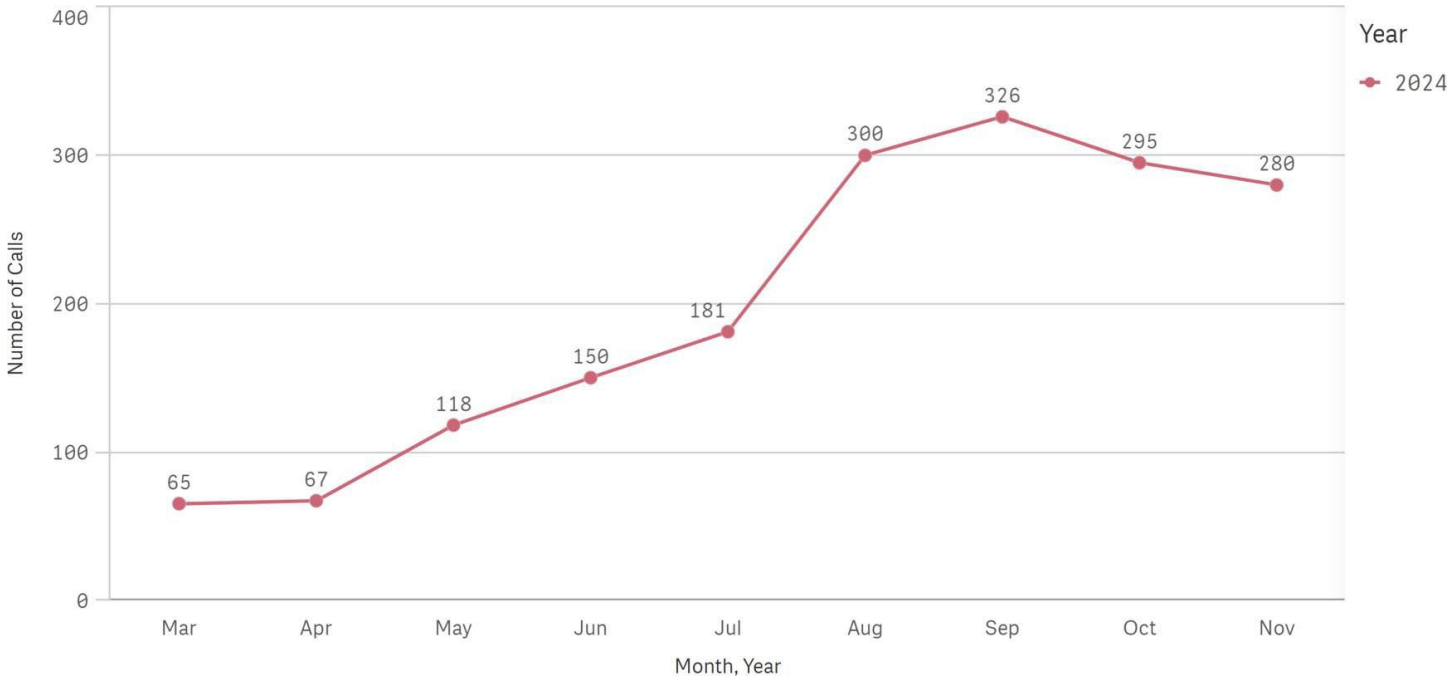
StationMD
SAMPLE REPORT

The following reports provide comprehensive insights into StationMD's telemedicine service utilization patterns, clinical outcomes, and operational performance metrics. These analytics are essential for monitoring service delivery quality, identifying trends, and ensuring optimal resource allocation across our network of facilities.

Our reporting suite captures critical operational data that enables both StationMD leadership and our facility partners to understand utilization patterns, clinical needs, and service effectiveness.

Monthly Comparison of Visits

tracks telemedicine encounter volumes over time, revealing seasonal patterns, growth trends, and changes in facility utilization rates to support capacity planning and staffing decisions.



Year		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2024		0	0	65	67	118	150	181	300	326	295	280

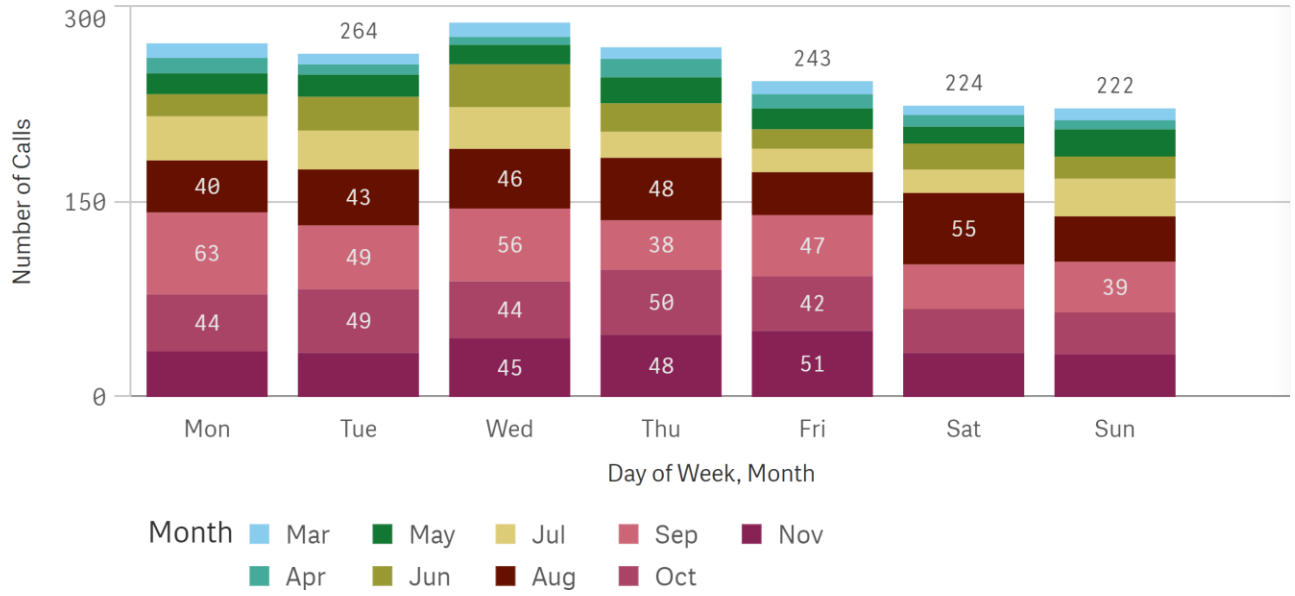
Calls by Site

provides facility-specific utilization data, enabling us to identify high-volume locations, understand individual facility needs, and ensure appropriate resource distribution across our partner network.

Year 2024													
Site Name		Grand Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Totals		1,782	0	0	65	67	118	150	181	300	326	295	280
Site 1		6	0	0	0	0	0	0	1	1	0	2	2
Site 2		2	0	0	0	0	0	0	0	0	1	0	1
Site 3		1	0	0	0	0	0	0	0	1	0	0	0
Site 4		3	0	0	0	0	1	0	0	0	0	0	2
Site 5		5	0	0	0	0	1	4	0	0	0	0	0
Site 6		6	0	0	1	0	2	1	0	1	0	1	0
Site 7		2	0	0	0	0	0	0	0	0	0	2	0
Site 8		9	0	0	0	0	0	1	3	2	3	0	0
Site 9		12	0	0	0	3	2	2	0	0	3	0	2
Site 10		11	0	0	0	0	0	0	0	2	2	5	2
Site 11		11	0	0	1	0	3	0	1	0	1	2	3
Site 12		2	0	0	0	0	0	0	1	0	0	1	0
Site 13		2	0	0	0	0	0	0	0	0	2	0	0
Site 14		2	0	0	0	0	0	1	0	1	0	0	0
Site 15		1	0	0	0	0	0	0	0	1	0	0	0
Site 16		4	0	0	0	0	0	0	0	1	0	0	3
Site 17		2	0	0	0	0	0	0	0	1	0	1	0
Site 18		3	0	0	0	0	0	0	0	0	0	2	1
Site 19		2	0	0	0	0	0	2	0	0	0	0	0
Site 20		1	0	0	0	0	0	0	0	1	0	0	0
Site 21		1	0	0	0	0	0	0	0	1	0	0	0
Site 22		2	0	0	0	0	0	1	0	0	1	0	0
Site 23		1	0	0	0	0	1	0	0	0	0	0	0
Site 24		1	0	0	0	0	0	0	0	0	0	0	1
Site 25		3	0	0	0	0	0	0	0	2	0	0	1
Site 26		1	0	0	0	0	0	0	0	1	0	0	0
Site		2	0	0	0	0	0	1	0	1	0	0	0

Calls by Day of the Week

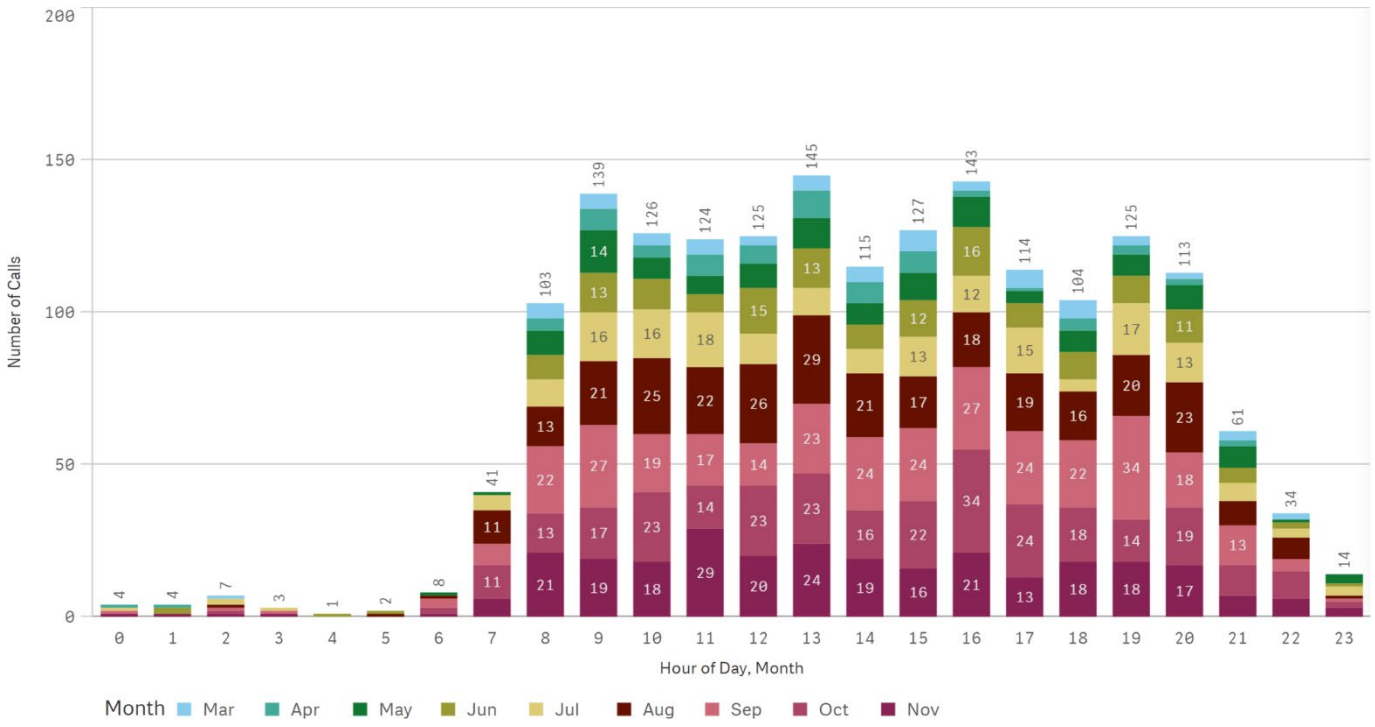
analyzes service demand patterns throughout the week, helping optimize physician scheduling and ensuring adequate coverage during peak utilization periods.



Year 2024													
Call Time - Day		Grand Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Grand Total		1,782	0	0	65	67	118	150	181	300	326	295	280
Mon		272	0	0	11	12	16	17	34	40	63	44	35
Tue		264	0	0	8	8	17	26	30	43	49	49	34
Wed		288	0	0	11	6	15	33	32	46	56	44	45
Thu		269	0	0	9	14	20	22	20	48	38	50	48
Fri		243	0	0	10	11	16	15	18	33	47	42	51
Sat		224	0	0	7	9	13	20	18	55	34	34	34
Sun		222	0	0	9	7	21	17	29	35	39	32	33

Calls by Hour

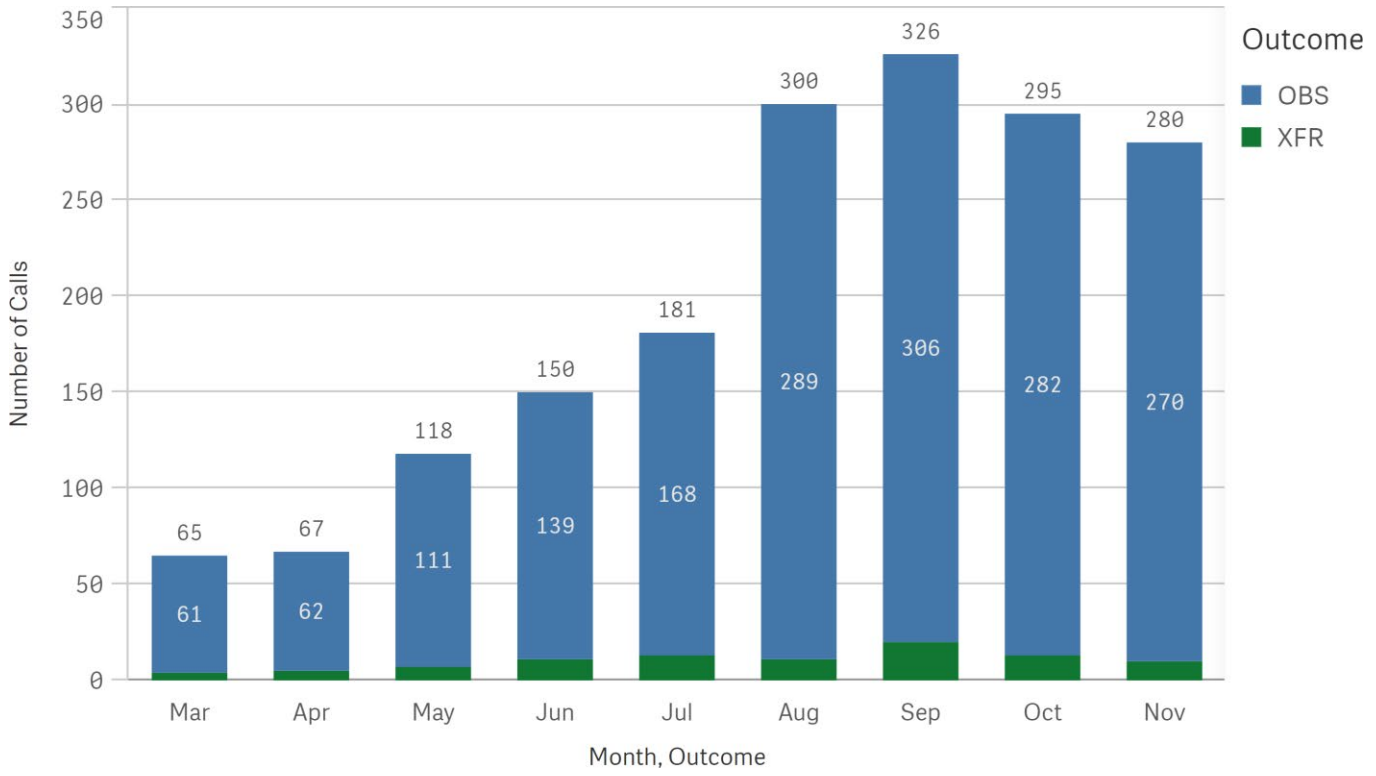
examines hourly distribution of encounters, particularly critical for after-hours and overnight coverage planning, allowing us to align physician availability with real-time facility needs.



Year 2024													
Call Time - Hour		Grand Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Grand Total		1,782	0	0	65	67	118	150	181	300	326	295	280
0		4	0	0	0	1	0	0	1	0	1	0	1
1		4	0	0	0	1	0	2	0	0	0	0	1
2		7	0	0	1	0	0	0	2	1	1	1	1
3		3	0	0	0	0	0	0	1	0	1	0	1
4		1	0	0	0	0	0	1	0	0	0	0	0
5		2	0	0	0	0	0	1	0	1	0	0	0
6		8	0	0	0	0	1	0	0	1	3	2	1
7		41	0	0	0	0	1	0	5	11	7	11	6
8		103	0	0	5	4	8	8	9	13	22	13	21
9		139	0	0	5	7	14	13	16	21	27	17	19
10		126	0	0	4	4	7	10	16	25	19	23	18
11		124	0	0	5	7	6	6	18	22	17	14	29
12		125	0	0	3	6	8	15	10	26	14	23	20
13		145	0	0	5	9	10	13	9	29	23	23	24
14		115	0	0	5	7	7	8	8	21	24	16	19
15		127	0	0	7	7	9	12	13	17	24	22	16
16		143	0	0	3	2	10	16	12	18	27	34	21
17		114	0	0	6	1	4	8	15	19	24	24	13
18		104	0	0	6	4	7	9	4	16	22	18	18
19		125	0	0	3	3	7	9	17	20	34	14	18
20		113	0	0	2	2	8	11	13	23	18	19	17
21		61	0	0	3	2	7	5	6	8	13	10	7
22		34	0	0	2	0	1	2	3	7	4	9	6
23		14	0	0	0	0	3	1	3	1	1	2	3

Calls by Outcome

categorizes encounter dispositions, including treatment in place, emergency department diversions, and follow-up recommendations, demonstrating our impact on reducing unnecessary hospital transfers and improving patient outcomes.



Year 2024												
Outcome ID	Grand Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Grand Total	1,782	0	0	65	67	118	150	181	300	326	295	280
Treat in Place	1,688	0	0	61	62	111	139	168	289	306	282	270
Transferred to ER or Urgent Care	94	0	0	4	5	7	11	13	11	20	13	10

Diagnosis & ICD-10 Name

details the clinical conditions treated through our platform, providing insights into the medical complexity of our patient population and ensuring our physicians maintain expertise in the most prevalent conditions affecting individuals in long-term care settings.

Note: The diagnosis list provided represents a partial sample of our comprehensive diagnostic data. Tables below show selected portions for illustrative purposes only and do not reflect the complete range of conditions treated.

Year 2024														
ICD-10 Name	ICD-10 Code		Grand Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Totals			1782	0	0	65	67	118	150	181	300	326	295	280
Abdominal distension (gaseous)	R140		2	0	0	0	0	0	2	0	0	0	0	0
Abrasion of abdominal wall, initial encounter	S30811A		1	0	0	0	0	0	0	0	0	0	0	1
Abrasion of left back wall of thorax, initial encounter	S20412A		1	0	0	0	0	0	0	1	0	0	0	0
Abrasion of left ear, initial encounter	S00412A		1	0	0	0	0	0	0	0	0	0	0	1
Abrasion of left elbow, initial encounter	S50312A		1	0	0	0	0	0	0	0	1	0	0	0
Abrasion of left forearm, initial encounter	S50812A		2	0	0	0	0	0	0	1	0	1	0	0
Abrasion of left little finger, initial encounter	S60417A		1	0	0	0	0	0	0	0	1	0	0	0
Abrasion of left upper arm, initial encounter	S40812A		1	0	0	0	0	0	0	1	0	0	0	0
Abrasion of lip, initial encounter	S00511A		1	0	0	0	0	1	0	0	0	0	0	0
Abrasion of lower back and pelvis, initial encounter	S30810A		1	0	0	0	0	0	0	0	0	1	0	0
Abrasion of nose, initial encounter	S0031XA		1	0	0	0	0	0	0	0	0	1	0	0
Abrasion of other finger, initial encounter	S60418A		1	0	0	0	0	0	0	1	0	0	0	0
Abrasion of other part of head, initial encounter	S0081XA		5	0	0	0	0	0	2	0	1	0	0	2
Abrasion of right back wall of thorax, initial encounter	S20411A		3	0	0	0	0	0	0	1	1	0	1	0
Abrasion of right ear, initial encounter	S00411A		1	0	0	1	0	0	0	0	0	0	0	0
Abrasion of right forearm, initial encounter	S50811A		2	0	0	0	0	0	0	0	0	0	0	2

Year 2024														
Burn of second degree of back of left hand, sequela	T23262S		1	0	0	0	0	0	0	0	0	0	1	0
Burn of second degree of back of right hand, initial encounter	T23261A		1	0	0	0	0	0	0	0	0	1	0	0
Burn of second degree of single left finger (nail) except thumb, initial encounter	T23222A		2	0	0	0	0	0	0	0	1	1	0	0
Calculus of kidney	N200		3	0	0	0	0	0	3	0	0	0	0	0
Candidal stomatitis	B370		3	0	0	1	0	0	1	0	0	1	0	0
Candidiasis, unspecified	B379		7	0	0	0	0	0	1	2	2	0	2	0
Cellulitis of abdominal wall	L03311		2	0	0	0	0	0	1	1	0	0	0	0
Cellulitis of buttock	L03317		1	0	0	0	0	0	0	1	0	0	0	0
Cellulitis of face	L03211		2	0	0	0	0	1	0	0	0	0	1	0
Cellulitis of left external ear	H6012		1	0	0	0	0	0	0	0	0	0	1	0
Cellulitis of left finger	L03012		1	0	0	0	0	0	0	0	0	0	1	0
Cellulitis of left lower limb	L03116		3	0	0	0	0	0	0	1	1	0	0	1
Cellulitis of left toe	L03032		1	0	0	0	0	0	0	0	1	0	0	0
Cellulitis of right lower limb	L03115		1	0	0	0	0	1	0	0	0	0	0	0
Cellulitis of right upper limb	L03113		1	0	0	0	0	0	0	0	0	1	0	0
Cellulitis of umbilicus	L03316		2	0	0	0	0	0	1	1	0	0	0	0
Cellulitis of unspecified finger	L03019		1	0	0	0	0	0	0	0	0	0	1	0
Cellulitis of unspecified toe	L03039		1	0	0	0	0	0	0	0	0	0	0	1
Cellulitis, unspecified	L0390		22	0	0	0	3	2	3	2	2	4	1	5
Chalazion left eye, unspecified eyelid	H0016		2	0	0	1	0	0	0	0	0	0	0	1
Chest pain, unspecified	R079		13	0	0	1	2	0	0	0	1	6	1	2
Chronic obstructive pulmonary disease with (acute) exacerbation	J441		1	0	0	0	0	0	0	0	0	1	0	0
Conduct disorder, unspecified	F919		2	0	0	0	0	0	0	0	1	1	0	0
Conjunctival hemorrhage, left eye	H1132		2	0	0	0	0	0	0	1	1	0	0	0
Conjunctival hemorrhage, right eye	H1131		3	0	0	0	0	1	0	0	0	1	1	0
Constipation, unspecified	K5900		45	0	0	2	2	3	8	2	9	4	7	8
Contusion of left eyelid and periocular area, initial encounter	S0012XA		1	0	0	0	0	0	0	0	1	0	0	0

Year 2024														
Excessive and frequent menstruation with regular cycle	N920		1	0	0	0	0	0	0	0	0	0	0	1
Excoriation (skin-picking) disorder	F424		1	0	0	0	0	0	0	0	0	0	0	1
Extrapyramidal and movement disorder, unspecified	G259		1	0	0	0	0	0	0	0	1	0	0	0
Fear of injury	F40233		11	0	0	1	0	0	0	2	1	5	0	2
Fever, unspecified	R509		12	0	0	1	1	0	0	1	0	2	7	0
Follicular disorder, unspecified	L739		1	0	0	0	0	0	0	0	1	0	0	0
Fracture of unspecified metatarsal bone(s), right foot, subsequent encounter for fracture with routine healing	S92301D		1	0	0	0	0	1	0	0	0	0	0	0
Gastritis, unspecified, without bleeding	K2970		5	0	0	0	0	0	0	1	1	0	2	1
Gastro-esophageal reflux disease without esophagitis	K219		11	0	0	1	1	0	0	4	2	1	0	2
Gastrointestinal hemorrhage, unspecified	K922		1	0	0	0	0	1	0	0	0	0	0	0
Gastrostomy complication, unspecified	K9420		2	0	0	0	0	0	0	0	0	0	0	2
Gastrostomy malfunction	K9423		2	0	0	0	0	0	1	0	1	0	0	0
Generalized abdominal pain	R1084		2	0	0	0	0	0	0	0	2	0	0	0
Generalized anxiety disorder	F411		2	0	0	0	0	0	0	0	1	0	0	1
Generalized enlarged lymph nodes	R591		1	0	0	0	0	0	0	0	0	0	0	1
Gross hematuria	R310		1	0	0	0	0	0	0	0	1	0	0	0
Headache, unspecified	R519		13	0	0	1	0	2	0	0	2	2	2	4
Hematuria, unspecified	R319		2	0	0	0	0	0	0	0	0	2	0	0
Hemorrhage due to other internal prosthetic devices, implants and grafts, initial encounter	T85838A		1	0	0	0	0	0	0	0	0	0	1	0
Hemorrhage of anus and rectum	K625		3	0	0	0	0	0	1	0	1	0	0	1
Hereditary and idiopathic neuropathy, unspecified	G609		1	0	0	0	0	0	0	0	1	0	0	0
Hordeolum internum right lower eyelid	H00022		1	0	0	0	0	0	1	0	0	0	0	0
Hyperglycemia, unspecified	R739		1	0	0	0	0	0	0	0	0	0	1	0
Hyperkalemia	E875		1	0	0	0	0	0	0	0	0	0	1	0

Year 2024														
Localized swelling, mass and lump, neck	R221		1	0	0	0	0	0	0	0	1	0	0	0
Localized swelling, mass and lump, right lower limb	R2241		2	0	0	0	0	0	0	1	1	0	0	0
Localized swelling, mass and lump, right upper limb	R2231		1	0	0	0	0	0	0	0	0	0	0	1
Low back pain, unspecified	M5450		10	0	0	0	0	0	3	2	3	1	0	1
Lower abdominal pain, unspecified	R1030		4	0	0	0	0	0	1	2	0	0	1	0
Lumbago with sciatica, right side	M5441		1	0	0	0	0	0	0	0	0	1	0	0
Mild intellectual disabilities	F70		9	0	0	0	0	1	1	0	2	0	4	1
Mixed hyperlipidemia	E782		2	0	0	0	0	0	0	0	0	1	1	0
Moderate intellectual disabilities	F71		9	0	0	0	0	0	0	1	2	0	5	1
Myalgia, unspecified site	M7910		1	0	0	0	0	0	0	0	0	0	0	1
Nail disorder, unspecified	L609		2	0	0	0	0	0	0	0	0	2	0	0
Nail dystrophy	L603		1	0	0	0	0	0	0	0	0	1	0	0
Nasal congestion	R0981		3	0	0	0	0	0	0	0	2	0	0	1
Nausea	R110		6	0	0	0	0	1	0	3	1	0	1	0
Neuralgia and neuritis, unspecified	M792		1	0	0	0	0	0	0	0	0	0	0	1
Nondisplaced fracture of distal phalanx of left ring finger, initial encounter for closed fracture	S62665A		1	0	0	0	0	0	0	0	1	0	0	0
Noninfective gastroenteritis and colitis, unspecified	K529		3	0	0	0	0	0	2	0	1	0	0	0
Nonspecific low blood-pressure reading	R031		2	0	0	0	0	0	0	0	2	0	0	0
Nonsuicidal self-harm	R4588		4	0	0	0	1	0	1	0	0	2	0	0
Ocular pain, unspecified eye	H5710		1	0	0	0	0	0	0	1	0	0	0	0
Onycholysis	L601		1	0	0	0	0	0	0	0	0	0	0	1
Osteoarthritis of knee, unspecified	M179		2	0	0	0	0	0	0	2	0	0	0	0
Otalgia, bilateral	H9203		1	0	0	0	0	0	0	0	0	0	1	0
Otalgia, left ear	H9202		2	0	0	0	0	0	0	0	0	1	0	1
Otalgia, right ear	H9201		2	0	0	0	0	0	0	0	0	1	0	1
Other abnormal findings in urine	R82998		2	0	0	0	0	0	0	0	0	2	0	0
Other abnormal involuntary movements	R258		1	0	0	0	0	0	0	1	0	0	0	0

Year 2024														
Poisoning by other drugs, medicaments and biological substances, accidental (unintentional), initial encounter	T50991A		1	0	0	0	0	0	0	0	0	0	0	1
Poisoning by other drugs, medicaments and biological substances, undetermined, initial encounter	T50994A		5	0	0	0	0	0	0	0	1	0	2	2
Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter	T50901A		14	0	0	1	2	0	3	1	2	2	1	2
Polydipsia	R631		1	0	0	0	0	0	0	0	0	1	0	0
Polyneuropathy, unspecified	G629		1	0	0	0	0	1	0	0	0	0	0	0
Pressure ulcer of left ankle, stage 1	L89521		1	0	0	0	0	0	1	0	0	0	0	0
Pressure ulcer of left buttock, stage 1	L89321		1	0	0	0	0	0	0	0	0	0	1	0
Pressure ulcer of left buttock, stage 2	L89322		2	0	0	0	0	0	1	1	0	0	0	0
Pressure ulcer of right buttock, stage 2	L89312		2	0	0	0	0	0	1	0	0	0	0	1
Pressure ulcer of right hip, stage 2	L89212		1	0	0	0	0	0	0	1	0	0	0	0
Pressure ulcer of sacral region, stage 2	L89152		1	0	0	0	0	0	0	1	0	0	0	0
Pressure ulcer of unspecified buttock, stage 2	L89302		2	0	0	0	0	0	0	0	1	0	1	0
Radiculopathy, lumbosacral region	M5417		3	0	0	0	0	0	0	2	0	1	0	0
Rash and other nonspecific skin eruption	R21		82	0	0	6	4	2	9	14	10	14	11	12
Rectal fistula	K604		1	0	0	1	0	0	0	0	0	0	0	0
Repeated falls	R296		9	0	0	0	0	2	2	0	0	2	2	1
Restlessness and agitation	R451		13	0	0	0	0	0	0	3	1	3	5	1
Retention of urine, unspecified	R339		3	0	0	0	0	0	1	0	0	2	0	0
Sarcoidosis of lung	D860		1	0	0	0	0	0	0	0	1	0	0	0
Schizophrenia, unspecified	F209		1	0	0	0	0	0	0	0	0	1	0	0
Sciatica, right side	M5431		1	0	0	0	0	0	0	1	0	0	0	0
Sciatica, unspecified side	M5430		1	0	0	0	0	0	0	0	0	0	1	0
Severe intellectual disabilities	F72		2	0	0	1	0	0	0	0	1	0	0	0
Shortness of breath	R0602		5	0	0	1	0	0	0	0	3	1	0	0

Year 2024														
Underdosing of other antidepressants, initial encounter	T43296A		2	0	0	0	0	0	0	0	1	0	1	0
Unspecified abdominal pain	R109		35	0	0	0	0	1	3	4	6	13	2	6
Unspecified acute lower respiratory infection	J22		1	0	0	0	0	0	0	0	0	0	1	0
Unspecified adverse effect of drug or medicament, initial encounter	T887XXA		2	0	0	0	1	0	0	0	1	0	0	0
Unspecified atrial fibrillation	I4891		2	0	0	0	0	0	1	0	0	1	0	0
Unspecified blepharitis left lower eyelid	H01005		1	0	0	0	0	1	0	0	0	0	0	0
Unspecified blepharitis left upper eyelid	H01004		1	0	0	0	0	0	0	0	0	1	0	0
Unspecified blepharitis right upper eyelid	H01001		1	0	0	1	0	0	0	0	0	0	0	0
Unspecified cataract	H269		2	0	0	0	0	0	0	0	0	2	0	0
Unspecified condition associated with female genital organs and menstrual cycle	N949		1	0	0	0	0	0	0	0	0	0	0	1
Unspecified conjunctivitis	H109		3	0	0	0	0	1	0	1	1	0	0	0
Unspecified convulsions	R569		1	0	0	0	0	0	0	1	0	0	0	0
Unspecified diabetes mellitus in the puerperium	O2493		1	0	0	0	0	0	0	0	0	0	0	1
Unspecified disorder of binocular vision	H5330		2	0	0	0	0	0	1	0	0	1	0	0
Unspecified disorder of eye and adnexa	H579		9	0	0	0	1	3	0	1	2	0	1	1
Unspecified fracture of left wrist and hand, initial encounter for closed fracture	S6292XA		2	0	0	0	0	0	0	2	0	0	0	0
Unspecified hearing loss, bilateral	H9193		1	0	0	0	0	0	0	0	1	0	0	0
Unspecified hemorrhoids	K649		2	0	0	0	0	0	0	0	1	0	0	1
Unspecified injury of face, initial encounter	S0993XA		2	0	0	0	0	0	0	2	0	0	0	0
Unspecified injury of head, initial encounter	S0990XA		43	0	0	1	1	3	2	8	7	10	7	4
Unspecified injury of left foot, initial encounter	S99922A		2	0	0	0	0	0	0	0	2	0	0	0

Year 2024														
Unspecified personality and behavioral disorder due to known physiological condition	F079		1	0	0	0	0	0	0	0	1	0	0	0
Unspecified superficial injury of left lesser toe(s), initial encounter	S90935A		2	0	0	0	0	0	0	0	0	0	0	2
Unspecified superficial injury of unspecified great toe, initial encounter	S90933A		1	0	0	0	0	0	0	0	1	0	0	0
Unspecified urinary incontinence	R32		3	0	0	0	0	0	0	0	1	0	0	2
Unspecified visual loss	H547		1	0	0	0	0	0	0	1	0	0	0	0
Upper abdominal pain, unspecified	R1010		2	0	0	0	0	0	0	0	0	1	1	0
Urethral disorder, unspecified	N369		1	0	0	0	0	0	0	0	0	0	1	0
Urinary tract infection, site not specified	N390		66	0	0	3	2	4	5	2	17	8	13	12
Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	N771		1	0	0	1	0	0	0	0	0	0	0	0
Viral infection, unspecified	B349		4	0	0	0	0	0	0	1	0	0	3	0
Viral intestinal infection, unspecified	A084		5	0	0	0	1	0	0	2	2	0	0	0
Vitamin D deficiency, unspecified	E559		3	0	0	0	0	1	0	0	1	1	0	0
Vitamin deficiency, unspecified	E569		3	0	0	0	0	0	0	0	0	2	1	0
Vomiting, unspecified	R1110		42	0	0	3	1	1	3	3	5	7	9	10
Weakness	R531		8	0	0	0	1	1	2	1	0	1	0	2
Wheezing	R062		1	0	0	0	0	0	0	0	0	0	1	0
Xerosis cutis	L853		2	0	0	0	0	0	0	1	0	0	1	0
Zoster without complications	B029		2	0	0	0	0	0	0	0	2	0	0	0

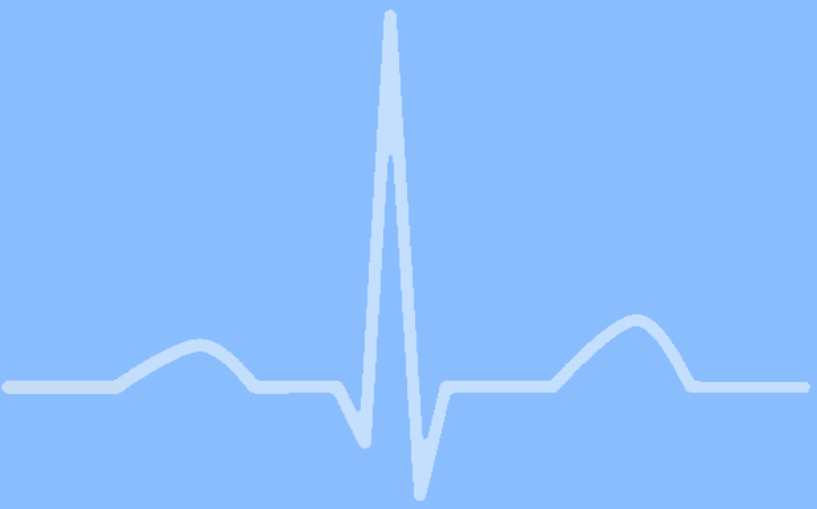
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit K

Resumes for StationMD Leaders

In this exhibit, please find resumes for key StationMD leaders.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD
LEADERSHIP RESUMES

The following resumes represent the distinguished clinical and executive leadership guiding StationMD's mission to transform healthcare delivery for individuals with intellectual and developmental disabilities. Our leadership team combines decades of clinical expertise with innovative healthcare management experience, driving our position as the nation's leading telemedicine provider for IDD populations.

Professional profiles are listed below for the following StationMD executives:

- Deven Unadkat, President
- Matthew Kaufman, CEO & Vice President
- Mansoor Khan, Secretary
- Maulik Trivedi, Treasurer
- Robert Greenblatt, VP of Clinical Operations

Deven J. Unadkat, DO, MPA, FACEP

Diplomate, American Board of Emergency Medicine

Leadership Experience

- **Board Director**
  Human First Board of Directors, NY, NY
  July 2025 – Current
- **Advisory Board Member**
  Center for Connected Health Policy, Sacramento, CA
  April 2025 – Current
- **Advisory Board Member**
  IDD Toolkit Project, Nashville, TN
  February 2025 – Current
- **Board Director**
  ADAPT Community Network Board of Directors, NY, NY
  January 2025 – Current
- **President & Co-Founder**
  StationMD, PC, Maplewood, NJ
  January 2022 – Current
- **Member At-Large Medical Executive Committee**
  Jersey City Medical Center, Jersey City, NJ
  January 2021 - January 2023
- **Chief Medical Officer**
  HealthTech Partners, Inc, Maplewood, NJ
  June 2014 – Current
- **Chairman & Medical Director of Emergency Medicine**
  Jersey City Trauma & Medical Center, Jersey City, NJ
  February 2017 - January 2021
- **Medical Director of Observation Medicine**
  Rapid Diagnostic Unit, Newark Beth Israel Medical Center, Newark, NJ
  February 2015 - January 2017
- **Vice Chairman**
  Department of Emergency Medicine, Newark Beth Israel Medical Center, Newark, NJ
  February 2015 - January 2017
- **Chief of Operations - Rapid Access Program**
  Long Island Jewish Medical Center Department of Emergency Medicine, New Hyde Park, NY
  March 2011 - July 2012
- **Director - Physician Assistant Program & Physician Assistant Residency Program**
  Long Island Jewish Medical Center Emergency and Observation Departments, New Hyde Park, NY
  January 2011 - July 2012
- **Assistant Residency Program Director**
  Emergency Medicine Residency, Albert Einstein College of Medicine, Long Island Jewish Medical Center
  July 2008 - July 2012
- **Chief Resident - Emergency Medicine**
  Emergency Medicine Resident, Albert Einstein College of Medicine, Long Island Jewish Medical Center
  July 2007 - June 2008

Clinical Experience

- **Attending Telemedicine Physician**
  StationMD, PC, Maplewood, NJ
  June 2016 - Current
- **Attending Emergency & Observation Medicine Physician**
  RWJ-Barnabas Health - Jersey City Medical Center, Jersey City, NJ
  RWJ-Barnabas Health - Clara Maas Medical Center, Belleville, NJ
  RWJ-Barnabas Health - Somerset Medical Center, Somerville, NJ
  November 2020 - Current
- **Partner & Attending Emergency Physician**
  Emergency Medical Associates, Parsippany, NJ
  June 2012 - 2020
- **Attending Emergency and Observation Medicine Physician**
  NS-LIJ Health System - Long Island Jewish Medical Center, New Hyde Park, NY
  July 2008 - July 2012

Medical Consulting

- Keystone Human Services, Harrisburg, PA
  October 2025 - Current
- The Arc of Essex County, Livingston, NJ
  March 2025 - Current
- Partnership for People, Florham Park, NJ
  January 2025 - Current
- Anderson Center for Autism, Staatsburg, NY
  July 2020 - Current
- Beacon Specialized Living, Springfield, OH
  November 2021 - October 2025
- The Arc of Somerset County, Somerset, NJ
  January 2021 – Current

Post Graduate Training

- **Emergency Medicine Residency - PGY 2-4**
  Albert Einstein College of Medicine
  Long Island Jewish Medical Center, New Hyde Park, NY
  Jacobi Medical Center, Bronx, NY
  Schneider's Children's Hospital, New Hyde Park, NY
  July 2005 - June 2008
- **Osteopathic Rotating Internship: Emergency Medicine Track - PGY1**
  New York College of Osteopathic Medicine
  Barnabas Health - Union Hospital, Union, NJ
  July 2004 - June 2005

Education

- **Doctor of Osteopathic Medicine (D.O.)**
  New York College of Osteopathic Medicine, Old Westbury, NY
  September 1999 - May 2004
- **Pre-Doctoral Teaching Fellow**
  New York College of Osteopathic Medicine, Old Westbury, NY
  August 2003 - May 2004
- **Master of Public Administration (MPA)**
  Healthcare Administration and Management
  New York University, Robert F. Wagner School of Public Service, NY, NY
  January 2002 - May 2004
- **Bachelor of Science, Life Sciences - Summa Cum Laude**
  Combined Seven-Year BS/DO Program
  New York Institute of Technology, Old Westbury, NY
  September 1996 – 1999

Board Certification

American Board of Emergency Medicine - 2009, 2019

Certifications

Pediatric Advanced Life Support - American Red Cross
Advanced Trauma Life Support - American College of Surgeons
Advanced Cardiac Life Support - American Red Cross
Basic Life Support - American Red Cross
CPR Instructor - American Red Cross

Professional Memberships

American College of Emergency Physicians
Asian American Business Development Center

Awards

2025 NJ Top Doctor, New Jersey Monthly Magazine
2023 United Healthcare Accelerator Health Technology Innovator
2022 Outstanding Asian Americans in Business Award
2018 Recognized Provider in IDD Healthcare
2007 Long Island Jewish Medical Center Department of Emergency Medicine - Compassion in Medicine Award

Matthew S. Kaufman, M.D.

145 Park Place, Apt 5A • Brooklyn, NY 11217
(917) 750-3139 • matthew.kaufman@stationmd.com

EXECUTIVE PROFILE

Physician executive with over 15 years of leadership experience spanning emergency medicine, hematology-oncology, and telehealth innovation. Proven track record in founding and scaling healthcare delivery models that improve access, quality, and equity for individuals with intellectual and developmental disabilities (IDD). Recognized nationally for pioneering advancements in telemedicine and health transformation through operational excellence, clinical leadership, and strategic partnerships.

PROFESSIONAL EXPERIENCE

Chief Executive Officer

StationMD, Maplewood, NJ | *2015 – Present*
Founder and CEO of a national telehealth organization dedicated to serving individuals with IDD.

- Built and led a mission-driven, multi-state medical practice delivering accessible, specialized care to underserved populations.
- Developed and implemented scalable telemedicine systems improving clinical outcomes and reducing unnecessary hospital utilization.
- Oversaw cross-functional teams in clinical operations, technology, compliance, and business development.
- Cultivated partnerships with government agencies, provider networks, and advocacy organizations to expand access to equitable healthcare.

Board Member

Cerebral Palsy Associations of New York State | *2023 – Present*

- Advise on clinical strategy, digital health integration, and population health initiatives impacting individuals with developmental disabilities statewide.

Emergency Physician

Jersey City Medical Center, NJ | *2022 – Present*

- Provide high-quality acute care and clinical leadership within a busy urban emergency department.

Medical Director, Department of Emergency Medicine (Bayonne Site)

Jersey City Medical Center | *2017 – 2022*

- Directed clinical operations, quality improvement, and physician staffing across multiple emergency medicine sites.
- Led initiatives to improve efficiency, patient satisfaction, and interdepartmental collaboration.

Associate Director, Department of Emergency Medicine

Richmond University Medical Center, NY | *2014 – 2017*

- Supervised clinical teams and coordinated department-wide quality and safety initiatives.

Attending Physician, Emergency Medicine

Emergency Medical Associates, NJ | *2012 – 2013*

- Delivered direct patient care at high-volume emergency departments, including Jersey City Medical Center and Overlook-Union sites.

Faculty, Division of Hematology-Oncology

North Shore–LIJ Medical Center, NY | *2007 – 2009*

- Served as full-time faculty, providing clinical care, research support, and teaching within the Hematology-Oncology fellowship program.

AWARDS AND HONORS

- **Leadership Award**, American Association on Intellectual and Developmental Disabilities (AAIDD), 2022
- **Entrepreneur of the Year**, Ernst & Young, 2021
- **Top 25 Healthcare Innovators**, *Modern Healthcare*, 2019
- **Erik C. Lawrence Award**, Collective Partnerships Unlimited, 2025
- **Chief Resident**, Department of Emergency Medicine, Long Island Jewish Medical Center, 2011–2012
- **Resident Research Award**, Long Island Jewish Medical Center, 2012
- **Chief Fellow**, Division of Hematology-Oncology, 2006–2007
- **Resident Leadership Award**, Long Island Jewish Medical Center, 2004
- **Irwin Katzka Humanitarian Award**, Long Island Jewish Medical Center, 2003
- **Endocrine Society Medical Student Achievement Award**, SUNY Downstate, 2001

LICENSURE AND CERTIFICATION

- Board Certified, Internal Medicine (2004 – Present)
- Board Certified, Hematology (2007 – Present)

- Board Certified, Oncology (2007 – Present)
- Board Certified, Emergency Medicine (2013 – Present)

EDUCATION

Doctor of Medicine (M.D.), *SUNY Downstate College of Medicine* – May 2001
Bachelor of Arts, English Literature, *University of Wisconsin–Madison* – 1991

POSTDOCTORAL TRAINING

- **Residency, Emergency Medicine**, Long Island Jewish Medical Center (2009–2012)
- **Fellowship, Hematology–Oncology**, Long Island Jewish Medical Center (2004–2007)
- **Residency, Internal Medicine**, Long Island Jewish Medical Center (2001–2004)

ACADEMIC APPOINTMENTS

- **Assistant Professor of Medicine**, Hofstra Northwell School of Medicine, Division of Hematology–Oncology (2009–2015)
- **Assistant Professor of Medicine**, Albert Einstein College of Medicine (2009–2011)
- **Clinical Instructor**, Department of Emergency Medicine, Long Island Jewish Medical Center (2012–2023)
- **Sub-Investigator**, Peter Karches Chronic Lymphocytic Leukemia Research and Treatment Center (2007–2012)

SELECTED PUBLICATIONS *(Representative sample)*

- Kwok, L. et al., *Telemedicine Reports*, 2023. "Utilization and Staff Perspectives on an On-Demand Telemedicine Model for People with IDD."
- Kaufman, M. & Rai, K., *Therapeutics and Clinical Risk Management*, 2008. "Alemtuzumab in the Up-Front Setting."
- Kaufman, M. et al., *Community Oncology*, 2009. "Management of Chronic Lymphocytic Leukemia: An Update."
- Kaufman, M. et al., *Leukemia and Lymphoma*, 2009. "Rituximab, Cyclophosphamide, and Dexamethasone for Immune Cytopenias in CLL."

(Full publication list available upon request.)

ADDITIONAL INFORMATION

Languages: English (fluent), Spanish (conversational)

Mansoor Khan MD, MHA, FACEP

mansoor.khan@stationmd.com
(917) 656-6958
Maplewood, NJ 07040

Chief Clinical Officer

Transforming organizations through strategic leadership, operational excellence, and innovative care models. Accomplished, results-driven senior healthcare executive with extensive experience managing a $400M+ multispecialty (EM/HM, Radiology, OB/Neonatology, Anesthesiology) medical group of 800 clinicians and driving growth in Emergency and Hospital Medicine at Envision Healthcare. Proven track record in turning around programs by fostering a culture of inclusivity, transparency, and accountability. Recognized for strong leadership, strategic vision, and the ability to inspire clinical and non-clinical teams to excel.

Areas of Expertise

- Healthcare Management
- Strategic Planning & Execution
- Operational Excellence & Control
- Team Building & Leadership
- New Business Development
- Programmed Governance & Oversight
- Innovative Care Models Creation
- Care Delivery Optimization
- Contract Review & Negotiation
- Market Research & Analysis
- Contract Review & Negotiation Quality Assurance & Control

Career Experience

Envision Medical Group, Denver | 2018 to Present

Chief Clinical Officer

Manage an 800-clinician multispecialty medical group which includes Radiology, Anesthesiology, Emergency Medicine, Hospital Medicine, Neonatology, OBHM. Monitor P&L of 400M, spearhead financial activities, and optimize clinician & non- clinical operational efficiencies.

Key Contributions:

- Manage staffing for numerous hospital-based programs across the country in the specialties listed above. Ensuring high level of operational excellence, quality of care delivery of all clinicians, Physicians and APPs
- Extensive experience collaborating with compliance and legal departments to ensure full adherence to regulatory requirements across private, public, nonprofit, and governmental contracts
- Contract negotiations with large health systems
- Cost control through improved efficiencies by utilizing technology and AI
- Increased clinical recruitment by improving recruitment operations as well as creating an environment where clinicians want to work
- Taken over multiple teams that were operating inefficiently, delivering low-quality results, and experiencing significant attrition. I have served as a turnaround agent by fostering a

culture that consistently puts patients first. I lead with values grounded in the highest levels of integrity, transparency, and accountability
- Led transition teams to assume and stabilize distressed contracts, including most recently managing the transition of a 60-site, 130-provider anesthesiology practice.

Envision Healthcare, Denver | 2023 to Present
Senior Vice President of Growth and Hospital System Relationship

Bridge the communication gap with national hospital system executive leadership to ensure stability of contracts. Deliver strategic direction and leadership for national market analysis to identify key areas of improvements and opportunity for growth.

Key Contributions:

- Enhanced Envision footprint across the country in emergency medicine (free standing emergency departments, emergency rooms, urgent cares) Hospital Medicine, Anesthesiology (hospital based & ASCs).
- Actively involved in development of relationships with health system and medical groups. Lead the BD process from initiating leads, development of proforma, to close of deal.
- Possess extensive knowledge of the competitive landscape for Emergency Medicine and Hospital Medicine groups, with proven expertise in building compelling proformas to secure new contracts
- Lead acquisition of Emergency Medicine medical groups
- $200M revenue growth between 2024-2025

StationMD (www.StationMD.com), Maplewood, NJ | 2014 to Current
Founder and Board Member

Found StationMD (VBC based telemedicine company) in 2015. Developed a medical group that focuses on the IDD population. We deliver high quality, EM focused telehealth intervention which results in improving care for the IDD population and decreased transfers to emergency department and hospitalizations by 90%. Currently overseeing 50K population in 20 states.

Key Contributions:

- Ensured 150% growth between 2022-2025 by expanding the Medicaid waiver programs in various states
- Negotiated shared savings contracts with Molina, United, Amerigroup, and Aetna.
- Reduced unnecessary transfer by 90% by developing clinical protocols and minimizing emergency room visits with quality care.

Envision Medical Group, Denver | 2015 to 2018
Regional Medical Director

Delivered active contribution in committee to develop the national Ambassador program for envision physician services. Oversaw a team that assessed demand nationally amongst 900 emergency department in 35 states, while meeting the demand with labor. Optimized staffing nationally for the company's emergency department by building a team, ensuring high quality and cost savings. Interacted with clinical and finance teams to increase P&Ls by providing adequate staffing and a market cost. Managed and streamlined state clinician's licensure process and hospital credentialing process. Controlled all contract negotiations with clinicians and our HR department

Key Contributions:

- Played a key and integral role as Medical Director of North Ambassador Program.
- Coordinated closely with chief operating officer and president to create and execute the program.

Richmond University Medical Center, Staten Island, NY | 2012 to 2018 Chairman
Department of Emergency Medicine
Operations/Quality:

Simplified the admission process for surgery and medicine departments via secure texting technology. Acted as Clinical Lead for design of new Emergency Department at RUMC. Applied split flow process to manage surges and NY DSRIP projects to decrease readmission rates in the department. Interacted closely with RUMC finance to implement observation status in the Emergency Department for improving care and enhancing in hospital margin.

Key Contributions:

- Recognized for reducing LWOBS to 0.8% and enhancing volume by 16% since 2014, and optimized press Ganey from 10% to 80% within two-years.
- Minimized TAT by 1 hours for admitted patients within 12 months and LOS on inpatient services via admission team interaction.

Clinical Improvements:

Key Contributions:

- Coordinated closely with team to prepare the hospital in assuring that attained all the needs of American College of Surgeons certification as a Level 1 trauma center
- Increased door to TPA through Stroke Center Designation:
- Credited for implementing STEMI center designation at Richmond University Medical Center.

Staff Engagement:

Key Contributions:

- Created a team environment by developing a climate of accountability and transparency, including delivering full access to staff members of ED leadership and various forums to bring up concerns and ideas for improvement.
- Chaired ED steering committee, including representatives from every department that served the ED
- Cultivated relations with EMS, community physicians, and nursing homes' medical staff to increase ER volume and admissions.

Additional Experience

Director of Envision's Global Health Inititive | Developed clinics in Dominican Repubilc, Guetamala and Honduras, 2021 to Present
HCA facilities through out FL, NH, TX | Attending Physician, 2021 to Present

New York State Department of Health, Albany, NY | Subject Matter Expert in Emergency Medicine, 2015 to 2019

Overlook Medical Center, Union, NJ | Chairman of Emergency Department,, 2008 to 2011

St. Joseph's Wayne Medical Center Department of Emergency Medicine, Wayne, NJ | Attending Physician, 2007 to 2010

Long Island Jewish Medical Center, Department of Emergency Medicine, New Hyde Park, NJ | Attending Physician, 2007 to 2009

Department of Emergency Medicine St. Vincent's Medical Center, Bridgeport, CT | Attending Physician, 2006 to 2007

Teaching Experience

Department of Emergency Medicine, **Morristown Medical Center |** Teaching Attending, 2013 to Present

Department of Emergency Medicine, **Long Island Jewish Medical Center, Hew Hyde Park, NY |** Academic Curriculum Director, 2005 to 2006

Schneider's Children's Hospital Commerce Bank, Long Island Jewish Medical Center, Hew Hyde Park, Ny | Medical Director, 2005 to 2006

Hillside Psychiatric Hospital, Long Island Jewish Medical Center, Hew Hyde Park, NY | Pre-Attending, 2004 to 2006

Educational Background

Masters - HealthCare Administration, Executive Master- Healthcare Administration | University of North Carolina Chapel Hill, Chapel Hill, NC

Department of Emergency Medicine | Albert Einstein College of Medicine Long Island Jewish Medical Center New Hyde Park, NY

Emergency Medicine: Diplomat of American Board of Emergency Medicine Internal Medicine: Diplomat of American Board of Internal Medicine

Emergency Medicine Residency | Albert Einstein College of Medicine Long Island Jewish Medical Center New Hyde Park, NY

Internal Medicine Residency | Albert Einstein College of Medicine Long Island Jewish Medical Center New Hyde Park, NY

Doctor of Medicine | State University of New York Stony Brook School of Medicine, Stony Brook, NY

Bachelor of Science | City College of New York Sophie Davis School of Biomedical Education, New York, NY

Licensure & Certifications

Active Physician Licenses: New Jersey • New York • Connecticut • Florida • Indiana • Louisiana • Texas • New Mexico

Chapters in Press

Khan, M. Q-T Abnormalities in Psychiatric Population: Handbook of Medicine for the Psychiatric Patient: Manu, P., Suarez, R., Barnett, B.

Khan, M. Interpretation of Arterial Blood Gas: First Aid for Medicine Kaufman, M

MAULIK M. TRIVEDI, MD, FACEP

Physician Leader | Co-Founder & Chief Strategy Officer, StationMD

Email: maulik.trivedi@stationmd.com | Phone: +1 (201) 291-3951 | LinkedIn: https://www.linkedin.com/in/maulik-trivedi-smd/

EXECUTIVE SUMMARY

Dr. Maulik M. Trivedi is a board-certified Emergency Medicine physician in practice for over 20 years. He has served as the chairman or associate chair of several emergency departments. He has also been an integral part of the core leadership of Emergency Medicine provider groups. He is a founding partner of StationMD and has been instrumental in helping the organization achieve its mission of improving the quality of care for the IDD population.

He is a recognized national speaker and thought leader on the use of technology and telehealth solutions to positively impact an individual's medical care and foster independence. He is the medical director for the Alliance for Integrated Care of New York (AICNY) as well as several disability services provider agencies across the country. He also serves as a board member for many non-profit organizations. He and his family currently live in midtown Manhattan.

CURRENT LEADERSHIP & BOARD APPOINTMENTS

- **StationMD – Co-Founder & Chief Strategy Officer (2016–Present)**

Pioneered the nation's leading telehealth model for individuals with IDD, achieving a 93% treat-in-place rate and serving over 48,000 individuals across 23 states. Leads strategic partnerships with state disability agencies, MCOs, and provider organizations to integrate IDD-specific care into top quality care systems.

- **AICNY – ACO Medical Director (2024-Present)**

Provides clinical oversight and strategic guidance for care coordination and quality improvement initiatives for the only IDD-focused ACO in the nation.

- **Anderson Center for Autism – Board of Trustees (2022-Present)**

Supports advancement of comprehensive services, clinical excellence, and innovation in autism care and education.

- **ANCOR Foundation – Board of Directors (2025-Present)**

Guides national initiatives to provider agencies and strengthen the direct support workforce and promote leadership and equitable care for the IDD community.

- **World Institute on Disability – Advisory Board Member (Starting Nov 2025)**

Contributes to global strategies for disability inclusion and digital health equity.

- **Mercer – Principal/Consultant (2024–2025)**

Advised on healthcare transformation strategies care frameworks with a focus on integrating specialized populations for Mercer's Government Human Services Consulting division.

PROFESSIONAL EXPERIENCE

- **Director, Department of Emergency Medicine, Hackettstown Medical Center, NJ (2015–2017)**

Provided clinical and operational leadership for the Emergency Department, enhancing patient throughput and safety.

- **Board Member, Emergency Medical Associates (2011–2017)**

Guided operational performance, staffing, and technology integration across multiple hospitals.

- **Associate Medical Director, St. Joseph's Wayne Hospital (1999–2015)**

Implemented quality improvement initiatives focused on patient safety and workflow.

- **Previous Roles**

Staff physician: St. Vincent's Medical Center (NY), Morristown Memorial Hospital (NJ), Rehabilitation Hospital of Morristown Memorial, Jersey City Medical Center (NJ)

SELECTED SPEAKING ENGAGEMENTS (2019–2025)

- ANCOR National Webinars & Annual Conference
- AADMD Annual National Conference
- The Arc National and State Conferences (Mississippi, New York, etc.)
- DDNA National Conference
- ACCSES Winter Summit
- INARF/RCPA/IARF/PAR/CDSA/CCLN Annual Conferences
- CP of NYS Annual Conference
- Washington DC Coalition of Direct Service Providers

Selected Topics: Telehealth Innovation and Health Equity for IDD Populations; Value-Based Care; DSP Empowerment; Digital Ecosystems; Policy Reform; History of Healthcare for Individuals with IDD.

EDUCATION & TRAINING

- Emergency Medicine Residency – Morristown Memorial Hospital, NJ (1996–1999)
- Doctor of Medicine – Howard University College of Medicine, DC (1992–1996)

- Bachelor of Science in Biology / Bachelor of Arts in Sociology – Bucknell University, PA (1987–1991)

HONORS, AWARDS & RESEARCH

- Annual Physician Award, St. Joseph's Wayne Hospital (2004)
- Emergency Department Automation, World Research Group (2003)
- Research on Maxi-K+ Channel Blockers in Acute Ischemic Stroke, Morristown Memorial Hospital

PROFESSIONAL AFFILIATIONS & LICENSURE

- Board Certified, American College of Emergency Physicians (FACEP)
- Licensed Physician (Active in multiple U.S. states)
- Member, American Telemedicine Association
- Advisor/Contributor: ANCOR, SkillSet, and The Arc National Networks

ROBERT P. GREENBLATT MD, FACEP
E- MAIL: ROBERTGREENBLATT@GMAIL.COM
2970 13th St, Boulder CO 80211 (646)-306-2850

Currently Vice President of Clinical Operations for StationMD Telehealth

Currently Emergency Medicine Physician for Envision Healthcare Envoy Team and IES Healthcare

EDUCATION

The Brooklyn Hospital Center, Brooklyn, NY 7/2008-6/2012
Emergency Medicine Resident PGY1-4

Technion –Israel Institute of Technology, Faculty of Medicine 8/2004-6/2008
Degree of Medical Doctor

Touro College School of Health Sciences, Bay Shore, NY 8/2003-7/2004
Master of Science in Interdisciplinary Biological and Physical Sciences

University of Maryland, College Park, MD 8/1995- 12/1999
B.S. Business and Management

LICENSURE

ABEM Board Certified – June 13, 2013 to December 31, 2028
Active license CA, CO, DE, DC, FL telehealth, GA, IL, IN, IA, MA, ME, MO, MT, NY, NJ, NC, NE, MT, OH, OK, PA, SC, TN, TX, and NM telehealth
Active DEA CO, MO, OK
Active CSR MO

EXPERIENCE

StationMD, Maplewood, NJ 9/2017-Present
Vice President of Clinical Operations
- Telehealth for intellectual and developmentally disabled

Envision Healthcare (formerly EMA), Parsippany, NJ 8/2012-Present
Emergency Medicine Physician for Envoy travel team
- Attending Physician in academic and community EDs

IES Healthcare, Dallas, TX 5/2025- Present
Emergency Medicine Physician
- St. Joseph's Hospital Denter

Innova Emergency Medical Associates, Denver CO 3/2020- 6/2022
Emergency Medicine Physician
- Mt. San Rafael Hospital

Weatherby Locums, Denver CO 11/2022-5/2023
Emergency Medicine Physician
- Centura Healthcare sites contracted by USACS

New York University Medical Center, New York, NY 1/2002- 7/2003

Emergency Services Assistant

- Emergency room support staff for physicians and nurses

Project OTZMA Fellowship, Israel 8/2000-7/2001

Volunteer

- Volunteer experience helping underprivileged communities
- Worked in community hospital and assisted in youth outreach programs

PUBLICATIONS & RESEARCH

Effect of testicular ischemia-reperfusion on recruitment of neutrophils, E-selectin expression and germ cell apoptosis in the contralateral testis in a rat. Pediatr Surg Int. 2007 May;23. PMID17211590 Advisor: Igor Sukhotnik M.D. Dept of Pediatric surgery, Rappaport Faculty of Medicine, Israel.

Effect of 100% oxygen on E-selectin expression, recruitment of nuetrophils and enterocyte apoptosis following intestinal ischemia-reperfusion in a rat. Pediatr Surg Int. 2007 Oct 26. PMID: 17962962 Advisor: Igor Sukhotnik M.D. Dept of Pediatric surgery, Rappaport Faculty of Medicine, Israel.

Relationship between time of reperfusion and E-selectin expression, neutrophil recruitment, and germ cell apoptosis after testicular ischemia in a rat model. Fertility and Sterility, 2008;90 PMID: 18054001 Advisor: Igor Sukhotnik M.D. Dept of Pediatric surgery, Rappaport Faculty of Medicine, Israel.

AFFILIATIONS

Member of American Medical Association
Member of Society for Academic Emergency Medicine
Member of Emergency Medical Residents Association
Member of American College of Emergency Physicians
ACEP Committees:
Critical Care Medicine Section
Wilderness Medicine Section

Current Affiliations-Envision Healthcare	From	To
Corpus Christi Medical 7101 S Padre Island Dr Corpus Christi, TX 78412	**06/28/2022**	**Present**
Corpus Christi FSED - Rockport 400 Enterprise Blvd Rockport, TX 78382	**06/28/2022**	**Present**
Corpus Christi Medical Center - Doctor's Regional	**06/28/2022**	**Present**

3315 S. Alameda St. Corpus Christi, TX 78411

Corpus Christi Medical Center - Northshore Emergency Center 1702 Highway 181 North Suite A-11 Portland, TX 78374	**06/28/2022**	**Present**
Corpus Christi Medical Center - Northwest Regional Campus 13725 Northwest Blvd. Corpus Christi, TX 78410	**06/28/2022**	**Present**
MidHudson Regional Hospital 241 North Rd Poughkeepsie, NY 12601 MSO Phone: 845-431-8886 MSO Fax: 845-485-3773	**02/01/2019**	**Present**
Westchester Medical Center 95 Grasslands Rd Valhalla, NY 10595 MSO Phone: 914-493-5241 MSO Fax: 914-493-2978	**06/01/2016**	**Present**
Montefiore New Rochelle 16 Guion Place New Rochelle, NY 10801 MSO Phone: 914-637-1187 MSO Fax: 914-637-1268	**10/01/2015**	**Present**

Previous Affiliations-Envision Healthcare	**From**	**To**
East Orange General Hospital 300 Central Ave East Orange, NJ 07018	**02/01/2019**	**07/31/2019**
East Orange General Hospital 300 Central Ave East Orange, NJ 07018	**10/25/2018**	**02/01/2019**
Newton Medical Center 175 High Street Newton, NJ 07860 MSO Phone: 973-579-8318 MSO Fax: 973-579-8576	**02/01/2019**	**07/13/2020**
Newton Medical Center 175 High Street Newton, NJ 07860 MSO Phone: 973-579-8318 MSO Fax: 973-579-8576	**06/25/2015**	**02/01/2019**
Robert Wood Johnson Medical Center - Hamilton 1 Hamilton Health Place Hamilton Township, NJ 08690	**09/24/2018**	**02/25/2020**

St. Vincent Frankfort Hospital 1300 South Jackson Street Frankfort, IN 46041 MSO Phone: (765) 656-3139 MSO Fax: (765) 656-3020	**12/15/2017**	**01/19/2018**
St. Vincent Neighborhood Hospital - Greenwood Springs 8451 S. Emerson Ave Indianapolis, IN 46237 MSO Fax: 317-338-6296 MSO Email: gabrielle.hart@ascension.org	**10/18/2017**	**04/19/2018**
Hackensack Meridian Health at Pascack Valley 250 Old Hook Rd Westwood, NJ 07675	**08/17/2017**	**04/11/2019**
Hackensack Meridian Health at Pascack Valley 250 Old Hook Rd Westwood, NJ 07675	**05/05/2017**	**12/09/2018**
Franciscan Health Rensselaer 1104 E. Grace Street Rensselaer, IN 47978 MSO Fax: 219-866-3234 MSO Email: Amanda.manns@franciscanalliance.org	**06/28/2017**	**11/07/2018**
RWJUH at Rahway 865 Stone St Rahway, NJ 07065 MSO Phone: 732-499-6070 MSO Fax: 732-499-6340	**04/01/2017**	**02/01/2019**
RWJUH at Rahway 865 Stone St Rahway, NJ 07065 MSO Phone: 732-499-6070 MSO Fax: 732-499-6340	**04/01/2017**	**01/15/2020**
Northern Westchester Hospital 400 East Main St Mount Kisco, NY 10549 MSO Phone: 914-666-1279 MSO Fax: 914-666-1965	**08/03/2015**	**09/03/2017**
MidHudson Regional Hospital 241 North Rd Poughkeepsie, NY 12601 MSO Phone: 845-431-8886 MSO Fax: 845-485-3773	**07/08/2015**	**02/01/2019**
Southeastern Regional Medical Center 300 West 27th Street Lumberton, NC 28358 MSO Phone: 910-671-5867 MSO Fax: 910-671-5529	**07/01/2015**	**02/13/2018**
Fayetteville VA Medical Center 2300 Ramsey Street Fayetteville, NC 28301 MSO Phone: 910-822-7176 MSO Fax: 910-488-5244	**06/01/2015**	**08/15/2016**
Emergency Medical Associates - SST 3 Century Drive Parsippany, NJ 07054	**05/01/2015**	**05/08/2018**

NY Presbyterian Hudson Valley Hospital 1980 Crompond Road Cortlandt Manor, NY 10567 MSO Phone: 914-734-3590 MSO Fax: 914-734-3601	**01/13/2014**	**02/01/2019**
NY Presbyterian Hudson Valley Hospital 1980 Crompond Road Cortlandt Manor, NY 10567 MSO Phone: 914-734-3590 MSO Fax: 914-734-3601	**01/13/2014**	**03/31/2020**
Roger Williams Medical Center - EM 825 Chalkstone Avenue Providence, RI 02908 MSO Phone: 401-456-2032 MSO Fax: 401-456-6719	**08/01/2012**	**09/02/2016**
Health Alliance Broadway Campus 396 Broadway Kingston, NY 12401 MSO Phone: 845-334-2780 MSO Fax: 845-334-2880	**08/01/2012**	**11/09/2016**
Our Lady of Fatima Hospital - ED 200 High Service Avenue North Providence, RI 02904 MSO Phone: 401-456-3765 MSO Fax: 401-456-3716	**08/01/2012**	**04/19/2016**

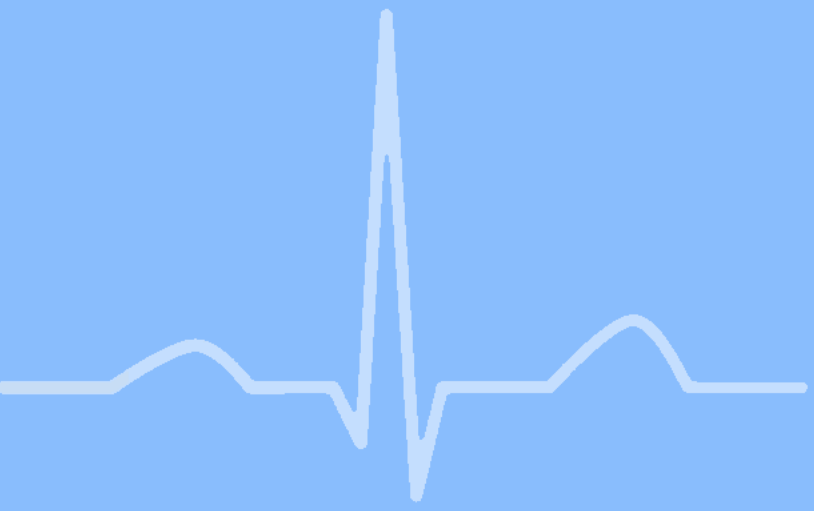
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit L

Description of Subcontractors and Other Business Partners

In this exhibit, please find descriptions of the subcontractors StationMD proposes to use in delivering services under the OPWDD pilot program.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

Subcontractors

We rely on subcontractors to assist us with administrative functions, such as information technology, equipment assembly and other functions. **For the pilot program, we propose to partner with our longstanding business partner, HealthTech Solutions** who will handle our non-clinical operations. **We will also contract with Enterprise Solution Products**, a New York certified MBWE and SDVOB, who will perform equipment assembly and delivery for all pilot homes that elect to obtain equipment through the pilot program.

Below we provide information about StationMD's direct subcontractors, HealthTech Partners and Enterprise Solution Products.

Description of Subcontractors and Their Roles on the StationMD Team

Name & Role on the StationMD Team	Description
HealthTech Partners *Non-clinical operations.*	Since our founding, HealthTech Partners (HTP), a mission-aligned Management Services Organization, has served as our subcontractor to handle non-clinical operations such as billing, technology, security and finance. HealthTech Partners management of the non-clinical aspects of the program has allowed StationMD to focus on the clinical product exclusively and provides the infrastructure of scaling while maintaining exceptional quality. Importantly, HealthTech Partners has the same mission and experience as StationMD, as it was founded to support its clinical practice. And its leaders have significant overlap; Dr. Kaufman, serving as the CEO of both, has led both organizations in working toward the unified mission to provide exceptional care through telemedicine for people with IDD. Likewise, Dr. Unadkat services as its CMO and Dr. Trivedi serves as its Chief Strategy Officer. As with StationMD, its focus and commitment is exclusively designed to serve people with IDD through telehealth. **HealthTech Partners has been StationMD's partner (a subcontractor) in performing all of the corporate experience we describe in this proposal.**
Enterprise Solution Products, Inc. *Provides equipment assembly and delivery to pilot homes.*	Enterprise Solution Products Inc. is a trusted B2B technology provider, delivering smart, scalable IT products, services, and supplies to organizations across the U.S. and beyond. Founded in 2017 by Wayne Corion—a dedicated U.S. veteran—the company proudly operates from its locations in New York and New Jersey. They are a NYS certified MBE and SDVOB. The company serves as a vital supply chain partner for businesses looking to streamline operations and enhance communication and employs hardware and supply specialists as well as certified service technicians, and it operates authorized service centers. Its mission is to build lasting partnerships and to empower businesses with reliable, cost-effective equipment and communication solutions.

Summary of Subcontractors' Experience Pertinent to RFP Sections 5.2 and 5.3

Company Name	Experience with Telehealth	Experience with I/DD	Length of Experience	NYS Experience and Availability
HealthTech Partners	StationMD has partnered with HealthTech Partners since our companies were founded in 2016 to provide on-demand telemedicine services specialized for individuals with IDD. HealthTech Partners has been StationMD's partner (a subcontractor) in performing all of the corporate experience we describe in this proposal.	StationMD has partnered with HealthTech Partners since our companies were founded in 2016 to provide on-demand telemedicine services specialized for individuals with IDD. HealthTech Partners has been StationMD's partner (a subcontractor) in performing all of the corporate experience we describe in this proposal.	StationMD has partnered with HealthTech Partners since our companies were founded in 2016 to provide on-demand telemedicine services specialized for individuals with IDD. HealthTech Partners has been StationMD's partner (a subcontractor) in performing all of the corporate experience we describe in this proposal.	StationMD has partnered with HealthTech Partners since our companies were founded in 2016 to provide on-demand telemedicine services specialized for individuals with IDD. HealthTech Partners has been StationMD's partner (a subcontractor) in performing all of the corporate experience we describe in this proposal.
Enterprise Solution Products, Inc.	Since its founding in 2017, Enterprise has supplied a wide range office products including those used for teleconferences.	Enterprise has been supplying businesses with office equipment since 2017. As a highly experienced provider of these office support services, they will be ideally positioned to consistently assure that equipment delivered to pilot homes arrives soundly assembled in a timely manner. Enterprise has limited experience in providing services to individuals with IDD. StationMD will train the Enterprise staff about working with individuals with IDD and about pertinent aspects of the OPWDD pilot before they begin providing services under this contract.	Since its founding in 2017, Enterprise has supplied a wide range office products across New York State and the nation	Enterprise is a New York business and provides services throughout New York State and the nation.

Other Business Partners

Across the nation, we work with LanguageLine and ScribeAmerica among other companies we access through HealthTech Partners. Since our patients and clients may interact with these two companies, we have included information about these companies below, to offer additional assurances about our commitment to partnerships and quality.

Description of Companies and Their Roles on the StationMD Team

Name & Role	Description
ScribeAmerica *Provides reception and call center operations.*	Through HealthTech Partners, StationMD partners with ScribeAmerica, the nation's leading provider of medical documentation and clinical support services, through a fully customized service model designed to enhance efficiency and patient-centered care. Unlike the traditional scribe role focused solely on documenting provider encounters, StationMD leverages ScribeAmerica's expertise to support front-end reception and call center operations. Under this model, ScribeAmerica personnel collect critical information prior to each clinical encounter—including patient demographics, chief complaints, vital signs, and responses to social determinants of health (SDOH) questions. This structured intake process ensures that clinicians begin each telehealth visit with accurate, comprehensive data, enabling them to devote their full attention to the patient. Since partnering with StationMD in 2019, ScribeAmerica's experience supporting individuals with intellectual and developmental disabilities (I/DD) has continuously developed, allowing them to better understand and meet the unique needs of this population. By streamlining administrative workflows and ensuring a high standard of service coordination, ScribeAmerica helps StationMD maintain operational excellence and deliver efficient, person-centered telehealth care. Our service with ScribeAmerica is fully customized – we are not using them in a typical scribe function where they are documenting encounters. Instead, we leverage their services for front end reception and call center management and to collect critical information (including patient demographics, chief complaint, vital signs, and responses to social determinants of health questions) prior to a clinical encounter. This customized function allows us to best meet the needs of our patient population and provide excellent service while allowing our clinicians to focus on patient care.

Name & Role	Description
LanguageLine *Provides translation and interpretation services for clinician encounters, Technical Assistant interactions, and print and video resources.*	Through HealthTech Partners, StationMD partners with LanguageLine Solutions, a nationally recognized leader in healthcare interpreting and translation services, to ensure equitable and effective communication for all individuals, including those with intellectual and developmental disabilities (I/DD). LanguageLine provides 24/7 on-demand access to over 25,000 professionally trained and certified medical interpreters across more than 240 languages, including American Sign Language (ASL). Their interpreters are experienced in supporting individuals with diverse communication needs in both telehealth and in-person healthcare settings. This ensures that every StationMD telehealth encounter, whether via phone or video, can include qualified interpretation at the moment of care, helping patients, caregivers, and clinicians communicate clearly and confidently. With over 40 years of experience providing language access in healthcare, LanguageLine serves leading hospitals, health systems, and payers nationwide. Their services are HIPAA-compliant, HITRUST-certified, and fully integrated with telehealth and EHR platforms, enabling interpreters to join virtual visits securely and efficiently. In addition to real-time interpreting, LanguageLine offers translation and localization services for patient forms, educational materials, and digital content. Their healthcare-specialized linguists ensure that written communications are accurate, culturally appropriate, and compliant with applicable regulations. By leveraging LanguageLine's deep expertise and technology integration, StationMD ensures that all individuals—regardless of language, hearing ability, or communication style—receive person-centered, accessible care that supports understanding, safety, and health equity.

Summary of Company's Experience Pertinent to RFP Sections 5.2 and 5.3

Company Name	Experience with Telehealth	Experience with I/DD	Length of Experience	NYS Experience and Availability
ScribeAmerica	Actively worked in telehealth since before 2020. Staff attend "Health Care University" which provides specific training on telehealth, professional communication, and health care communication.	StationMD has partnered with ScribeAmerica, through HealthTech Partners, since 2019 to provide on-demand specialized telemedicine services to individuals with IDD. All ScribeAmerica staff assigned to StationMD go through additional I/DD training with a team lead before starting official reception shifts.	ScribeAmerica has actively worked in telehealth since before 2020 and since 2019 has assisted StationMD in the delivery of on-demand physician telemedicine services for individuals with IDD.	ScribeAmerica has had 20 clients in NYS, performing 400 projects in NYS alone.
LanguageLine	LanguageLine medical interpreters are specially trained in the language of healthcare including Medicaid and Medicare. They have been involved in telehealth for many years, starting before videoconferencing were widely available and used for telehealth. Since its inception in 1982, language line has provided over-the-phone interpreting and onsite interpreting, and in 2004 launched video remote interpreting. In 2016 it launched video interpretation.	StationMD has partnered with LanguageLine, through HealthTech Partners, starting in 2025 to provide on-demand specialized telemedicine services to individuals with IDD.[1] LanguageLine works with many healthcare clients that serve individuals with IDD and other disabilities and has worked for many years in state Medicaid programs.	LanguageLine began delivering language access services in healthcare over 40 years ago.	LanguageLine started in NYS in 1982

[1] Please refer to Exhibit R to learn more about how StationMD transitioned from its prior language services provider to LanguageLine as part of our ongoing performance improvement efforts.

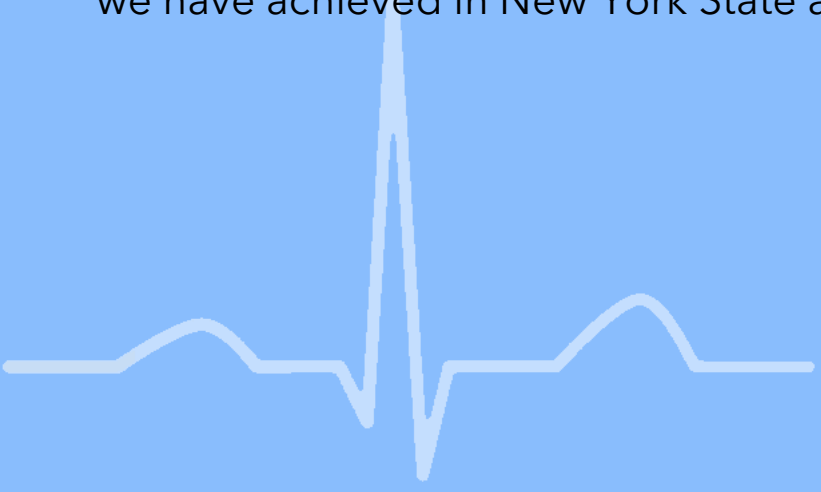
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit M

Outcomes

In this exhibit, please find excerpts from reports analyzing the impact of StationMD's services. These reports address not only the experience of the individual served; they also address the experience of the DSP or other provider staff, as well as the impact of our services on preventable hospital use and spending. This exhibit provides information about results we have achieved in New York State as well as other states.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

Outcomes Information: Excerpts from Key Reports and Analyses

This exhibit contains excerpts from reports analyzing the outcomes of StationMD's services including impacts on factors such as:

- Quality of care
- Quality of life and satisfaction for individuals served
- Spending for healthcare services
- Stress experienced by Direct Support Professionals (DSPs) and other provider staff
- Other factors

For example, these analyses assess not only the impact of our services on the experience of the individual served; they also examine the impacts on the experience of the DSP or other provider staff, as well as on preventable hospital use and spending.

One impact not measured in our studies to date – but critically important as our nation enters a period when insurance coverage rates will drop and reliance on emergency rooms (ERs) are expected to increase – is the impact of reduced preventable ER visits on ER staff and functioning. The risk of further overcrowding, continued challenges with boarding patients, and burnout of direct care workers is a real concern. We applaud OPWDD for investing in this specialized service that will help to stem the flow of preventable ER visits.

Excerpts from the following reports are included on the following pages. Key achievements are reflected throughout the body of the technical proposal, and additional performance information and other detail is included in these reports. These reports provide information about results we have achieved in New York State as well as other states.

1. **CP State OPWDD Report** - StationMD's and Cerebral Palsy of NY's Telemedicine Triage Project (TTP), which was funded by a Department of Health's Statewide Health Care Facility Program grant for five years. The Telemedicine Triage Project (TTP) is an innovative model that provides telemedicine consultations for people with I/DD who reside in state-certified group residences and present with urgent but non-emergent medical concerns when usual providers are unavailable. This served approximately 43 provider agencies and 1500 sites.

2. **Ohio State University State Report** (Analysis conducted by Ohio State University)- Ohio Department of Developmental Disabilities (DODD) contracted with StationMD in 2022 to implement a pilot program with the goal of improving access to health care and enhancing health outcomes for Ohioans with ID/DD. The DODD invited individuals with ID/DD, through county boards, providers, intermediate care facility for individuals with intellectual disability (ICF), and other stakeholders to enroll in the Ohio StationMD pilot program.

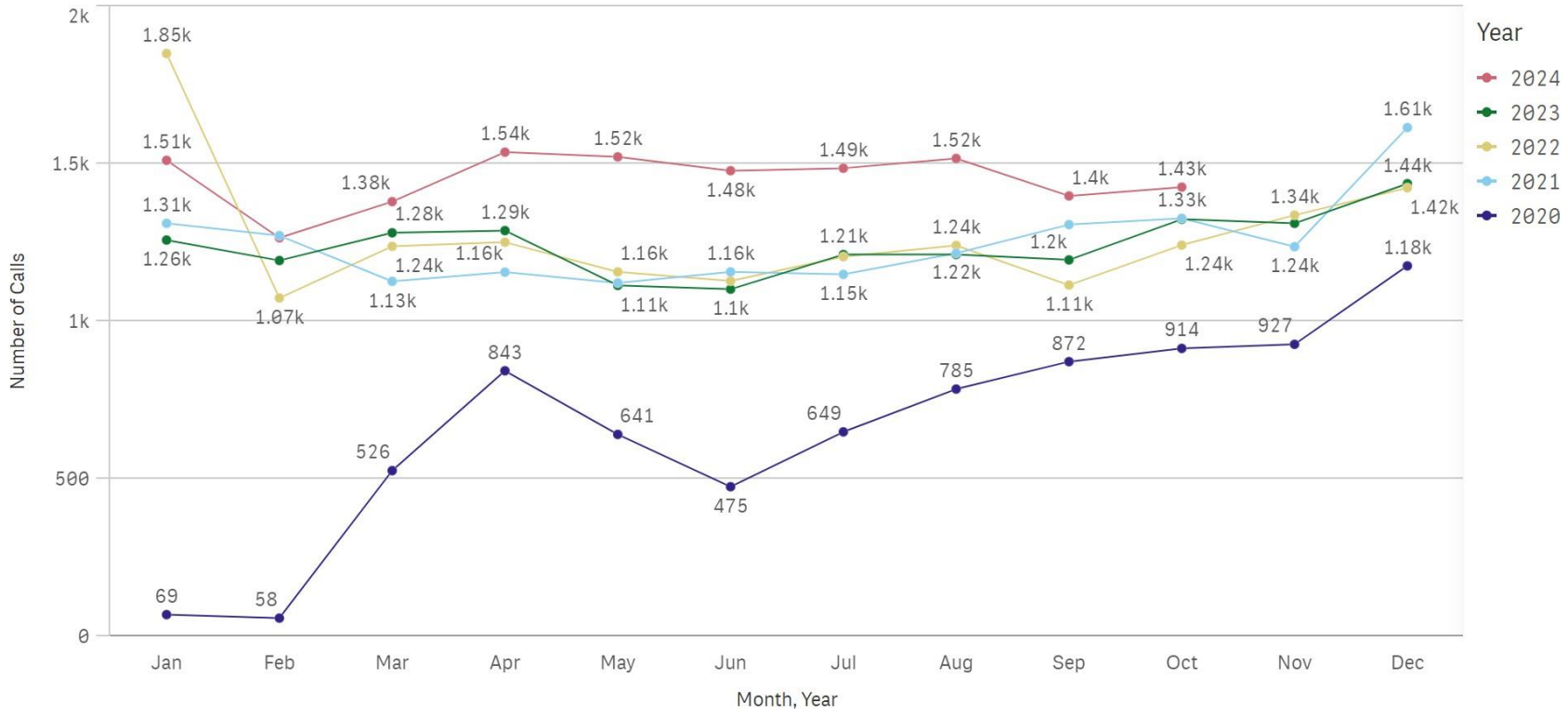
3. **Pennsylvania Waiver Data Report** - StationMD first launched services across Pennsylvania through collaborations with provider agencies that support individuals with IDD. These partnerships quickly demonstrated the value of our services, so the state developed a new HCBS waiver service and StationMD proudly became the first provider of on-demand physician telemedicine services.

4. **Partners Health Plan Outcomes Report** (Prepared by Partners Health Plan) - For this managed care plan that contracts with Medicare and the NYS Medicaid program to provide benefits to enrollees through the Fully Integrated Duals Advantage for Individuals with I/DD Demonstration, StationMD served 1,100 enrollees.

CP State

From CP of New York States' Report to OPWDD on its work with StationMD through the DOH Transformation Grant

Year Over Year Comparison of Calls

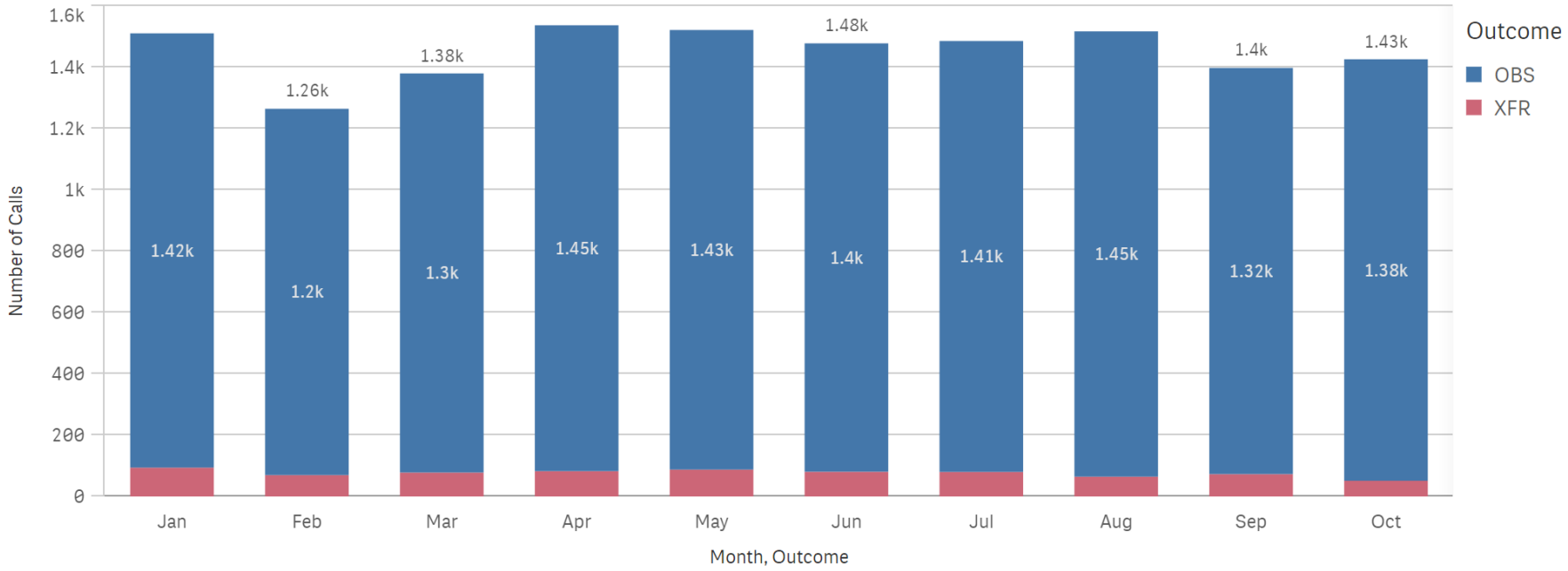


Calls by Agency

Year	2024										
Agency Name	Grand Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Totals	14,520	1,511	1,265	1,380	1,537	1,522	1,478	1,486	1,517	1,398	1,426
Able2	252	40	24	13	38	24	21	33	26	14	19
AccessCNY	27	7	0	2	2	2	2	2	3	4	3
ACHIEVE (Broome-Chenango-Tioga)	56	5	8	4	14	7	3	4	7	2	2
ADAPT Community Network	1,097	142	111	108	95	107	119	98	102	105	110
Adirondack Arc	191	23	21	23	25	16	11	12	19	19	22
AHRC NYC	909	75	74	103	86	86	115	99	104	90	77
Arc Glow (Genesee Orleans Livingston-Wyoming)	167	10	7	10	17	11	20	19	24	29	20
Arc of Chemung-Schuyler	143	14	16	16	18	12	15	14	7	14	17
Arc of Jefferson - St. Lawrence	293	35	33	25	28	23	33	31	34	22	29
Arc of Madison - Cortland	139	18	13	13	13	10	18	15	7	17	15
Arc of Monroe County	23	1	0	2	2	3	1	1	3	4	6
Arc of Onondaga	88	4	4	8	14	9	6	9	7	11	16
Arc of Otsego	70	4	5	2	11	9	4	9	9	10	7
Arc of Rockland	13	0	0	0	1	5	2	0	1	2	2
Arc of Wayne	60	11	6	7	7	2	3	12	1	4	7
Arc of Westchester	51	6	3	3	8	1	1	8	10	8	3
Arc Oneida - Lewis Chapter	116	9	6	12	13	18	15	11	9	11	12
Aspire of Western New York	37	2	4	5	4	2	4	4	2	6	4
Birch Family Services	609	58	35	66	60	58	66	66	61	56	83
Center for Disability Services	62	5	9	6	7	4	3	8	5	11	4
Cerebral Palsy of Nassau County	206	28	23	16	16	14	29	19	24	27	10
CoArc	45	6	5	4	8	4	2	10	3	2	1
CP of the North Country	106	9	5	9	8	19	12	11	7	4	22
CP Rochester	17	1	1	1	1	6	2	0	1	4	0
CP Unlimited (CP of NYS)	1,229	130	122	139	113	130	109	131	133	105	117
HeartShare Human Services of NY	817	84	78	82	79	101	76	74	105	73	65

Institute of Applied Human Dynamics (IAHD)		750	81	54	67	75	93	69	78	86	74	73
Intandem (Arc of Cattaraugus Niagara)		341	36	24	26	37	37	31	42	39	42	27
Jawonio		29	2	2	7	1	3	4	2	2	5	1
Kelberman Center (formerly Gavras Center)		24	2	1	1	6	2	1	7	1	1	2
Liberty Arc		600	36	40	54	74	78	62	62	46	64	84
LifeSpire		2,475	277	259	249	262	269	256	222	248	207	226
Mozaic		196	14	20	24	9	15	18	22	24	26	24
New Hope Community		378	38	29	37	52	45	41	46	35	28	27
Ontario Arc		137	11	8	8	13	15	14	18	14	22	14
Queens Center for Progress		23	3	2	0	3	0	1	0	10	2	2
Racker		242	19	25	21	24	11	20	26	38	31	27
Richmond Community Services		16	2	3	3	2	3	0	2	0	1	0
Saratoga Bridges		75	5	7	8	13	12	6	3	8	8	5
Services for the Underserved (SUS)		708	111	44	64	64	88	63	68	76	58	72
The Arc Allegany-Steuben		202	29	11	17	25	19	21	24	19	20	17
The Arc of Lexington		926	75	83	70	118	94	120	92	97	103	74
UCP Long Island		91	4	6	1	5	7	5	15	10	10	28
Upstate Caring Partners		403	33	30	30	48	39	47	51	41	38	46
Wraparound Services of the Hudson Valley		81	6	4	14	18	9	7	6	9	4	4

Calls by Outcome



	Year	2024										
Outcome ID		Grand Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Grand Total		14,520	1,511	1,265	1,380	1,537	1,522	1,478	1,486	1,517	1,398	1,426
Transferred to ER or Urgent Care		763	94	70	78	83	88	81	80	65	73	51
Treat in Place		13,757	1,417	1,195	1,302	1,454	1,434	1,397	1,406	1,452	1,325	1,375

CP State

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

Data Updates CP State-StationMD Highlights

- Reduction of 0.5 ER visits/person/yr; reduction of 0.2 UC visits/person/yr
- 4400 ER visits avoided per year; 1848 UC visits avoided per year
  - *Total 6248 urgent/emergent visits avoided per year*
- Staff hours savings= 30,096 per year
- Gross savings of $5,525,000/year of *Medicaid dollars(Medicare excluded)*
  (for ER, UC and transport only)
- Net savings = $3.1m of Medicaid dollars for cohort(without hospitalization adjustment)
- **Total Net Medicaid Savings per year for Grant Cohort= $10,984,800**
  (assuming 30% of ER visits result in hospital admissions)

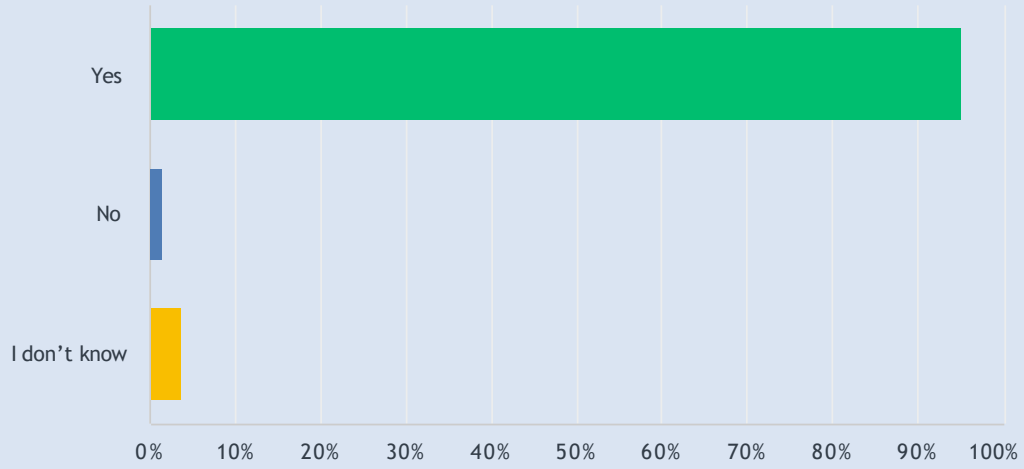
CP State

CP Grant Nurse Data

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

Q1 Do you feel the consultation with StationMD services improved the overall health outcomes of the person using these services?

Answered: 142 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	95.07%	135
No	1.41%	2
I don't know	3.52%	5
TOTAL		142

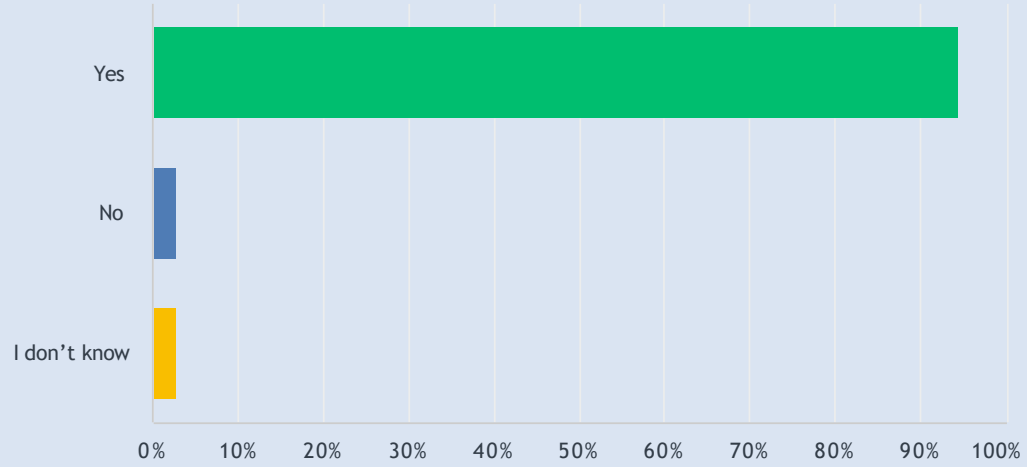
CP State

CP Grant Nurse Data

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

Q4 Does StationMD make your job less stressful?

Answered: 142 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	94.37%	134
No	2.82%	4
I don't know	2.82%	4
TOTAL		142

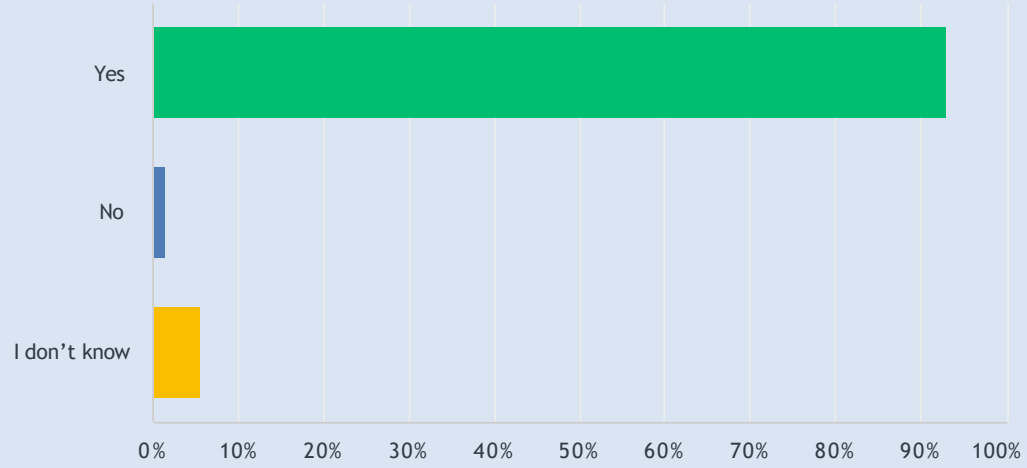
CP State

CP Grant Nurse Data

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

Q9 Do StationMD services improve the overall quality of life of your clients?

Answered: 142 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	92.96%	132
No	1.41%	2
I don't know	5.63%	8
TOTAL		142

StationMD Patient-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

Methodology: Evaluating Performance Impact Pre- and Post-Service Implementation

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

Baseline Data without StationMD Services(2019)

- Cohort of 1022 members from 5 agencies
- 1305 ER visits or 1.3 ER visits per person/year
- 378 UC visits or .37 UC visits per person/year
- 560 of 1022 Hospitalizations or .54 hospitalizations per person/year

Service Implementation with StationMD Services(2023)

- Cohort of 1122 members from 5 agencies
- 912 ER visits or 0.8 ER visits per person/year
- 186 UC visits or .16 UC visits per person/year
- 602 of 1122 Hospitalizations or .53 hospitalizations per person/year

Post StationMD Savings Results

- Cohort of 1122 members from 5 agencies
- 0.5 ER visits per person/year avoidance with StationMD
- 0.21 UC visits per person/year avoidance with StationMD
- 0.01 Hospitalizations per person/year avoidance with StationMD

Annual State Medicaid Savings Survey Sample

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

Avg. ER Costs: $720
Avg. UC Costs: $180
Avg. EMS Costs: $540
Avg. Hospitalization Cost: $5659

($720 x 1122 individuals) x 0.5 (ER avoidance with SMD) = $403,920 ER Savings

($180 x 1122 individuals) x 0.21 (UC avoidance with SMD) = $42,411 UC Savings

($540 x 1122 individuals) x .426 (EMS Transport savings) = $258,105 EMS Transport Savings

(5659 x 1122 individuals) x 0.01 (Hospitalization Savings) = $63,495 Hospitalization Savings Subtotal Savings = $767,931

for 1122 individuals for 1 year

StationMD Services: 1122 x $27 =$363,528 for 1 year

Per 1122 Individuals: **Annual Savings = $404,403**

Per 8800 Individuals: **Annual Savings = $3,170,520**

(without hospitalization adjustment)

Extrapolated Annual State Medicaid Savings for Entire Grant Cohort

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

Avg. ER Costs: $720 (blend of duals/non-duals)
Avg. UC Costs: $180(blend of duals/non-duals)
Avg. EMS Costs: $540 (blend of duals/non-duals)
Avg. Medicaid share of Hospitalization cost for non-duals: $10,160
Avg Medicaid share of Hospitalizations for duals= $1,158

($720 x 8800 individuals) x 0.5 (ER avoidance with SMD) = $3,168,000 ER Savings

($180 x 8800 individuals) x 0.21 (UC avoidance with SMD) = $792,000 UC Savings

($540 x 8800 individuals) x .426 (EMS Transport savings) = $2,376,000 EMS Transport Savings

(0.3 x 4400 avoided ER visist) x $5659(Medicaid share) = $7,500,000 Hospitalization Savings

Gross Medicaid Savings per year for Grant Cohort= $13,836,000

StationMD Services Cost for 1 year during grant for 8800= $2,851,200

Total Net Medicaid Savings per year for Grant Cohort= $10,984,800

*Assumes 50% of individuals are duals and 50% are Medicaid-only
*Assumes 30% of ER visits result in hospitalizations for people IDD based on ntl data
*Assumes 42% of ER/UC visits transport by EMS

Staffing Hours saved with StationMD

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

6 Staff hours per ER Visit
2 Staff hours per UC Visit

6 staff hours x 0.5 (ER avoidance with SMD) x 8800 individuals = 26,400 Staff Hours saved from ER visits per year

2 staff hours x .21 (UC avoidance with SMD) x 8800 individuals = 3696 Staff Hours saved from UC visits per year

THE OHIO STATE UNIVERSITY

From Ohio State's Report on StationMD's pilot with Ohio Department of Disabilities

THE OHIO STATE UNIVERSITY
NISONGER CENTER

Ohio StationMD Pilot Program: Report on Outcomes

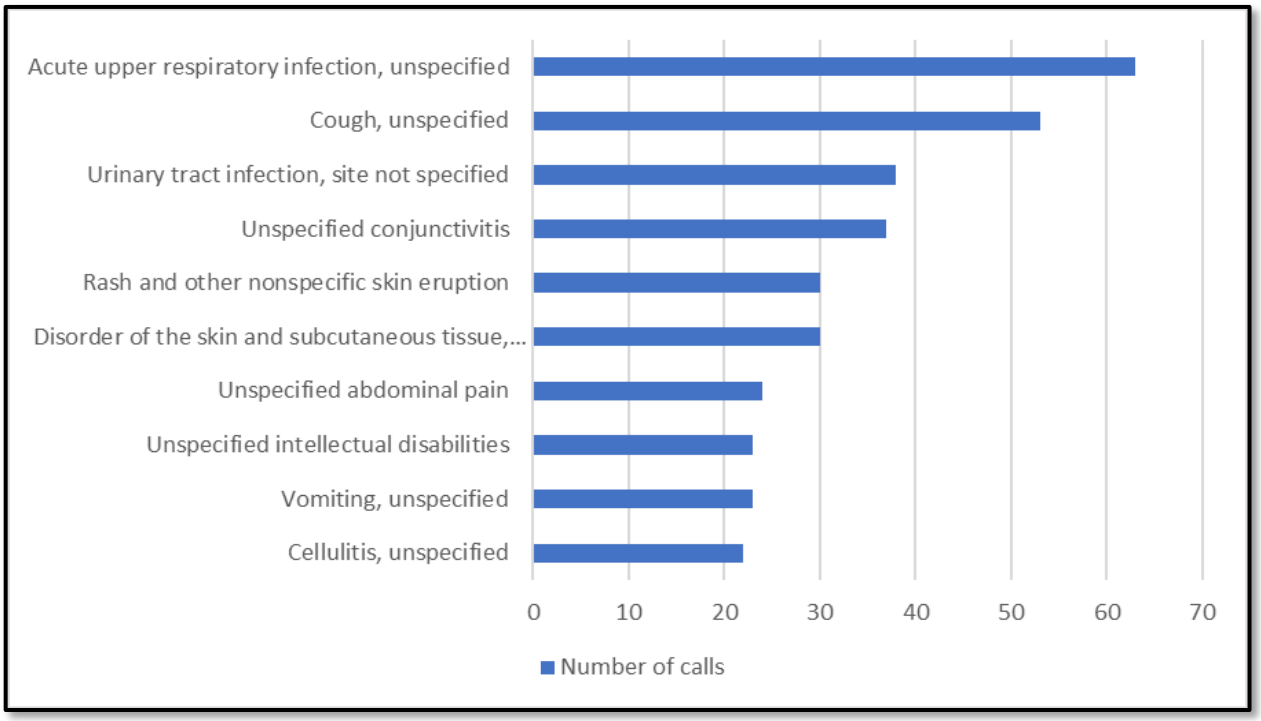
(2022-2024)

Marc J. Tassé, PhD
Jordan Wagner
Xiaoya Zhang

The Ohio State University
Nisonger Center

April 1, 2025

Top 10 Diagnoses Assigned During a Call to StationMD



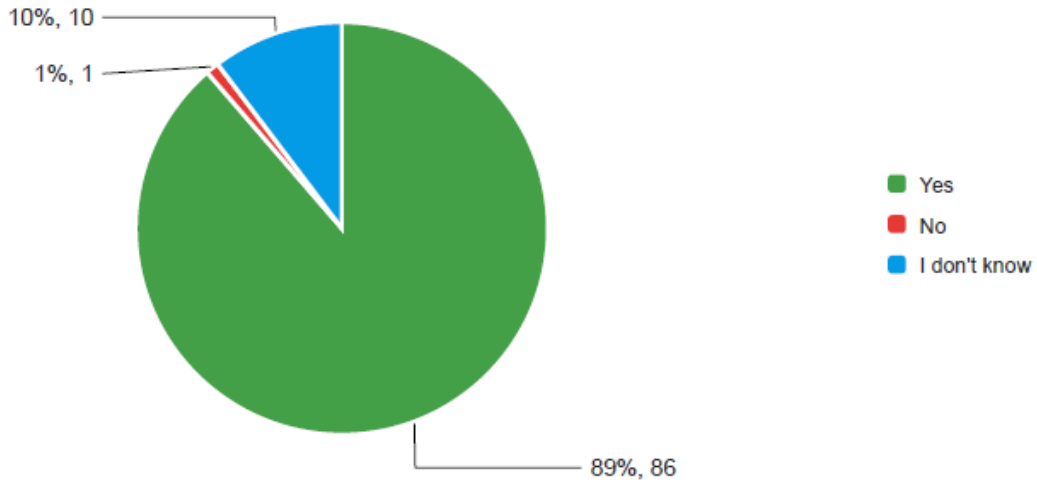
A total of 684 StationMD calls could be aggregated into the 50 most frequent medical diagnoses and 69 of these 684 calls (~10%) resulted in a transfer to the ED. From the sample of these 50 most common medical diagnoses, 22 diagnoses resulted in at least one transfer. We have included the top 10 reasons for a transfer in the graph below (see Graph below).

SPECIFIC QUESTIONS ANSWERED BY DIRECT SUPPORT PROFESSIONALS

Of the 122 direct support professionals (DSP) who logged onto the StationMD online survey, 19 responded that they, or the person they support, had not made any calls to StationMD services since their enrollment in the Ohio StationMD pilot program. The responses of the remaining 103 DSPs to the StationMD survey questions are summarized below (some questions were skipped and some respondents tapered off. More than 90 people answered the questions listed).

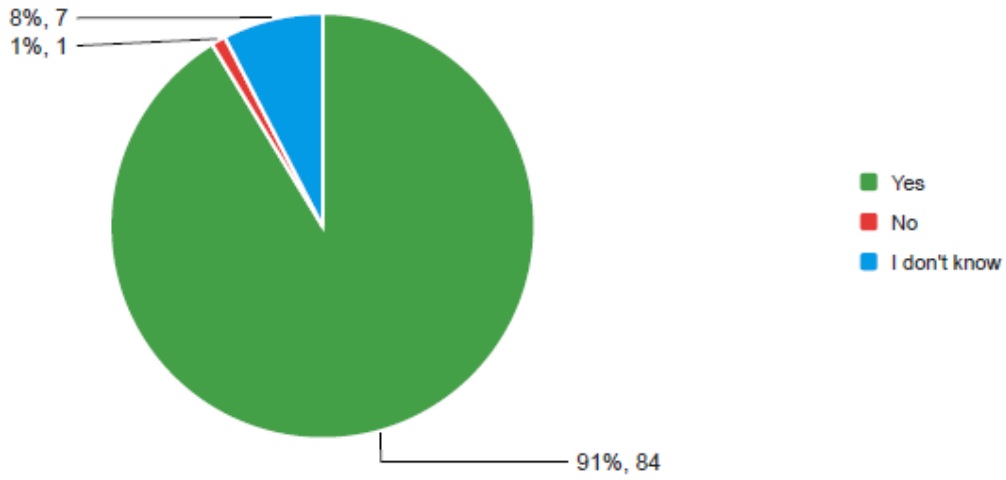
1. Do you feel the consultation with StationMD services improved overall health outcomes of the person using these services?

97 Responses



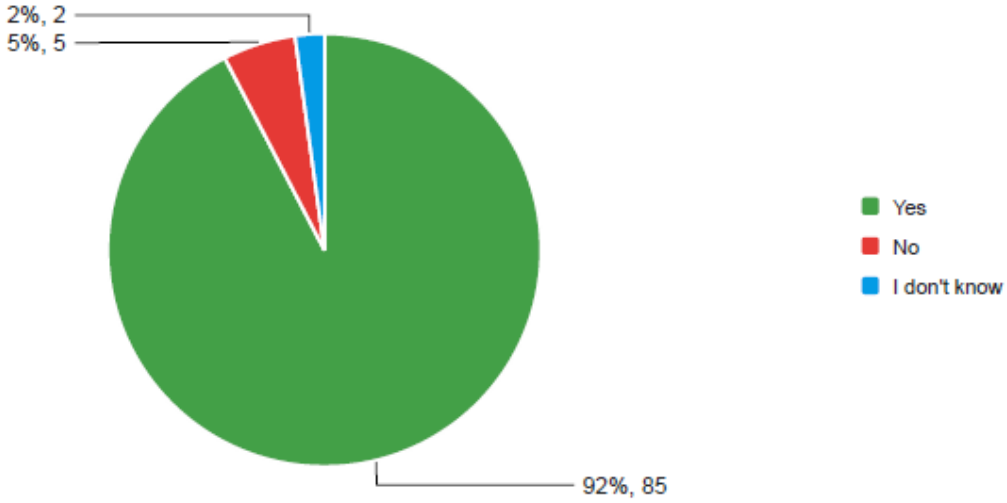
4. Did StationMD doctors demonstrate an understanding of the unique needs and experiences of people with developmental disabilities?

92 Responses



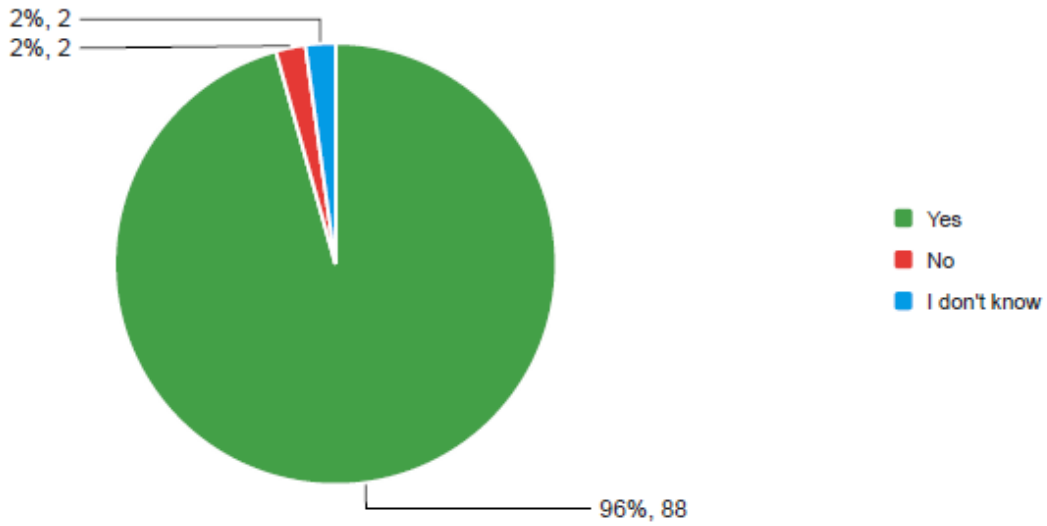
5. Does StationMD make your job less stressful?

92 Responses



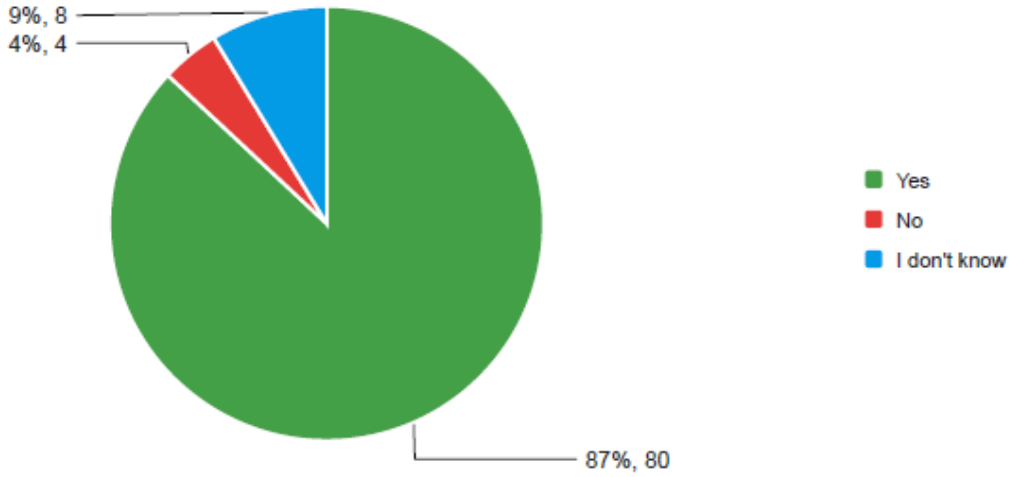
6. Does access to StationMD services improve your confidence/ability to provide quality care?

92 Responses



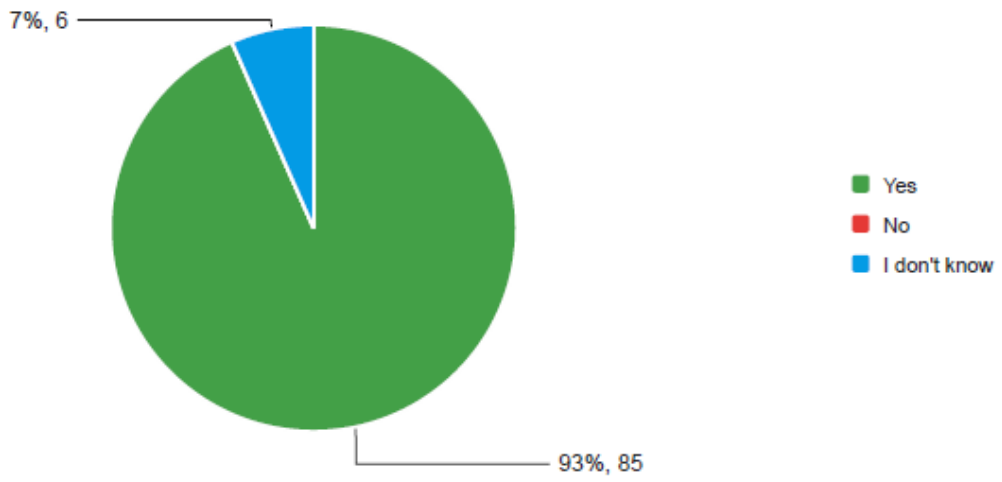
7. Does having access to StationMD improve your job satisfaction?

92 Responses



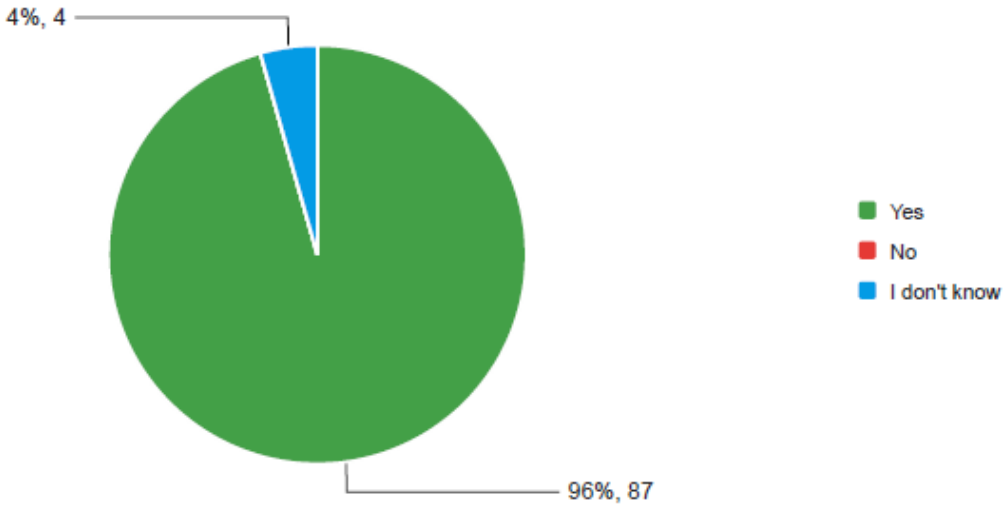
10. Do StationMD services improve the overall quality of life of your clients?

91 Responses



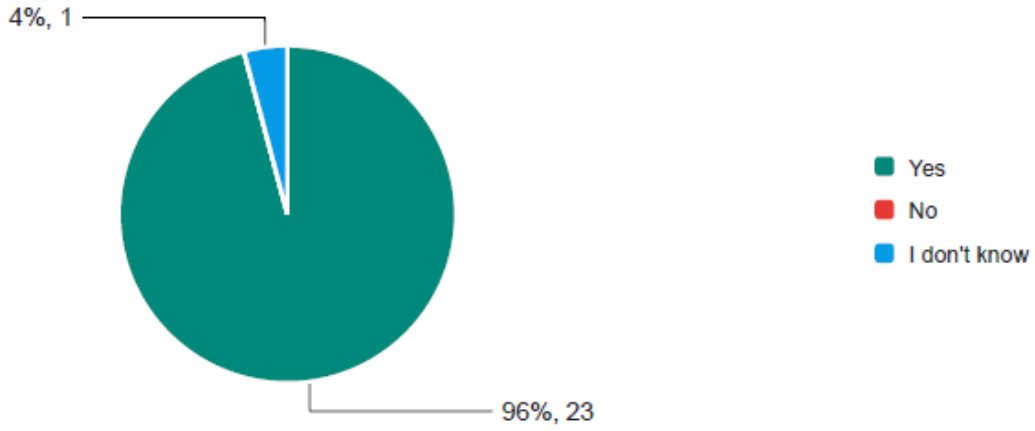
11. Were you able to understand the treatment or advice provided by StationMD doctors?

91 Responses



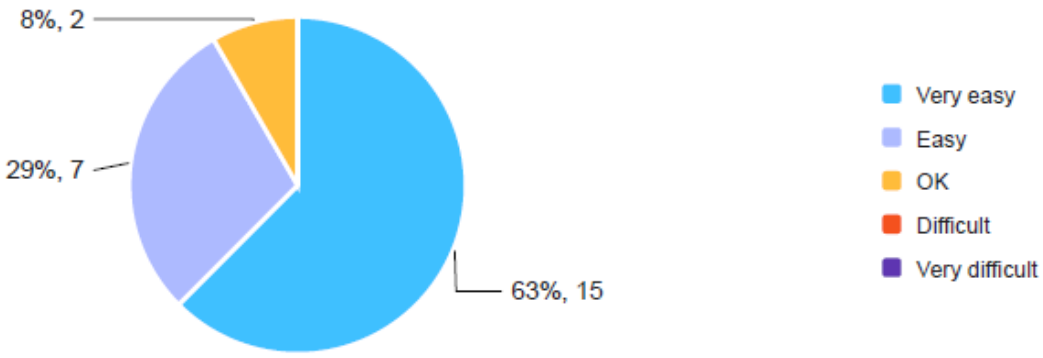
1. Do you feel the consultation with StationMD services improved overall health outcomes of the person using these services?

24 Responses



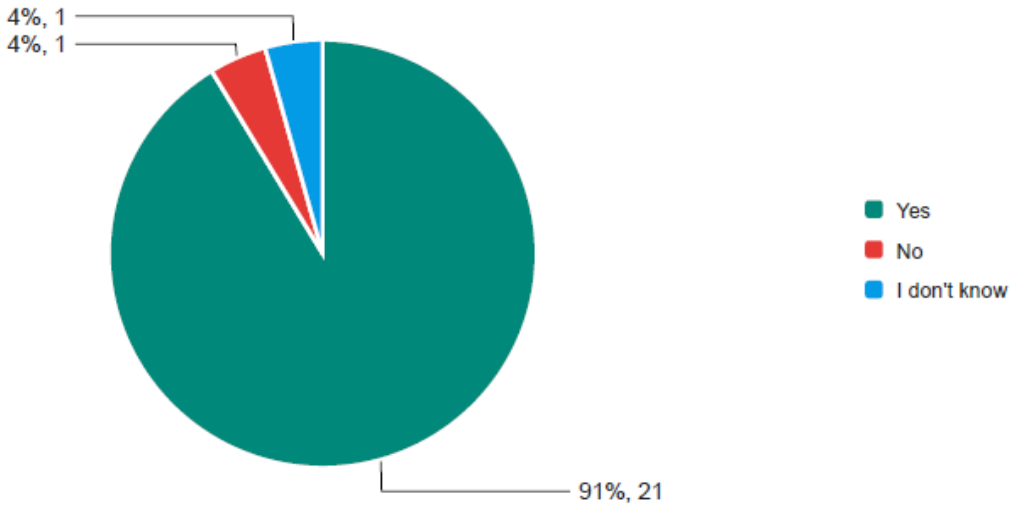
2. How easy/difficult was it to connect and speak with a StationMD doctor?

24 Responses



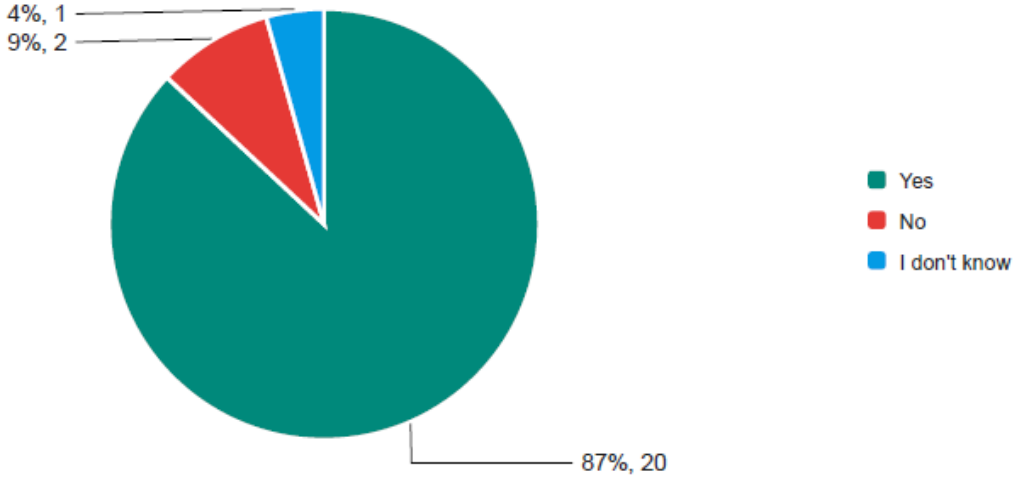
5. Does StationMD make your job less stressful?

23 Responses



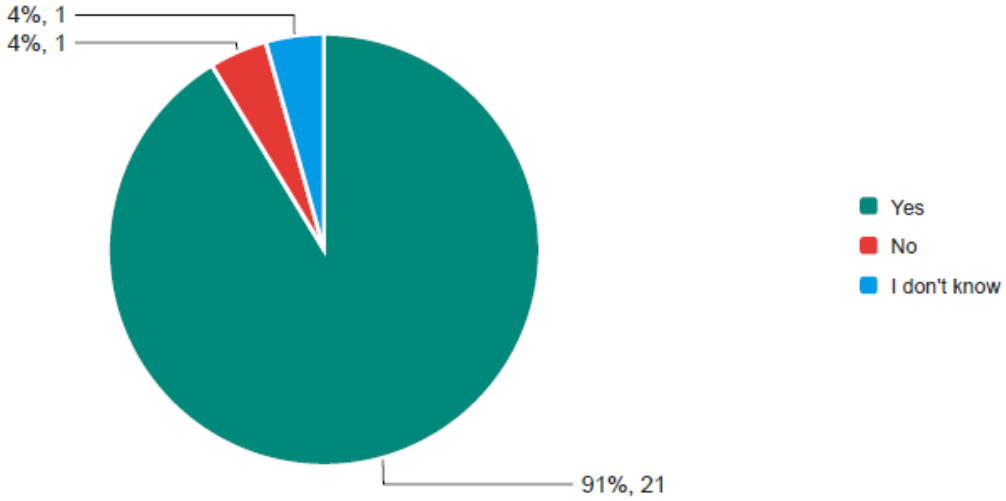
6. Does access to StationMD services improve your confidence/ability to provide quality care?

23 Responses



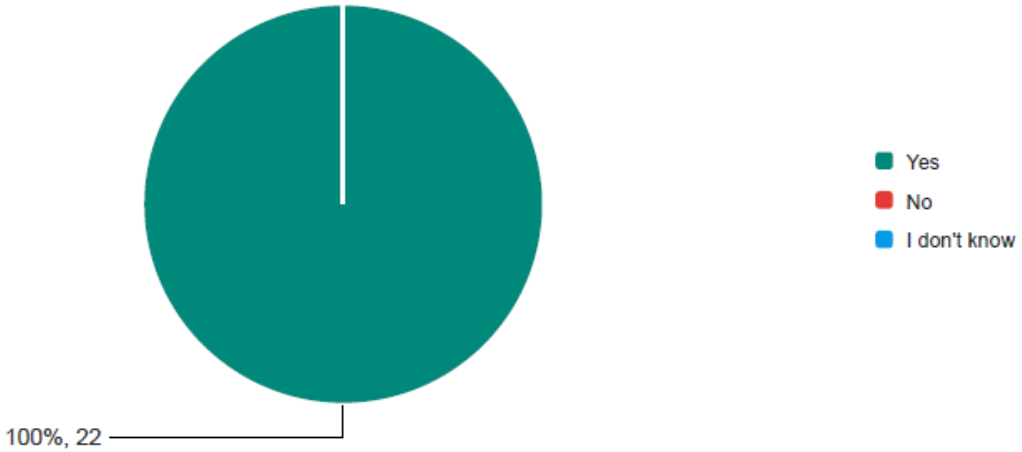
7. Does having access to StationMD improve your job satisfaction?

23 Responses



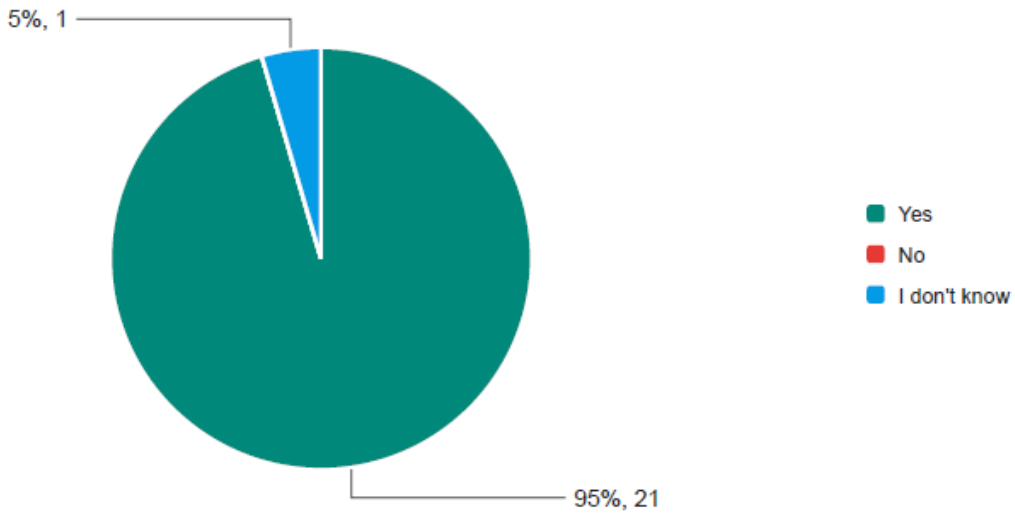
8. Do StationMD services help you meet the health care needs of the person(s) you support?

22 Responses



11. Were you able to understand the treatment or advice provided by StationMD doctors?

22 Responses



Top 50 Diagnoses – StationMD Calls

	Outcome		
First ICD-10 Name	Observation	Transfer	Grand Total
Acute upper respiratory infection, unspecified	62	1	63
Cough, unspecified	52	1	53
Urinary tract infection, site not specified	38		38
Unspecified conjunctivitis	37		37
Disorder of the skin and subcutaneous tissue, unspecified	30		30
Rash and other nonspecific skin eruption	30		30
Unspecified abdominal pain	16	8	24
Vomiting, unspecified	19	4	23
Unspecified intellectual disabilities	23		23
Cellulitis, unspecified	21	1	22
Unspecified injury of head, initial encounter	14	6	20
Other injury of unspecified body region, initial encounter	18	1	19
Nausea	15	4	19
Fever, unspecified	13	5	18
Edema, unspecified	13	3	16
COVID-19	15		15
Other fatigue	13	1	14
Headache, unspecified	9	4	13
Nasal congestion	13		13
Other seizures	11	1	12
Acute cough	11		11
Essential (primary) hypertension	11		11
Pain in unspecified limb	8	1	9
Hypoxemia		8	8
Type 2 diabetes mellitus without complications	8		8
Dorsalgia, unspecified	5	2	7
Otalgia, unspecified ear	7		7
Other constipation	7		7
Localized swelling, mass, and lump, left lower limb	5	1	6
Dizziness and giddiness	4	2	6
Unspecified disorder of eye and adnexa	4	2	6
Chest pain, unspecified		6	6
Constipation, unspecified	6		6
Diarrhea, unspecified	6		6
Other specified dermatitis	6		6
Other specified noninfective gastroenteritis and colitis	6		6

Poisoning by unspecified drugs, medicaments, and biological substances, accidental (unintentional), initial encounter	6		6
Other hypotension	2	3	5
Gastrointestinal hemorrhage, unspecified	1	4	5
Acute gastritis without bleeding	5		5
Acute vaginitis	5		5
Bronchitis, not specified as acute or chronic	5		5
Elevated blood-pressure reading, without diagnosis of hypertension	5		5
Hematuria, unspecified	5		5
Other conjunctivitis	5		5
Viral intestinal infection, unspecified	5		5
Conjunctival hemorrhage, right eye	4		4
Contusion of left hand, initial encounter	4		4
Cutaneous abscess, unspecified	4		4
Acute sinusitis, unspecified	3		3

Commonwealth of Pennsylvania

From the Report to Pennsylvania regarding StationMD's HCBS service in the state

StationMD

Executive Summary

Since March 2024, ODP and StationMD have served more than 4,526 individuals as a STAT service provider. The critical combination of tailored IDD-medical training and instant access has consistently yielded benefits in care and cost. There have been 5,554 encounters with 94% resolved without having to send to an ER or urgent care.

- We estimate a savings of over $30 million in avoided ER, hospitalization and transportation costs since inception

- This model can be adapted to add an additional dimension of care improvement through the inclusion of psychiatric care, while also increasing cost avoidance

StationMD

Partnership Data

Since starting services in March 2024, StationMD has:

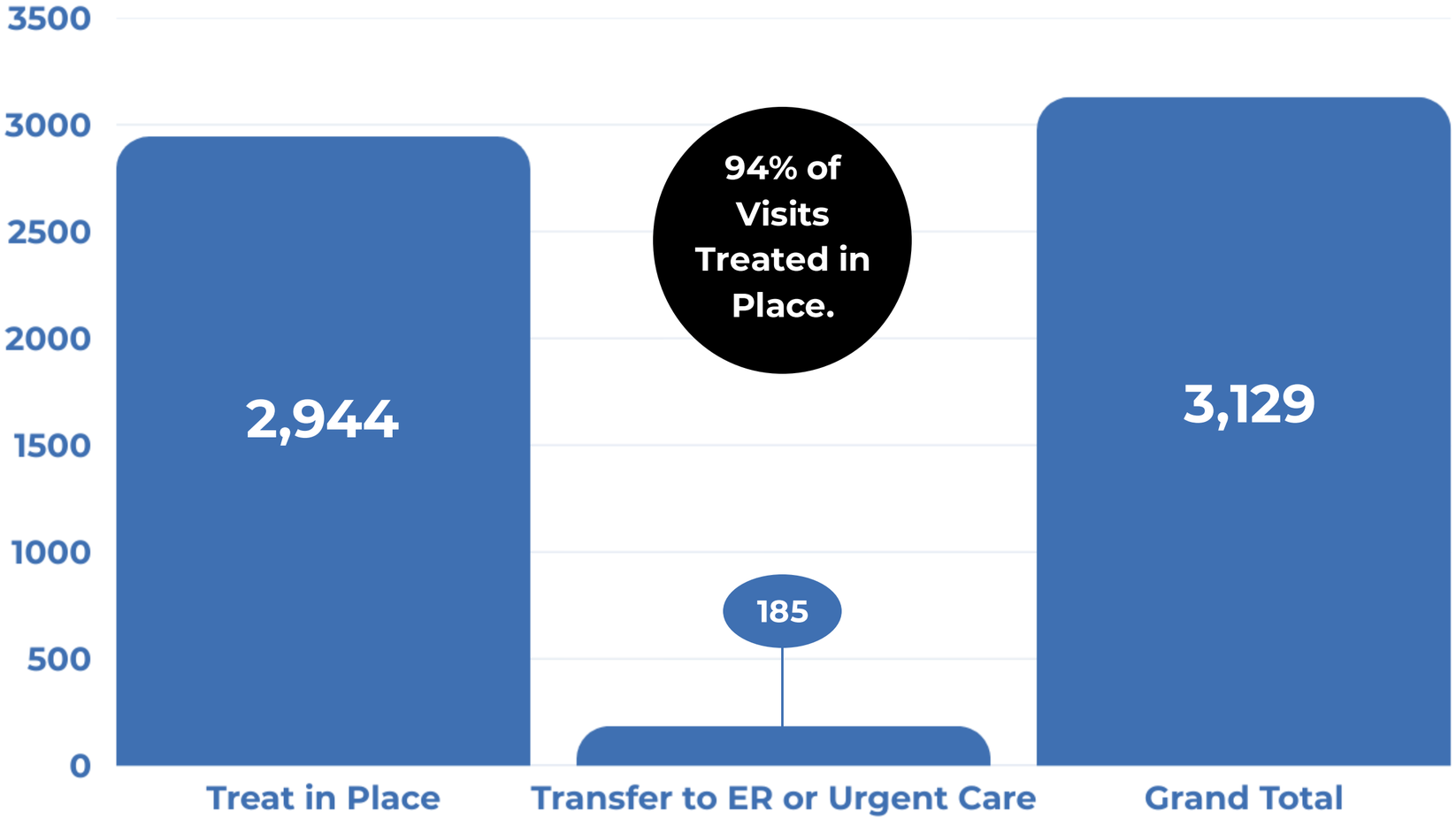
- Enrolled 4,526 lives with month over month growth in:
  - ✓ Enrollment in STAT
  - ✓ Enrollees' use of STAT to access care

- Completed 5,554 encounters
  - ✓ Most encounters occur after-hours and weekend encounters
  - ✓ Treated 94% of patients in place without having to refer to an ER or Urgent Care
  - ✓ Referred the remaining 6% with detailed notes to ensure smooth transition of care

Continue for a detailed breakdown

StationMD

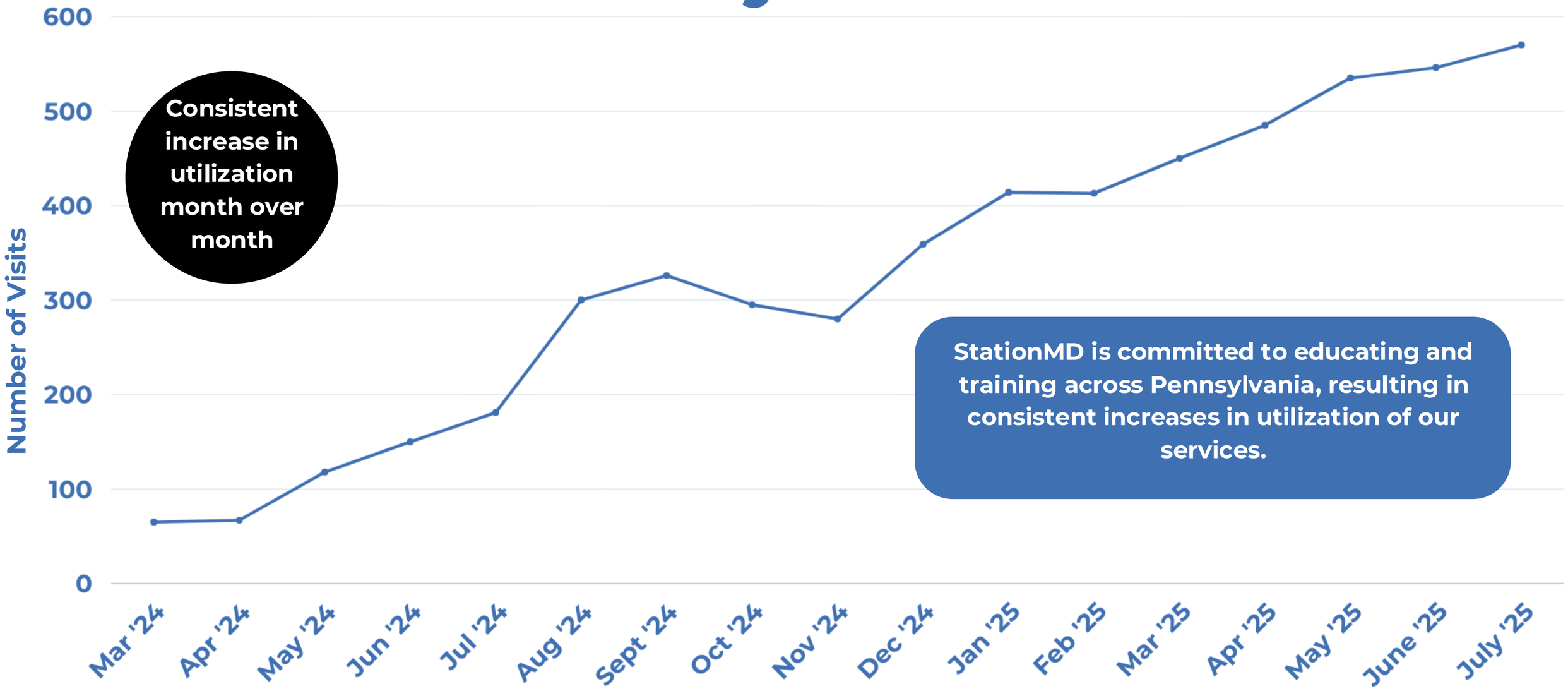
Visit Outcomes



StationMD helps avoid unnecessary trips to the ER or Urgent Care resulting in improved patient outcomes and cost savings.

StationMD

Visits By Month

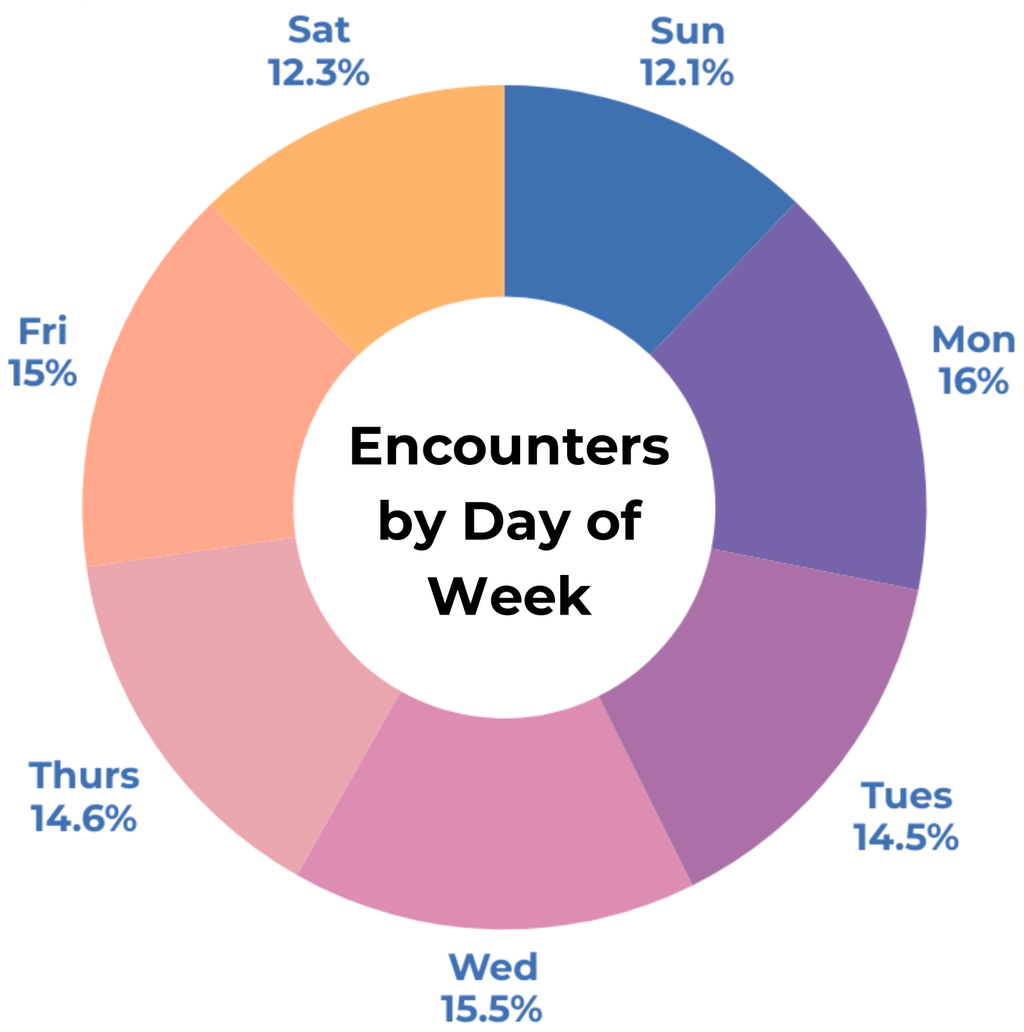


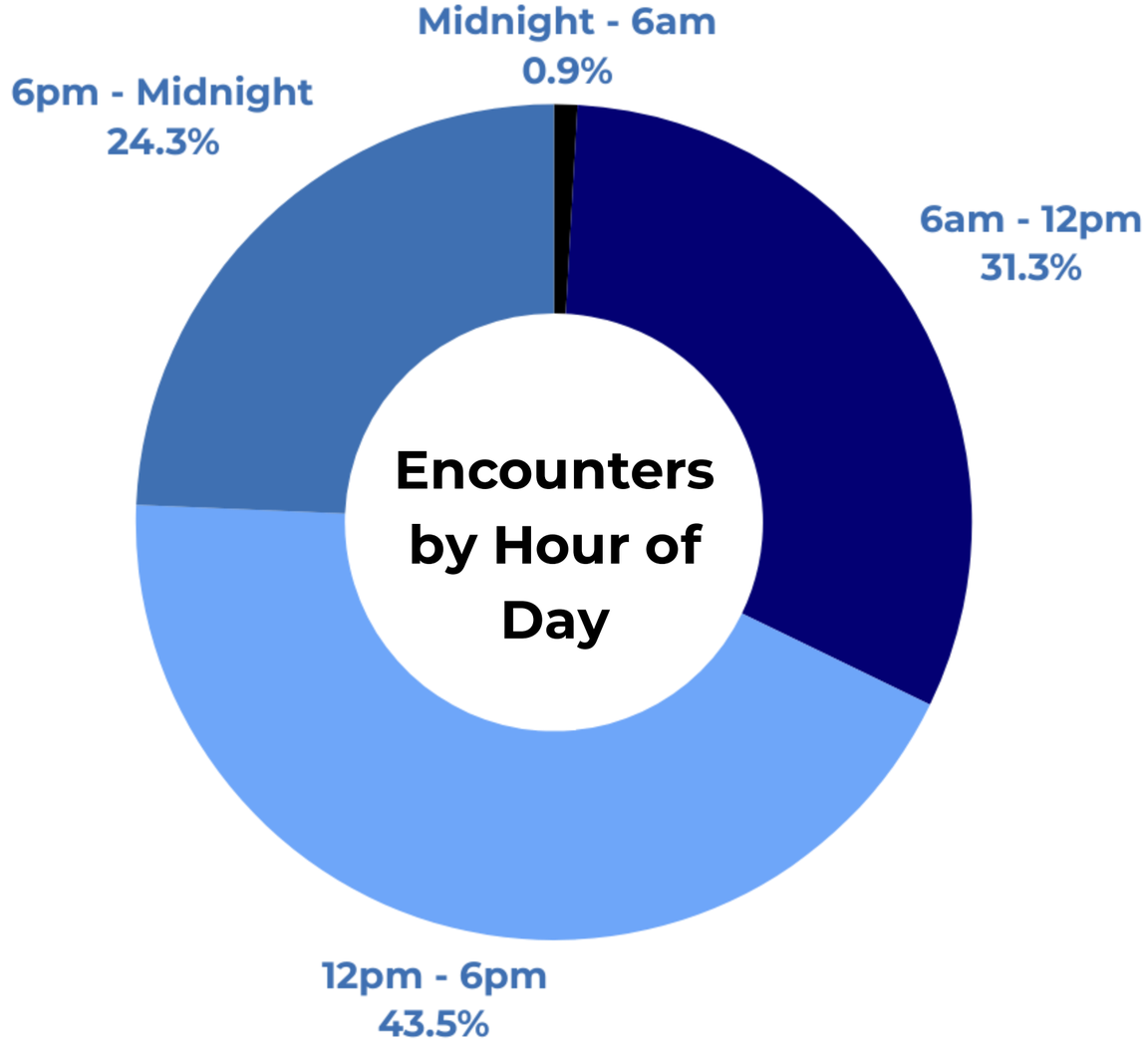
Consistent increase in utilization month over month

StationMD is committed to educating and training across Pennsylvania, resulting in consistent increases in utilization of our services.

StationMD

Encounter Patterns

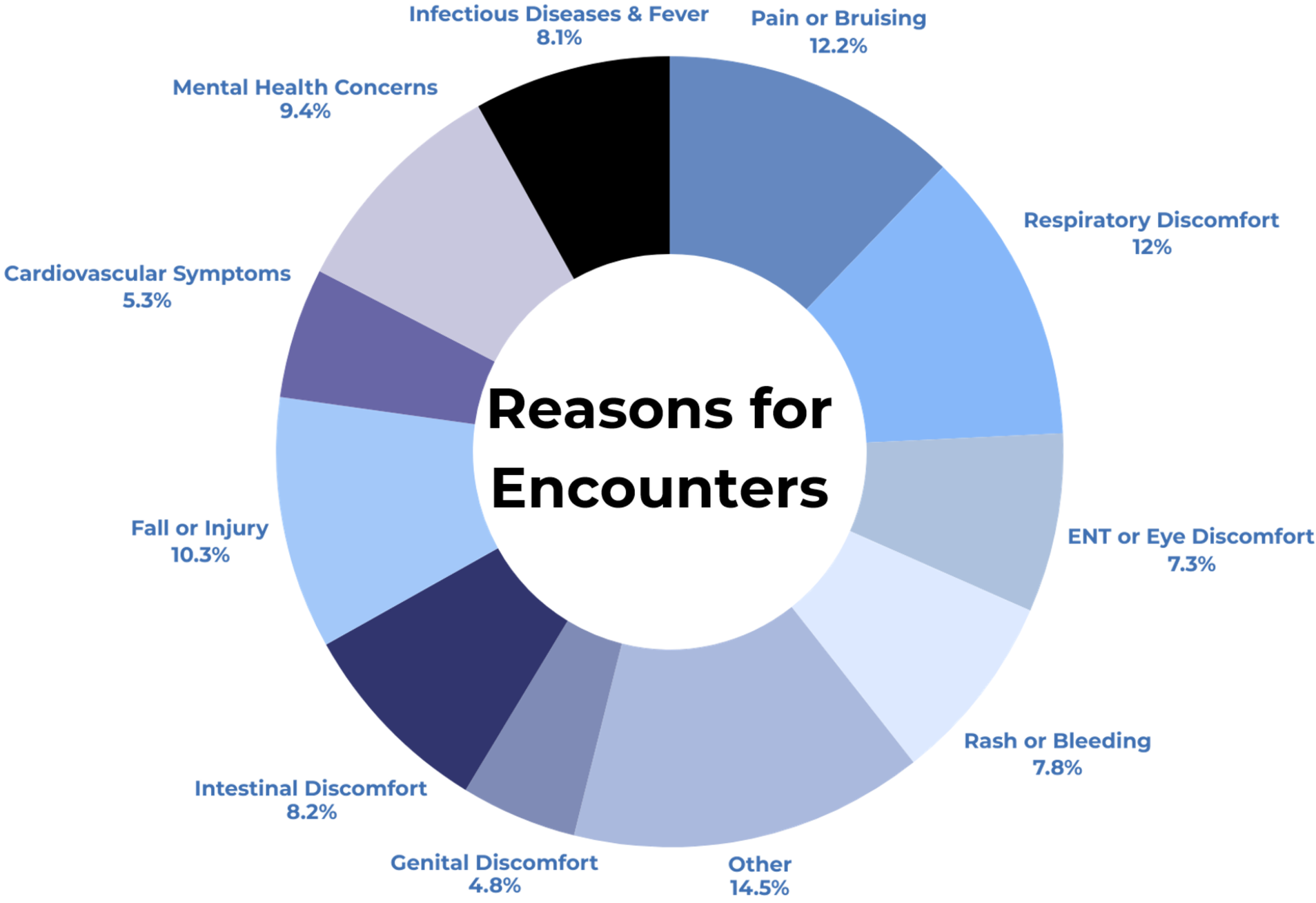




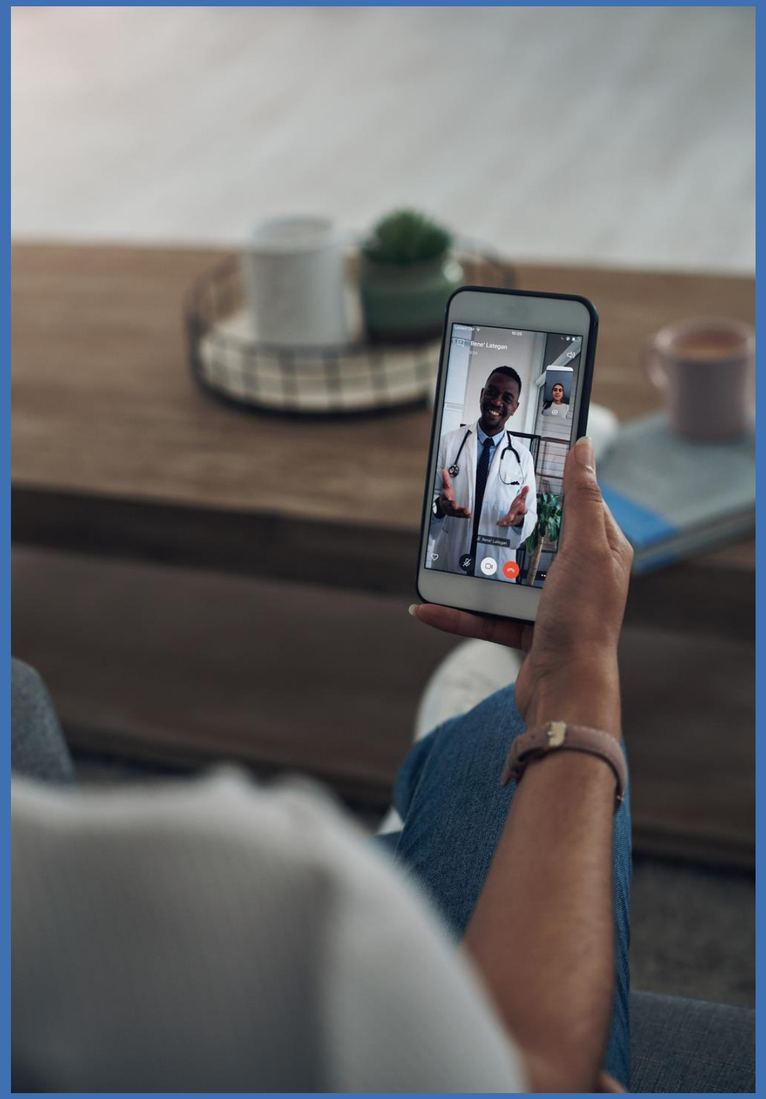
Encounter patterns can be helpful in heading off issues in the future. For example, if falls in a group home tend to occur when individuals are getting out of bed in the morning, agencies can use this data to establish a protocol of morning rounds; this will ensure no one is trying to unsafely get out of bed.

StationMD

StationMD can dramatically reduce potentially traumatic trips to the ER by providing IDD-specialized care from uniquely-trained clinicians.



StationMD



Estimated Cost-Avoidance

Pennsylvania is reducing costs through StationMD by:

- Decreasing Preventable ER Encounters
- Decreasing Preventable Urgent Care encounters
- Decreasing Preventable Hospitalization Rates
- Decreasing Need for EMS Transportation

The following Slides detail Pennsylvania's estimated cost-avoidance and the methodology used to calculate the savings.

Continue for a detailed breakdown

StationMD

Cost with StationMD

Type of Service/ Encounter Type	Estimated Encounter Costs (National Average)	Calculated Pennsylvania Utilization (Since Inception)	Totals (Since Inception)
Hospitalization	$17,000	70	$1,190,000
ER Visit	$1,200	233	$279,600
UC Visit	$360	100	$36,000
EMS Transport	$900	98	$88,200
Extended Hospitalization	$80,000	14	$1,120,000
Overall Cost (Including cost of service)			$5,621,650

Cost without StationMD

Type of Service/ Encounter Type	Estimated Encounter Costs (National Average)	Calculated Pennsylvania Utilization (Since Inception)	Totals (Since Inception)
Hospitalization	$17,000	933	$15,861,000
ER Visit	$1,200	3,110	$3,732,000
UC Visit	$360	1,333	$479,880
EMS Transport	$900	1,306	$1,175,400
Extended Hospitalization	$80,000	187	$14,960,000
Overall Cost			$36,208,280

Total Cost Avoidance with StationMD

$30,586,630

StationMD

StationMD DSP Spotlight Series

"Be patient with the individuals. The individuals and I approach challenges as a team. When they feel like they're helping, it builds their trust, respect, and confidence. This helps them see me as an ally, not just DSP staff."

Marcy Collins

DSP at Wesley Family Services, Pennsylvania

StationMD

Partner Agency Testimonial: Arc Human Services

Arc Human Services

AHS serves the I/DD community around Pittsburgh, PA

AHS has 149 individuals enrolled in StationMD

AHS has called StationMD over 450 times

StationMD not only provides convenience, but their dedicated providers have a remarkable ability to engage with the people we support on a personal level. One of StationMD's most significant impacts has been the reduction in unnecessary emergency room and urgent care encounters among the people we serve. This is particularly crucial for individuals with intellectual disabilities, for whom navigating such environments can be both frightening and distressing...

The commitment and compassion demonstrated by the providers at StationMD have genuinely made a difference in the lives of those we serve. Their expertise and empathy show through in every interaction, fostering a sense of trust and security within our community. I'm delighted to be able to work with StationMD.

Craig Douglass, Chief Administrative Officer
Arc Human Services

StationMD

Partner Agency Tesimonial: Mainstay Life Services

Mainstay

Mainstay serves the I/DD community around Pittsburgh, PA

Mainstay has 114 individuals enrolled in StationMD

Mainstay has called StationMD over 190 times

Working with StationMD since 2021 has been a transformative experience for Mainstay Life Services and the people we support with intellectual disabilities and autism (ID/A). Through StationMD's innovative and easy to use telehealth platform, we have been able to reduce unnecessary emergency room and urgent care encounters, and instead been able to support people in their own homes...

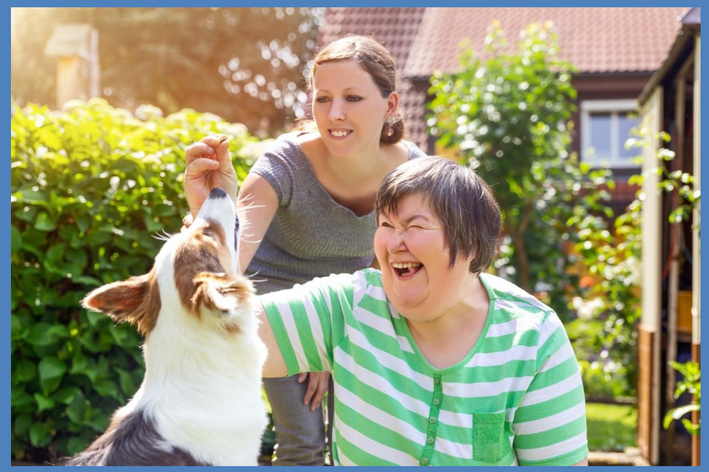
We are seeing better health outcomes for people, their teams are happier, and the cost-savings allow us to invest in enhancing our programs and services. ***StationMD's team of doctors understand the unique needs and challenges faced by people with ID/A, and they go above and beyond to create a safe and inclusive environment...*** This collaborative effort is helping to reduce health care disparities that frequently impact people with ID/A.

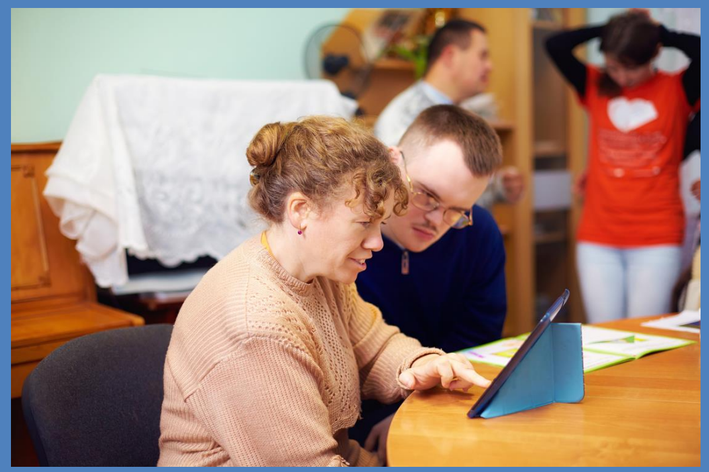
Kim Sonafelt, CEO
Mainstay Life Services

StationMD

Feedback from Agencies and Families

- **Individuals - 96% happy with their StationMD visit**
  - Report positive health outcomes, sustained wellness, and satisfaction about not having to go to the ER
- **Family caregivers**
  - Able to provide a loved one necessary medical care with fewer logistical challenges and without disrupting work, sleep, mealtimes, and medication schedules
- **DSPs and nurses - 87% reported increased job satisfaction due to StationMD**
  - Avoid logistical challenges and disruption to support when one individual needs medical attention, which helps reduce burnout, job turnover, abuse, and neglect
- **Provider agencies**
  - **Savings - Arc Human Services: $39,560 in 6 months, Mainstay: $49,000 in 7 months**
    - Avoid the cost of bringing on additional staff when individuals need assistance to the ER or urgent care – they can direct the cost-savings into more, better support services
- **Payers**
  - Avoid costs of unnecessary ER encounters, hospital stays, transportation, testing and diagnosis





PARTNERS HEALTH PLAN

The Role of Telemedicine in Healthcare Management of the IDD Population

The Arc National Conference of Executives

Summer Leadership Institute

Breakout Session 6: 07/19/2022 4:45pm – 6:00pm

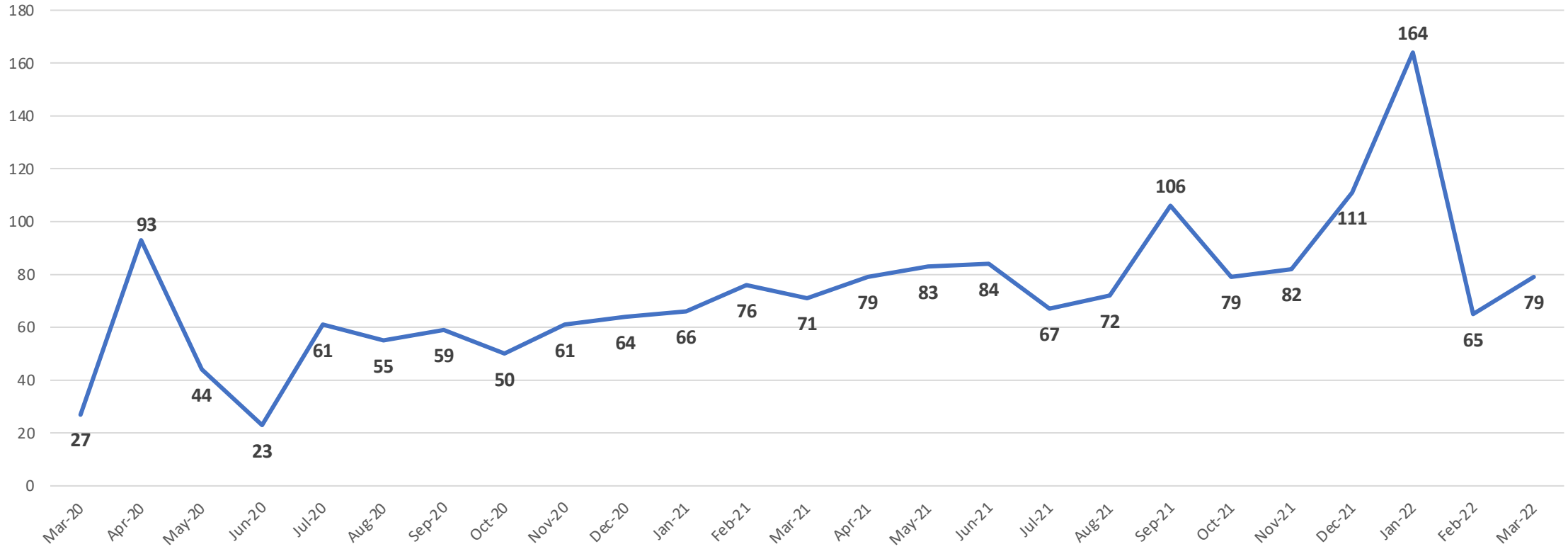
The Vendor Choice for PHP's Pilot Telemedicine Program

- Based on program principles PHP chose StationMD
  - StationMD is an Urgent and Emergent Telehealth provider.
    - All of StationMD' s Doctors are Board Certified in Emergency Medicine; and also have additional training in caring for individuals with an IDD diagnosis.
  - StationMD developed equipment kiosks that allow the physician to perform remote physical examinations.
  - StationMD developed an App that allowed members in the community to initiate video conference calls 24 hours per day, 365 days per year.
  - StationMD physicians on call are dedicated to covering program
  - StationMD had technology to access electronic member profiles built by PHP
    - Updated biweekly profiles contain members diagnoses, hospitalizations, SNF stays, physician office visits, emergency room visits, specific tests, medications filled on a monthly basis, evidence of medication compliance and findings related to high-risk medications

PHP's Pilot Telemedicine Program Outcomes

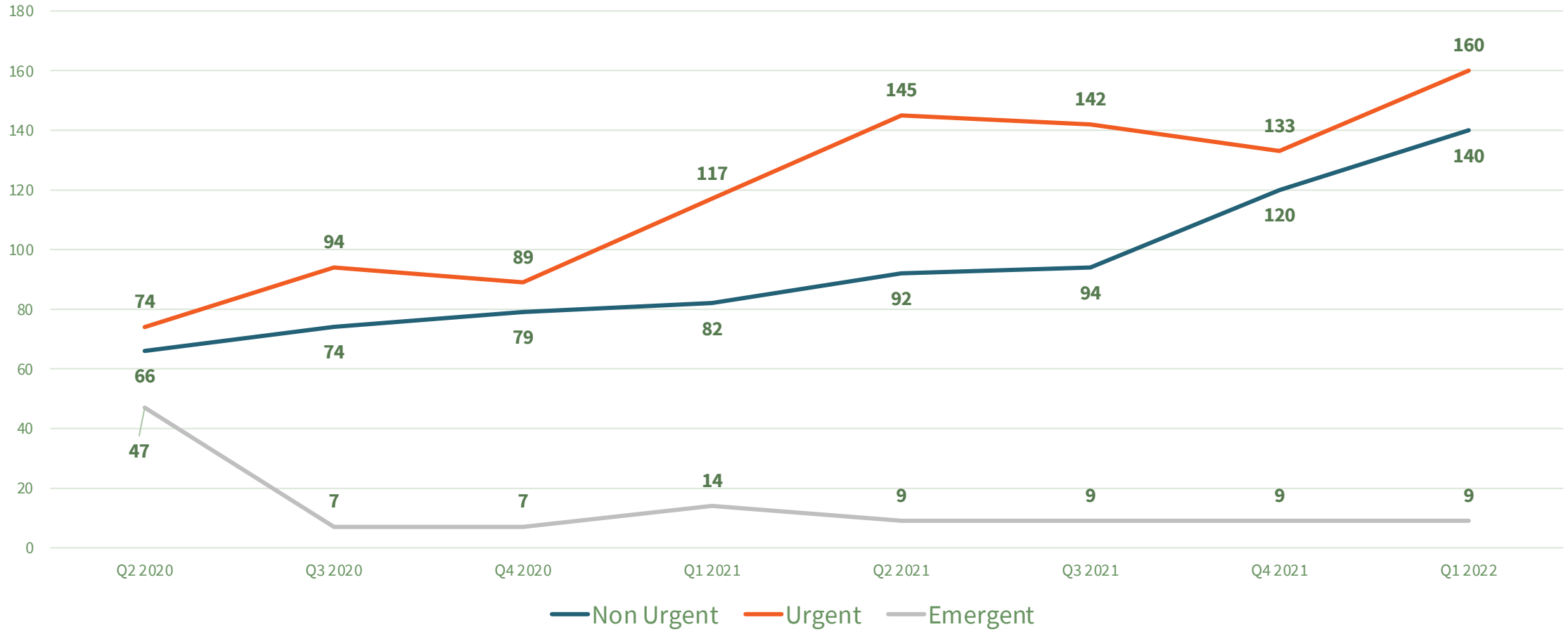
- During 2018/19 PHP partnered with StationMD to run a pilot program for a group of high utilizing residential facilities.
  - Results
    - 81% reduction in ER transfers
    - Admission rate from emergency room 10%
- Based on these results PHP decided to offer this benefit to all our members regardless of whether they lived in the community or a certified residence
- PHP began rolling out this program in the 4th quarter of 2019
- PHP was in a unique position that when COVID -19 struck to provide coverage to all community members by March 2020 and many residential facilities.

Utilization Data 2020 to 2022 – Total Calls

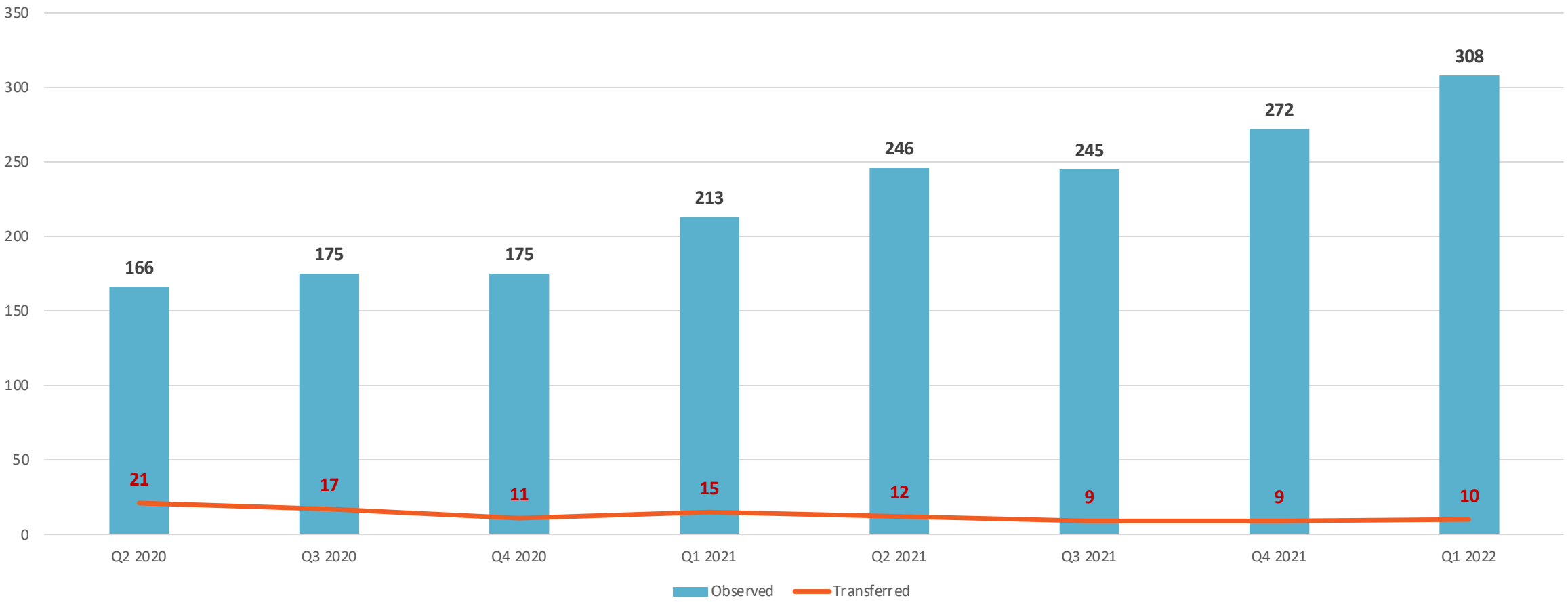


Total calls March 2020 to March 2022 – 1,821

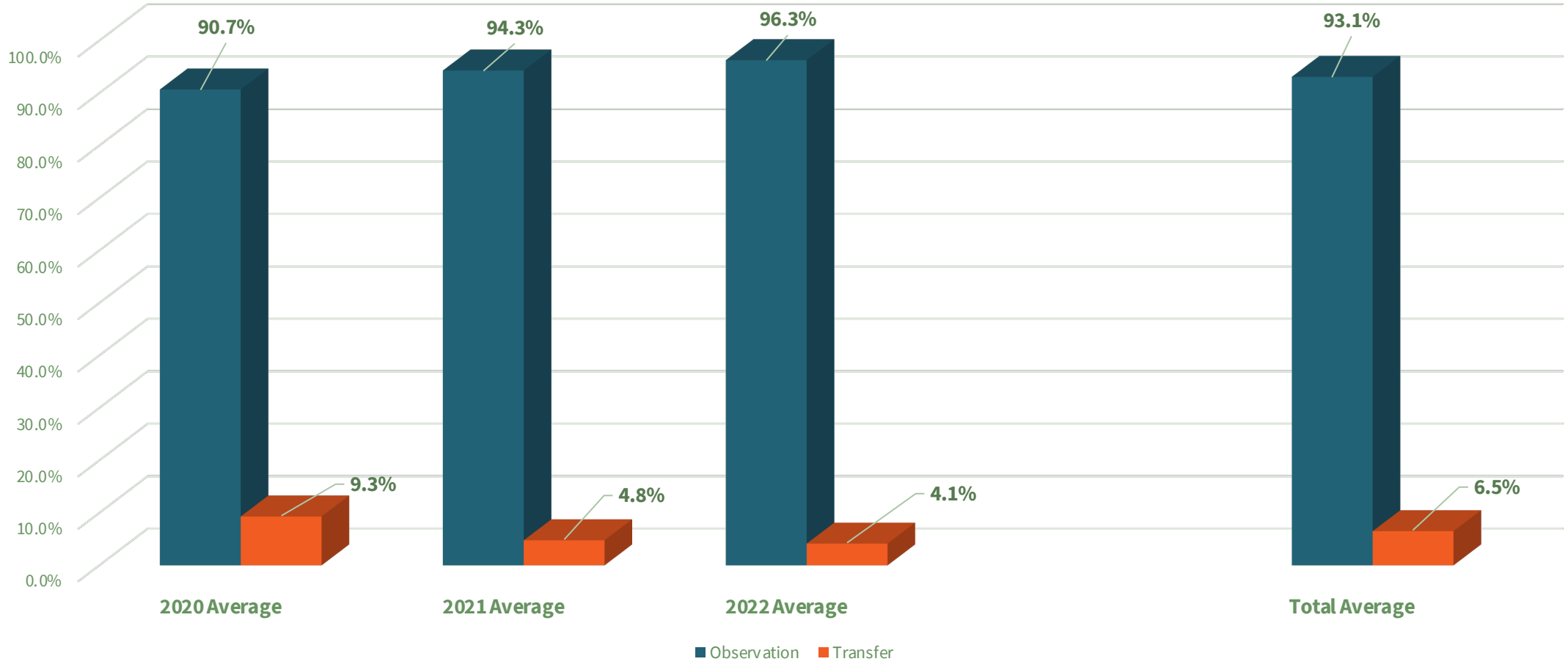
Call by Category



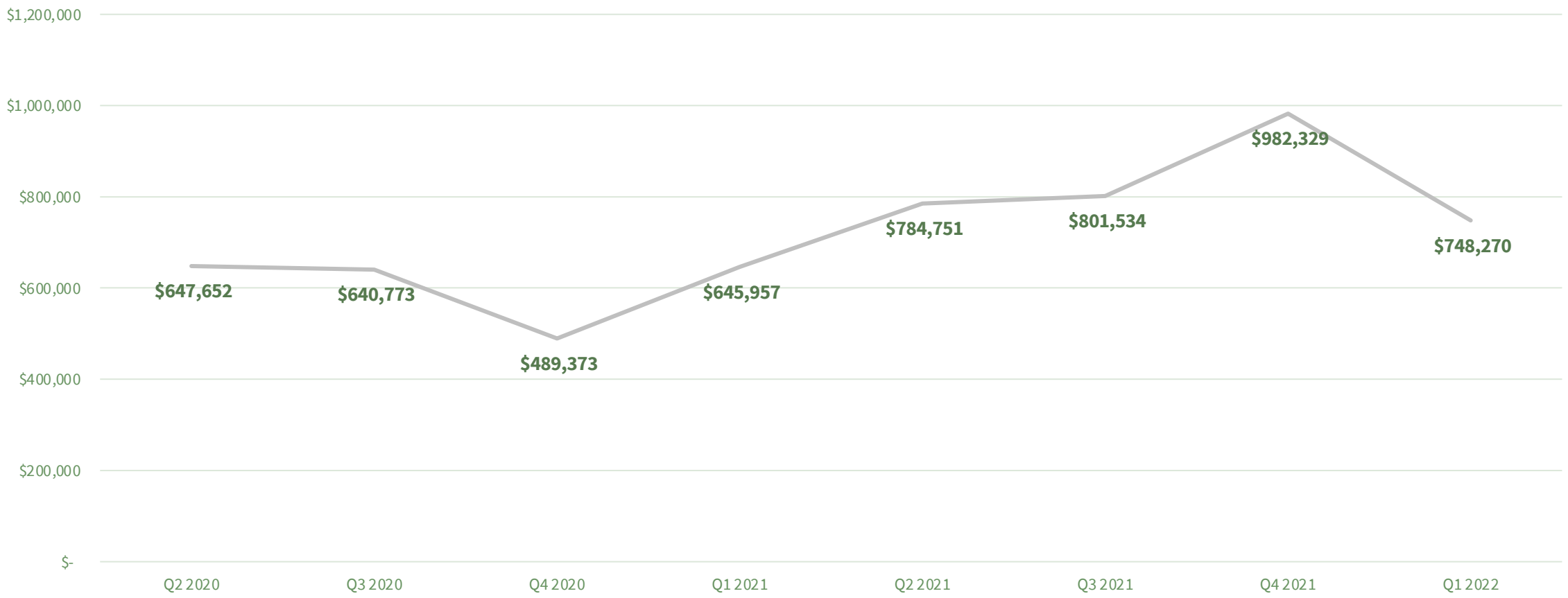
Call Outcome Data



Year Over Year Average Transfer Rates



Total Cost Avoidance by Quarter



Program ROI to Date

Total Costs	$ 151,579
Total Cost Avoidance	$ 5,740,639
Return on Investment	**36.87**

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit N

Summary of StationMD Experience

In this exhibit, please find a series of maps and tables that illustrate StationMD's:

- Telehealth experience
- IDD Experience
- Length of Experience

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

Delivering IDD-Specialized Telemedicine Excellence Nationwide

From coast to coast, StationMD's innovative telemedicine platform connects individuals with IDD to immediate medical expertise, reducing unnecessary emergency department transfers, improving individual outcomes, and supporting provider staff with real-time clinical guidance. Our national infrastructure ensures consistent, high-quality care delivery regardless of geographic location, time zone, or local healthcare resource availability.

Through strategic partnerships with IDD providers in multiple states and continuous expansion of our service capabilities, StationMD continues to transform how individuals in a variety of home and community based settings and in intermediate care facilities access physician services, making quality healthcare truly accessible wherever and whenever it's needed.

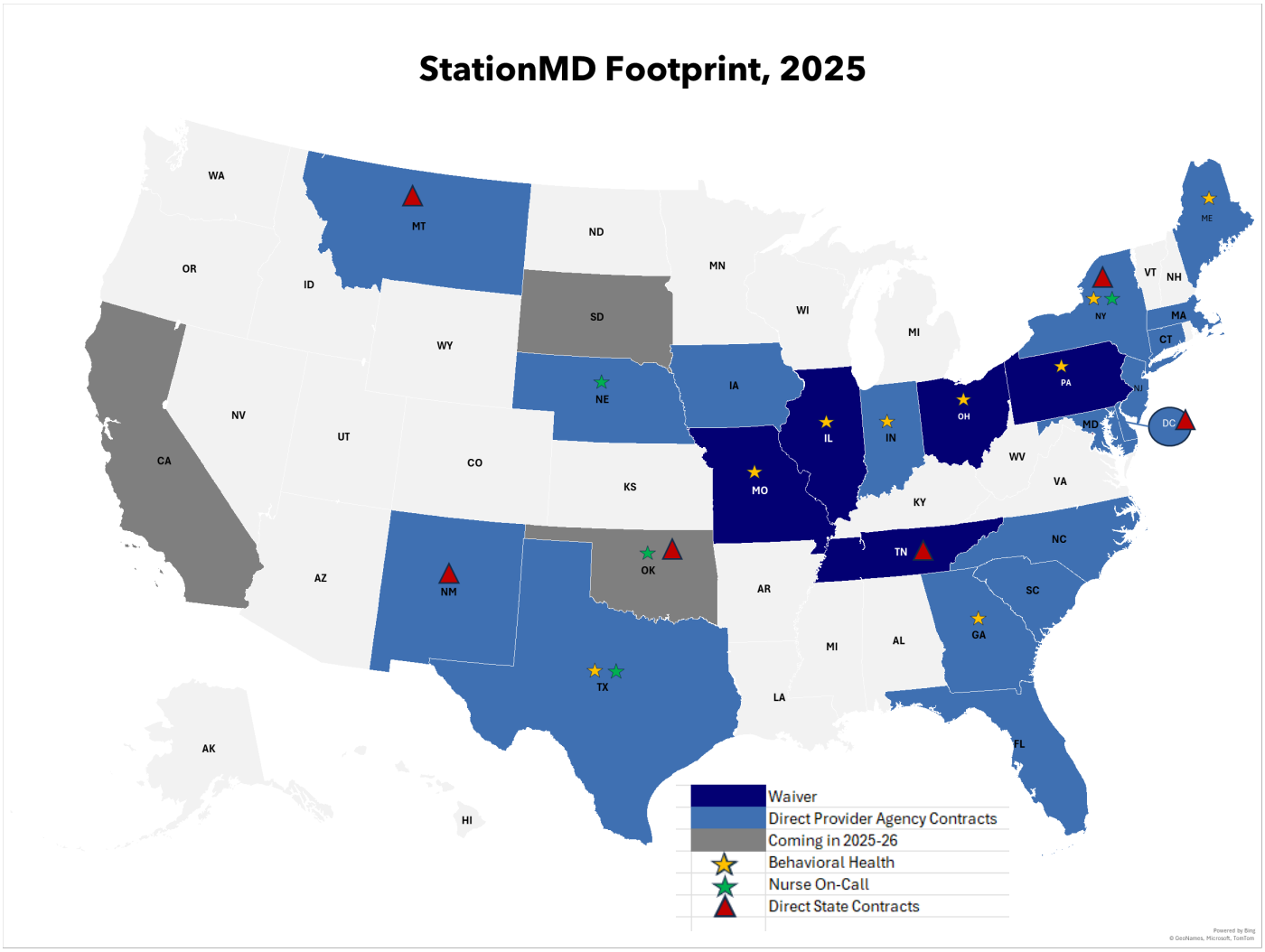
Our team serves individuals who live in a range of settings including group homes and other certified residential settings, supported living homes, day programs, schools, and individuals' private residences. We are well-versed on navigating and coordinating within this system and effectively serving as a conduit to healthcare resources.

When we serve individuals with IDD who live in group homes and other certified residential settings, we do this via three general models

- By directly contracting with state IDD offices, like OPWDD
- As enrolled providers in Medicaid HCBS waiver programs
- By directly contracting with group home providers

The map below illustrates our experience in each of these models. It also shows the states where we operate our other telehealth services for individuals with IDD. The subsequent tables provide more detail regarding our experience in the states where we operate or have operated.

StationMD Footprint, 2025



MAP LEGEND:

Waiver: StationMD provides on-demand physician telemedicine services specialized for individuals with IDD via Home and Community Based Services (HCBS) waiver programs. Through these programs we provide services to individuals with IDD who live in group homes and other certified residences, as well as individuals who live in private residences (e.g., a home they own, an apartment they rent).

Direct Provider Agency Contracts: StationMD contracts directly with residential provider agencies to provide individuals residing in those providers residences with on-demand physician telemedicine services specialized for individuals with IDD.

Coming in 2025-26: Planned expansion for CA, OK and SD in 2025 – 2026 to receive StationMD services

Behavioral Health: StationMD contracts directly with residential provider agencies to provide scheduled behavioral health services to individuals residing in those providers residences.

Nurse On-Call: StationMD contracts directly with residential provider agencies to provide nurse on-call services to individuals residing in those providers residences.

Direct State Contracts: StationMD contracts directly with the state IDD agency to provide on-demand physician telemedicine services specialized for individuals with IDD. We provide these services to individuals with IDD who live in group homes and other certified residences, as well as individuals who live in private residences (e.g., a home they own, an apartment they rent). In two states, Ohio and Tennessee, StationMD is contracted by the state to serve individuals residing in state-operated homes or facilities.

Table of Waiver Services

The following table offers more details regarding the HCBS waiver programs in which we provide on-demand physician telemedicine services specialized for individuals with IDD. These waiver programs are similar to New York State's comprehensive waiver programs. Our experience delivering these services across multiple states demonstrates our ability to meet NYS requirements for similar programs, including OPWDD services, Managed Long Term Care, and other home and community-based service waivers.

State	Name of Service	Eligible Waivers	Year StationMD Start	Number of Lives Covered in State
New York	Home & Enabling Support Waiver	Home and Enabling Support Waiver for people in non-certified residences	Q1 2026	TBD: 0 – 70,000
Pennsylvania	Specialty Telehealth and Assessment Team (STAT)	Consolidated, Community Living, and the Person/Family Directed Support Waiver	2024	5,068
Missouri	Health Assessment and Coordination (HAC)	Comprehensive, Community Support, Partnership for Hope, and Missouri Children with Developmental Disabilities (MOCDD) Waivers	2021	5,095
Ohio	Health Care Assessment (HCA)	Level one, SELF (Self Empowered Life Funding), and IO (Individual Options)	2025	1,147
Illinois	Specialty Telehealth and Assessment Team (STAT)	Adults with Developmental Disabilities	2025	1,875
Tennessee	Available under the Enabling Technology Program	1915(c) Waiver, ECF/Choices Waiver	2021	108

*STAT, HAC, and HCA - state-specific names for the same HCBS waiver service under which StationMD is an authorized provider

Contracts (Currently Live)

StationMD maintains active contracts with multiple state agencies and Medicaid programs, delivering telemedicine services that meet rigorous state-specific requirements while ensuring consistent quality across all jurisdictions. Our current state partnerships are as follows:

State	Year StationMD Start	Number of Lives Covered in State	Notes
New York	2016	7300	June 2023 "Health Access and Coordination Subscriptions" is an allowable cost for certified residences, per the CFR; this allows cost to be included as part of payment rate re-basing.
Washington DC	2021	1,505	Transitioning to waiver on 1/1/2026
Montana	2025	800	Coverage expected to expand statewide in 2026
New Mexico	2023	2,257	Number of individuals covered continuing to increase
Ohio Developmental Centers (ICF)	2025	600	
Tennessee DIDD (ICF)	2021	230	

*State Contracts – indicates a direct agreement with a state government under which the state provides direct funding for StationMD's services.

State Contracts (Completed)

Our track record includes successful completion of numerous state contracts, demonstrating our ability to deliver on contractual obligations, meet performance metrics, and adapt to evolving state healthcare priorities. These contracts are listed in this table, and many were operated as pilots, like OPWDD's. We continue to serve in all of these states through direct provider contracts or via HCBS waiver programs.

State	Year StationMD Start	Number of Lives Covered in State	Notes
Indiana	2023	732	Year ended: 2025 Transitioned to private agency contracts
Maine	2023	150	Year ended: 2024 Transitioned to private agency contracts
Missouri	2020	7,139	Year Ended: 2020 Transitioned to waiver

*State contracts that were previously funded directly by the state but are now supported through other funding sources for StationMD services

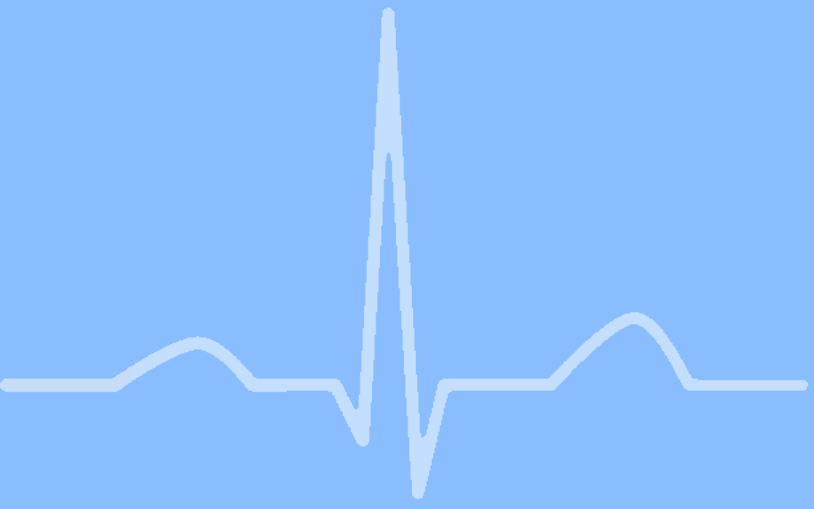
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit O

Testimonials

In this exhibit, please find testimonials from individuals, DSPs and other provider staff who have used StationMD's services across the nation. Please also find letters of support from selected providers and leaders in the NYS IDD community.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

"Our relationship with StationMD has been extraordinarily valuable, in particular during the COVID-19 pandemic.… We have been able to access StationMD's physicians in a moment's notice to assist with triage, treatment recommendations and keeping our people out of the emergency room whenever possible… They have been a vital resource during this unprecedented crisis."

Marco Damiani - CEO, AHRC New York City

"StationMD team members have been patient and very kind to the individuals we care for as well as our team members. Thank You for offering this service as it has assisted us in keeping our individuals healthy and safe."

Kendra Shoop - Executive Director, Austen-Dooley Company

"StationMD is the best thing I have ever encountered regarding medical services… We are 100% satisfied."

Erica Robinson - Director of Clinical Supports, IAHD NY

"The specialization of StationMD for individuals with I/DD makes them truly unique – we do not have another medical service of its kind serving our organization at their level that understands this population's medical or behavioral challenges."

Peter V. Burns - President & CEO, The Arc

"We use StationMD for our individuals to address different types of medical issues and it is literally lifesaving. The service is convenient for individuals and staff being easy and quick to use from the safety and comfort of their group homes. Because StationMD doctors have a good understanding of the health conditions of people with IDD, unnecessary hospital visits can be avoided, which can be traumatizing for individuals."

Akhmed Abdurasulov - Senior Director of Nursing, Heartshare

"StationMD has truly been a game-changer for us. It's not just about the cost savings—it's about smarter, more efficient, and more compassionate care for our residents."

Matt Poel - Owner & CEO, Great Livin II

"We have been very happy with StationMD! They are very easy to use and reach, and they conduct thorough evaluations. Keeping our individuals in their homes instead of urgent care or ER visits makes a huge difference. Thank you for providing such great care for our very special individuals!"

Heather Smith - Director of Health Services, TNC Community

"This project has changed the landscape of urgent care for the I/DD population, and hopefully someday soon we can make NYS understand how important this service is. Thank you all for everything you have done and continue to do!"

Jessica Morgan, RN - New York

"Our agency has been using StationMD for some time now. We utilize them for our individuals to address different types of acute medical issues that need attention immediately, in hopes of preventing more stress being taken out to the emergency room or an urgent care facility. The service is easy and quick to use from the safety and comfort of our individuals' group homes. The StationMD doctors and medical staff have a good understanding of the health conditions of our individuals with intellectual and developmental disabilities, so this can prevent unnecessary hospital visits, which can be very traumatic for individuals."

Annmarie Mason, LPN - Arc of Somerset, NJ

"StationMD has been an invaluable partner in delivering high-quality, person-centered medical care to individuals with I/DD. Their clinicians understand our community, respond quickly, and help prevent unnecessary ER visits, bringing both peace of mind and better outcomes for the people we support. The quality of care and services provided by StationMD allows our agency to conserve valuable

resources. This enables us to redirect our time, efforts, and funding to better support our residents in other meaningful ways."

Theresa A. Moran, LCSW - Vice President of Program Quality and Support, Little City, IL

"Having StationMD as a resource allows one more option for us to make sure people we support receive the best available care."

Susan Duncan - Residential Nurse Case Manager, Northeast Arc, MA

"StationMD has helped tremendously; it has saved staff time, worry/anxiety (do we go to the ER?), and logistical matters when transporting someone who may have difficulty with the entire process such as getting ready, loading, unloading, waiting in the ER or Urgent Care, and the aftermath of the visit. The ability to treat in place AND receive medications directly to the pharmacy when needed has been invaluable and is such a help to our staff and our individuals. The money saved to our State of Montana Medicaid, Federal Medicare, and out of pocket costs must be substantial."

Jessica Hageman - Chief Program Officer, Opportunity Resources, Inc., MT

"We recently had an individual stumble and fall in the home and sustain a small wound. The staff was ready to rush him to the hospital as the wound was bleeding and made them feel uncertain and scared. The staff reached out to the nurse and the nurse directed them to first call StationMD. The StationMD physician determined that an emergency room visit was not necessary and some basic first aid was sufficient. This person has a history of seizures and, often times, has seizures when his sleeping schedule is interrupted. A trip to the ER would have interrupted his sleep schedule. It is quite possible that StationMD helped him avoid a seizure by treating him in place. The next day the nurse went out to reassess the wound and it was already healing well. This is a prime example of how SJCS partners with StationMD!"

Cindy Rhoden, RN, BSN, MPH - Director of Nursing, Saint John's Community Services, DC

"We are very grateful to be a part of the StationMD pilot program... So far, 100% of our calls to StationMD have been treated in place and that has saved many hours of staff and clients sitting at Urgent Care or the ER... We sincerely hope that this service will be approved so that it can continue indefinitely."

Julia Stewart - Client Services Director, Reach Inc., MT

"StationMD provided medical care in a way that provided dignity and respect which empowered the person. As I watched, I could see the person building confidence."

Donna J. Gurley, BSE, MBA - Residential Waiver Manager, Community Multi-Services, DC

"Please send a HUGE THANK YOU to your doctor…he literally allowed our patient to remain in a less restrictive environment for a longer period because of the support he provided. But in addition to that, he gained our patient's trust and for a youth that has the amount of trauma that he had, that is a huge victory…your doctor and the whole StationMD team was only a phone call away…your doctor made a point to say, if you need anything before the next appointment, just give us a call and we knew that he truly meant it. Once again, we are reminded that StationMD provides top notch service. There is no service like it and the caliber of the providers in unmatched. We would not be able to find the level of service we get from StationMD anywhere near us in the community."

Erica Covert - Director, Together For Youth - Non-Secure Detention Facility, Canaan, NY

"I have seen firsthand the profound impact telehealth has had on the lives of the people we support. What began as a way to maintain access during the pandemic has evolved into an essential service that is valued by individuals, staff and families. StationMD allows individuals to be seen quickly, comfortably, and with dignity in their own homes – reducing unnecessary hospital visits. As a service provider in a rural community, it has made a tremendous difference for us."

Karen Russell - Chief Executive Officer, New Hope Community Inc., NY

"Craig was a new admit to MoMentor from a nursing home/LTC facility. Craig came with no medications or med list. StationMD was contacted and was able to do a medication reconciliation and sent medications to their pharmacy. This ensured a successful admission to their facility all within a few hours. Craig continues to use StationMD for a variety of concerns, but one that came to mind that they shared with me was a time we were able to be contacted for cellulitis from his diabetes. We were able to get him treated and returned to his daily activities."

Kelly Standley - Clinical Statewide Director, Missouri Mentor (Sevita), MO

"I have had the privilege of working alongside StationMD for the past three years. I can confidently say that their services have been a game-changer for individuals with intellectual disabilities. StationMD not only provides convenience, but their dedicated providers have a remarkable ability to engage with the people we support on a personal level. One of StationMD's most significant impacts has been the reduction in unnecessary emergency room and urgent care visits among the people we serve. This is particularly crucial for individuals with intellectual disabilities, for whom navigating such environments can be both frightening and distressing. By offering accessible telehealth care, StationMD ensures that the people we support get the care they need in a comfortable and familiar setting. The commitment and compassion demonstrated by the providers at StationMD have genuinely made a difference in the lives of those we serve. Their expertise and empathy show through in every interaction, fostering a sense of trust and security within our community. I'm delighted to be able to work with StationMD. They have become an invaluable partner at Arc Human Services and are helping us provide quality care and support to the people and families we serve."

Craig Douglass - Chief Administrative Officer, Arc Human Services, PA

"Working with StationMD since 2021 has been a transformative experience for Mainstay Life Services and the people we support with intellectual disabilities and autism (ID/A). Through StationMD's innovative and easy to use telehealth platform, we have been able to reduce unnecessary emergency room and urgent care visits, and instead been able to support people in their own homes. Ninety-two percent (92%) of the telehealth visits were resolved without needing transport to an emergency room or urgent care clinic had telehealth not been available. This

resulted in savings of $98,758 in the first two years of our partnership. StationMD has helped the people we support to connect to care immediately from the comfort of their homes with doctors who are specially trained to work with people with ID/A, and who understand them. We are seeing better health outcomes for people, their teams are happier, and the cost-savings allow us to invest in enhancing our programs and services. StationMD's team of doctors understand the unique needs and challenges faced by people with ID/A, and they go above and beyond to create a safe and inclusive environment. StationMD ensures that every person receives the personalized care they deserve. What truly sets StationMD apart is their commitment to collaboration and communication. They work closely with the individual and their families, caregivers, and other professionals to provide a holistic approach to care. This collaborative effort is helping to reduce health care disparities that frequently impact people with ID/A. I highly recommend StationMD to anyone seeking outstanding medical and/or behavioral health support for people with intellectual disabilities and autism."

Kim Sonafelt - Chief Executive Officer, Mainstay Life Services, PA

"Having access to StationMD nursing services has been an incredible source of comfort and support. When we call, we know we are going to connect with a nurse who understands the disability community and the unique needs of the people we support. That familiarity makes all the difference because it creates trust and reassurance during moments that could otherwise feel overwhelming. The StationMD nurses are consistently patient, compassionate, and knowledgeable. They have walked alongside our DSPs during stressful and uncertain times, offering guidance and encouragement that helps staff feel confident and supported. Their calm approach not only eases anxiety but also empowers our team to provide the best care possible."

Marianne Odell - Director of Residential Services, Racker, NY

"I am writing to support Station MD's application to provide behavioral health services to IDD clients in New Mexico. It is very difficult to find behavioral health resources for the regularly abled in New Mexico, and it's almost impossible to find providers who understand and are willing to care for individuals with intellectual and developmental disabilities. The co-morbidities associated with an IDD diagnosis,

especially for someone with co-occurring seizures, cerebral palsy, hydrocephalus, ventriculoperitoneal shunts, etc. make serving IDD patients a challenge that most psychiatric providers are unwilling or unable to accept. Any step that Station MD and the New Mexico Health Care Authority can take to relieve this critical shortage would be a step forward for all New Mexicans with developmental disabilities. Station MD also provides a valuable service in writing or refilling prescriptions for our clients when the original provider is tardy in responding to refill requests or fails to respond at all. Station MD provides a vital stop gap service between the time a script is needed and the time we can schedule patients to see their regular provider. Station MD has become an integral part of the health care system for individuals with IDD, and the Health Care Authority should work with Station MD to expand the range of services available to our client population."

Todd Parker, BSN, PhD, RN - Certified Brain Injury Specialist, Director of Nursing Services, ARCA, NM

"StationMD has made a great difference for the individuals we serve. The individuals no longer have to go to the emergency room or urgent care and wait for hours to see a doctor. Using this service allows our individuals to receive timely medical care from the comfort of their homes. The physicians take the time to understand their unique needs and concerns. They always have the individual's best interest in mind when making recommendations."

Don - Hands of Heartland, NE

"StationMD has been very useful to our agency. We provide services in a rural area and often experience a shortage of providers. Having StationMD services available means we can receive prompt evaluation and treatment for acute medical concerns regardless of staffing, weather and provider availability."

Joanna Nickel, RN - Supervisor of Nursing Services, The Arc Jefferson - St. Lawrence, NY

"Arc of Onondaga has utilized StationMD Urgent Care Services at our IRAs for several years. We began using the service as part of a community wide grant but

found it so beneficial that we invested in the cost ourselves after the grant ended. Our individuals have been able to avoid unnecessary emergency room visits and instead receive quick, helpful care. StationMD providers understand the population we support. Our nurses feel more confident having StationMD urgent care to refer to when they are unsure if an ER visit is warranted. StationMD acts as a safety net for our DSPs, nurses and most importantly, the individuals whose care is entrusted to us."

Sonja Gottbrecht, LMSW - Chief Operating Officer, The Arc of Onondaga, NY

"Our agency has had an incredibly positive experience partnering with StationMD. Their services have allowed the individuals we support to receive high-quality medical care comfortably at home, avoiding unnecessary and often stressful emergency room visits for non-emergency needs. When several local provider offices closed, StationMD truly helped us bridge the gap in care, ensuring that no one was left without medical support. Their team has been an invaluable resource, not only for the individuals we serve but also for our staff. They are always available—24 hours a day, 7 days a week—to answer questions, guide new CRMAs and DSPs through uncertain situations, and provide compassionate, person-centered care. The kindness, professionalism, and responsiveness of StationMD's providers have made a real difference in the health and wellbeing of those we support. We are deeply grateful for their partnership and the peace of mind they bring to our teams and the individuals we serve every day. I should have added that it has been so helpful to be able to gain access to medical providers so easily, in the rural parts of Maine where we provide services, sometimes providers are not close or accessible to us at times when individuals need it most. It's great to be able to help them to access doctors no matter where they live or how far away the nearest doctor's office or Emergency room is."

Rachel Fuller - Board Certified Behavior Analyst, Residential Manager, Skills Inc., ME

"StationMD telehealth has been an incredible tool to use, especially with one of the most vulnerable populations. If an individual needs a higher triage above nursing assessment, our staff would need to take that individual to the ER for an evaluation. The ER these days have long wait times as well as undesirable outcomes. To use telehealth in these situations is phenomenal. The individuals are able to stay in their

own homes to be evaluated. The medical providers at Station MD are professional, patient and understand our individual's needs especially in the DD/ID population. Outcomes are usually completed within the home unless further diagnostic testing is needed. Medications/Treatments are prescribed and sent to their pharmacies, and plan of care is initiated seamlessly. Once the triage has been completed Station MD sends the report to the nursing staff are able to note the outcome, and follow up as needed. Some of our settings are in rural areas, so the ability to have in home telehealth is priceless."

Sue Waters - Director of Health Care Services, Residential and Day Hab Programs, Center for Disability Services, NY

"StationMD has become an essential extension of our team. Their Nursing On-Call, Urgent Care, and Behavioral Health services work seamlessly with our DSPs, ensuring people receive timely, high-quality care without unnecessary trips to the emergency department. When escalation is needed, StationMD physicians coordinate directly with local providers, bypassing wait times and even ordering labs or imaging when appropriate. With over 95% of our urgent needs treated in place, StationMD has bridged critical care gaps during workforce shortages and saved our organization countless overtime hours and costs."

Kimberly Corbett - Executive Director, Springbrook Community Connections

---

"As Medical Director, I champion Racker's utilization of the StationMD service. Many individuals living in the IRAs Racker operates pose challenges for their caregivers. Some residents are nonverbal and incapable of expressing their complaints, while others pose mobility issues that make transporting them to hospitals difficult. As an organization, Racker strives to minimize the impediments to health care for those we serve, and StationMD is an invaluable, indispensable tool for us in our efforts. The data speaks for itself in the number of Emergency Room visits prevented and the importance of this cannot be overstated, especially during the 'cold and flu season' when exposure to contagious illness could have significant repercussions not only for the individual but for others in the residence who might then be exposed themselves. ER's are places of necessity and not convenience, but the Racker population is one for which convenience is actually important and occasionally critical. StationMD is an essential component of the kind of accessible,

compassionate care Racker wants to provide and I fully support its use in our residences."

"For agencies like Racker that operate 24/7 residential programs in rural Central New York, access to timely and specialized medical care is not a convenience. It is a necessity. StationMD has been transformative for our organization and for the people we support. By giving our homes direct access to physicians through a fully equipped telehealth system that includes a tablet, stethoscope, and blood pressure cuff, we are able to treat most urgent medical situations in the home without taking someone to crowded emergency departments or urgent care settings. In the past year alone, we avoided 388 unnecessary hospital visits across 25 homes. This has kept medically fragile individuals safe, reduced traumatic experiences, and significantly decreased staff strain, overtime costs, and use of local emergency services. This service is especially valuable in rural regions where specialty providers and emergency departments are limited, overburdened, or geographically distant. Instead of sending someone out in dangerous weather or sitting in an emergency room for seven hours or pulling already short-staffed teams away from the home, StationMD allows real-time evaluation, treatment, and prescriptions to be handled where people live. Most importantly, people with developmental disabilities are able to receive care in the comfort and familiarity of their homes. Many individuals experience anxiety, sensory overload, or physical discomfort when they have to leave home for medical care, especially in hectic or unfamiliar environments. Being able to stay home preserves comfort, dignity, and safety while still getting quality medical care. StationMD is more than a telehealth tool. It is a lifeline for rural providers and the people we are trusted to support. It has allowed us to deliver care that is safer, faster, and more person-centered while strengthening staffing sustainability and easing pressure on local hospitals and emergency response systems. We are proud to continue investing in this partnership because the impact is real, measurable, and deeply meaningful."

Lloyd A. Darlow, MD, FAAFP - Medical Director, Racker

Sunshine Communities, Ohio - Staff Testimonials

[redacted]

"One of the most valuable aspects of StationMD, as noted by many staff and nurses, is the follow-up calls received after individuals have been sent to the ER. These check-ins provide continuity of care and ensure that individuals are receiving the follow-up support they need."

"During what has been a rough flu and respiratory season, the ability to have individuals assessed and treated in place has been incredibly beneficial. It reduces the strain on staffing resources and keeps individuals out of high-risk environments where viruses are more likely to spread."

"Sunshine supports several individuals who experience anxiety and sometimes display acting-out behaviors. Having the ability to assess them in place with StationMD helps determine if and when an ER or urgent care visit is truly necessary. This ensures a higher quality of life and avoids unnecessary disruptions."

"On the morning of a dental appointment, staff discovered that the primary care physician had not ordered the required antibiotic. StationMD was called, reviewed the individual's medical history, and quickly called in the prescription to the pharmacy. Staff picked it up, the individual took the medication and was able to attend the appointment. Without StationMD, we would have had to cancel and wait another 8-10 months for a rescheduled visit."

[redacted]

[redacted]

"Anytime we have a reported fall without major injury or bleeding, we are able to call StationMD and have a physician assess the individual remotely. This saves us from automatically calling 911 every time and may prevent an unnecessary ER visit."

ADAPT COMMUNITY NETWORK [we change]

80 Maiden Lane | 8th Floor
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

October 27, 2025

New York State Office for People with Developmental Disabilities
44 Holand Avenue
Albany, NY 12229

Re: Letter of Support for StationMD's Proposal for Physician Services Pilot

To Whom It May Concern:

On behalf of ADAPT Community Network (ADAPT), I am writing to offer my unequivocal support for StationMD in connection with their proposal to provide telemedicine physician services to state-operated facilities. It is my firm belief that StationMD's partnership would bring tremendous value and measurable improvements to the quality of care and overall well-being of individuals residing in these homes.

Over the past six years, StationMD has served as an exceptional and trusted health care partner to our organization and to the individuals we support at ADAPT. Their team of physicians and medical professionals have consistently demonstrated a high level of clinical expertise, responsiveness, and compassion. Most importantly, they have provided reliable access to health care—often in moments when timely intervention was critical.

The positive outcomes of this collaboration have been clear and meaningful. Individuals with intellectual and developmental disabilities (I/DD) have benefited from improved health outcomes, reduced emergency room visits, and a greater sense of comfort and security when seeking medical attention. Equally significant has been the effect on our direct support professionals (DSPs) and staff, who have experienced increased job satisfaction, reduced stress, and greater confidence in their ability to provide safe, effective care.

StationMD's model represents a transformative approach to health care delivery for people with I/DD across New York State. Their proven success in promoting health equity, reducing barriers to care, and enhancing quality of life makes them an ideal and logical choice to extend services to those residing in OPWDD-run homes.

Thank you for your thoughtful consideration of this endorsement. I am confident that StationMD's continued partnership will further advance New York's commitment to person-centered, high-quality health care for individuals with intellectual and developmental disabilities.

Sincerely,

Ronak Parikh

Ronak Parikh
Senior Vice President, Community & Business Development
ADAPT Community Network

AHRC NYC

A chapter of The Arc New York

AHRC New York City
83 Maiden Lane, New York, NY 10038
212.780.2500
TTY Dial 711 and ask for 212.780.2500
AHRCnyc.org

Patricia A. Murphy, President, Board of Directors
Marco Damiani, Chief Executive Officer

October 28, 2025

Re: Support for StationMD for Serving State-Run Homes

To Whom It May Concern:

On behalf of AHRC New York City, I am pleased to offer my strongest possible support for StationMD to be awarded the RFP to provide services to OPWDD-run facilities across New York State.

For nearly eight years, StationMD has been a vital clinical partner to AHRC NYC, consistently delivering timely, high-quality medical expertise to the individuals we support, many of whom have complex medical, behavioral, and communication needs. During that time, StationMD has demonstrated remarkable clinical consistency, compassion, and reliability. Their physicians and care team have repeatedly offered not just medical treatment, but reassurance, dignity, and a person-centered approach that is often difficult to access in traditional healthcare settings.

The outcomes we have observed are significant and measurable. StationMD has helped reduce avoidable emergency room visits, supported the management of chronic health conditions, facilitated earlier interventions, and ultimately improved both quality of life and health stability for people with intellectual and developmental disabilities. Equally important, their use of telehealth has reduced the trauma, disruption, and anxiety that many experience when seeking care outside the home.

Their impact extends beyond the individuals we support. Direct Support Professionals and frontline staff report increased confidence, reduced stress, and greater job satisfaction when StationMD is available as a clinical resource. That support contributes to workforce stability, enhances retention, and strengthens the direct care environment—areas of critical importance to the entire statewide service system. StationMD has proven to be an invaluable partner in aligning care delivery, supporting whole-person approaches, and advancing the broader health transformation that New York State seeks for people with IDD.

Given their exemplary record, deep experience within the OPWDD service system, and demonstrated ability to scale responsibly and effectively, I believe StationMD is exceptionally well-qualified to serve individuals living in state-run homes. Their approach aligns with New York's values of equity, safety, independence, and community-based care. They are a proven leader, not a speculative investment.

I urge you to give this application your most serious consideration. The people served in OPWDD-run settings deserve the same high-quality, timely, and person-centered care that thousands of New Yorkers with IDD are already receiving through StationMD.

Thank you for the opportunity to provide this perspective, and for your continued commitment to improving the lives of individuals with intellectual and developmental disabilities.

Sincerely,

Marco Damiani
Chief Executive Officer

CP State

October 28, 2025

Re: Support for StationMD for Serving State-Run Homes

To Whom It May Concern:

On behalf of CP State, I am writing to express strong support for StationMD to be awarded the RFP to provide services to OPWDD-run facilities.

StationMD has been synonymous with IDD Telehealth in New York State and has become an essential tool in improving access to quality health care, particularly for individuals with Intellectual and Developmental Disabilities (IDD) and their families. By reducing barriers such as transportation, distance, and provider shortages, telehealth ensures that patients can receive timely care, manage chronic conditions more effectively, and avoid costly hospitalizations.

StationMD has been an exceptional partner in this work and has provided excellent healthcare to the individuals with IDD living in our certified residences. Their unique commitment to people with IDD, and specialized approach to the challenges has been a cornerstone of strengthening health equity for our population in New York.

Thank you for this consideration.

Sincerely,

Mike Alvaro
President & CEO

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit P

Clinician Experience

In this exhibit, please find a summary of our clinicians' experience including:

- Telehealth experience
- IDD Experience
- Length of Experience
- NYS Experience

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

Clinician Experience

Because our mission is to provide specialized services to individuals with IDD, and because we deliver these services exclusively via telemedicine, our telehealth and IDD experience are inherently intertwined. Wherever we have provided telehealth services, they have been tailored specifically to meet the unique needs of individuals with IDD. Conversely, all of our work with individuals with IDD has been conducted through telehealth platforms. The same is true for many of our clinicians.

Telehealth Experience, IDD Experience and Length of Experience

The **table below summarizes our clinicians' pertinent experience** including:

- Telehealth experience
- IDD Experience
- Length of Experience

All 46,000 of the individuals we serve across the nation today are individuals with I/DD. We provide our services to individuals living in a range of settings including family homes, individual's homes, and a variety of certified residential settings like group homes. The majority of individuals we serve across the U.S. reside in group homes or other certified residential settings. Unlike many traditional telehealth clinicians, **our clinicians understand the logistics, culture and coordination issues unique to group homes and other residential settings** and have deep experience serving individuals who live in those residential settings as well as their DSPs and other provider staff.

In 2024, our clinicians conducted over 52,000 medical and behavioral health visits, all of which were furnished to individuals with IDD, and they have conducted more than 139,000 encounters over the last three years. In 2024, the services they delivered resulted in a 94.1% treat-in-place rate – significantly reducing unnecessary emergency room visits.

Some clinicians have additional IDD experience through volunteer and family commitments and prior employment that is not reflected in the table below.

New York Experience

The table below also summarizes our clinicians' experience working in New York State – reflected here is not their total years working in NYS – rather, we report the number of years they have been providing on-demand physician telemedicine services specialized for individuals with IDD.

Today our clinicians serve individuals with IDD in 58 of New York's 62 counties, including 93 provider agencies that serve 11,500 individuals. Since our business was formed, our clinicians have been serving individuals with IDD in New York State; **to date, we have served over 14,000 New Yorkers with IDD.** Of our 48 clinicians who today provide on-demand physician telemedicine services specialized for individuals with IDD, **44 are already licensed in New York and the balance are in the process of obtaining New York licensure**.

Our clinicians understand New York's requirements – including nurse coordination required by ADM #2003-01 – and they are **trusted by NYS providers, group home residents and advocates**.

Summary of StationMD's Clinicians Experience Pertinent to RFP Sections 5.2 and 5.3

Job Title Description	Legal First Name	Legal Last Name	Date Hired by StationMD	Started Practicing Telemedicine (if Prior to Being Hired by StationMD)	# of Years in Telemedicine	# Years Focused on Serving Individuals with IDD	# Years Providing Similar Services in NYS
CEO & Vice President	[redacted]	[redacted]	01/18/2017	N/A	9	[redacted]	[redacted]
President	[redacted]	[redacted]	01/18/2017	N/A	[redacted]	[redacted]	[redacted]
Treasurer	[redacted]	[redacted]	01/18/2017	N/A	[redacted]	[redacted]	[redacted]
Licensed Clinical Social Worker	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Job Title Description	Legal First Name	Legal Last Name	Date Hired by StationMD	Started Practicing Telemedicine (if Prior to Being Hired by StationMD)	# of Years in Telemedicine	# Years Focused on Serving Individuals with IDD	# Years Providing Similar Services in NYS
Physician Assistant	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

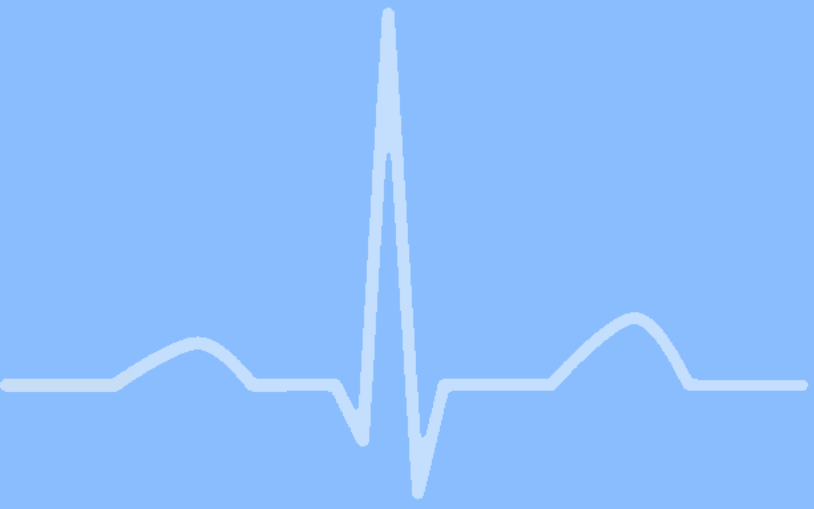
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit Q

StationMD New York Footprint

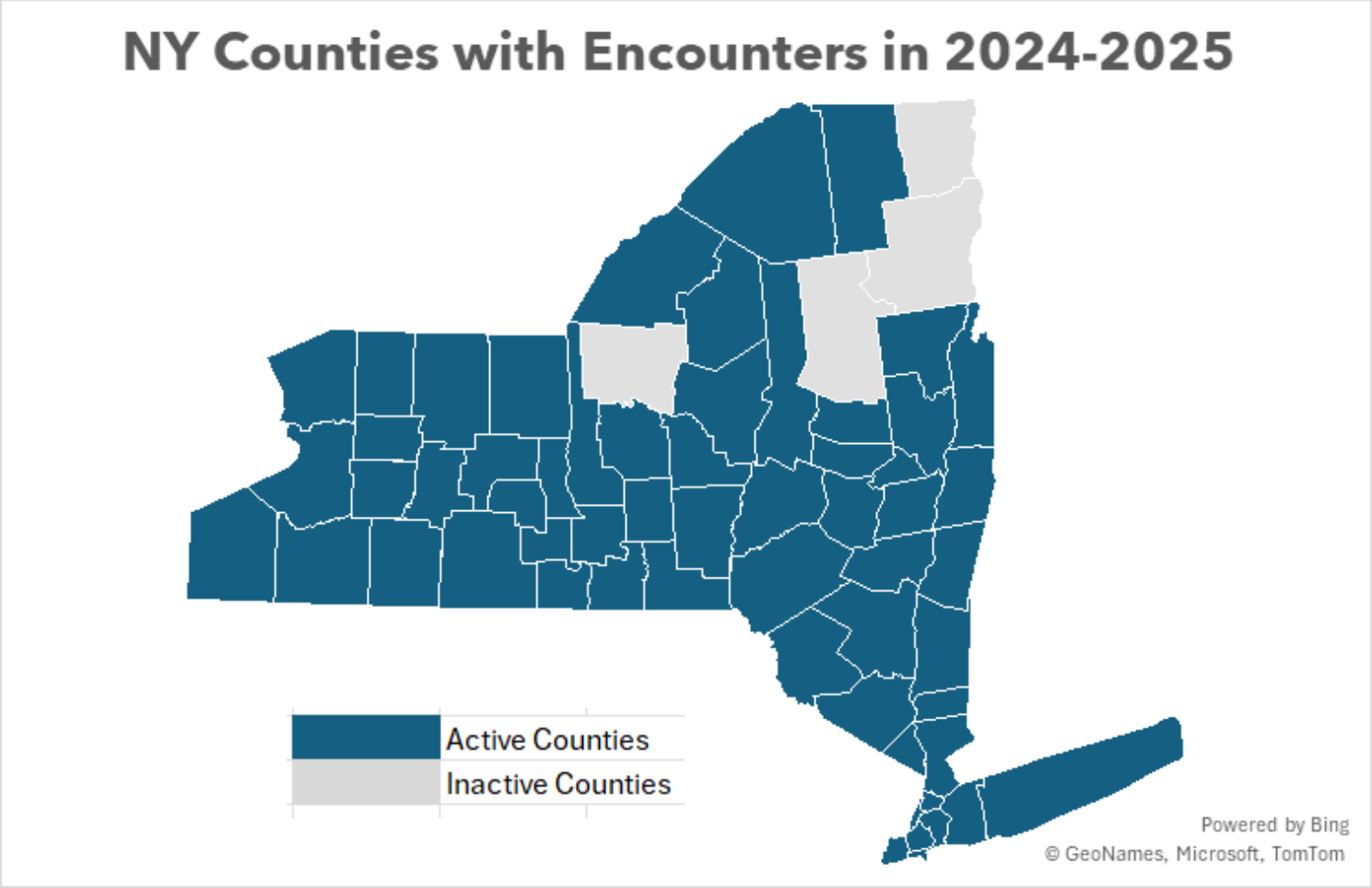
In this exhibit, please find maps illustrating StationMD's current footprint in NYS, as well as a list of provider agencies we serve and the number of individuals served at each provider agency.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilo

Transforming Healthcare for Individuals with IDD Across New York State

Through strategic partnerships with IDD providers in across New York State and the nation and continuous expansion of our service capabilities, StationMD continues to transform how individuals in a variety of home and community based settings and in intermediate care facilities access physician services, making quality healthcare truly accessible wherever and whenever it's needed. The map below shows the counties in which StationMD has provided on-demand telemedicine services specialized for New Yorkers with IDD, as well as other services offered by StationMD in 2024-2025.



Our NYS Providers Contracting with StationMD

Below is a list of our IDD residential provider agencies that have contracted with StationMD to provide on-demand telemedicine services specialized for individuals with IDD, as well as other services provided by StationMD. This table also shows the number of individuals we have served through each provider agency. Through these contracts, StationMD serves individuals residing in certified residences.

Provider Agency	**Number of Individuals**
AABR	165
Abilities First	89
Ability Beyond Disability	56
Able2	59
AccessCNY	94
ACLD	193
ADAPT Community Network	129
ADAPT of the Hudson Valley	252
Adirondack Arc	92
AHRC NYC - Camp	110
AHRC NYC	440
AIM Services Inc.	120
Anderson Center Services, Inc.	252
ANIBIC	70
Arc GLOW	170
ARC Herkimer	84
Arc of Lexington	458
Arc of Onondaga	112
Arc of Wayne	91
Aspire of Western New York	285
Birch Family Services	163
Block Institute	28
Brooklyn Community Services	8
Center for Developmental Disabilities, Inc.	40
Center for Disability Services	57
Cerebral Palsy Association of Nassau County	126
CoArc	17
Columbia County chapter of The Arc New York (Coarc)	65
Community Options New York, Inc.	3
Community Resource Center for the Developmentally Disabled, Inc.	23

Provider Agency	Number of Individuals
Community Resources Staten Island	112
Community, Work & Independence, Inc.	48
Constructive Partnerships Unlimited	689
CP North Country	37
CPU of Hudson Valley	66
Devereux Advanced Behavioral Health	213
Empower, Inc.	61
Finger Lakes Cerebral Palsy, Inc. (Happiness House)	5
Gateway Hudson Valley	19
Greystone Programs, Inc.	122
HCA (Helping Celebrate Abilities)	29
Head Injury Association	115
HeartShare Human Services of New York	323
Helping Celebrate Abilities	71
Hudson Valley Regional Community Health Center	800
Human First	44
Independent Living Association, Inc.	20
Institute For Community Living	28
Institute of Applied Human Dynamics (IAHD)	270
Intandem	290
Jawonio	73
Kelberman Center	27
Liberty Arc	104
Lifespire, Inc.	350
Little Flower Children and Family Services	41
Living Resources	157
Mercy Home for Children	40
Mill Neck Family of Organizations	20
Mozaic	139
New Hope Community	230
OHEL	50
PartnersHealthPlan (PHP)	773
Pathfinder Village	73
Person Centered Care Services	6
Program Development Services	32
Racker	136
Saint Dominic's Family Services	10
Saratoga Bridges	98
SCO Family of Services	134

Provider Agency	Number of Individuals
Services for the Underserved (SUS)	303
Services for the Underserved (SUS) Day Hab	109
Special Citizens Future Unlimited	66
Springbrook NY Inc.	171
The Arc Allegany-Steuben	88
The Arc Jefferson - St. Lawrence	302
The Arc Madison Cortland	89
The Arc Mid-Hudson	371
The Arc of Chemung-Schuyler	161
The Arc Ontario	108
The Arc Otsego	53
The Arc Westchester	112
The Arc, Oneida-Lewis Chapter	124
The Center for Discovery	334
The Center for Family Support	112
Together for Youth (Berkshire Farm)	20
United Cerebral Palsy of Queens, Inc. (Queens Centers for Progress)	69
United Cerebral Palsy of the Rochester Area, Inc	35
United Helpers	87
Upstate Cerebral Palsy (Upstate Caring Partners)	285
Urban Resource Institute	33
Warren Washington Albany Arc	210
WellLife Network Inc	250
Wraparound Services of the Hudson Valley	59

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit R

Quality Control Measures of Employees and Subcontractors

In this exhibit, please find an example operational quality assurance standard operating procedures, as well as examples of quality control measures we will employ for our employees and subcontractors. We will refine this list, in collaboration with OPWDD, as the details of the program design, including workflows with the pilot homes, are finalized.

StationMD

STANDARD OPERATING PROCEDURE MANUAL

Operational Quality Assurance

Table of Contents

Purpose

This document is used to lay out the operational quality assurance processes in place to ensure high levels of customer satisfaction.

Call Monitoring

Launched in 2024, the Urgent Care Practice Coordinator silently monitors calls at random to QA our receptionist and technical assistant (navigator) teams.

Frequency

The Practice Coordinator will monitor approximately 1% of calls. This equates to seven (7) calls per week or about 26 calls per month.

Receptionists or Technical Assistants will be tiered for monitoring based on their overall results:

Tier 1 – Score of 95% or above: monitored at least one (1) call every other month

Tier 2 – Score of 90% - 94%: monitored at least one (1) call per month

Tier 3 – Score of 89% or below: monitored at least 2-3 calls per month

Scoring

The call is scored based on the below criteria for these teams. If the Receptionist or Technical Assistant completes a line item, they will receive a “1” on that item; if the line item is missed, they receive a “0”.

For Technical Assistants: if there is an EHR, a chat is sent to the provider that took the patient and to ask if the information was sent by the technical assistant. If it was, "Get EMR if applicable" will be marked with a "1." If not, there will be a "0" on that row.

After all rows are filled out, the score is calculated by taking the Total Score over Maximum Score Possible, as shown below.

We track the following metrics for Receptionists and Technical Assistants.

After the call monitoring is completed, the Practice Coordinator will chat with the Receptionist/Technical Assistant that was monitored to let them know if anything was missed. If it is not a perfect score, an email will be sent by the Practice Coordinator to the Receptionist or Technical Assistant to provide their results. For Receptionists, this email is sent to the Lead Scribe. For Technical Assistants, this email is sent directly with the Senior Director of Operations on copy.

Remediation Plan

If a score of 75% or lower occurs, the following remediation plan will occur:

1. The Technical Assistant will be written up and put on a Performance Improvement Plan (PIP) for 30 days that will address areas of concern, observations made, and improvement goals.
2. The Practice Coordinator will shadow the Technical Assistant for one hour during the first week of the PIP, and one hour during the last week of the PIP to ensure improvement.

3. Three calls will be monitored during this timeframe; at least two calls (with patients that have EHRs) will be monitored and one non-video call. These called combined must get an overall score of 90% or higher.

If there is no improvement, the PIP will extend another 30 days and another warning will be issued. During the second PIP the following will occur:

1. The Practice Coordinator will shadow the Technical Assistant for one hour during three shifts.

2. Four calls will be monitored during this timeframe; at least two calls (with patients that have EHRs) will be monitored and one non-video call. These calls combined must get an overall score of 90% or higher.

Technical Assistant Shadowing

Launched in 2023, our Practice Coordinator schedules up to one hour with each Technical Assistant every six months. During shadowing, the Practice Coordinator will discuss any corrections or suggestions with the Technical Assistant as questions arise.

Complaints & Concerns

The StationMD Compliance Committee meets quarterly and regularly reviews complaints that come in through our website's Compliance Complaint form, as well as visit concerns that come through the StationConnect Communications button.

Each complaint or concern is evaluated to look at resolution and ways to improve operational and cross-team processes. Complaints and concerns, as well as their evaluation, are reported to the Board of Directors on a quarterly basis.

StationMD

Quality Review Process

StationMD puts the utmost importance in monitoring, tracking, and trending the quality of care that is delivered by its clinicians. The quality review program consists of ongoing monitoring and focused monitoring of clinicians.

Ongoing Quality review process is performed by the quality review team. The team consists of the following members: Chief Medical Officer (MD/DO), VP of Clinical Operations (MD/DO), Principal Reviewer (MD/DO), Clinical Director of Associate Practitioners (PA/NP), and six senior physicians that have been a part of the clinical team at StationMD for at least 2 years. The Quality review team has identified 6 quality metrics that are tracked and trended by clinician month over month. The quality metrics were chosen after considerable thought on improved clinical outcomes for our practice. The quality metrics and goals are as follows:

1. Cases marked for review: these are cases that are identified by reviewers as high-risk cases, cases that have poor outcomes, or cases that are a part of a trend of poor overall quality. Goal: should be less than 1% of all cases.
2. Cases where a face-to-face video visit was indicated based on the patient's presenting complaint but only a telephone conversation was documented. Goal: Missed face to face video visits should be less than 1% of all cases.
3. Follow up documentation: Since StationMD visits are telehealth episodic encounters that bridge the patient until the patient can meet with their primary medical provider, StationMD visits must have documentation of follow up with the patient's longitudinal clinical provider and when the follow up should occur. Goal: Missed follow up documentation should be less than 1% of all cases.
4. Medical Decision Making: all StationMD clinicians should have sound clinical medical decision making documented in the body of their clinical report. Goal: Poor medical decision making should be less than 1% of all cases
5. Descriptive medication instructions: All new medications (prescription and OTC) written by StationMD clinicians should have the following data points:
    a. Name of medication
    b. Dose of medication
    c. Number of tablets, drops, applications, etc.
    d. Frequency of dosing per day
    e. Total number of days the patient should be on the medication
    f. Route of administration

Goal: Missed medication instructions should be less than 1% of all cases.

6. Warm Clinician to Clinician Handoff: When sending a patient to the emergency department for an emergency evaluation, the StationMD clinician must have verbal communication about the patient, the condition of concern, and any other relevant information to facilitate the smooth transition of care to the emergency department care team. Goal: Missed warm handoff should be less than 1% of all cases.

The Ongoing Quality Review Process is performed by retrospective chart review done every month for cases that took place the month prior. Every clinician will have at least 4 “treat in place” charts and all transfer to the emergency department charts reviewed every month. The above 6 quality metrics will be scored and tracked. Also, trends in care and other red flags will be noted.

The results of the reviews will be discussed at our monthly Quality Review Meeting. The Quality Review team will meet and the principal reviewer will lead the meeting. Overall team metrics will be reviewed. Trends in care will be discussed. Cases that were flagged for review will be reviewed. The quality review team will identify learning opportunities from these cases. Minutes will be taken at these meetings. (Exhibit C). The quality review results are evaluated and reported to Leadership every 3 months.

The quality reviews regarding our quality metrics will be reported in aggregate month over month to leadership and the clinical team. (Exhibit A) The quality review metrics will also be reported by provider by metric to the entire clinical team on a monthly basis as reported on our quality and operational dashboard. (Exhibit B)

The learning opportunities, overall team metrics and individual metrics will be reviewed at the full clinical team monthly meeting. Here key learning points, quality issues, areas of improvement, practice patterns, and suggestions for improvement will be discussed. Also at the team meeting, patient experience survey results will be discussed and tactics on service delivery improvement and optimization will be presented. Operational, technical and clinical improvement strategies will be discussed and brought to StationMD leadership by the chief medical officer for implementation.

Focused Quality Review Process is performed when a case is brought to the attention of the chief medical officer or the VP of clinical operations from various sources:

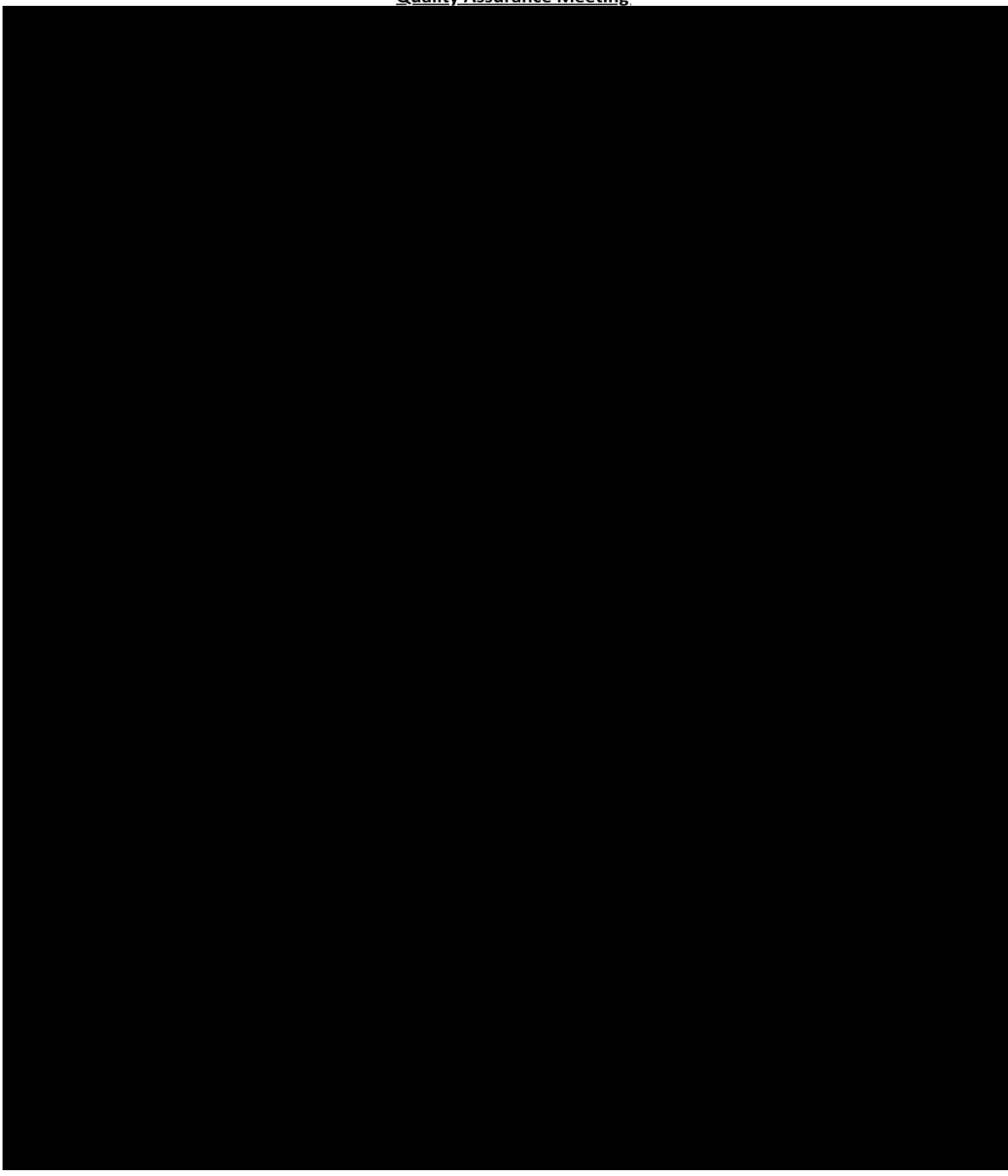
1. Patient or client complaints via our secure portal
2. Peer reports
3. Team member reports
4. Patient experience survey
5. Regulatory body reports.

Focused quality reviews will be performed as per our Peer Review Program.

Exhibit A

Exhibit C

Quality Assurance Meeting



Sample Quality Control Measures

Our operational quality assurance standard operating procedures, above, outlines many of the measures that StationMD uses to monitor quality of its employees. All calls are monitored and tracked for various metrics, including time from call to seeing a clinician on the screen, duration of calls and time to chart completion.

We take a similarly proactive approach to subcontractor management, reflecting our broader quality control framework:

- Regular Performance Reviews: Quarterly assessments of all subcontracted services against defined KPIs
- Patient Feedback Integration: Direct patient feedback channels to identify service gaps in real-time
- Continuous Improvement: Swift corrective actions when services fall short of our standards
- Compliance Verification: Ensuring all subcontractors meet regulatory requirements and industry best practices

Through these measures, StationMD maintains the highest standards of care delivery, ensuring every patient receives equitable access to our telemedicine services, regardless of communication needs.

The table below lists examples of quality control measures we will employ for our subcontractors. We will refine this list, in collaboration with OPWDD, as the details of the program design, including workflows with the pilot homes, are finalized.

Subcontractor	**Example Quality Control Measures**
HealthTech Partners	Average abandoned calls per month/call abandonment rate Completeness of data and information collected by receptionists User satisfaction with receptionist services User experience and satisfaction with technical support Timeliness of technical support Average duration of technical support calls/time to resolution Staffing ratios Background check and credentialing completion and timing Utilization rates for interpretation services Timeliness of interpreter response upon initial request

Subcontractor	Example Quality Control Measures
Enterprise Solutions	Timeliness of equipment delivery Client satisfaction with equipment assembly Percent of packages arriving without damage to equipment Percent of packages arriving with accurate and complete equipment per order

Examples of Quality Control

Our commitment to providing exceptional telemedicine services extends to every aspect of patient care, including the critical role of translation and interpretation services. We maintain rigorous quality control measures for all subcontracted services to ensure our patients receive seamless, high-quality care regardless of language barriers. Through HealthTech Partners, we access interpretation and translation services, which are now provided by LanguageLine.

StationMD previously partnered with Languagers, an interpretation and translation services provider, to support our diverse patient population's communication needs. However, during routine quality assessments and encounter monitoring, we identified a significant service gap: Languagers was unable to consistently provide on-demand American Sign Language (ASL) interpretation services at the time of patient encounters. This limitation posed an unacceptable barrier to care for our deaf and hard-of-hearing patients who rely on ASL for medical communication.

Upon discovering this service deficiency, our quality control protocols triggered an immediate review and corrective action process:

1. Immediate Assessment: We documented all instances where ASL services were unavailable and assessed the impact on patient care delivery
2. Vendor Evaluation: Together with HealthTech Partners, our team conducted a comprehensive market analysis to identify translation service providers capable of delivering comprehensive language services, including on-demand ASL interpretation
3. Swift Transition: We required HealthTech Partners to transition our translation services to LanguageLine, a provider that demonstrated the ability to deliver real-time ASL interpretation alongside spoken language services
4. Implementation & Monitoring: We established enhanced monitoring protocols to ensure Language Line consistently meets our service standards, including availability metrics, response times, and interpretation quality. We required HealthTech Partners to flow those requirements down to its contract with LanguageLine.

The transition to LanguageLine has yielded immediate, quantifiable improvements in our service delivery. The dashboard below demonstrates the accessible data we can now collect immediately from LanguageLine.

We now achieve an average connection time of just 44 seconds for ASL interpreter services—ensuring deaf and hard-of-hearing patients receive near-instantaneous access to qualified interpreters during their telemedicine encounters. This rapid response time represents a complete transformation from our previous vendor's inability to provide any ASL services at the point of care.

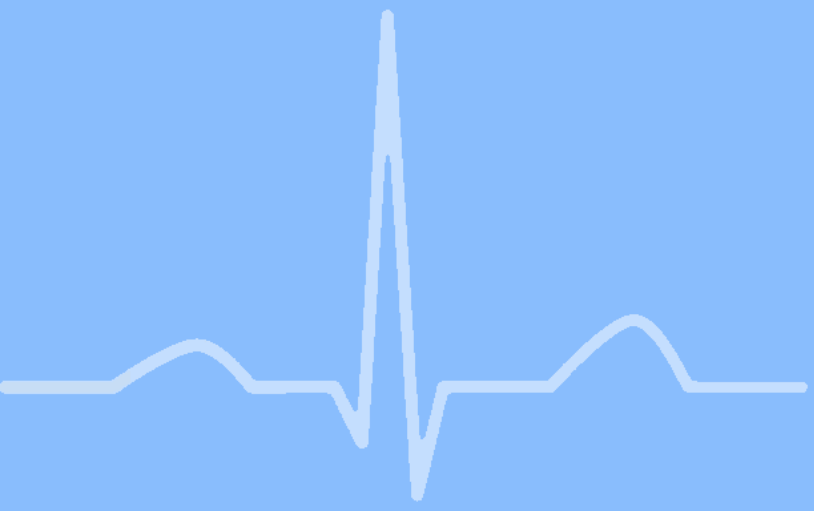
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit S

Background Checks

In this exhibit, please find a description of StationMD's current background check policy. We will adapt our approach to background checks to reflect OPWDD's requirements.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD
BACKGROUND CHECKS

Approved By: Matthew Kaufman President Date: 1/1/2018	**Policy #** [0028] **Initial Effective Date:** January 1, 2018

Background

All employees and contractors are provided with a background check disclosure form (Exhibit A) outlining the background check process and outlining their rights with regards to the background check. All candidates are also required to list any and all convictions on their employment application (Exhibit B).

The criminal background check will be conducted prior to hire or contracting to include:

Global Monitor Check (includes SAM registry check), County Criminal Search-current and historical, National Sex Offender Registry, and OIG & GSA Excluded Parties Search. All employees and contractors are also made aware of any specific state requirements regarding fingerprinting for professional licensing and/or job requirements.

Background checks will be retained in each employee's final and will clearly state if the employee is cleared or eligible for employment.

Statement

StationMD performs a criminal background check on all potential employees and contractors.

Employees and contractors must notify StationMD immediately of any changes to criminal history. A criminal background check will be run at least annually.

StationMD reserves the right to determine eligibility for employment/contracting based on the outcome of criminal background check. If identified that candidate has prior felonies or misdemeanor convictions, StationMD will review on a case by case basis and in conjunction with all state entities as required.

StationMD reserves the right to terminate employee or contractor based on any changes to criminal background check. If during the course of work with StationMD, the employee or contractor is convicted of a felony or misdemeanor, StationMD will review on a case by case basis and in conjunction with all state entities as required.

Signed:
Vice President

Policy History

Adopted: 1/1/2018

Initial Effective Date: 1/1/2018

Review Date: 1/26/2021, 1/26/2022, 10/3/2022, 3/1/2023, 3/1/2024

Revised Date: 10/27/2025

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit T

Leadership and Awards in the IDD Community

In this exhibit, please find a listing of the numerous awards and honors received by StationMD and its leadership team members for their impactful work within the IDD community.

NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD and our executive leadership team represents a distinguished group of nationally recognized healthcare innovators, I/DD medical experts, and thought leaders who have been recognized for their contributions to transforming healthcare delivery.

From prestigious healthcare awards to influential board positions, from groundbreaking medical consulting to shaping industry discourse through media appearances, our executives continue to drive meaningful change in how healthcare is delivered, managed, and experienced.

This commitment to excellence at the leadership level directly translates into our mission of delivering exceptional telemedicine services and innovative healthcare solutions to facilities and patients nationwide.

Industry Awards & Recognition

Fast Company's 2021 "World Changing Ideas" Awards
StationMD received dual recognition in this prestigious international competition:

- Finalist - Established Excellence Category
- Honorable Mention - Health Category

This achievement places StationMD among an elite group selected from over 4,000 global entries spanning transportation, education, food, politics, technology, and healthcare. The World Changing Ideas Awards recognized 33 winners, 400+ finalists, and 800+ honorable mentions, with selections made by Fast Company's panel of eminent editors and reporters. Our recognition in both the Established Excellence and Health categories underscores StationMD's innovative impact on healthcare delivery.

The Institutes of Applied Human Dynamics (IAHD) 2020 Healthcare Hero Award
StationMD received the Healthcare Hero Award in recognition of our critical telemedicine services during the COVID-19 pandemic. This award honored our commitment to supporting IAHD's essential workers and ensuring continuous, quality care for vulnerable populations throughout the pandemic and beyond.

Awards and recognitions are listed below for the following StationMD executives:

- Deven Unadkat, President
- Matthew Kaufman, CEO & Vice President
- Maulik Trivedi, Treasurer

Deven Unadkat

Board of Directors

- ADAPT Community Network
  - The leading human service not-for-profit and a pioneer in providing cutting edge programs and services for people with disabilities.
  - https://adaptcommunitynetwork.org/
- Human First
  - A multiservice organization serving New Yorkers with developmental, psychiatric and neurological disabilities.
  - https://www.humanfirst.org/

Awards

- 2025 NJ Top Doctors: New Jersey Monthly Magazine
  - *New Jersey Monthly* commissioned an independent survey by K. Dale Associates, a locally owned research firm in Ringwood. A total of 26,058 New Jersey–based doctors were invited to recommend the physicians they would choose to treat their own family members.
  - Dr. Unadkat was chosen as NJ Top Doctor in the specialty of Emergency Medicine for his work at StationMD serving individuals with intellectual and developmental disabilities.
- 2022 Outstanding Asian Americans in Business Award
  - Acknowledged Dr. Unadkat's excellence as a leading figure among Asian American entrepreneurs, professionals, and corporate executives for his work with StationMD. This honor highlights individuals engaged in diverse business interests who significantly contribute to advancing the U.S. economy.

Medical Directorship

- Dr. Unadkat fulfills medical directorship roles at the following Human Services organizations:
  - Anderson Center for Autism
  - The Arc of Somerset County
  - The Arc of Essex County
  - Keystone Human Services
  - Beacon Specialized Living
  - The Arc of North Carolina
  - Partnerships for People
  - Fellowship Health Resources
  - Arc of North Carolina
  - Skillset Medical Consultant

Podcasts

- IDD Health Matters podcast

    - https://friendsforlifepodcast.libsyn.com/idd-health-matters-ep-19-exploring-health-equity-in-idd-with-dr-deven-unadkat
- UMKC Institute for Human Development (IHD)-University Center for Excellence on Developmental Disabilities (UCEDD) podcast
    - https://www.youtube.com/watch?v=Mg71K0wZxU8

Matthew Kaufman, CEO & Vice President

Board of Directors

- Cerebral Palsy Associations of New York State
    - Leader in advocacy for people with cerebral palsy, developmental disabilities, and their families in New York. The organization provides a statewide network of support for local affiliates, advocates for legislative and policy changes, and offers resources to help families navigate services. CP State also emphasizes the importance of services and supports for people with disabilities to live full and meaningful lives.
    - https://cpstate.org/

Awards

- Modern Healthcare's Top 25 Innovators list for 2019
    - The Modern Healthcare Innovators Awards recognize leaders and organizations that are driving innovation to improve patient care and achieve measurable results in the healthcare industry. Honorees are individuals or organizations that implement new solutions, address industry challenges, and contribute to both the clinical and financial goals of their organizations. The awards acknowledge creative, outside-the-box thinking that propels the industry forward and results in improved quality, efficiency, and patient experience.
- Entrepreneur Of The Year® 2021 New Jersey Award
    - Ernst & Young LLP (EY US) announced that Dr. Matt Kaufman, President and CEO of StationMD was named an Entrepreneur Of The Year® 2021 New Jersey Award winner for his leadership of a telemedicine company that's dedicated to delivering medical care to people with intellectual and developmental disabilities (I/DD) across the United States.
    - The Entrepreneur Of The Year Awards program is one of the preeminent competitive awards for entrepreneurs and leaders of high-growth companies. The award recognizes those who are unstoppable entrepreneurial leaders, excelling in talent management; degree of difficulty; financial performance; societal impact and building a values-based company; and originality, innovation and future plans.
- 2022 Leadership Award by American Association on Intellectual and Developmental Disabilities
    - This award is presented for courage and dedication resulting in an outstanding contribution to the field of developmental disabilities.
- Erik C. Lawrence Award from CP Unlimited June 18, 2025
    - The award is named in memory of Erik C. Lawrence, a courageous and humorous individual with disabilities who was supported by CP Unlimited and passed away

in May 2020. The award symbolizes strength and tenderness, knowledge, and care as well as honors those making a meaningful difference in the disability field.

Maulik Trivedi, Treasurer

Board Membership

- Anderson Center for Autism - Board of Trustees
  - The Anderson Center for Autism (ACA) is a non-profit organization in Dutchess County, NY, that provides a wide range of services for individuals with autism, including education, residential care, and adult day programs.
  - https://www.andersoncenterforautism.org/
- ANCOR Foundation - Board of Directors
  - The ANCOR Foundation is dedicated to building the future of community-based services for people with intellectual and developmental disabilities (I/DD). The Foundation recognizes current and past leaders and develops future leaders through dynamic education and innovative practices to strengthen inclusive communities for people with disabilities.
  - https://www.ancorfoundation.org/
- World Institute on Disability - Advisory Board Member (starting November 2025)
  - The World Institute on Disability (WID) is a nonprofit organization that designs solutions to remove barriers for people with disabilities and advance their rights and opportunities globally.
  - https://wid.org/

Medical Directorship

- The Alliance for Integrated Care of New York
- ACO Medical Director
- Arc Human Services
- Easterseals Midwest
- Mainstay Life Services
- Goodwill Northern New England
- Skillset Medical Consultant
- Racker
- Black Hills

Additional Medical Directorships

Dr. Robert Greenblatt
Medical Director | Keystone Human Services
Pennsylvania

Dr. Stephen Kelly
Medical Director | Institute of Applied Human Dynamics (IAHD)
New York

Dr. Glen Gutterson
Medical Director | ViaQuest
Ohio

These medical directorship appointments demonstrate StationMD's clinical expertise and trusted partnerships with leading healthcare organizations serving individuals with intellectual and developmental disabilities, complex medical needs, and long-term care requirements.

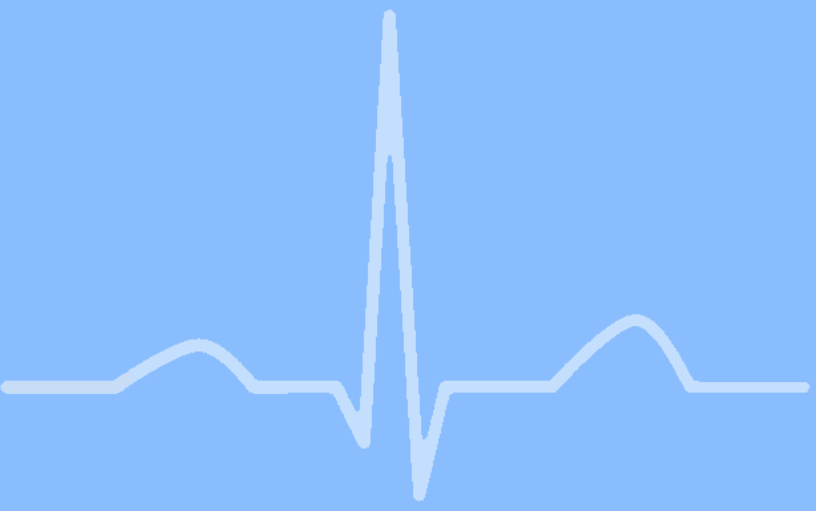
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit U

StationMD Service Offerings

In this exhibit, please find a brochure describing the services that StationMD provides.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

A Guide to Our Telehealth Services

What is StationMD?

StationMD is a specialized medical service designed to address the unique healthcare needs of individuals with intellectual and developmental disabilities (I/DD), delivered through telemedicine. Our clinicians are board-certified professionals and specially-trained to provide exceptional I/DD community care.

StationMD's mission is to enhance the quality of life for individuals with I/DD and support their families and caregivers by delivering easy and dependable access to healthcare at any time.

Direct Patient Care

- **I/DD-specialized, 24/7 telemedicine**: available 24 hours a day, 365 days a year, for any medical matter
- **I/DD-specialized behavioral health**: routine psychiatric care with I/DD-specialized psychiatrists
- **I/DD-specialized nurse on-call service**: RNs available to provide on-call support and guide caregivers.

Health Administration

- **Medical directorships**: to support provider agency administrators with I/DD-specialized health education, training, and policy expertise

Direct Patient Care

I/DD-Specialized, 24/7 Telemedicine

StationMD enables individuals with I/DD and their caregivers to consult board-certified, I/DD-specialized clinicians around the clock for any medical matter, including:

- Fever, vomiting, cough, congestion, and seasonal illness
- Flu & COVID-19 symptoms
- Seizures, falls, and minor injuries
- UTIs, constipation, and diarrhea
- Rashes, abrasions, allergies, and minor burns
- Pink eye, allergies, and migraines
- Prescription refills
- Questions for a doctor
- Behavioral health issues
- Other health concerns

Scheduled Behavioral Health

StationMD offers person-centered, evidence-based telepsychiatry care to reduce logistical challenges for patients, caregivers, and provider agencies. This telehealth service allows individuals with I/DD to establish regular visits with an I/DD-specialized psychiatrist who can help them (and their circles of support):

- Manage medication regimens for optimal performance
- Phase out unnecessary medications
- Reduce unwanted effects of medications
- Achieve mental health stability and maintain wellness

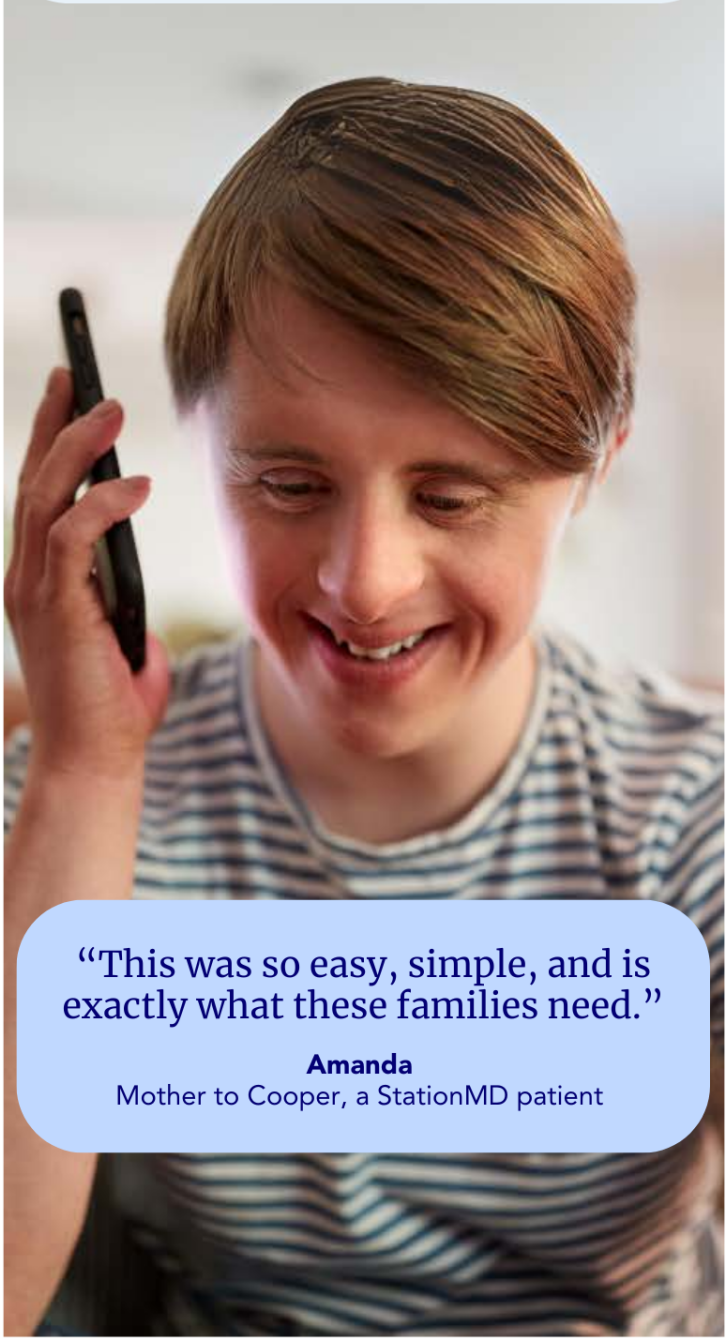
Nurse On-Call Service

StationMD RNs are available via telehealth to monitor health conditions, manage medication concerns, and offer guidance to caregivers and DSPs, ensuring informed and confident decision-making at any hour. Allowing full time agency nurses better balance by eliminating the need for after-hours calls, reducing burnout and supporting a more sustainable, efficient care model.

Health Administration

Medical Directorship Services

StationMD's medical directorship services are available to help provider agencies develop their medical policies, supervise clinical services, conduct patient chart reviews, answer staff questions, and provide employee education on best healthcare practices for individuals with I/DD. The medical directorship is an annual commitment, with a minimum requirement of two hours per month.



"This was so easy, simple, and is exactly what these families need."

Amanda
Mother to Cooper, a StationMD patient

Who Can Use StationMD's Direct Patient Care Services?

All StationMD patients must already have an I/DD diagnosis and receive some level of support through a disability support provider agency or their health plan. StationMD can then provide direct patient care services to any person who is enrolled to use StationMD through their provider agency or health plan.

How to Get Access to StationMD's Services

StationMD partners with different types of disability support providers, public and private, to deliver any combination of its services.

Many provider agencies and health plans need a combination of both 24/7 telemedicine and scheduled behavioral health services. This ensures the people with I/DD they support have access to I/DD-specialized doctors immediately for urgent and non-urgent health matters.

When a provider agency needs additional physician expertise to help with staff education, reviewing patient charts, answering questions about healthcare best practices, and establishing medical policies, it will look to StationMD for medical directorship services.

Whether a provider agency needs 24/7 telemedicine, scheduled behavioral health, on-call nursing, and/or medical directorships, StationMD can partner with any disability support provider or health plan to deliver these services.

Various payment models exist. **Contact us at info@stationmd.com or call 908-663-2929** to get more information about how to bring StationMD's services to your area.

StationMD has conducted more than **100,000 telemedicine visits** with individuals with I/DD, and we're able to **resolve 92% of patients' concerns** during their consultations.

This helps reduce the need to travel to the ER or urgent care and prevents disruption to activities, medication schedules, meals, work, and sleep.

www.StationMD.com
908-663-2929
Info@StationMD.com

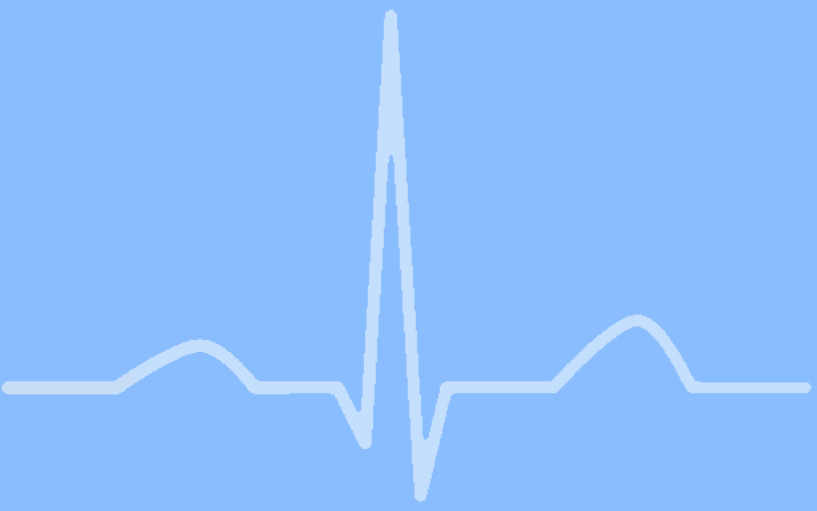
StationMD

Telemedicine for Individuals with Intellectual & Developmental Disabilities

Exhibit V

Organizational Chart

In this exhibit, please find StationMD's organizational chart.



NYS Office for People With Developmental Disabilities
RFP OPD-2025-54
Physician Services Pilot

StationMD Organizational Chart

The following organizational chart represents the leadership and operational structure of StationMD, our physician services company.

For the pilot program, we propose to subcontract with HealthTech Partners and Enterprise Solution Products (Enterprise), which are not reflected in this organizational chart. Of note, HealthTech Partners (HTP), a mission-aligned Management Services Organization, has served as our subcontractor to handle non-clinical operations such as billing, technology, security and finance since our founding in 2016. HealthTech Partners' management of the non-clinical aspects of the program has allowed StationMD to focus on the clinical product exclusively and provides the infrastructure of scaling while maintaining exceptional quality.

Importantly, HealthTech Partners has the same mission and experience as StationMD, as it was founded to support its clinical practice. And its leaders have significant overlap. Dr. Kaufman, serving as the CEO of both, has led both organizations in working toward the unified mission to provide exceptional care through telemedicine for people with IDD. Likewise, Dr. Unadkat services as its CMO and Dr. Trivedi serves as its Chief Strategy officer. As with StationMD, its focus and commitment is exclusively designed to serve people with IDD through telehealth. For more information about HealthTech Partners and our relationship, please refer to Exhibit L. HealthTech Partners has been StationMD's partner (a subcontractor) in performing all of the corporate experience we describe in this section, since 2016.