

Current Technology Landscape and Opportunities in Developmental Disability Services

Evidence from National Core Indicators® Data

Access, Use, Satisfaction, and Opportunities for Policy and Practice

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SECTION 1

Background and Purpose

Why technology matters for adults with IDD

Technology and adults with IDD: room for improvement

The opportunity:

- Internet access has been described as a "super-determinant of health" — shaping access to information, services, and community life
- Technology can support independence, community participation, and self-determination
- **But for adults with IDD, there is room for improvement in access, use, and satisfaction with technology supports**

The population (RISP estimates):

8.56M Americans of all ages have IDD

2.25M adults with IDD

45% of adults with IDD are known to state IDD agencies

This report examines NCI-IDD IPS data — adults known to state DD agencies who receive services.

Three connected questions

1

How does access to and use of technology vary across the states?

And what is getting in the way? Internet, everyday tech use, telehealth, case-manager tech, smartphone access, provider rules.

2

Who uses technology in everyday life, and how satisfied are users?

What individual and state-level factors predict use, and how satisfied are users with technology supports and technology-mediated services?

3

Is everyday technology use linked to community living outcomes?

Do tech users have better outcomes on what the disability service system aims to support — community participation, employment, civic engagement, self-determination, social connection?

SECTION 2

Description and Design

The NCI-IDD In-Person Survey

The NCI-IDD In-Person Survey

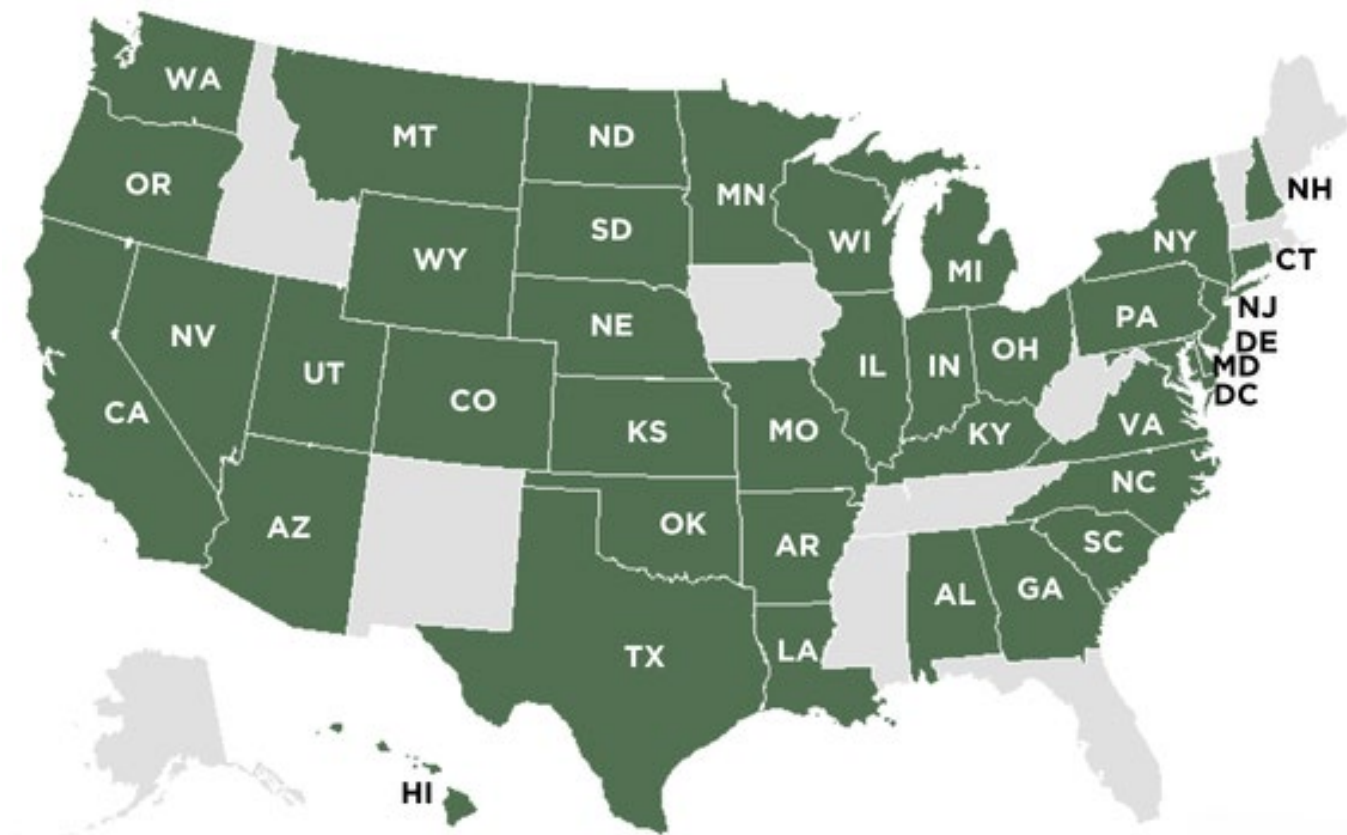
2024–2025 Data

30,888

respondents across 39 states

About the IPS:

- Survey of adults receiving state DD services
- HSRI / NASDDDS partnership
- Receiving at least one service in addition to case management
- About half self-respondents, half proxy-assisted



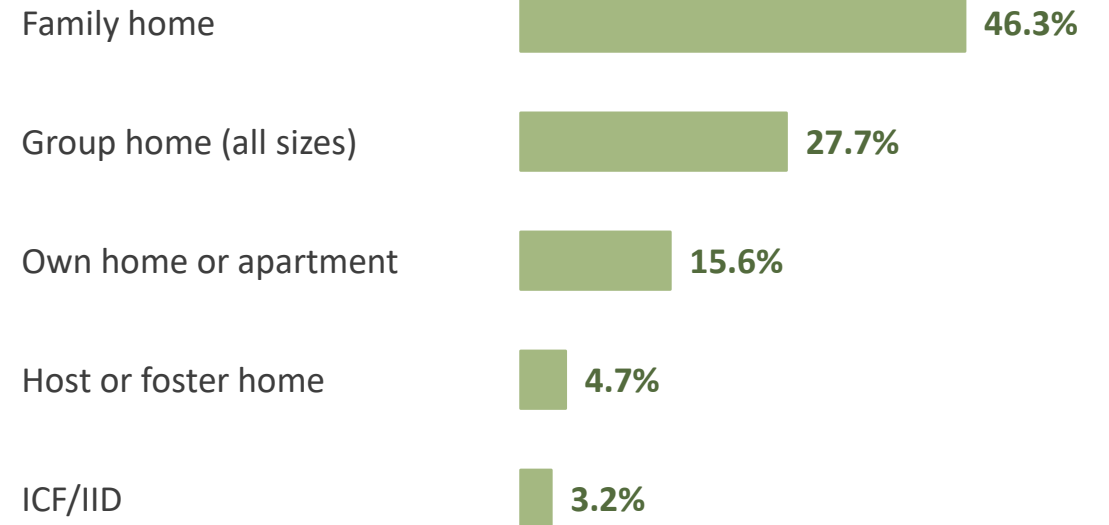
39 states participated in the 2024–2025 wave

Who is in the sample

Sample demographics:

- 60% male; mean age 40.6 years
- Largest age groups: 23–34 (34%) and 35–54 (34%)
- Race: 58% White, 16% Black, 15% Hispanic/Latino, 5% Asian
- 82% with ID diagnosis, 30% with ASD (not mutually exclusive)
- **About half self-respondents, half proxy-assisted**

Living arrangement



California contributes 28% of the overall sample; 38 other states contribute the balance.

SECTION 3

Findings

State variation • Demographics • Satisfaction • Predictors • Outcomes

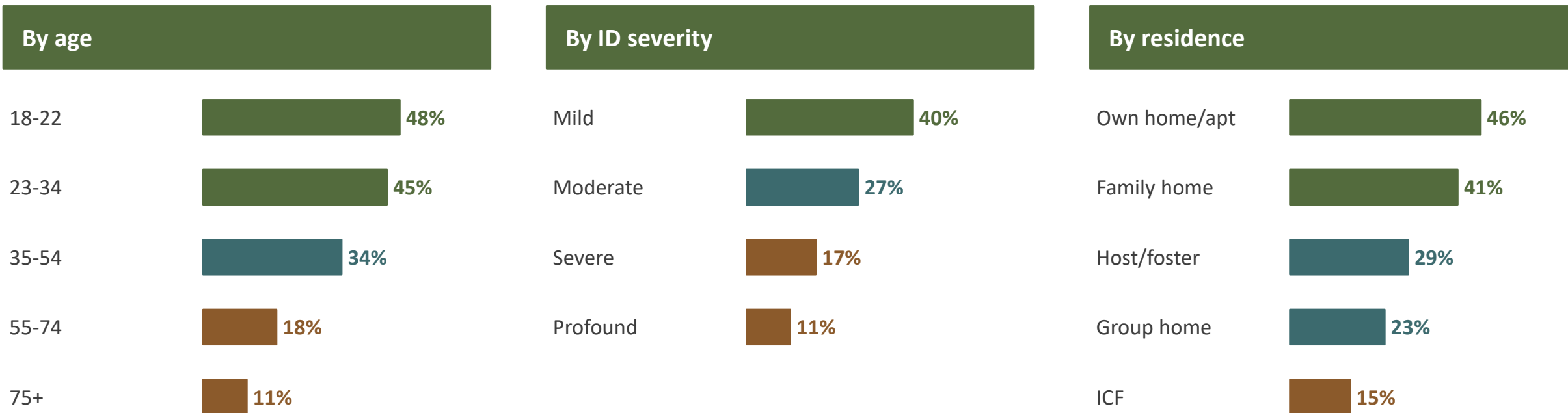
Technology access and use varies by state

Indicator	National	Highest state	Lowest state	Range
Have internet access	88%	VA 97%	OK 67%	30 pp
Use technology in everyday life	35%	CT 54%	SC 12%	42 pp
Used telehealth	49%	HI 72%	IN 21%	51 pp
Case manager discussed technology	32%	IN 69%	SC 12%	56 pp

Where state policy has more leverage, variation is wider:

- Internet access (infrastructure-driven): 30 percentage-point range across states
- Case manager tech discussion (policy-driven): 56 percentage-point range — nearly double
- Indiana — a Technology First state — leads on CM tech (69%) but is lowest on telehealth (21%)

Use varies by age, ID severity, and where people live



Aging adults use technology at a lower rate than younger adults (75+: 11%, vs. 23–34: 45%) • **Adults with profound ID also use it less** (11%) • **ICF residents 31 pp behind people in their own homes** (15% vs. 46%)

Where tech is reaching users, support is working

93%

have enough help to use the
technology they use

Among tech users (N=10,247)

94%

know who to talk to if there
are problems with the technology

Among tech users (N=10,289)

89%

report home internet
always works

Among those with home internet (N=22,021)

Among users, support is not the binding constraint

The harder question is whether the 65% who do not use technology in everyday life are being introduced to it. Pre-adoption engagement appears to be the gap — even though all respondents are already receiving state DD services.

Telehealth: widespread use, room to improve experience

49%

of adults using state DD system services have used telehealth

Among the 49% who used it (N=13,799):

Yes — likes telehealth



In-between / sometimes



No — does not like telehealth



A promising practice with room to improve:

- Telehealth has reached half of adults with IDD in state services — well above the 34% general U.S. adult rate
- **But only 55% of users say they like it; 19% explicitly do not**
- Telehealth and videoconference may help with nationwide workforce and transportation challenges
- *Accommodations (AAC, plain language, supporter integration) could improve the experience*

Case manager videoconferencing — a similar pattern

34%

talked with case manager via videoconference

Among the 34% who used it (N=9,663):

Yes — likes CM videoconference



In-between / sometimes



No — does not like it



Also: 24% used videoconference for other services (job coaching, day program, etc.)

Satisfaction with telehealth (55%) and CM videoconference (57%) tracks closely:

The accommodation gap appears across all videoconference-mediated services for adults with IDD — healthcare, case management, and provider services. Federal investment in accommodation research would benefit all three.

Case manager tech discussion is the largest policy lever

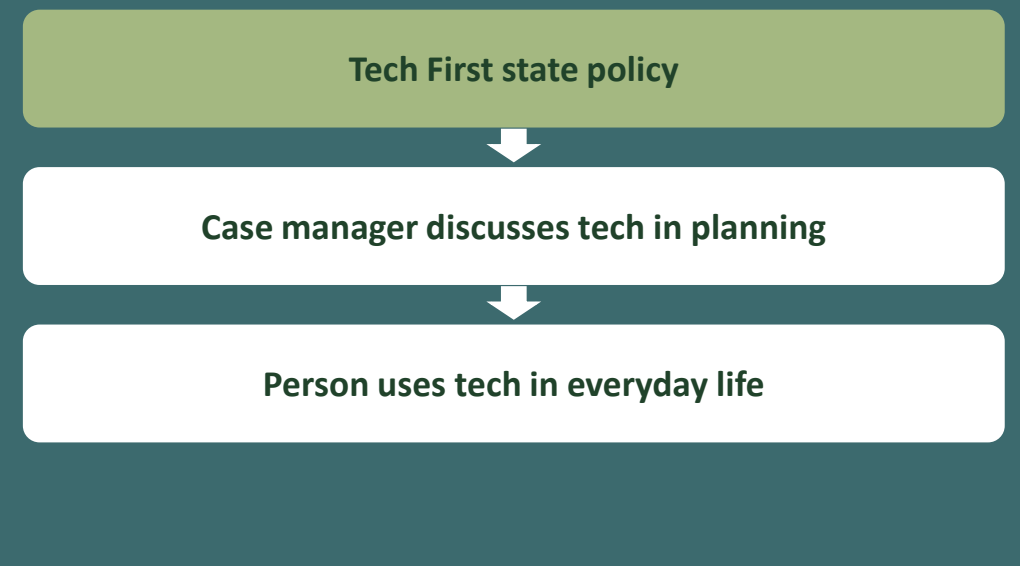
Adjusted odds of using technology in everyday life (N=20,535)

Read as: "How many times more (or less) likely is this group to use tech?"

Predictor	How much more (or less) likely to use tech?
Case manager discussed tech with them	3.0x more likely
Lives in own home / apartment	1.6x more likely
Lives in Technology First state	No difference
Hispanic / Latino respondent	16% less likely
Lives in ICF	42% less likely
Profound ID	77% less likely
Age 75+	80% less likely

How Technology First state policy works

Tech First state policy → case managers discuss tech → more people use technology in everyday life.



Service planning could further address technology to help people achieve their goals.

Tech use is linked to community living outcomes

"Tech users" = people who use technology in their everyday life. Percentages are the share of each group with the outcome.

Outcome	Among tech users	Among non-users	Adjusted gap	Adj OR
Has voted	62%	40%	+16 pp	2.07
Participates in community groups	38%	22%	+12 pp	1.82
Had input choosing home	71%	50%	+12 pp	1.74
Has paid community job	27%	12%	+9 pp	1.93
Went out for entertainment	81%	74%	+6 pp	1.40
Has a best friend	84%	79%	+5 pp	1.39
Often feels lonely (↓ better)	12%	13%	-1 pp	0.96

Adjusted for age, sex, race, residence, ID severity, and metro classification. All $p < 0.001$ except loneliness ($p = 0.48$).

Tech users are about **twice as likely** to have voted and to hold a paid community job. Loneliness is the one outcome that does not differ.

SECTION 4

Implications

Opportunities for federal policy, state DD systems, and individual advocacy

Opportunities for policy and practice

Federal policy

- CMS: strengthen HCBS PCP rules to require documented technology consideration
- ONC: fund telehealth and videoconference accommodation research for IDD
- FCC: include adults with IDD as a priority for broadband and device-access programs

State DD systems

- Evaluate Technology First adoption and focus on implementation depth
- Assess whether discussions about technology are occurring consistently across diverse populations
- Review waiver definitions and service limits to ensure technology is easy to obtain
- Train case managers with the knowledge and resources needed to identify appropriate technology solutions

Individuals, families, providers

- Advocate for technology discussions during planning meetings
- Families: ask whether technology is in the service plan
- Incorporate technology into daily supports rather than treating it as a separate service.

Conclusion

Technology may support many people with IDD to live more independent lives.

There is room for improvement in access, use, and satisfaction with technology — but the gaps are amenable to intervention.

Federal policy, state DD systems, individuals, and families all have opportunities to ensure that people have access to all that technology has to offer and are supported to use the technology as much as wanted and needed.

Tech use is linked to community living outcomes — voting, employment, community participation, choice, social connection.

Thank you. Questions and conversation welcome.

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Data: NCI-IDD In-Person Survey, 2024–2025