(HH) Home Health, (HOS)- Hospice, (PSA)- Personal Services Agency

Tuesday, May 5th

Day 1 - Keynote Presentation: 8:45 – 9:45 AM

101 – Keynote Session - Industry Update *(HH HOS PSA)*
- Damon Terzaghi, VP of Medicaid & Home Care Policy, National Alliance for Care at Home

Sponsor: Forvis Mazars

Day 1 – General Session: 10:00 AM – 11:00 AM

102 - Legal Update 2026: The Pendulum Keeps Swinging *(HH HOS PSA)*
- Robert W. Markette, Jr.

Trump's second term continues to bring fast moving changes across may federal regulatory agencies. This has led to changes in regulations, enforcement policy and more. The results have been both positive and negative for homecare. The return of the companionship services exemption is a welcome improvement. At the same time, the ongoing relentless home health and hospice scrutiny continues to be a significant burden for providers. The Supreme Court has addressed a number of key employment law isues, as well. At the state level, the implementation of Medicaid managed care continues to present significant financial challenges and the impending deadline to achieve Medicaid certification looms as an existential threat to many agencies. The rise in AI presents a number of operational and compliance challenges to providers. New survey issues have arisen. These are just a few examples of the many changes over the past year of which providers must be aware. This session will review these changes and more facing the industry in order to provide guidance to providers regarding what to expect and how to maintain compliance in 2026.

Learning Objectives:

- Attendees will understand the major statutory and regulatory changes at the state and federal level impacting home health, hospice and private duty providers.
- Attendees will understand how these changes impact their operations and what operational and related changes are necessary for compliance.
- Attendees will learn key considerations for compliance strategies so that they can take steps to ensure compliance at their agency.

Specific Staff: Owners, executives, administrators, managers, HR, compliance, frontline staff

Hall, Render, Kilian, Heath & Lyman, P.C.

103 - Home Health Staffing & Retention: Building for Success (HH) -Nichole McClain

Home health is one of the fastest growing industries in healthcare, placing a higher demand on agencies to have a robust and reliable workforce. Many agencies face challenges with staffing and retention that lead to negative impacts both operationally and clinically. This presentation will take a deep dive into the staffing crisis and how agencies can successfully overcome these challenges.

Learning Objectives:

1. Top Reasons for Home Health Turnover

2. How does the Interview and Onboarding process impact turnover?

3. Orientation: Training for Success

4. Improving instability in leadership

5. Preventing Excessive Workload and Scheduling Inconsistencies

6. Competitive Compensation: It Matters

7. The Impact of Exit Interviews

8. Creating a Positive Culture

Proactive Home Health Consulting

104 - Following the Symptom Management Cues in CAHPS and HOPE (HOS) -Caren McHenry Martin

The CAHPS (the Consumer Assessment of Healthcare Providers and Systems) survey and HOPE (Hospice Outcomes and Patient Evaluation) tool are now an integral part of hospice quality assessment. Their focus on common end-of-life symptoms including pain, nausea, dyspnea, anxiety/agitation, bowel function, and sadness can alert the hospice team to areas for assessment and opportunities for optimal symptom management. This presentation focuses on pharmacologic and nonpharmacologic strategies to evaluate, treat, and monitor these symptoms and will discuss ways to effectively communicate with patients and caregivers to maximize both patient comfort and the CAHPS and HOPE assessments.

Learning Objectives:

At the end of the session, the participant will be able to

1. Discuss pharmacologic and nonpharmacologic management of pain, dyspnea, nausea, anxiety/agitation, bowel function and sadness
2. List ways to assess symptom severity and monitor for improvement

3. Identify strategies for clear, straightforward communication with patients and caregivers regarding symptoms and their management

Specific Staff: Clinical managers, front-line staff

Enclara Pharmacia

105 - OASIS E2 Implementation Overview: New, Changed and Deleted Items and Rationale (Implementation Date of April 1, 2026) (HH)
-Jennifer Osburn

This session will cover implementation and rationale of OASIS E2 as well as new, changed and deleted items and guidance outlined in the OASIS E2 Guidance Manual and Static OASIS Q&As. Learn best practices for accurate data collection, which directly impacts your agency's quality measure performance and indirectly impacts payment and partnerships.

Healthcare Provider Solutions

106 - 2026 M&A Process, Lessons and Trends (HH HOS PSA)
-Tom Lillis & Joe Lynch

- 2026 State of the Market in Indiana By Service Line

  - Market Opportunity in Indiana Today and in the Future

  - Internal, External Impacts

    - Internal-Operational, Financial, Clinical- What Buyers Look For

    - External-Medicare, State of Indiana, Commercial Payers, Labor Opportunities, Interest Rates

- Criteria Review for Understanding Where Your Organization is vs the Competition

- Opportunities for Growth, Potential Areas of Focus Internally and Externally

- Timing- Decisions, Process, Goals- Why Sell, Why Sell Now?

Stoneridge Partners

107 - Rooted in Community, Focused on GUIDED care (HH HOS PSA)
-Angelica (Angel) Baginske & Patricia (Patty) Piechocki

In 2024, the Centers for Medicare & Medicaid Services (CMS) launched the GUIDE (Guiding an Improved Dementia Experience) program to enhance care for individuals living with dementia and their caregivers. This session will overview eligibility, community-based support, and collaboration strategies. Participants will learn how organizations can partner with GUIDE "Hubs" to expand impact, improve outcomes, and

generate revenue through respite care and other reimbursable, person-centered services.

Learning Objectives:

- **Identify** eligibility requirements and core components of the CMS GUIDE (Guiding an Improved Dementia Experience) program.
- **Describe** how community organizations can collaborate with GUIDE "Hubs" to provide coordinated, person-centered dementia care and caregiver support.
- **Explain** strategies for leveraging GUIDE participation to expand services, enhance care quality, and generate revenue through reimbursable supports such as respite care

Specific Staff: Owners of In-home respite providers, Adult Day Centers, 24/7 Adult Care Facilities

Alzheimer's and Dementia Services of Northern Indiana

108 - Medicaid in the News: Key Issues Impacting Home Care (HH HOS PSA) Damon Terzaghi

Between the One Big Beautiful Bill Act (OBBA) and the Federal Government's aggressive actions to address program integrity concerns, Medicaid has been in the headlines across the country over the past few years. Beyond the headlines, there key policy issues that states must address that have real implications for providers of care. This session will review key OBBA provisions and the implications of CMS' fraud initiatives how home care agency staff can plan and respond to the upcoming changes.

National Alliance for Care at Home

Day 1 - Concurrent Sessions: 1:30 – 2:30 PM

109 - The 2026 Blueprint for High-Performing Home Health Agencies (HH) -Devin Kassi & Melissa Brown

This session equips home health leaders to navigate payment cuts and reimbursement pressures while excelling in quality reporting and Home Health Value-Based Purchasing. It focuses on optimizing operational efficiency through strategic outsourcing, strengthening technology and data infrastructure, and advancing workforce retention strategies. Participants will also gain practical guidance on elevating organizational compliance to sustain performance, protect revenue, and position agencies for long-term success in a rapidly evolving regulatory and payment landscape.

Learning Objectives:

- **Analyze** the financial, regulatory, and operational pressures shaping home health performance in 2026, including payment cuts, quality reporting, and HHVBP requirements.
- **Evaluate** strategies to enhance operational efficiency through targeted outsourcing, technology optimization, workforce stabilization, and strengthened data infrastructure.
- **Implement** practical compliance and management practices that protect agency revenue, sustain quality outcomes, and support long-term organizational resilience.

Specific Staff: administrators, owners, management team

Gravity Consulting

110 - Improving the Approach to Deprescribing Conversations (HOS) -Caren McHenry Martin

Deprescribing potentially inappropriate medications can improve patient safety and quality of life and decrease hospice medication costs. However, engaging patients, caregivers, and sometimes even other hospice staff in deprescribing conversations can be challenging. This session discusses the evidence base for deprescribing numerous medication classes and provides a framework for facilitating discussion. Participants will leave this session feeling more confident in their ability to initiate and support these difficult conversations.

Learning Objectives:

1. List at least two deprescribing concepts and the medications that are related to them.

2. Provide examples of at least five classes of medications that may be inappropriate in hospice care.

3. Discuss a prioritized approach to deprescribing for patients on multiple medications and a framework for discussion.

Specific Staff: Appropriate for all clinical staff (nurses, prescribers)

Enclara Pharmacia

111 - Compassion Fatigue: "Protecting the Heart of Caregiving" (HH & HOS) Erin Gerken

Home health and hospice professionals bring extraordinary compassion to patients and families navigating illness, decline, and end-of-life transitions. While meaningful, this work exposes caregivers to continuous emotional, physical, and spiritual stressors. Without intentional support, these stressors can accumulate and lead to compassion fatigue, burnout, and decreased quality of life-personally and professionally.

This presentation aims to deepen awareness, strengthen resilience, and equip staff with practical strategies to protect their emotional well-being while sustaining their capacity to care.

Learning Objectives:

1. Define compassion fatigue, burnout, and vicarious trauma, and recongnize the difference between them.
2. Identify early warning signs of emotional depletion in themselves and colleagues.
3. Understand the unique risk factors for compassion fatigue in home health and hospice environments.
4. Explore evidence-based coping strategies that promote emotional balance and restore meaning in caregiving.
5. Learn how to build a personal self-care plan tailored to the demands of home-based and hospice care.
6. Engage in supportive discussion designed to strengthen team connection and resilience.

Specific Staff: All staff

Luminary Hospice

112 - Indiana Medicaid & EVV in the PathWays Era: Turning Visit Data into Payment (HH & PSA)
-Julio Barea
Indiana Medicaid is changing fast. Between PathWays for Aging, the new Health & Wellness waiver, and tighter EVV expectations, small missteps can quickly turn into denied claims and cash-flow headaches. In this session, Medicaid expert Julio Barea breaks down what's changing for home health and personal service providers, how EVV data really drives payment, and the practical workflows, reports, and checkpoints agencies can use to stay compliant and protect every Medicaid dollar.

Learning Objectives:

After this session, participants will be able to:

1. **Explain** how Indiana's PathWays for Aging and Health & Wellness waivers impact home health and personal service providers, including EVV expectations and payer nuances. Indiana Government+1
2. **Identify** the most common EVV and documentation issues that lead to denied, delayed, or underpaid Medicaid claims in Indiana. Indiana Government+1
3. **Map** a simple workflow that connects scheduling, EVV, documentation, and billing so visit data flows cleanly into claims.
4. **Create** an action checklist agencies can use to tighten EVV compliance, monitor denials, and protect cash flow in the year ahead.

Specific Staff: Administrators, owners, clinical leaders, billing and revenue cycle staff, office managers, EVV coordinators, and scheduling/intake teams who are responsible for Medicaid compliance, EVV, and day-to-day operations.

Livtech In Home Care

Although the survey process has not returned to the adversarial process we experienced early in the century, 2025 saw an increasingly challenging survey process and a growth in PSA surveys. Although survey trend data continues to be unavailable, this session will review a number of key survey issues from 2025 using specific survey findings. These are areas of operations agencies must be evaluating to identify any compliance gaps and take appropriate action. After reviewing survey trends from 2021, we will consider specific examples of citations within these areas. From these examples we will identify key compliance strategies to implement to avoid survey citations. We will also review steps to take during surveys and responding to poor survey outcomes.

Learning Objectives:

- Attendees will understand the primary areas of surveyor focus for home health and hospice
- Attendees will be able to utilize these trends to assess their own survey readiness.
- Attendees will identify key compliance strategies to implement to avoid findings in their own surveys.

Specific Staff: Administrators, DONs, Clinical managers, front-line staff, billers, coders, management, executives, HR, payroll, etc

Hall, Render, Kilian, Heath & Lyman, P.C.

Join us for a session focused on preparing for excellence in Medicare home health surveys. Explore the survey process for initial certification and recertification surveys, including pre-survey preparation, on-site procedures, and post-survey processes. This session is designed to guide you through the essential steps and best practices needed to achieve a successful survey outcome.

Learning Objectives:

- Review the CMS Home Health participation requirements
- Learn how to prepare your agency for an initial Medicare certification and recertification survey
- Establish expectations for the on-site survey and strategies for survey success
- Identify the post survey process

Specific Staff: Owners, Admin, DONs

ACHC

115 - The Excellence Equation-Compliance x Quality in Hospice (HOS) -Heidi L. Ehle & Cindy Douglas

Excellence in hospice care is achieved when regulatory compliance and high-quality patient care work together. Compliance provides the framework for safe, consistent care, while quality ensures compassionate and effective support for patients and families. When both are strong, organizations reduce risk, improve outcomes, and build trust. This alignment fosters a culture where hospice teams deliver care that is both compliant and exceptional.

Learning Objectives:
1. Explain how regulatory compliance and quality care relate and how their interaction promotes excellence in hospice settings.
2. Identify critical compliance requirements that directly affect patient safety, documentation accuracy, and regulatory preparedness.
3. Describe essential quality indicators in hospice care, such as symptom management, patient and family experience, and interdisciplinary collaboration.
4. Identify common gaps that happen when compliance or quality is missing and how these gaps impact outcomes and risk.
5. Implement practical strategies to integrate compliance processes with quality initiatives for improved overall care delivery.
6. Assess opportunities for enhancement within their own organization by utilizing data, staff engagement, and continuous quality improvement methods.

Specific Staff: Leadership, clinical, and interdisciplinary staff

Luminary Hospice

116 - Home Health and Hospice: Connecting the Dots Between Compliance, Regulatory and Quality (HH & HOS) -Mary Jane Ruppert

Implementation of a comprehensive QAPI program requires connecting the dots between Quality Reporting Program Requirements, OIG program guidance, audit/payment compliance and regulatory/survey outcomes. Balancing these priorities while ensuring ongoing monitoring in key areas to identify and respond to actual or potential findings, is a challenge for home health and hospice providers to manage in an efficient manner.

This session focuses on the importance of integration of compliance programs and survey readiness in HH and Hospice QAPI programs. In this presentation CHAP will navigate the lenses of Quality Reporting, Compliance and Survey and provide strategies and examples to streamline your QAPI program and facilitate improvement.

Learning Objectives:

- Describe the current government audit compliance and survey/regulatory environment impacting home health and hospice
- Describe the importance of integration of compliance programs into overall home health and hospice survey readiness and quality oversight
- Identify components of a comprehensive QAPI program including key performance indicators to be utilized by home health and hospice leadership for monitoring, management, and prioritization of agency wide Quality Reporting, OIG Compliance Program/Guidance/Payment Audit, and Regulatory/Survey Findings
- Utilize examples, group discussion and industry best practices to demonstrate successful integration of key performance indicators into a comprehensive QAPI program which efficiently measures outcomes, ensures payment audit and regulatory compliance/survey readiness, and reduces risk of financial penalties and enforcement
- Discuss the importance of an effective compliance program to effectively and efficiently balance compliance and regulatory documentation requirements
- Identify strategies that can be utilized by leadership and staff to implement an ongoing, organization-wide compliance and survey readiness culture and processes to mitigate the potential for enforcement

Specific Staff: Leadership, home health and hospice staff

CHAP

117 - Using the patient concern process to drive quality AND compliance (HH HOS PSA)
-Mary Willems-Akers

Most health care organizations are required by CMS to have a patient concern or grievance process. Learn how to use your required process to capture data to drive process improvement with customer service but also find areas of concern with compliance. The presentation will include some real-life scenarios where the concern process helped a home care agency prevent future quality and compliance issues from privacy concerns to discharge planning and more.

Learning Objectives:

1) Identify at least 3 indications of an effective concern process
2) Understand the need for quality as well as compliance oversight in the process
3) Name at least 3 ways the concern process can drive effective change in your organization

Specific Staff: Operations, quality, compliance, administrators

Stillwater Hospice

118 - Ted Lasso's Approach: Recruit with Kindness, Retain with Biscuits (HH HOS PSA)
-Elaine Jones & Leslie Friedel
In today's challenging healthcare landscape, traditional compensation, recruiting, benefits and staffing models are no longer enough. Learn how to turn financial constraints into opportunities by aligning mission-driven care with smart, resourceful solutions that attract and retain top talent—without breaking the budget. We will share real life examples of how we increased our pay rates, invested in the health of our employees, and created enhanced benefits to support them, and their families.

Learning Objectives:

● After attending, participants will be able to go back to their organizations and identify specific data points to track, such as retention and turnover rates. They will have the tools to do this through the KPI (key performance indicators) that will be shared throughout the presentation.
● During the presentation, participants will have the opportunity to have discussions with fellow session attendees and can identify specific pain points from recruiting, retention or benefits for their own organizations. After completing this activity, participants will have the opportunity to develop and create solutions to those current challenges.

Specific Staff: Administrators, owners and leadership decision makers.

Stillwater Hospice

Day 1 - Concurrent Sessions: 4:00 – 5:00 PM

119 - Home Health Transformation: Driving Patient and Caregiver Engagement for Better Outcomes (HH)
-Brandi Tayloe-Jones & Robin Wolford

This presentation explores strategies to revolutionize home health care by fostering increased patient and caregiver engagement. It highlights innovative approaches to improve communication, empower patients and caregivers in managing their care, and strengthen collaboration between caregivers and healthcare professionals. Attendees will gain insights into the tools, technologies, and best practices that enhance personalized care experiences, drive patient satisfaction, and improve health outcomes, ultimately creating a more effective and compassionate home care ecosystem.

Learning Objectives:

1. Understand the importance of patient and caregiver engagement in improving home health care outcomes.
2. Explore effective communication strategies and tools to enhance collaboration between patients, caregivers, and healthcare providers.
3. Identify innovative technologies and solutions that empower patients in managing their care at home.
4. Learn best practices for fostering trust, empathy, and satisfaction in home health care relationships.
5. Evaluate methods to measure and improve engagement for better patient experiences and overall care effectiveness

Compassus

120 - Case Study Roundtable: Managing and documenting the "Gray Area" Hospice Patient (HOS)
-Kristie Meers

Not every patient fits neatly into a textbook diagnosis or meets criteria with obvious clarity—and that's where clinical leadership must shine. In this interactive session, participants will dive into real-world case studies involving patients who fall into the "gray area" of hospice eligibility, symptom burden, and appropriateness. Through guided discussion and peer sharing, attendees will examine how clinical judgment, documentation, interdisciplinary collaboration, and regulatory awareness intersect in complex cases. Walk away with tools to support your teams in navigating ambiguity while maintaining compliance and providing exceptional care.

Learning Objectives:

Participants will be able to:

- Identify clinical indicators of "gray area" hospice patients.
- Apply CMS LCDs and eligibility guidelines to real-world scenarios.
- Coach interdisciplinary teams through difficult eligibility conversations.
- Strengthen defensibility through clinical judgment and documentation.
- Develop leadership approaches for balancing compliance, compassion, and risk.

Specific Staff: Clinical Leaders, Hospice Clinicians, QA Leaders, Owners

Careficient

121 - 2026 HHVBP OASIS Based Measures and OASIS Guidance for these measures (HH)
-Jennifer Osburn

In this session, the attendee will learn how OASIS based quality measures used in Home Health Value Based Purchasing performance are calculated, what data is included and excluded, and which factors are used in risk adjustment. We will review the item-specific guidance for each OASIS item used in the calculation of these measures so that you are confident in accurate data collection and know where to shore up processes for best performance and payment.

Healthcare Provider Solutions

122 - From Denials to Dollars: Maximizing Medicaid & VA Claim Success Amid Indiana's Evolving MCE Landscape (HH & PSA)
-Lincoln Gruber

Indiana's home care landscape has undergone significant transformation with the implementation of PathWays for Aging and increased emphasis on fully utilizing PA (prior authorization) home health services. While these changes aim to streamline care and reduce costs, they've also triggered substantial billing, authorization, and payment challenges. This presentation will highlight root causes behind MCE-related claim denials and proven strategies that agencies can use to recover denied claims, prevent revenue loss, and reduce AR days.

Learning Objectives:

- Understand the top reasons for claim denials and payment delays under Indiana's PathWays MCEs.
- Learn best practices for prior authorization management to reduce interruptions in care and cash flow.
- Identify actionable steps to improve claims acceptance rates.

Specific Staff:

- Home Health Agency Administrators
- Billing and Revenue Cycle Managers
- Compliance Officers
- Clinical Managers transitioning waiver services to Prior Authorizations
- Owners/Operators of Medicaid and VA-participating agencies

Paradigm Senior Services

==**123 - The Future is Now? Compliance Considerations with AI. (HH HOS PSA) -Robert W. Markette, Jr.**==

Artificial Intelligence is rapidly becoming a key component of EMRs and many other software systems providers use every day. These systems promise t make everything easier, but most providers do not full understand how AI operates and the many compliance issues that come with the use and implementation of AI. This lack of awareness creates significant compliance risks This session will provide an overview of what AI is and does as well as the common compliance concerns that come with AI utilization. We will then review a number of important compliance considerations for adopting AI. This will include the development of policies, the formation of an AI governance committee, as well as how AI will impact your HIPAA compliance efforts and important considerations for discussions with vendors about their systems.

Learning Objectives:

1. Understand what AI is and what risks its use present
2. Understand the regulatory framework including HIPAA, coding requirements and similar regulations that are implicated by the use of AI.

3. Understand compliance strategies and operational practices that must be implemented to protect from regulatory non-compliance that can result from the use of AI

Specific Staff: Owners, Executives, IT, administrators, billing staff, compliance, DON, field staff who use EMRs,

Hall, Render, Kilian, Heath & Lyman, P.C.

Wednesday, May 6th

201 – Keynote Session - Representative Lori Goss-Reaves *(HH HOS PSA)*
Indiana State Representative
Presenting healthcare issues in the General Assembly.

Sponsor: *Forvis Mazars*

202 - Advanced Concepts in Operations: Efficiency for Better Outcomes in the Home (HH)
-Arnie Cisneros & Kimberly McCormick
Delivering Home-based services has become commonplace as reforms allow an increasing number of patients to receive care while at home. As more patients are able to receive Home-Based services, regulatory and reimbursement changes have altered how patient needs are addressed. HH Providers have had to adapt care & delivery practices to address current programming requirements. This presentation addresses how Operational efficiency changes can produce better outcomes while servicing patients in the home by managing Key Performance Indicators (KPI) metrics to assure ongoing performance.

Learning Objectives:

1) Identify areas where traditional Home Care challenges have increased

2) Demo Operational changes to manage delivery of care to the Home

3) Propose use of Key Performance Indicator (KPI) metrics for improved Outcomes

4) Present Case Studies of KPI-based Operations and Improved Outcomes

Specific Staff: Administrators, Managers, Supervisors and clinical staff.

Home Health Strategic Management (HHSM)

203 - The Family Journey: Hospice Care Beyond the Patient (HOS) -Katie Chalfant

Hospice care is often understood as medical support for patients at the end of life. Yet, its true impact reaches far beyond the individual — it is a journey walked by families, caregivers, and communities. In this presentation, I will share stories from my hospice career that reveal how families are transformed through the process of anticipatory grief, legacy-building, and the sacred act of presence. Drawing from my experiences as a nurse, storyteller, and mother, I'll explore how hospice becomes a teacher — reminding us that love, memory, and faith endure even in the face of loss. This session invites attendees to see hospice not only as a medical service but as a ministry of compassion, a classroom of humanity, and a mirror reflecting what truly matters in life.

Learning Objectives:

By the end of this session, participants will:

- Recognize hospice care as a family-centered journey, not just patient-centered.
- Identify lessons hospice teaches about legacy, presence, and love.
- Reflect on how these lessons can be applied in their own families, communities, and vocations.
- Be inspired to carry compassion into everyday interactions beyond healthcare.

204 - Home Health Revenue Cycle: A Fiesta of Fortune! (HH) -M. Aaron Little

Payers continue to make it hard for home health agencies to get paid. The complexity of the revenue cycle continues to compound, with Medicare Advantage (MA) and Targeted Probe and Educate (TPE) audits topping the list of challenges. This session will include lessons learned with MA payers and provide resources for navigating the MA billing and payment landscape. This session will also include lessons learned for successfully navigating the TPE process, including a review of common denial reasons. The latest updates on other current billing and revenue cycle matters and industry benchmarks for measuring revenue cycle performance will also be shared.

Learning Objectives:

1. To empower attendees with the most current available facts and strategies for effectively managing MA billing and payment.
2. To provide attendees with the latest information for successfully navigating cash flow and revenue cycle processes through Medicare TPE audits.

3. To update attendees on the latest other billing and payment hot topics

Specific Staff: Administrators, owners, finance staff, revenue cycle staff/billers

Forvis Mazars

205 - Indiana Department of Veterans Affairs (HH HOS PSA) -Brad Harper
Description coming soon!

Indiana Department of Veterans Affairs

206 – AI in Home Care Operations: Working Smarter (ALL) - Pengyi Shi, PhD
Home care and home health agencies are facing rising acuity, caregiver shortages, and increasing administrative burden. This session offers practical, real-world examples of how AI is already transforming scheduling, care coordination and planning, documentation, caregiver retention, and referral management. Attendees will see what's realistic in the next 1-3 years and leave with a clear, actionable playbook for using AI to reduce bottlenecks, support staff, and deliver high-touch, high-quality care at scale. No technical background required; this is a practical roadmap for leaders navigating operational changes in the AI era.

Learning Objectives:

Participants will learn to:

1. **Identify operational bottlenecks**, and distinguish whether they are *people*, *process*, or *information* problems that AI can help address.

2. **Understand realistic AI tools** that improve scheduling efficiency, care coordination, documentation, referrals, and caregiver engagement today.

3. **Apply "working smarter" strategies** to reduce admin burden and improve workforce efficiency without sacrificing a warm, high-touch client experience.

Specific Staff: Administrators, owners, schedulers, front-line staff

Purdue University

Day 2 - Concurrent Sessions: 11:00 AM – 12:00 PM

207 – Best Billing Practices In a Changing Medicaid Environment (HH) -Derek Vester

Agency owners will learn strategic approaches to enhance their billing processes, from start to finish in the changing environment of Medicaid! We'll guide you through essential tools like what to read on your RA Reports and best practices for Sandata, highlight common pre-and post-billing challenges, and share tried-and-true best practices for managing billing and payroll periods effectively! We will also cover any common MCE issues and have a live Q&A.

Learning Objectives:

1. **Understanding RA Reports**: Learn what to pay attention to in your Remittance Advice (RA) Report for accurate claim processing.
2. **Sandata Utilization**: Ensure precision by checking Sandata for every claim, every time, to prevent errors and rejections.
3. **Visit Status Verification**: Explore the importance of monitoring visit status before and after each claim submission.
4. **Navigating Common Pre-billing Challenges:** Address issues like over/under-scheduling, unit rounding rules, visit type data, and transmission status.
5. **Tackling Post-billing Complications**: Grasp the intricacies of EOB issues, ICN tracking, and maintaining a record of the last date billed.
6. **Creating a Robust Billing Schedule**: Develop an effective billing schedule and understand the ideal timing for different billing tasks (Comes with a free billing task checklist and calendar handout)
7. **Clarifying Billing vs. Payroll Periods**: Differentiate between billing and payroll periods to efficiently manage your agency's finances.
8. **Comprehensive Billing Process**: Gain insight into the entire billing process, ensuring accuracy and efficiency from start to finish.

GEOH

208 - Value-Based Care: "Nacho" Average Payment Models (HH & HOS)
-M. Aaron Little
Value-based care payment models continue to gain relevance in the care at home industry. Two of the most significant include the home health Medicare Value-Based Purchasing (VBP) model, and the mandatory hospital Transforming Episode Accountability Model (TEAM). This session will explore 2026 updates to the VBP model, particularly the new Medicare Spending Per Beneficiary (MSPB) performance measure. This session will also explore TEAM, which is mandatory effective January 1, 2026, and includes hospital patients discharged to both home health and hospice and has the potential to be expanded.

Learning Objectives:

1. Attendees will be able to apply practical strategies for managing the new 2026 VBP performance measures impacting the Total Performance Score and resulting payment adjustment.

2. Attendees will gain an understanding of TEAM and its potential impact to home health and hospice providers.
3. Attendees will be able to apply strategies to incorporate value-based care key performance indicators (KPIs) into existing quality management activities.

Specific Staff: Administrators, owners, finance staff, quality staff, operations staff

Forvis Mazars

209 - The Four Stages in a Successful Social Media Cycle and How to Implement Them (HH HOS PSA)
-Welton Hong

The usefulness of social media remains a mystery to many home care business, and that's understandable: A home care agency certainly is a very different type of business than a retailer or a restaurant, for example, and it should not be promoted the same way. But here's the truth: Social media definitely *can* be a big asset for a home care provider. It just needs to be implemented the right way. A properly executed social media campaign greatly benefits leads and referrals as well. Welton Hong covers the basics of social media for home care business and explains the four aspects of the social success cycle: social listening, social influencing, social networking, and social selling. Every initiative has a specific goal, but they all work together to drive revenue for your home care business.

Senior Care Marketing Max

210 - Optimize revenue diversification to drive profitability and reduce concentration risk for your agency (HH HOS PSA)
-Thomas Rose

This session will discuss how to measure your revenue sources and their respective profitability and how to evaluate alternative revenue sources to grow your business and reduce your concentration risk. Being too heavily concentrated by payor source can present businesses with devastating consequences should there be a shift they did not anticipate. Diversification not only can come from additional payor sources but also from within an existing payor source.

Learning Objectives:

1. Learn how to evaluate your payor sources, what metrics to measure them by and how to benchmark what is good or bad.
2. Learn where to look and who to benchmark to identify new payor sources and how to get credentialed with them.
3. Identify opportunities in your agency to add services that can add payor sources or create new revenue streams within existing payor sources.

Specific Staff: Owners, CFOs, administrators, DONs, executive management, clinical management

21st Century Consultants

211 - Home Health Quality Reporting Program – Care Compare, Star Ratings, and HHVBP measures for CY 2026 (HH HOS PSA)
-Jennifer Osburn

Learn all about the Home Health Quality Reporting Program, the umbrella under which all quality programs live. From Care Compare and Star Ratings to Value-Based Programs, the Quality Reporting Program measures how well your agency manages outcomes, best practice processes, and patient safety. Learn the measures that make up quality reporting, how to find and manage your quality data reports, which data is publicly reported versus used for agency QAPI use and more!

Healthcare Provider Solutions

212 - Safety You Can See: A Practical Model for WPV Prevention From Intake Through Reporting (HH HOS PSA)
-Jonas Fortenberry

Most workplace violence programs focus on policies and reactive tools, but the real risks are the ones leaders never see. Through real stories and practical examples, this session shows how safety challenges emerge across the care process, why some slip through the cracks, and how leaders can build a stronger, more connected system. Attendees will learn a clear model that spans intake risk assessment, field visibility, real time response, and reporting so any organization can put it into practice.

Learning Objectives:

- Learn the core components of a modern WPV Safety Committee, including intake risk assessment, field visibility, real time response, and reporting loops.
- Understand how safety risks emerge across the full care process and where traditional programs break down.
- Apply a practical, step by step model to strengthen safety culture, improve visibility, and support caregivers more proactively.

Specific Staff: Administrators, front-line staff, clinical supervisors, HR, risk/compliance

POM Safe

213 - Medicare Documentation and Cost Reporting (HH)
-Pauline True and Wendi Tingley

Accurate and compliant documentation is critical when serving Medicare patients in home health care. This webinar will break down the essential documentation requirements—from the Plan of Care and physician orders to visit notes and discharge summaries. Learn how to support medical necessity, avoid common documentation errors, and ensure your records meet Medicare and surveyor expectations. Ideal for clinicians, documentation reviewers, and compliance staff.

IAHHC

214 - The Return of the Companionship Services Exemption: A significant change for homecare (HH HOS PSA)
-Robert W. Markette, Jr.

Perhaps the biggest benefit to the homecare industry from Trump's second term was the return of the compansionship servcies exemption. Prior to the DOL eliminating its availability to 3rd party employers, the compansionship services exemption was a significant element of homecare employment compliance. It's return is welcome. This session will review the exemption, its requirements and how it can be utilized within homecare agencies.

Learning Objectives:

1. Understand that history of the exemption and how it impacts homecare
2. Understand the requirement of the exemption.
3. Understand how it applies to homecare personnel.
4. Consider issues related to rolling out exemption to staff.

Specific Staff: Owners, executives, administrators, managers, HR, compliance

Hall, Render, Kilian, Heath & Lyman, P.C.

215 - Strategies for Growth & Profitability (HH HOS PSA)
-Jacquie King

This session delivers a zero-cost formula for driving accelerated growth in community-based healthcare agencies. It diagnoses critical roadblocks (leadership, talent, culture, planning) and reveals a winning formula focused on lead measure utilization. The strategy leverages unique agency differentiators, shifts focus to reach/frequency/messaging for quality sales calls, and integrates clear accountability

systems. The presentation concludes by providing a blueprint to overcome the root cause of underperformance: messaging.

Learning Objectives:

- The learner will be able to identify common barriers to growth within community-based care and strategies to overcome them.
- The learner will be able to list the key components in a successful growth formula utilizing lead measures vs lag measures.
- The learner will be able to discuss strategies to improve reach, frequency, and messaging.

Specific Staff: Administrators, owners, other leadership, particularly business development.

Community Health Accreditation Partner (CHAP)

216 - Redefining Marketing and Sales (HH HOS PSA)
-Thomas Rose
Don't miss out on referral opportunities that could propel your agency to the next level. Discover how to use CMS data to look for clues about how to reposition your marketing and sales efforts based on areas where you might be missing referrals. You'll be ready to return to your agency with fresh insights on developing your go-to- market strategy and executable plan.

Learning Objectives:

1. Prepare yourself to coach and incentivize your sales team to achieve your targets.
2. Develop teams to work together and maximize your intake for maximum efficiency and results.
3. Optimize compensation structures based on targeted data to effectively grow your referral base and gain competitive advantage.

Specific Staff: Owners, CFOs, administrators, executive management, Sales & Marketing Leadership

21st Century Consultants

Day 2 - Plenary Session: 2:30 – 3:30 PM

217 – Q&A Indiana Department of Health (HH HOS PSA)
- Janelyn Kulik and Shannon Ford-Fiest