Session Key Codes:

(HH) Home Health, (HOS)- Hospice, (PSA)- Personal Services Agency Tuesday, April 22nd

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

101 - Keynote Session (HH HOS PSA)

-Dr. Steven Landers, CEO of National Alliance for Care at Home

Description coming soon!

Sponsor: FORVIS, LLP

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

102 - What's Old is New: Legal and Regulatory Update 2025 (HH HOS PSA) - Robert W. Markette, Jr.

If there is one constant in the homecare world, it is legal and regulatory change and last year proved to be yet another year of significant change. Changes that came about last year include: Hospice Special Focus Program, Hospice 36 Month Rule, additional home health budget neutrality cuts, increased DOL enforcement, a proposal by DOL to increase the salary levels for white collar exemptions, new NLRB rules, new survey wrinkles, backlogs at CMS and sooo much more. This session will provide an overview of these issues and other changes that impact homecare provider operations in 2024 and beyond.

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.

Sponsor: Humana Healthy Horizons

Day 1 - Concurrent Sessions: 11:15 AM - 12:15 PM

103 - Getting to Know the GGs: Understanding Section GG in Home Health (HH) - Brian Lebanion

Description:

This presentation dives into Section GG of the Outcome and Assessment Information Set (OASIS-D), a critical component of patient assessment for home health agencies. Attendees will explore the purpose of Section GG, its impact on care planning and outcomes, and strategies to enhance accuracy in data collection. With practical tips and case scenarios, this session is designed to demystify Section GG and empower clinicians and administrators to leverage its insights for improved patient care and compliance.

Learning Objectives:

- Understand the Purpose of Section GG: Explain the role of Section GG in assessing patient functional abilities and its connection to care planning and quality outcomes.
- Achieve Data Collection Accuracy: Identify key elements of Section GG
 assessment and implement best practices for accurate and consistent
 documentation.
- 3. **Utilize Section GG Data:** Analyze how Section GG outcomes influence reimbursement, reporting, and patient-centered care strategies.
- 4. **Navigate Challenges:** Recognize common pitfalls and challenges in Section GG assessment and learn practical approaches to overcome them.
- 5. **Enhance Interdisciplinary Collaboration:** Foster teamwork among clinicians to ensure consistent and accurate evaluation of patient functional abilities.

Audience: This session is essential for home health professionals seeking to refine their knowledge of Section GG and its role in delivering high-quality care.

BC Healthcare Consulting, LLC

104 - VBP: Adjusting Performance Today for Payment...in Two Years! (HH) - Aaron M. Little and Angela Huff

VBP performance today will determine payment adjustment in 2027. Does your VBP performance need fine tuning or a complete overhaul?? This session will provide the most current VBP data trends and offer insights into operational performance driving VBP success, including the three new 2025 VBP performance measures and the drivers of success, while also providing practical strategies for performance fine tuning--or complete overhaul!

- Analyzing current VBP performance data to determine whether performance improvements can be achieved by operational fine tuning versus a complete overhaul.
- 2. Empowering attendees with practical strategies for managing the new 2025 performance measures most impacting the TPS and resulting payment adjustment.
- 3. Providing attendees with strategies to more actively incorporate VBP management utilizing existing QAPI activities.

Audience: Administrators, owners, clinical managers, financial managers

Forvis Mazars

105 - Providers: NOA is received, now what? *(PSA)* - Alexander Nazarov

Maximize patient care by correctly translating NOA units to daily and weekly schedule. Explain relationship between number of days per month and units assigned. Explain how to convert units to the schedule to utilize all units and maximize patient care. Explain the relationship between weekly schedules provided by case manager and number of units assigned. Identify common mistakes made by case managers through examples.

Learning Objectives:

- 1. Understanding NOAs
- 2. Understanding why units vary per month based on a set schedule
- 3. Identifying common errors providers run in to when processing an NOA

Audience: Administrators and intake personnel who process NOAs.

Acceling Software LLC

106 - Igniting Growth: Elevating Your Business To New Heights (HH HOS PSA) - Thomas Rose

Entrepreneurs start their business because they work in a trade or see an opportunity. The majority grow their business to the extent of their skill sets and can then feel more like a firefighter than a business leader. This workshop session offers insights into how small business owners can develop their leadership to take their business to the next levels and beyond.

Learning Objectives:

- 1. Identify and analyze your strengths and weaknesses as a business leader and lay the foundation for filling the weakness gaps and focusing on your strengths.
- 2. Formulate the basis of a strategic plan and road map how to achieve it
- 3. Learn about resources that can assist you in developing your career path even within your own company

Audience: CEO's, owners, executive staff

21st Century Health Care Consultants

107 - Emergency Preparedness: What are the surveyors looking for and how do we get there? (HH HOS)

- Lynn Herman and Heidi Buffenbarger

We practice Emergency Preparedness all the time in Home Care from preparing for inclement weather to global pandemics. But are you practicing in a way that you can prove to a surveyor? What are the surveyors actually looking for? Emergency preparedness is truly a team sport. How do we become connected to the community and other partners? The more connections you can make around emergency management, the better for both your organization and your patients.

Learning Objectives:

- 1. List 3 things the surveyors are looking for in your EP Program
- 2. Define what is included in the HVA
- 3. Name 3 important resources for effective Emergency Preparedness in Home Care
- 4. Find your local District coalition contact information

Audience: Administrators, Executive Directors, Clinical Operations leaders, Compliance Officers, Emergency Management staff

Stillwater Hospice

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

108 - Hope for the Future (HOS)

- Lisa Goodlow

The HOPE assessment tool is here and it will be the vehicle that will move hospice care to the next level. CMS developed the HOPE tool to inform future quality measure development and payment reform and its implementation will eventually move hospice

from pay-for-submission to pay-for-performance. This session will describe the implementation of the HOPE assessment tool, content highlights, and its impact on hospice quality, regulatory, and program operations in the next several years.

Learning Objectives:

- 1. Describe the implementation of the HOPE Assessment tool
- 2. Discuss the content highlights and the impact on quality of care, regulatory compliance and program operations in the next several years

Audience: Administrators, clinical leadership, Quality review staff, agency educators CHAP

109 - Audits 2025: Considerations for responding to payer audits (HH HOS) - Robert Markette

Home health and hospice scrutiny continues at a high level. Providers are subjected to a myriad of audits – TPE, RAC, MAC, UPIC and more. Providers need to be prepared to respond to audits and the results of those audits. Provider's need to be prepared to respond to ADRs to ensure claims are not denied merely for lack of a response. More importantly, providers need to be prepared to appeal demands from Auditors. This is crucial, as the provider's response to the first and second levels can significantly impact litigation in front of the ALJ. This session will review the audit and appeals process. We will then address processes and considerations for responding to recoupment demands, including the use of consultants, when to involve counsel, and addressing extrapolations. We will also address some compliance efforts designed to identify and prevent issues prior to an audit.

Learning Objectives:

- 1. Attendees will understand the Medicare audit and appeals process.
- 2. Attendees will learn key strategies for preparing for and responding to audit requests.
- 3. Attendees will understand important considerations in pursuing Medicare payer appeals, including when to involve counsel.

Audience: Owners, Adminstrators, DONs, Clinical managers, front-line staff, billers, coders, management, executives, HR, payroll, etc.

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

110 - More Than Bones and Biscuits: Building a Safe and Effective Therapy Dog Program (HH HOS PSA)

- Molly Johnson and Wesley Patrick

Dogs on a hospice team? Absolutely! Participants will gain knowledge and insight into the psychosocial and palliative benefits therapy dogs provide, become familiar with

therapy dog training & registration options, and learn the steps to establish a therapy dog program. Wesley Patrick, registered therapy dog, and Molly Johnson will offer a dynamic and informative presentation is suitable for anyone wishing to add a new dimension to their existing hospice program.

Learning Objectives:

- 1. Distinguish the difference between assistance, service, and therapy dogs AND emotional support animals.
- 2. Discuss therapy dog training, testing, insurance, and national registry options.
- 3. Discuss the necessary skills and personality traits of an ideal therapy dog.
- 4. Describe and demonstrate the psychosocial and palliative benefits of therapy dog visits.
- 5. Describe the steps necessary for the implementation of a high-quality, safe, effective hospice therapy dog program.

Audience: Social Workers, Volunteer Coordinators, Volunteers, Managers/Administration

Canine Comfort, LLC

111 - Impactful Leadership in Home Health Care (HH) - Cindy Rushing

Leadership plays a crucial role in shaping and influencing healthcare organizations. Effective leadership has a significant impact on various aspects of an organization, including its culture, performance, and overall success. Complacency, inconsistency, or lack of focus in leadership can have an equally negative effect on an agency's operational, financial, and workplace efficiency goals. This session is going to cover all aspects of adopting and executing a strong leadership plan, while laying the groundwork for establishing a roadmap to your leadership goals, training future leaders within your organization, and maintaining an evolving leadership culture within yourself and your management team.

Learning Objectives:

- Defining the purpose of leadership
- 2. Explore the qualities and examples of great leaders
- 3. Deep dive into leadership styles, distinguishing the most and least effective, and leadership coaching
- 4. Review leadership models, including for on site, remote & hybrid teams
- **5.** Understanding the organizational impact of leadership in the home health and healthcare settings.

Audience: Owners, Managers, Directors of Nursing, Board members, Organizational staff

Alora Healthcare Systems

112 - Indiana's Direct Care Workforce Toolkit Panel (HH HOS PSA)

- Brandi Kurtyka (MissionCare), Sue Ream (Humana), Joanna Peak (UnitedHealthcare), Ben Evans (Anthem) (HH HOS PSA)

Presented by Indiana's three MCEs and MissionCare Collective's CEO, this panel discussion introduces Indiana's Direct Care Workforce Toolkit—a fully funded, no-cost resource designed to help HCBS providers recruit, retain, and support their workforce more effectively.

Backed by Indiana's payors, this initiative provides tangible workforce solutions, including recruitment tools, training resources, employee support programs, and retention strategies. Attendees will gain insight into five key tools available for immediate enrollment, upcoming enhancements, and how to access financial and technical assistance to build a stronger, more sustainable workforce.

MissionCare

113 - Home Health Value Based Purchasing – How are the 2025 Changes Settling In? (HH)

- Melinda Gaboury

The HHVBP Expansion Model is in full swing starting its 3rd year and 1st year of changes. Has the impact of the 2023 results negatively impacted reimbursement? This session will review the Value-Based Purchasing Model Interim Performance Reports through the January 2025 release. This session will discuss evaluation of your agency's reports and how to understand which items to be worked on. This session will provide best practices on improving scores, specifically in the OASIS items and HHCAHPS measures. Value Based Purchasing is here to stay and agencies should working to improve scores. This session will include SPECIFIC Indiana stats from 2023 Annual Report.

Healthcare Provider Solutions

Day 1 - Concurrent Sessions: 2:45 - 3:45 PM

114 - Best Billing Practices In a Changing Medicaid Environment (HH PSA) - 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.

- 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.

Audience: Agency Administrators

GEOH

115 - Social Determinants of Health: Identifying and Addressing Health Related Social Needs for Better Outcomes (HH) - Jennifer Osburn

Social Determinants of Health are known to impact outcomes and are a current focus of CMS. This session will look at current data trends, the SDOH items in OASIS E1, proposed SDOH items coming in 2027 and why this data is being collected. Additionally, learn how developing the plan of care with patient's health-related social needs in mind can improve your agency's quality and VBP outcomes.

Learning Objectives:

- 1. Identify how SDOH factors impact hospitalization rates and patient outcomes.
- 2. Verbalize understanding of the OASIS items and professional assessment items that help identify patient's social needs.
- 3. Learn proven measures to address health related social needs to improve patient outcomes.

Audience: Home Health Administrators, Owners, Mid-Level Managers, OASIS Review, QAPI, RN, PT, OT, SLP

Healthcare Provider Solutions

116 - Navigating HOPE: Effective Change Management Strategies for Success (HOS)

- Raianne Melton

The transition from HIS to HOPE will be a significant undertaking for all hospice organizations. To ensure success on day one, it is crucial to prepare and train your team properly. This course will teach you how to manage the change process effectively, communicate with your team effectively, and engage stakeholders in the process. Additionally, you will be taught paradigm shifts that will be necessary for successfully implementing HOPE.

Learning Objectives:

- 1. Explain the change management process from initiation to implementation
- 2. Identify two effective communication strategies for guiding teams through change
- 3. Utilize two tools to overcome resistance and engage stakeholders
- 4. Describe two paradigm shifts that are necessary for the successful implementation of HOPE

Audience: The target audience for this presentation are clinical managers, team leaders, administrators and front line staff.

Axxess

117 - Measuring the ROI of an Elevated Family Caregiver Experience (HH HOS) - Cara McCarty Abbott

Join Cara Abbott, CEO of Betterleave and Regina Winters, Senior Director, Consumer Outcomes at AccentCare to explore how the patient and family experience can result in higher CAHPS scores, greater market share, and an invaluable ROI for organizations dedicated to post-acute care. Regina brings over 20+ years as a Consumer & Patient Experience expert at leading health systems such as Cleveland Clinic, Wellstar and Tallahassee Memorial.

Learning Objectives:

- Family Support from admission to discharge and bereavement: Discover how to support family caregivers throughout the entire care journey, driving growth, quality, and efficiency with strategic partnerships—essential for both hospice and home health settings.
- 2. **Improving CAHPS Scores:** Explore methods to elevate CAHPS scores through targeted, real-time communication and actionable feedback, benefiting families and staff in hospice and home health.
- 3. Elevating Referral Partnerships for a Sustainable Future: Learn how leading organizations leverage data, reviews, and testimonials to strengthen referral channels and grow market share in both hospice and home health sectors.

Audience: Administrators (Hospice & Home Health)

118 - Does Al Know Why the Chicken Crossed the Road? Managing Risk for Employers in the Age of Al (HH HOS PSA)

- Shelley M. Jackson and Chloe N. Craft

Please join Krieg DeVault LLP attorneys Shelley Jackson and Chloe Craft as they explore recent compliance and risk management developments in employment-related use of artificial intelligence and other algorithmic decision-making tools. Topics covered will include emerging guidance and enforcement trends from the Equal Employment Opportunity Commission, Consumer Financial Protection Bureau, and National Labor Relations Board.

Learning Objectives:

- 1. Explore current trends in use of AI and other algorithmic decision-making tools in employment-related decisions.
- 2. Analyze recent guidance issued by key administrative authorities pertaining to employers' use of AI and other algorithmic decision-making tools.
- 3. Evaluate compliance-related best practices and strategies to mitigate risk while leveraging the power of recent technological developments

Krieg DeVault

119 - Keys to Start Up and Successfully Operate a Home Health Agency (HH) - Devin Kassi & Melissa Brown

Whether you're interested in acquiring a Home Health Agency (HHA), starting your own, or seeking to enhance your current home health agency, this session will equip you with the knowledge and tools to take charge of delivering home health services while achieving your financial goals.

Learn more about what you need to invest in time and capital resources to get started and how to turn around an existing agency for success. Identify the operational successes and clear KPIs you should be achieving with an HHA and how to address missed opportunities. Gain an understanding of how to navigate federal and state regulations to efficiently and effectively operate a home health agency.

Audience: Owners, Administrators, Clinical Managers, and additional agency leadership

Gravity Healthcare Consulting

120 - Navigating the Managed Care Landscape: Strategies for Home Health & Hospice Success (HH HOS)

- Melinda Gaboury

We will explore essential workflow best practices and the intricacies of understanding managed care contracts. As the healthcare industry continues to evolve, especially in the realms of home health and hospice, it has become critical for agencies to adapt their operations to ensure quality patient care while maximizing financial performance.

Healthcare Provider Solutions

121 - Maximizing Reimbursement with Z Codes: PDGM Best Practices for Home Health (HH)

- Brian Lebanion

This presentation focuses on the strategic use of Z codes under the Patient-Driven Groupings Model (PDGM) in home health care. Attendees will gain a thorough understanding of Z codes, their role in coding non-disease-related factors influencing patient care, and their impact on reimbursement. The session will address common pitfalls, compliance requirements, and best practices for accurate and thorough documentation to optimize financial and operational outcomes. Real-world scenarios will illustrate how Z codes can be effectively used to reflect care complexity while meeting CMS guidelines.

Learning Objectives:

- 1. **Understand the Role of Z Codes:** Define Z codes and their purpose in documenting non-acute health factors, social determinants of health, and long-term care needs.
- 2. **Explore Z Code Implications in PDGM:** Analyze how Z codes influence patient categorization, resource allocation, and reimbursement under PDGM.
- 3. **Apply Best Practices for Z Code Use:** Learn practical strategies for accurate documentation, regular audits, and alignment with ICD-10 and CMS guidelines to avoid revenue loss and compliance issues.
- Navigate Common Coding Challenges: Identify frequent errors in Z code assignment and explore solutions to ensure appropriate coding and reimbursement.
- Optimize Documentation and Communication: Enhance collaboration between clinicians, coders, and physicians to align on coding priorities and improve care planning.

Audience: This session is essential for home health professionals seeking to enhance coding accuracy, financial sustainability, and patient-centered care delivery in the context of PDGM.

BC Healthcare Consulting, LLC

122 - A hidden opportunity: Private Duty non-medical's role in Hospital-at-Home (HH PSA)

- Thomas Rose

As the home and community-based landscape continues to evolve, non-medical providers can expand their role to encompass a wide array of services as a supportive partner within the health care ecosystem. A hidden opportunity that may be interpreted as "clinical" is the hospital-at-home model. Did you know that the majority of service hours are centered around the activities of daily living? This session will address what non-medical providers will need to have in place to participate in this new model of care at home.

Learning Objectives:

- Learn what hospital-at-home is, current regulations and industry objectives and how this segment of acute care is evolving
- 2. How to prepare your agency as a partner to hospital-at-home providers
- Pitfalls and critical considerations you need to know to achieve success in this market segment

Audience: CEO's, owners, executive staff

21st Century Health Care Consultants

123 - Hospice Compliance: More Important Now Than Ever! *(HOS)* - Aaron M. Little

Hospice providers are experiencing compliance scrutiny like no other time in history: Special Focus Program (SFP), Enhanced Oversight, Targeted Probe and Educate (TPE), etc. This session will explore compliance from the vantage of the revenue cycle by addressing critical questions, such as: what does your claims data tell CMS and its contractors about your agency's compliance; and, how does your claims data influence quality measures, such as the Hospice Care Index.

Learning Objectives:

- 1. Providing the latest information on the current landscape of compliance risks, including the SFP, Enhanced Oversight, TPE, etc.
- 2. Empowering attendees with details of revenue cycle performance on compliance and quality.
- 3. Providing attendees with strategies to utilize revenue cycle processes and claims data to actively manage compliance and quality.

Audience: Administrators, owners, clinical managers, financial and revenue cycle managers

124 - Fast and Furious: From Brainstorming to Rapid Prioritization (HH HOS PSA) - Sarah Klotz and Tina Coppens

In a rapidly changing environment, team alignment and prioritization are essential to improving the delivery of care. This interactive session will guide learners through a team brainstorming session using a simple affinity diagram tool and progressing through a sorting activity to rapidly align the team on priorities. Learners will leave feeling engaged and interested in learning more about leading performance improvement activities.

Learning Objectives:

- 1. Learners will recognize the benefits of achieving team alignment when it comes to prioritizing action.
- 2. Learner will understand how to utilize an affinity diagram to support team brainstorming.
- 3. Learners will understand how to utilize a method to expedite team prioritization.

Audience: Designed to engage all members of the IDG. Great for early leaders that want to learn simple methods for engaging teams and driving performance improvement.

Gentiva

Wednesday, April 23rd

Day 2 - Keynote Presentation: 8:30 - 9:30 AM

201 - FSSA Update (HH HOS PSA)

-Mitch Roob, Secretary of the Indiana Family and Social Services Administration

- More information to come!

Sponsor: FORVIS, LLP

202 - From the Top Line to the Bottom Line Protecting Your Agency's Profitability in the Current World (HH PSA)

- Phil Feldman

In our current reimbursement and high-cost environment, providers need to consistently follow practices to protect their bottom line. This presentation/discussion addresses the most important of those practices, including relevant metrics and KPI's, and benefits provided by a robust agency management system.

Areas of review will include:

- Gross margin contributors:
 - Revenue
 - Revenue mix/diversification
 - Revenue Cycle Management
 - Revenue maximization
 - Direct costs
 - Overtime minimization
 - Pay/benefits management
 - Nursing support
- Overhead costs
 - Support staff
 - Time collection
 - o Recruitment, onboarding, retention

Learning Objectives:

- 1. Review the main sections and components of a provider P&L
- 2. Understand strategies to optimize major revenue and expenses in each area
- 3. Explore KPI's, Metrics and Business Intelligence tools and dashboards to support optimization of the P&L

Audience: Owners, administrators, CFO's COO's

Sandata Technologies

203 - Pain Management: The Basics and Beyond (HOS)

Megan Lowe

Pain management is a top priority, particularly in hospice and palliative care. This session will review the various medication options and dispel some of the myths that are barriers to effective pain management. Options for both long-acting and breakthrough pain control will be reviewed, as well as strategies for recognizing and managing opioid-related adverse effects. You'll leave this session feeling more confident in your ability to provide patient-centered pain management.

Learning Outcomes include:

- 1. Discuss the various medication options for long-acting pain control, including costs, metabolic considerations, dose forms, and dosing considerations
- 2. Review appropriate use and dosing of short-acting pain medications
- 3. Provide strategies for using opioids for dyspnea and neuropathic pain
- 4. Recognize opioid toxicity and review management strategies
- 5. Understand the place for methadone, buprenorphine, and ketamine
- 6. Understand options for alternative (non-oral) routes of administration of opioids

Audience: Hospice and Palliative Care Clinicians

Enclara Pharmacia

204 - OASIS 2025: New Data Set, New Measures, New Requirements (HH) - Jennifer Osburn

This session will explore the significant changes in OASIS E1, including new items, modifications, and deletions. We'll delve into the impact of these changes on data collection, reporting, and quality measures, particularly within the context of the Home Health Value-Based Purchasing (HHVBP) program.

Learning Objectives:

The attendee will:

- 1. List new and changed items and guidance changes for OASIS E1.
- 2. Verbalize understanding of OASIS Guidance for the new Patient COVID Vaccination Up to Date item, O0350.
- 3. Demonstrate knowledge of Official guidance for OASIS E1 items used in 2025 HHVBP OASIS-Based measures.
- 4. Verbalize understanding of the new HHQRP all-payer OASIS collection and submission requirement and timelines for compliance.

Audience: Home Health Administrators, Owners, Mid-Level Managers, OASIS Review, QAPI, RN, PT, OT, SLP

Healthcare Provider Solutions

205 - Homecare Employment 2025: New administration, same concerns *(HH HOS)* - Robert Markette

With a new administration taking over, DOL and EEOC enforcement priorities may shift. Recent court decision, such as Texas v. DOL and Ryan LLC v. FTC have resulted in federal regulations regarding salary basis of payment and noncompete agreements being struck down. These changes impact employers' efforts to comply with FLSA, Title VII and other employment laws. Homecare providers will continue to face

challenges when trying to comply with these laws. This session will review recent trends, court rulings, as well as, other changes and common compliance issues, including employee classification, workplace harassment, travel time and other issues. We will then discuss compliance strategies to assist providers to maintain compliance.

Learning Objectives:

- 1. Attendees will understand recent trend in employment laws and enforcement.
- 2. Attendees will learn common compliance concerns and responses.
- 3. Attendees will understand key strategies for achieving and maintaining compliance.

Audience: Owners, Adminstrators, DONs, Clinical managers, front-line staff, billers, coders, management, executives, HR, payroll, etc.

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

206 - Opening a new Agency and what I learned (HH PSA) - Dorinda Wigley

The opening of a new agency can be overwhelming even for those of us who have been in Home Health for 20 years. My goal for this would be to share my experience and the pitfalls and joys of opening a new agency in today's environment. This would include the entire process from correctly completing application, having the correct crim hxs, what to look for in hiring the initial staff, bylaws/ Governing Board info

Learning Objectives:

- 1. What do you need to do to start the new agency process?
- 2. Where do you start with hiring?
- 3. How to successfully apply for a new agency
- 4. Deciding on what types of patients the agency will be servicing.
- 5. How to successfully pass your initial State survey and move towards accreditation.
- 6. Enjoying the fruits of your labor

Audience: Agency owners, Administrators, Clinical managers

Dignity Care Partners

207 - Al in Homecare (HH HOS PSA)

- Mike Brents

The home health and hospice industry faces increasing challenges, from staff shortages and regulatory complexities to rising patient acuity and financial pressures. Artificial Intelligence (AI) is emerging as a transformative tool to address these issues, enhancing patient care, operational efficiency, and compliance.

This session will explore how Al-driven predictive analytics, automation, and real-time insights are revolutionizing home-based care. Attendees will learn how Al can:

- Improve patient outcomes by predicting health deterioration and enabling timely interventions.
- Streamline administrative processes, optimize staffing, and reduce manual errors.
- Strengthen compliance and financial sustainability through Al-powered monitoring and analytics.
- Support caregivers by reducing burnout and enhancing clinical decision-making.

Providers will gain practical insights into integrating AI into their operations and position themselves for success in an evolving healthcare landscape.

SimiTree

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

208 - Connecting the Dots from Orientation to HH VBP Success (HH) - Mike Carr

This is a presentation aimed at helping agencies understand and navigate the Home Health Value-Based Purchasing (HH VBP) model. The focus is on building a strong foundation through effective onboarding and ongoing education, ensuring all staff members understand how their roles contribute to value-based care. Attendees will learn how to connect each phase of staff orientation to larger organizational goals, fostering a culture of continuous improvement. By the end of the session, participants will have actionable insights into how to enhance their HH VBP performance, improve patient outcomes, and maximize financial rewards, ensuring both patient and agency success in the competitive home health environment.

Learning Objectives:

1. Understand the Fundamentals of HH VBP. Attendees will gain a clear understanding of the model, including its structure, performance measures and how it impacts reimbursement.

- 2. Align Orientation with Value-Based goals. Attendees will learn how to effectively integrate value-based care principles into staff orientation and training programs, ensuring that all team members contribute to HH VBP success.
- 3. Implement Strategies for Continuous Improvement. Attendees will be equipped with actionable strategies for improving clinical outcomes and patient satisfaction to drive performance improvement within the HH VBP framework

Axxess

209 - Bringing HOPE to your hospice (HOS) - Angela Huff

The HOPE tool has been finalized for implementation in 2025 as a new required instrument for standardized data collection. HOPE will replace the HIS and expand the documentation requirements that CMS will utilize to collect data to enhance the HQRP and potentially be used to in future payment refinements. A 90% successful submission of this multiple time point instrument is required in order for agencies to avoid a 4% payment penalty. Implementing this new tool will require planning, education, process and policy changes to ensure that your agency smoothly incorporate HOPE into your operations. Don't be HOPEless...join this session to learn about the HOPE tool and how to implement this new tool in your organization.

Learning Objectives:

- 1. Provide the HOPE tool's background and overview.
- 2. Review the HOPE tool and the key time points for completing and submitting HOPE.
- 3. Formulate strategies to implement HOPE and utilize the tool in your organization to improve patient care and agency outcomes.

Audience: Administrators, owners, front line staff and clinical operations

FORVIS Mazars

210 - Everything You Need to Know About Indiana Medicaid Billing Under Managed Care Entities (MCEs) and Pathways for Aging (HH PSA) - Lincoln Gruber

Indiana's Medicaid landscape has shifted under Managed Care Entities (MCEs) and the Pathways for Aging program. This session will provide a complete overview of what home care agencies need to know to navigate billing successfully. From optimizing EVV compliance to managing MCE contracts, we'll cover practical strategies to ensure timely payments, reduce denials, and maintain compliance. Attendees will leave with actionable insights to streamline operations and secure financial stability in this evolving Medicaid environment.

Learning Objectives:

- Gain a clear understanding of Managed Care Entities (MCEs) and Pathways for Aging in Indiana Medicaid.
- 2. Learn how to optimize EVV and AMS systems to ensure accurate, timely claims submissions.
- 3. Discover strategies to manage payer contracts, reduce claim denials, and improve cash flow.

Audience: Administrators, Owners, Billing Staff, Compliance Officers

Paradigm

211 - What Will and Will Not Work in 2025 For Generating More Billable Hours & Clients (HOS PSA)

Welton Hong

Many home care agencies struggle with online marketing. Welton Hong highlights essentials: for more clients, focus on SEO and pay-per-click; for referrals, use social media. Both require a conversion-friendly website, solid online reputation (quality and quantity of reviews), mobile compatibility, and valuable content. Success demands adapting to digital marketing's evolving landscape. Agencies that stay current and proactive hold a significant advantage in their local markets.

Learning Objectives:

- 1. Understand the basics of internet marketing for home care agencies.
- 2. Identify effective marketing techniques for different goals (e.g., client acquisition vs. referral generation).
- 3. Recognize the importance of search optimization and pay-per-click advertising for driving client acquisition.
- 4. Learn how social media can increase referrals.
- 5. Acknowledge the need for a high-conversion website and strong online reputation.
- 6. Understand the importance of mobile compatibility and high-quality content.
- 7. Develop adaptability to keep up with the evolving nature of online marketing.
- 8. Realize the competitive advantage of staying updated on digital marketing changes.

Audience: Owners, administrators

Senior Care Marketing Max

212 - Optimizing Budgets in Private Duty Home Care; KPIs and Benchmarking Strategies (HH HOS PSA)

- Thomas Rose

Discover the power of Key Performance Indicators (KPIs) and benchmarking in navigating the financial landscape of private duty home care. Learn how to effectively utilize data-driven insights to drive budgetary decisions, enhance operational efficiency, and achieve sustainable growth. Explore practical strategies and best practices to align KPIs with budgeting goals, empowering your agency to thrive in a dynamic healthcare environment. This session aims to equip you with the knowledge and tools needed to leverage KPIs and benchmarking effectively, providing a competitive edge in navigating the financial landscape of private duty home care.

Learning Objectives:

- 1. Explore fundamental KPIs relevant to private duty home care operations.
- 2. Apply benchmarks against industry standards and competitors to inform budgetary decisions.
- 3. List strategies to utilize KPI insights for smarter allocation of resources.

Audience: CEO's, owners, executive staff

21st Century Health Care Consultants

Day 2 - Concurrent Sessions: 1:15 - 2:15 PM

213 - High Acuity, High Care: Navigating Home Health for Complex Patients (HH)

- Brandi Tayloe-Jones and Robin Wolford

This presentation explores strategies for effectively managing high-acuity patients in home health care. It covers the unique challenges of providing complex medical care outside of a hospital setting, emphasizing coordination, patient safety, and tailored interventions. Attendees will learn about best practices, technological tools, and interdisciplinary collaboration to ensure high-quality care and positive outcomes for patients with serious or critical conditions, all while maintaining a supportive, compassionate home environment.

- 1. **Identify the challenges** of managing high-acuity patients in the home health setting and the unique needs of this patient population.
- 2. **Explore best practices** for coordinating care, ensuring patient safety, and managing complex medical interventions in the home.

- 3. **Understand the role of technology** and remote monitoring tools in supporting high-acuity care at home.
- 4. **Develop strategies for interdisciplinary collaboration** to enhance patient outcomes and provide comprehensive care in the home health environment.

Compassus

214 - Background Checks: They Finally Updated Them. (HH HOS PSA) - Robert Markette

Background checks continue to present challenges to providers. There are licensure checks, Medicaid checks, OIG exclusion list checks. Then providers have to consider which types of checks. Which vendors. Do checks need to be performed more than once? If so, how often? Providers must also consider the Fair Credit Reporting Act and the EEOC's concerns about the discriminatory impact of background checks. Adding to the uncertainty are the recent changes enacted by the legislature. This session will review all of the requirements and recent changes. We will then discuss best practices for compliance with these requirements.

Learning Objectives:

- 1. Attendees will understand the major background check requirements impacting home health, hospice and private duty providers.
- 2. Attendees will understand how recent changes alter background check requirements.
- 3. Attendees will learn key considerations for compliance strategies so that they can take steps to ensure compliance at their agency.

Audience: Owners, Adminstrators, DONs, Clinical managers, management, executives, HR, payroll, etc.

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

215 - Beyond Hospitals and Universities: Building an Effective Simulation Program for the Interdisciplinary Team (HH HOS PSA) - Jenna Mitchell and Jeni Riley

Simulations are a valuable educational tool, but knowing how to create simulations for interdisciplinary teams can be overwhelming. What steps can you take (with any budget) to start a program? How do you get staff and management to buy-in? What are the basic steps to creating a meaningful and engaging simulation? In this session you will hear how the Education Department at Stillwater Hospice has implemented simulations with staff at all levels of the organization.

- 1. Recognize 3 ways simulations are used to enhance multidisciplinary learning in healthcare settings.
- 2. List the steps and considerations for simulation design.
- 3. Practice designing a simulation based on your organizational/department needs.

Audience: Administrators, Managers, Education, Direct Care Staff

Stillwater Hospice

216 – PDGM: 5 Years of Data Trends (HH) - Mike Brents

Five years into the Patient-Driven Groupings Model (PDGM), home health agencies continue to navigate its evolving impact on reimbursement, clinical operations, and financial sustainability. This session will analyze key PDGM data trends, including shifts in referral patterns, clinical grouping utilization, case-mix weight adjustments, and visit utilization.

Attendees will gain insights into:

- How admission source, timing, and comorbidities impact reimbursement.
- Trends in functional impairment scoring and their effect on case-mix weights.
- LUPA (Low Utilization Payment Adjustment) trends and strategies to mitigate financial risk.
- Emerging patterns in visit utilization by discipline and period sequence.
- The impact of CMS policy updates and final rule changes on PDGM reimbursement.

With a data-driven approach, this session will equip agencies with actionable strategies to optimize their operations, improve financial performance, and adapt to ongoing PDGM adjustments.

SimiTree

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

Please send any questions for IDOH ahead of time to Tori at tori@iahhc.org.

Sponsor: Anthem