Wednesday, September 30th

Keynote Presentation: 9:00 a.m. – 10:30 a.m.

101 – Keynote Presentation TBD

- ***More information coming soon!***

Day 1 - General Session: 10:45 a.m. - 12:15 p.m.

102 - Legal Update 2026: The Pendulum Keeps Swinging
- 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 issues, 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.

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

Day 1 - Concurrent Sessions: 1:45 - 3:15 p.m.

103 – OASIS Based Quality Measures in HHQRP and HHVBP - 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.

Learning Objectives:

1. The attendee will learn the difference between Home Health Quality Reporting Program measures and Home Health Value Based Purchasing measures and how different measures are used
2. The attendee will list HHVBP OASIS based outcomes measures for PY 2026 and proposed measures for PY 2027
3. The attendee will verbalize guidance for each item used in calculation of OASIS based HHVBP measures and how this guidance drives accuracy of scoring
4. The attendee will identify areas of focus for OASIS based measures' agency training and/or performance improvement

Healthcare Provider Solutions

104 – HR - New Propsed Rules - Robert W. Markette, Jr.

In year 2 of the Trump administration, we continue to see changes in DOL and EEOC enforcement. Several new rules have been proposed, but we have not yet seen final rules. This session will review the proposed rules as well as recent enforcement updates from the DOL and EEOC. We will also review new DOL opinion letters and recent court cases addressing the application of several federal employment laws.

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

105 – Palmetto GBA 2026 Jurisdiction M (JM) Medicare Home Health Workshop - Part 1 - Charles Canaan & Marlene Frierson

Palmetto GBA is pleased to announce our 2026 Home Health Workshop series titled "Navigating the Essentials of Medicare." These workshops are designed to equip home health providers with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

The workshops will provide insight for home health agency staff at all levels. However, we do suggest that providers who are new to Medicare, or have new staff, attend our online learning courses for beginners at www.PalmettoGBA.com/hhh. Basic billing and other online educational resources can be found by accessing the **Events and Education** topic at the top of the page.

Errors in billing and responding to additional documentation requests can be costly. During the workshop series, Palmetto GBA will provide information related to the most common errors and why these errors occur. We will also provide tips to avoid these errors. Palmetto GBA's goal is to educate providers on the most up-to-date information and apply skillful techniques to their documentation and billing practices.

Workshop Topics for Part I

- Maintenance Therapy
- Homebound Care Planning
- Improper Payments
- Comprehensive Error Rate Testing (CERT)
- Targeted Probe and Educate (TPE)

Palmetto GBA

106 – Washington Update and Advocacy 101
- Adam Miller
Presentation will cover federal legislation update, advocacy 101

DME

107 - THE CORPORATE CURE: A Leadership Framework to Drive Sustainable Performance. (Part 1)
-Chris Taylor
Why do some organizations consistently thrive while others struggle with recurring challenges such as poor communication, low accountability, staff turnover, technology frustration, and stalled growth?
The answer often lies beneath the surface.
In this highly interactive session, author and consultant Chris Taylor introduces the C.U.R.E.S. Framework—a practical leadership model designed to help leaders build stronger teams, improve execution, and create sustainable organizational success. Attendees will explore the five pillars of organizational health: Clarity, Unity, Readiness, Execution, and Sustainability. Through real-world examples, leadership insights, and practical assessment tools, participants will learn how to identify performance barriers, strengthen leadership effectiveness, and create alignment throughout their organization. Whether you lead a department, a clinical team, or an entire organization, this session provides a proven framework for transforming organizational performance and achieving lasting results.

Talk Highlights
• Understanding why organizations struggle despite good intentions
• The difference between symptoms and root causes
• Introduction to the C.U.R.E.S. Framework
• Clarity: Creating focus, direction, and purpose
• Unity: Building trust, alignment, and collaboration
• Readiness: Preparing people, processes, and technology for success
• Execution: Turning strategy into measurable results
• Sustainability: Maintaining momentum and preventing regression
• Using the "Where Are You Breaking Down?" Scorecard to assess organizational health

Taylor'd Growth

Day 1 - Concurrent Sessions: 3:30 - 5:00 p.m.

108 – Top Survey Deficiencies and the Conditions of Participation
- Jennifer Osburn

In this session we will discuss the top CMS survey deficiencies, some examples of what surveyors have found, and what you can do to be proactive in avoiding them! Medications and coordination of care are among the two most consistent deficiencies found with agencies...and learn what YOU can do on an ongoing basis to avoid these deficiencies.

Learning Objectives:
1. The attendee will learn the top survey deficiencies and examples of what surveyors found prior to citing them
2. The attendee will list the Conditions of Participation related to the top deficiencies
3. Understand what your agency can do to avoid these deficiencies

Healthcare Provider Solutions

109 – The Future is Now? Compliance Considerations with AI.
- 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

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110 – Palmetto GBA 2026 Jurisdiction M (JM) Medicare Home Health Workshop - Part 2
- Charles Canaan & Marlene Frierson

Palmetto GBA is pleased to announce our 2026 Home Health Workshop series titled "Navigating the Essentials of Medicare." These workshops are designed to equip home health providers with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

The workshops will provide insight for home health agency staff at all levels. However, we do suggest that providers who are new to Medicare, or have new staff, attend our online learning courses for beginners at www.PalmettoGBA.com/hhh. Basic billing and other online educational resources can be found by accessing the **Events and Education** topic at the top of the page.

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Workshop Topics for Part II

- 2026 Final Rule Summary
    - Prospective Payment System (HH PPS) Rate Update
- Home Health Updates and Reminders
- Palmetto GBA's eServices Portal
    - eServices' Newest Self-Service Tools and Updates
- TPE Overview
- Provider Enrollment Reminders
    - Revalidation
    - Stay of Enrollment

        - Deactivation
- CERT Overview
- Educational Resources for Providers

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111 – Comprehensive Care for Joint Replacement (Expanded) Model - Kathy Haycraft

Aimed at encouraging collaboration among healthcare entities, including home health providers, this model will hold most acute-care hospitals responsible for care and spending during a lower extremity joint replacement procedure and for 90 days post-discharge (including home health) beginning January 1, 2028. Hospitals will be incentivized for good outcomes and penalized for poor outcomes, such as unnecessary hospitalizations. I will present key quality measures for home health agencies to focus on and share tips for improving outcomes, helping agencies position themselves as the referral partner of choice for these hospitals. Because of the delay in publicly reported quality measures, it's imperative that home health agencies begin now.

Kentucky Home Care Association

112 – Managed Care and Home Care Cost Savings -Bobby Cancilla

Learn how home health agencies can reduce supply costs for managed care patients by partnering with trusted suppliers to offload eligible wound care, ostomy, urological, and incontinence expenses. Because fee-for-service reimbursement typically covers only the patient visit, not supplies, this presentation will explore strategies to protect your bottom line, reduce trunk stock, and ensure patients receive the products they need without delay.

CHC Solutions, Inc.

Thursday, October 1, 2026

Keynote Presentation: 8:30 – 10:00 a.m.

201 – 2026 Washington Update Jennifer Sheets, CEO, National Alliance for Care at Home

- ***Description coming soon!***

National Alliance for Care at Home

Day 2- Concurrent Sessions: 10:15 – 11:45 a.m.

202 – The Latest Operational Solutions for VBP Expansion Success - Arnie Cisneros & Kimberly McCormick

HH Volume-2-Value (V2V) changes have challenged HH Providers to produce desired clinical and fiscal outcomes. In addition, 2026 VBP and other reforms create a Pay-4-Performance scenario that most agencies are not ready for. Finally, new MSPB spending reforms add additional challenges to address in programming. Learn Operational changes for Value Era success in this interactive presentation with tools and Case Studies included

Learning Objectives:

1) Identify HH Changes from VBP Expansion and MSPB-PAC reforms
2) Outline how traditional HH Operations fail Value Era requirements
3) Demo HH Operational rewire to support Value Era HH changes
4) Outline HH POC development for successful VBP outcomes
5) Present Case Study demos of HH Providers who rewire Operations for Improved Clinical-Fiscal Outcomes

Home Health Strategic Management

203 – Managing the Impact of Patient Rehospitalizations on Quality and Payment - Jennifer Osburn

Rehospitalizations cost Medicare more money than a regular hospital stay and are often preventable; that's why they are used a quality measures for home health agencies. In this session, learn the different Home Health Quality Reporting Program and HHVBP measures tied to rehospitalizations as well as easily deployable measures that can ensure your agency is doing its part prevent the interruptions caused by them. Chronic disease management, Social Determinants of Health (SDoH) and Care Planning will be addressed as part of an overall strategy for keeping the patient at home, where they want to be.

Learning Objectives:

1. The attendee will identify the HHQRP and HHVBP measures tied to rehospitalizations and how performance on these measures are tied to quality and payment.

2. The attendee will list the most common causes of rehospitalizations for Medicare and Dually Eligible beneficiaries and the implicated costs from these rehospitalizations.
3. The attendee will recognize areas of policy and practice to be assessed and/or modified that will lead to better quality of care as it relates to chronic, comorbid condition management and rehospitalization rates for the agency's population served.
4. The participant will select areas of improvement, both personally and agency-wide, where best practices can be implemented to reduce cost, increase coordination and communication in the patient-centered care model, and improve quality of life for the home health patients they serve.

Healthcare Provider Solutions

204 - People vs. Virtual Assistants vs. AI: It's about designing an infrastructure where each does the work it does best.
Featuring: The Growth Infrastructure Blueprint™
- Debbie Miller

Everyone in home care is talking about AI. What should we automate? Which tools should we use? Are virtual assistants replacing traditional employees? How do we do more with less?
Those are important questions. But they aren't the first.

Before you add AI or a virtual assistant, you need to understand how the work should actually be designed, and whether your current infrastructure can support growth. Because AI won't fix a broken org chart. It won't clarify poorly defined roles or eliminate organizational bottlenecks.

The agency has good people. Everyone is working hard. Business is growing. But eventually, the infrastructure that helped get the agency here can't take it where the owner wants to go next.
In this provocative, highly practical session, home care leaders will look beyond the AI hype and examine the infrastructure underneath their growth.

Using The Growth Infrastructure Blueprint™, we'll discover how to make work visible, identify where capacity is being consumed, uncover bottlenecks holding back growth, redesign roles around the work that actually needs to happen, and then make smarter decisions about where people, virtual professionals and AI, belong.

Learning Objectives:

Here Are the Questions We'll Answer During the Session:

1. Is AI really the answer — or are we solving the wrong growth problem?

Attendees will learn to distinguish between a technology problem, a people problem, a process problem, and an infrastructure problem that may be quietly limiting growth. Because those require very different solutions.

2. Are my best people actually helping us grow or are they buried in work someone or something else could do?
We'll expose one of the most expensive hidden problems inside growing agencies: highly capable people spending enormous amounts of time doing work that doesn't require their unique skills, judgment, relationships, or expertise.
Attendees will learn how to identify work that:
Must stay → Could be shared → Could be delegated → Could be automated → Could move to virtual support → Could become a future role.
The goal isn't eliminating people. It's freeing your best people to do the work only they can do — including the work that drives growth.

3. Where should AI and virtual professionals actually fit?
Instead of asking, “Where can we use AI?” We'll ask, “What does this work require?”

- Judgment?
- Relationships?
- Authority?
- Clinical expertise?
- Consistency?
- Administrative execution?
- Speed?
- Repetition?

Once you understand the work, the answer becomes much clearer.
Some belongs with your leaders. Some belong with your team. Some can move to virtual professionals. Some can be automated. And some shouldn't exist anymore.

The question isn't whether a task can be automated. It's whether it should be, and whether doing so creates capacity for growth.

4. What would my org chart look like if we designed it for where we're going, not where we've been?
Most organizational charts evolve accidentally. Someone gets busy. We hire someone. That person becomes overloaded. We move responsibilities around. Someone leaves. We redistribute them again.

Eventually, nobody remembers why the organization was designed that way in the first place. And eventually, that accidental infrastructure becomes a growth barrier. The Blueprint reverses that process:

Work → Responsibilities → Outcomes → Roles → People → Technology

Not:

People → Job Titles → Whatever work we can fit underneath them

The objective is to intentionally design an organization capable of supporting the next stage of growth.

5. What can I actually do about my Growth Barrier Monday morning?
This is where the session becomes a working strategy — not another conference presentation.

Attendees will learn how to bring their leadership team together and begin conducting their own Growth Infrastructure Assessment™.

They'll know how to:

Reveal the work → Identify the bottlenecks → Build the Opportunity Board™ → Design future roles → Evaluate AI and virtual support → Create capacity → Build the roadmap.

And they'll leave with the Growth Infrastructure Blueprint™ Leadership Workbook to help them continue the process with their own team — assessing their infrastructure, uncovering hidden capacity, redesigning work, and creating a blueprint for the growth they once thought required simply hiring more people.

Helper Heroes and 52 Weeks Marketing

205- Per-Visit Pay in Home Care: Design, Implementation, and Ongoing Compliance

Jason D. Keck

Home-based care organizations often use per-visit or points-based compensation to align labor costs with patient volume and productivity. This session follows the full lifecycle of these plans—from design and communication through implementation, monitoring, and review. Through practical scenarios, attendees will examine classification, travel time, meal periods, oncall duties, overtime, and payroll adjustments, while learning how HR can coordinate with payroll, finance, clinical operations, and counsel. Participants receive a practical evaluation checklist.

Learning Objectives:
1. Identify common design and administration failure points in per-visit pay plans.
2. Describe the employee training, timekeeping, payroll, and operational processes needed to administer visit and non-visit work consistently.

Fisher Phillips

206 - THE CORPORATE CURE: Where Are You Breaking Down? (Part 2)
-Chris Taylor

Most organizational challenges do not begin with poor performance. They begin with hidden issues that quietly spread beneath the surface until they impact culture, operations, employee engagement, financial performance, and patient outcomes.
In this powerful follow-up session, attendees will use their results from the "Where Are You Breaking Down?" Scorecard to identify specific areas of organizational weakness and uncover the root causes driving those challenges.
Chris Taylor introduces the Seven Organizational Cancers—common but often overlooked conditions that create dysfunction, limit growth, and prevent organizations from reaching their full potential. Participants will learn how to recognize these cancers, assess their impact, and apply practical treatment strategies to create lasting transformation.
This session moves beyond awareness into diagnosis and action, providing leaders with a practical roadmap for healing organizational breakdown and building healthier, more resilient organizations.

Talk Highlights
• Review and interpretation of participant scorecard results
• Understanding how organizational breakdown develops
• Introduction to the Seven Organizational Cancers
• Early warning signs leaders often overlook
• How fear, ego, misalignment, complexity, poor communication, resistance to change, and culture gaps impact performance
• Practical diagnosis tools leaders can use immediately
• Treatment strategies to address root causes
• Creating an organizational healing and transformation plan

Taylor'd Growth

Day 2- Concurrent Sessions: 12:45 – 2:15 p.m.

207 - Future Home Health Success from a Leadership Perspective
- Kimberly McCormick

Since the Impact ACT of 2012, Home Health has received numerous reforms that have drastically altered how we develop and deliver care. First, PDGM inverted the HH model, then VBP introduced a Pay-for-Performance element to our payment, and now, MSPB-PAC tracks HH spending to affect reimbursement. Listen to Kimberly McCormick, veteran HH Administrator and progressive speaker/consultant as she outlines a Leadership Path to success under a changing HH model.

Learning Objectives:

1) Review specific HH reforms and rationale

2) Identify HH Operational areas related to these reforms

3) Address staff development to respond to reforms

4) Propose successful HH Operational change techniques for care management evolution

5) Address future and/or proposed HH reforms and connection to operations

6) Demo management approaches for programming change success under new reforms

Home Health Strategic Management

208 – MA Contracts/Payors Presentation
- Robert W. Markette, Jr.

- ***Description coming soon!***

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

209 – Navigating Home Medical Equipment (HME) Access: A Practical Guide for Home Health Professionals
- Amy Nyetrae

Access to home medical equipment (DME) is a critical component of successful home health care, directly impacting patient safety, independence, and outcomes. This presentation provides a practical overview of the DME process, including documentation requirements, qualification criteria for common equipment categories, payer considerations, and recent regulatory updates. Participants will gain a better understanding of how to navigate the equipment and supply ordering process, reduce delays in access, strengthen collaboration between home health and DME providers, and help ensure patients receive the medically necessary equipment needed to safely recover and thrive at home.

Apria & Byram Healthcare