



Texas Association for
Home Care & Hospice
Leading ★ Advancing ★ Advocating

57th Annual Meeting
Wednesday, September 2, 2026
Seguin Room
1:30pm-2:30pm

2d. Advancing Care at Home with AI: Practical Use Cases and Leadership Priorities

Presented by:

Kevin Hyde, Wipfli; Tiffany Karlin, Wipfli

Thank you to our Partners:



Advancing Home Care with AI

Practical Use Cases and Leadership Priorities

TAHC&H ANNUAL MEETING • SEPTEMBER 2, 2026 • SAN ANTONIO, TX

Tiffany Karlin & Kevin Hyde
Wipfli Advisory LLC

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THE LANDSCAPE

Why Now: The Pressure Points Driving Adoption

Workforce, margin, and regulatory pressure are converging — here's the current picture.



8.9M

Projected direct-care job openings nationally, 2022-2032, as demand outpaces workforce supply



1 in 4+

Referrals home health providers report turning away due to staffing shortages



+39%

Projected growth in demand for long-term services & support roles, 2022-2037



25-40%

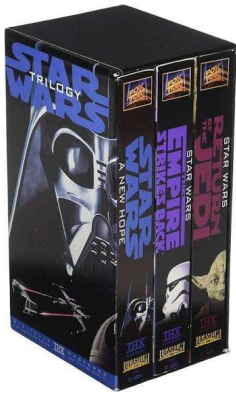
Of clinical shift nursing is spent on documentation rather than direct care

Sources: Bipartisan Policy Center (2023-2025); HRSA National Center for Health Workforce Analysis (2024); KLAS Arch Collaborative nursing documentation survey, 80,000+ acute-care nurses (2025).

What this means for your organization: the workforce gap won't close through hiring alone, but the lever available to every agency right now is reducing the non-clinical burden on the staff you already have.

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What stage are we at with AI?



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- In September 2000, Netflix co-founders Reed Hastings and Marc Randolph met with Blockbuster CEO John Antioco and offered to sell Netflix to Blockbuster for \$50 million. Blockbuster executives declined the offer and dismissed the tiny, money-losing DVD-by-mail startup as an overblown niche business.
- Blockbuster filed for bankruptcy in 2010
- Netflix has a market capitalization of ~\$330 Billion “with a B”

Are we at DVD-by-mail or are we at Streaming yet?

Or are we at VHS tapes that cost \$29.99?

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Start With Good Intentions!



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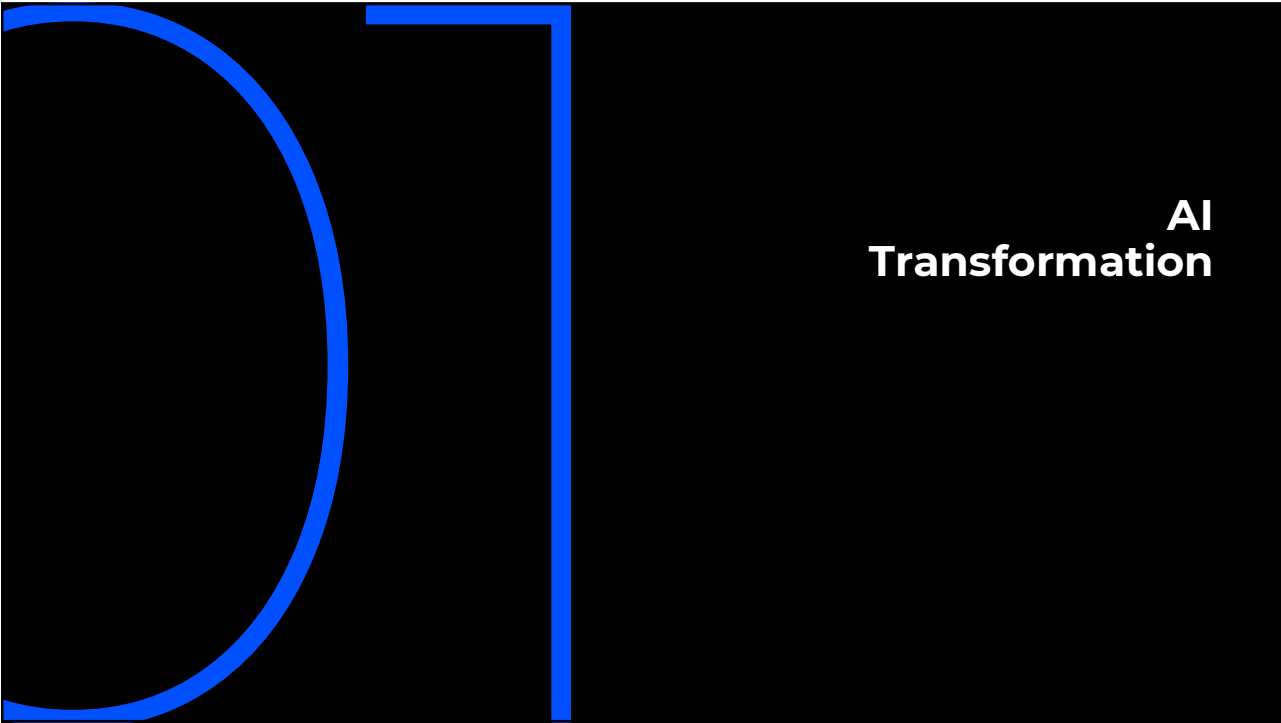
Ask Yourself...

- What will AI make better for us?
- What will AI make worse for us?

5 Hour Energy! If you could give 5 hours per week back to your staff what would that mean for the organization?

- AI-generated meeting summaries
- Policy drafting
- Employee communications
- Training content creation
- Job description development
- Scheduling support

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Current Trends in AI for Home Care and Hospice

"AI" isn't one thing. Most home care and hospice deployments today fall into four practical categories.



Predictive & Optimization Models

Analyze historical data to forecast needs and suggest the best option.

Example: matching caregivers to visits by skill, location, and travel time.



Natural Language / Ambient Tools

Listen to or read conversations and text, then draft structured output.

Example: turning a visit conversation into a draft clinical note.



Robotic Process Automation (RPA)

Follows rules to move data between systems without manual entry.

Example: pulling referral data from a fax into the intake system.



Generative AI Copilots

Drafts text, summaries, or answers from a prompt for human review.

Example: drafting a family-friendly summary of a care plan update.

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Current Trends in AI for Home Care and Hospice

Governance is now a board-level requirement, not a future-state conversation

- AI adoption is outpacing governance maturity. A credible AI strategy should include approval processes, use-case prioritization, model oversight, privacy review, vendor standards, and controls for shadow AI.
- Enterprise guardrails, visibility into how and what tools are being used, and "human in the loop" accountability are prerequisites for scaling safely.

Cybersecurity and AI governance are converging

- Every AI conversation should be paired with resilience, access controls, third-party risk, and downtime continuity planning.
- The focus is to not just prevent breaches but to keep the hospital running when disruption occurs.

Interoperability alone is not enough – data readiness is the real differentiator

- The organization that wins is not the one with the most interfaces; it is the one with trusted data that AI can actually use. Data readiness, not just connectivity, underpins meaningful AI and digital transformation.

Consumerism and price transparency are rising in importance, especially for shoppable care

- Clearer estimates & costs, easier navigation, faster access to health information, and better digital communication can directly influence conversion, trust, and leakage.

Change management is now as important as the technology itself

- The most successful AI deployments are framed around staff relief: less rework, fewer clicks, better coordination, and faster response times. Adoption depends on workflow fit, leadership alignment, and frontline engagement, not just tool selection.

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Where AI Creates Value Today



Scheduling Optimization

- Matches caregivers to visits by skill, location, and availability.
- Rebalances routes automatically when plans change.



Documentation Support

- Drafts notes and care plan updates for clinician review.
- Reduces after-hours "pajama time" charting.



Workflow Automation

- Streamlines intake, referrals, and authorizations.
- Flags missing information before it becomes a delay.



AI Governance

- Defines oversight, validation, and escalation paths.
- Keeps deployment aligned with HIPAA and CMS expectations.

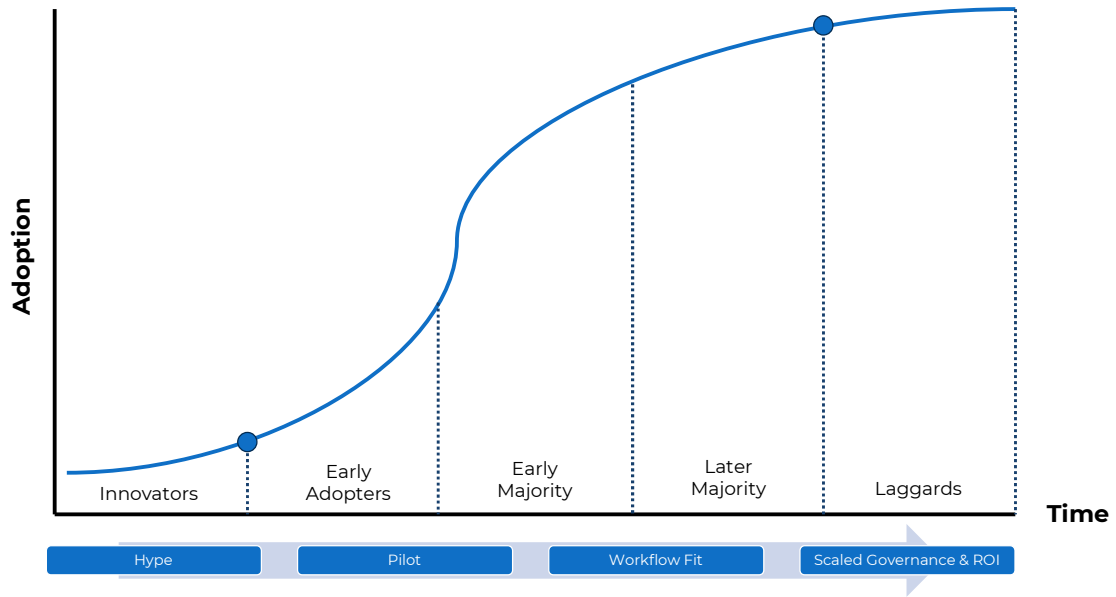
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The Technology & AI Journey

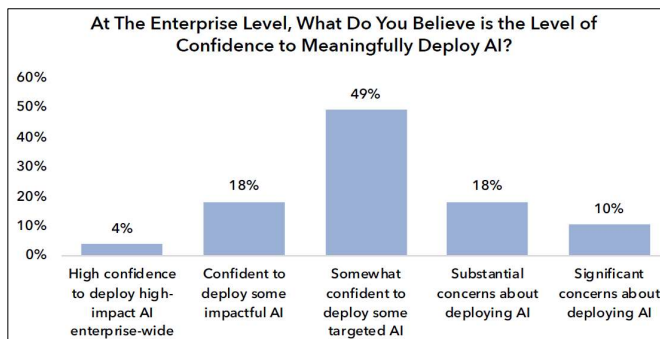
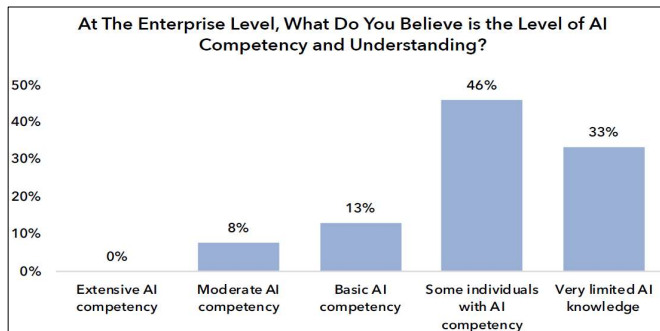


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AI is Being Rolled Out at an Enterprise Level

.... Slowly



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Source: 2025 Ziegler LinkAge Funds/LeadingAge CAST CTO Hotline.

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The AI Inside-Out Decision Framework

1. Optimize what already exists

2. Redesign the workflow before inserting AI

3. Fix the foundation: data, infrastructure, governance

4. Extend the current ecosystem before exploring net-new point solutions

5. Evaluate new vendors for true white-space gaps

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What a Good AI Use Case Looks Like

Characteristics of a strong case

- Repetitive
- Time-consuming
- Administrative or operational
- Easy to validate
- Tied to a clear pain point

What good outcomes look like

- Less time spent drafting and reworking
- Faster access to needed information
- More consistency in routine tasks
- Better visibility into recurring issues
- Reduced administrative drag on leaders and staff

A useful test

- Does this reduce burden?
- Is the value easy to see?
- Is the output easy to review?
- Would staff actually use it?
- Can we govern it responsibly?

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USE CASE 1 OF 3

Scheduling Optimization

Matching the right caregiver to the right visit, faster.



- **The challenge**

Manual scheduling struggles to account for skills, geography, continuity of care, and last-minute call-offs, especially with over a quarter of referrals already being declined for lack of capacity.

- **How AI helps**

Predictive and optimization models score potential matches against skills, travel time, and patient preference, then flag gaps and rebalance routes automatically as conditions change.

- **Leadership angle**

Frees coordinators for exception handling and relationship-building instead of manual matching which is a direct offset to the workforce shortfall, not a replacement for staff.

- **Questions to ask**

How does the model handle a last-minute call-off? Can coordinators override a suggested match, and is that override logged?

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USE CASE 1 OF 3 — ILLUSTRATIVE EXAMPLE

Scheduling Optimization — Illustrative Example

BEFORE

Coordinators manually cross-reference caregiver skills, territories, and availability across spreadsheets — a process that slows down sharply when a caregiver calls off, often creating same-day scramble.



AFTER

An AI-assisted scheduling tool suggests optimal matches ranked by fit, and automatically proposes coverage options when a caregiver is unavailable, escalating only true exceptions to a human coordinator.

-25-35%

Potential reduction in coordinator time spent on manual scheduling and rebooking

<1 hr

Target time to fill an unplanned call-off gap, versus half a day or more manually

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USE CASE 2 OF 3

Documentation Support

Giving clinicians their time back.



- **The challenge**

Nursing research consistently finds 25-40% of a shift is spent on documentation rather than direct care, contributing to burnout and turnover — one of the largest cited reasons clinicians leave the field.

- **How AI helps**

Ambient and assistive documentation tools listen to or reference the visit, then draft a structured note, summary, or updated care plan for the clinician to review, edit, and sign.

- **Leadership angle**

Human review and sign-off remain essential for every AI-assisted note — the tool drafts, the clinician decides and is accountable for what's filed.

- **A reported example**

One health system reported an 83% reduction in end-of-shift note documentation time after integrating a generative AI care-plan tool with its EHR (McKinsey, 2025) — a hospital setting, but directionally relevant.

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USE CASE 2 OF 3 — ILLUSTRATIVE EXAMPLE

Documentation Support — Illustrative Example

BEFORE

A hospice nurse spends roughly 45-60 minutes after each visit completing narrative notes and updating the care plan, frequently finishing after hours — so-called "pajama time."



AFTER

An assistive documentation tool generates a first-draft note and updated care plan during or immediately after the visit; the nurse reviews, edits for accuracy, and finalizes before leaving the home.

1-2 hrs

Potential time returned per clinician, per day, for direct patient care

83%

Reduction in end-of-shift note time reported in a real generative-AI EHR deployment

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USE CASE 3 OF 3

Workflow Automation

Removing friction from routine, repeatable work.



- **The challenge**

Intake, referral processing, authorizations, and reminders consume staff hours on largely repetitive tasks — and slow referrals are a direct driver of the admissions your agency turns away.

- **How AI helps**

Rules-based automation (RPA) and AI-assisted triage extract data from referrals, flag missing documentation, and route complete cases directly into the scheduling queue.

- **Leadership angle**

Start with high-volume, low-complexity workflows such as referral intake and authorization status checks to build staff trust before expanding into clinical-adjacent territory.

- **Questions to ask**

What happens when the automation can't confidently classify a document? Is there a clear human hand-off, and how is that measured?

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USE CASE 3 OF 3 — ILLUSTRATIVE EXAMPLE

Workflow Automation — Illustrative Example

BEFORE

Referral intake staff manually enter data from faxes and portals, chase missing documentation by phone, and route cases by hand — a process that can take multiple business days per referral.



AFTER

An automated intake workflow extracts referral data, cross-checks it against requirements, flags gaps automatically, and routes complete cases directly to the scheduling queue for same-day action.

Same-day

Referral turnaround becomes achievable rather than a multi-day exception

-40-50%

Potential reduction in manual data entry and follow-up calls per referral

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AI Value is Coming from Redesigning Work and Fixing the Foundation First

AI adoption is a workflow redesign challenge before it is a technology decision.

AI works best when the workflow is already clear, standardized, and measurable.

AI tends to expose broken operations faster than it fixes them.

Data readiness matters more than interoperability alone.

The infrastructure conversation has moved upstream: identity, integration, and platform discipline come before scale.

ROI now must be measured in both hard dollars and operational relief.

Human in the loop is not a temporary control; it is part of the operating model.

Speed matters, but sequence matters more.

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WHAT WE'RE SEEING

What Works: Patterns of Success



Start narrow, prove value

Pilot one workflow with clear, measurable outcomes before scaling. Breadth kills more AI pilots than the technology does.



Keep humans in the loop

AI drafts and suggests; clinicians and coordinators retain final judgment and sign-off on every output.



Involve frontline staff early

Adoption succeeds when the people using the tool help shape workflow, not just receive training after the fact.



Tie it to a real, felt pain point

Successful pilots solve a problem staff already complain about, not a hypothetical efficiency gain.



Measure and communicate results

Sharing early wins such as time saved and referrals accelerated builds the case for the next phase of investment.

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WHAT WE'RE SEEING

What Doesn't: Common Pitfalls



Buying the tool before defining the problem

Technology selected first tends to sit unused or get forced into the wrong workflow.



Skipping change management

Even strong tools fail without training, communication, and clear expectations for staff.



No clear accountability for oversight

Without a named owner, AI outputs go unreviewed and errors compound silently.



Treating governance as an afterthought

Retrofitting policy after deployment is harder and riskier than building it in from the start.



Ignoring the vendor's data practices

Assuming HIPAA compliance without a signed BAA and a real answer on where data is stored and trained.

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What Value Should Be Expected, and How Should It Be Measured?

Approval of a pilot should include measures of cost, value, and timing. These should be explicit up front.

1. What cost should leadership expect?

Leadership should know a 12-month total cost of ownership that includes:

- Startup: implementation, configuration, interfaces, training, legal/security review
- Annual: software subscription, support, maintenance
- Internal labor: IT, compliance, rev cycle/ champion time
- Contract terms: renewal language, termination fees, data migration costs

3. How quickly should the organization know if it is working?

Require a time-boxed pilot:

- Baseline metrics before go-live
- 90-day adoption and workflow review
- 180-day continue / stop decision

2. What tangible value should be required?

Any pilot should be tied to 2-3 measurable outcomes such as:

- Faster communication
- Reduced overtime or manual rework
- Improved documentation
- Improved staff retention in high-friction roles

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Risk, Governance, and Operational Readiness

Ensure safeguards, ownership, and exit rights are clear in writing

1. How is data protected and governed?

Before contracting, leadership should confirm:

- Whether the vendor will create, receive, maintain, or transmit PHI
- What data enters the tool, where it is processed, where it is stored, and how it is deleted
- Whether hospital data is used to train outside models, and if so, under what terms

3. What internal oversight is needed?

Name accountable owners before launch:

- Clinical owner for clinical-assistive use cases
- Revenue cycle owner for billing/coding use cases
- Privacy/compliance owner
- IT/security owner
- Executive sponsor with stop/go authority

2. What safeguards must exist before go-live?

They should require:

- Human review of AI-generated clinical or billing output
- A correction workflow for errors
- Role-based access and user training
- A documented escalation path for harmful, misleading, or noncompliant output

4. How should the organization think about exit risk?

The contract should allow the organization to:

- Terminate for poor performance, security concerns, or compliance risk
- Retrieve its data in usable form
- Require vendor deletion of data
- Avoid a long lock-in before value is proven

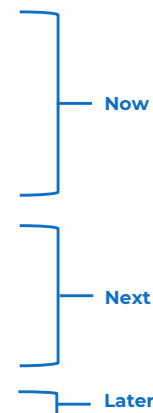
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Top Non-Clinical / Administrative AI Use Case Domains

"Now" = fastest path to measurable value; "Next" & "Later" need stronger operational maturity

- 1) Scheduling, Rescheduling, and Waitlist Management
- 2) Registration, Intake, and Document Processing
- 3) Eligibility, Benefits Verification, Financial Clearance, and Patient Estimates
- 4) Communication Workflows, Billing Inquiries, and Contact-Center Automation
- 5) Accounts Receivable, Underpayment Detection, and Revenue Leakage Analytics
- 6) Prior Authorization and Utilization Review
- 7) Denial Prevention, Appeal Drafting, and Denial Triage
- 8) Medical coding, Charge Capture, and Document-to-Billing Handoff
- 9) Supply Chain and Vendor Management
- 10) Workforce Scheduling, Staff Coordination, and Labor Planning



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Evolution of Cyber Attacks and Defenses

Targeting remains focused on

Health Information/ EHR	Financial data/ records
Family member data	Payment records and payment systems

IT and Privacy Impacts

- Increased cybersecurity spending
- Greater board oversight
- Cyber insurance requirements
- Expanded incident response planning
- Employee training and awareness

Cybercriminals know home and senior healthcare operators have limited IT resources compared to hospitals. Recent industry reports continue to highlight ransomware, credential theft, and phishing as major threats.

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Why are we talking about cybersecurity again?

AI increases attack surfaces

To the known and unknown...

Governance and guardrails are your answers

- Do employees know what data can be entered into ChatGPT?
- Does your organization have an AI policy?
- Have you reviewed vendor contracts regarding AI?
- How will you validate AI-generated information?
- Who approves AI use cases?

The good news is you probably already have many of the tools and licenses you need, they only need to be adapted, updated and governed.

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A useful test

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Case Study: Santa Marta

UPGRADING FROM INEFFICIENCY TO VISIBILITY

Sage Intacct, EMRConnect

A premium senior living community, faced challenges with manual, time-intensive financial operations that hindered accounts payable, approval workflows and reporting. Its disparate EMR system and lack of ERP integration limited visibility into the business. Wipfli implemented Sage Intacct as Santa Marta's ERP solution with an EMRConnect integration.

The results were transformative: Accounts payable processing time reduced by 50% from one week to under three days

Fully automated approval workflows eliminated paper hand-offs and real-time budget variance reporting became available within 24 hours of month-end close.

Enhanced visibility into P&L statements, AR balances and census data enables proactive, data-driven decision-making, elevating finance operations from manual execution to strategic solution-driven support.

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"My experience with Wipfli has been phenomenal. The way they interact, the questions they answer, the way they quickly research a solution — when we call with a question, they find an expert with an answer."

Marlene Abbey
Director of Accounting

100%

automated approval process

10-day

reduction in turnaround time for month-end reporting

50%

reduction in AP processing time

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Case Study: AI-Enabled Operations in Home Health

Client Profile & Business Context

- Regional home health organization operating 4 locations across adjacent markets
- Organization preparing for measured growth while maintaining margin, quality, and clinician engagement
- Leadership recognized that existing manual processes would not scale sustainably
- Growth pressure exposed inefficiencies that were manageable at smaller size but became limiting at multi-site operations

Key Operational Challenges

Scheduling & Workforce Efficiency

- Manual scheduling
- Rising travel time and inconsistent visit utilization
- Increased overtime and difficulty balancing workloads across locations

Clinical Documentation & Billing

- Variability in note quality impacting coding accuracy and billing timeliness
- Administrative burden contributing to clinician dissatisfaction

Limited Operational Visibility

- Fragmented data across EHR, scheduling, and finance systems
- Leadership lacked real-time insight into capacity, productivity, and emerging risks

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Case Study: AI-Enabled Operations in Home Health

AI-Enabled Capabilities

AI-Driven Scheduling

- Automated clinician-to-patient matching based on credentials, location, and availability

AI-Assisted Clinical Documentation

- AI-generated structured notes aligned with payer and regulatory requirements

Predictive Staffing & Capacity Insights

- Early visibility into capacity constraints before they impacted care delivery

Patient Risk & Quality Signals

- AI-based identification of patients at higher risk for missed visits or adverse events

Impact to Date

- **15–20% reduction** in clinician travel time and overtime expenses
- **~30% reduction** in documentation time per visit Improved billing accuracy and **faster cash flow**
- Higher clinician satisfaction driven by reduced administrative burden
- Leadership shifted from reactive issue management to **data-driven operational control**

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Case Study: Building the Foundation for AI

AI READINESS + CYBERSECURITY FOUNDATION

National provider of home health, hospice, pediatric, and personal care services, sought to modernize technology operations while strengthening resilience, governance, and security across the organization.

The Challenge

- Legacy data and systems created complexity and limited visibility
- Governance and technology management processes needed consistency and accountability
- Cybersecurity risks were increasing as the organization expanded its digital footprint
- Leadership wanted a stronger foundation to support future innovation, analytics, and AI initiatives

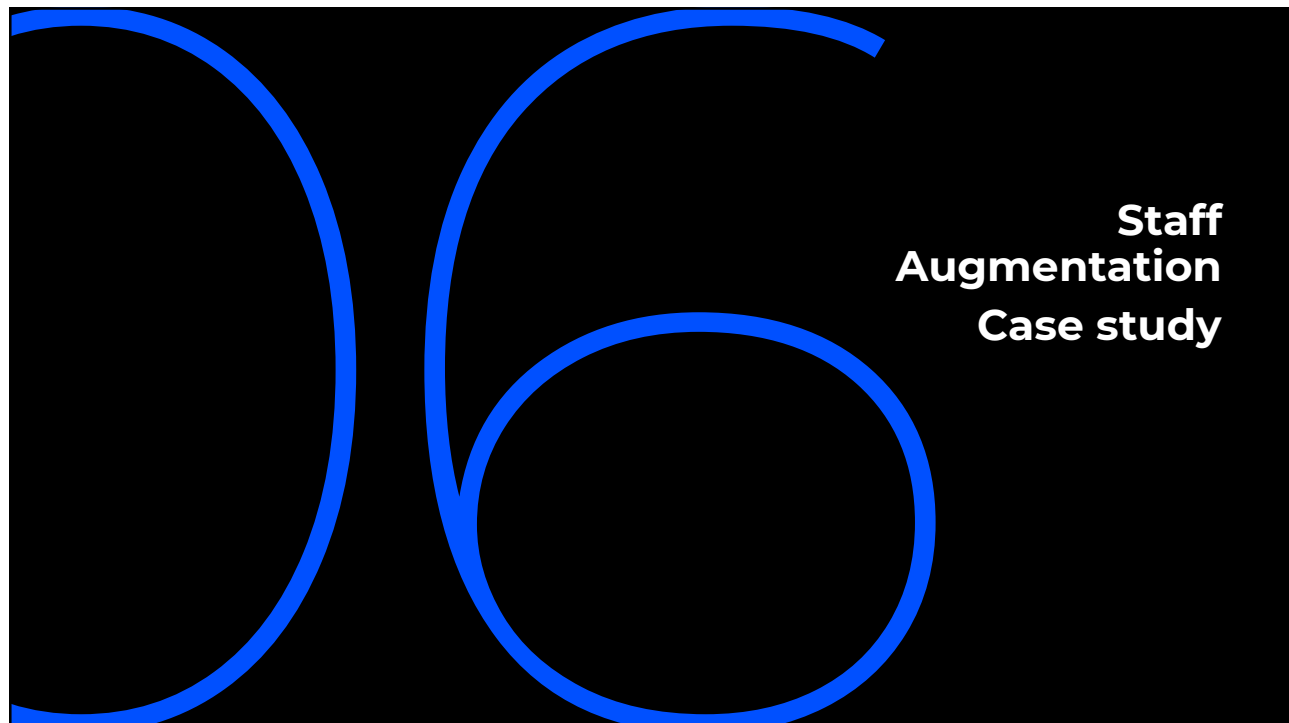
Wipfli's Approach

- Led a large-scale data migration initiative to improve data hygiene and reliability
- Modernized core technology infrastructure and processes
- Implemented governance, policy, and management frameworks to improve decision-making
- Enhanced cybersecurity controls, risk management practices, and security operations
- ***Established a scalable foundation to support future digital transformation and AI adoption***

**AI Ready
in
<1 year**

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Case Study: Telecare

The Challenge

Telecare, a national behavioral health organization, had secured **Microsoft 365 Copilot licenses** — but quickly discovered that access alone doesn't drive adoption. Without structured enablement, the investment risked going underutilized.

Unclear Practical Value

Users had Copilot available but lacked clarity on how to apply it meaningfully within their real, day-to-day workflows.

Skill and Confidence Gaps

Teams struggled with effective prompting, understanding agents, and integrating Copilot into existing processes with confidence.

Scalability Without Disruption

Leadership needed a training approach that could scale across the organization without disrupting operations or the care-first culture.

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The Solution: Copilot Training & Enablement

Wipfli designed and delivered a **structured, human-centered Copilot enablement program** purpose-built for healthcare and behavioral health workflows — focused on building real confidence, not just awareness.



Foundation Training

A focused 2-hour kickoff covering Microsoft Office integration, prompting frameworks, and core agent concepts.



Hands-On Practice

Practical exercises generating real Microsoft Office outputs — building muscle memory and immediate usability.



3-Month Program

Twice-monthly sessions combining structured instruction with collaborative workshops over a sustained 3-month period.



Tailored Content

Training content customized specifically to behavioral health and healthcare operations for maximum relevance and impact.

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The Impact: Practical Copilot Adoption

Wipfli's structured enablement approach transformed Copilot from an abstract AI tool into a **trusted productivity partner** — driving sustained organizational change across Telecare's operations and finance teams.

What Changed

- Improved confidence and fluency using Copilot across operations and finance teams
- Clear, working understanding of prompting, agents, and when to apply Copilot
- Reduced frustration by making Copilot feel practical rather than overwhelming

What's Next

- Sustained engagement through ongoing, recurring training rather than one-time enablement events
- Expanded Copilot training footprint reaching additional teams across the organization
- A replicable model for Copilot adoption that other behavioral health organizations can follow

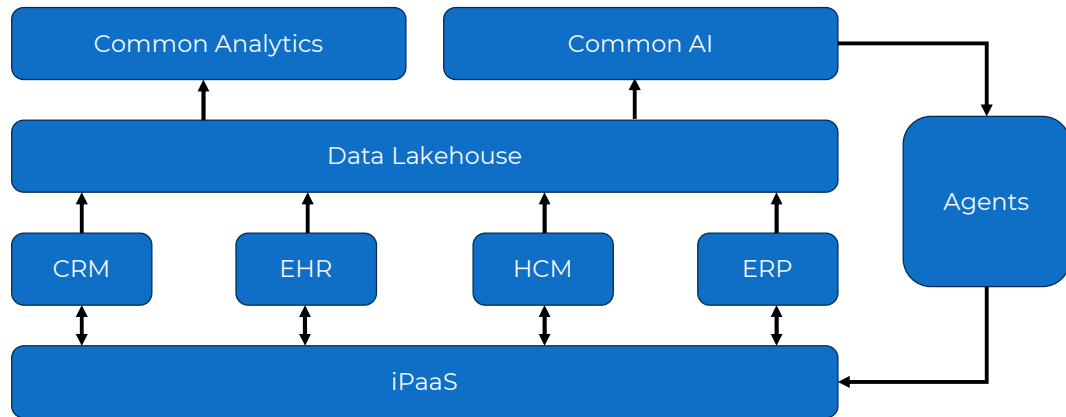
📌 **Key Takeaway:** Successful Copilot adoption requires more than licenses — it requires a structured, human-centered enablement strategy that meets users where they are and builds confidence over time.

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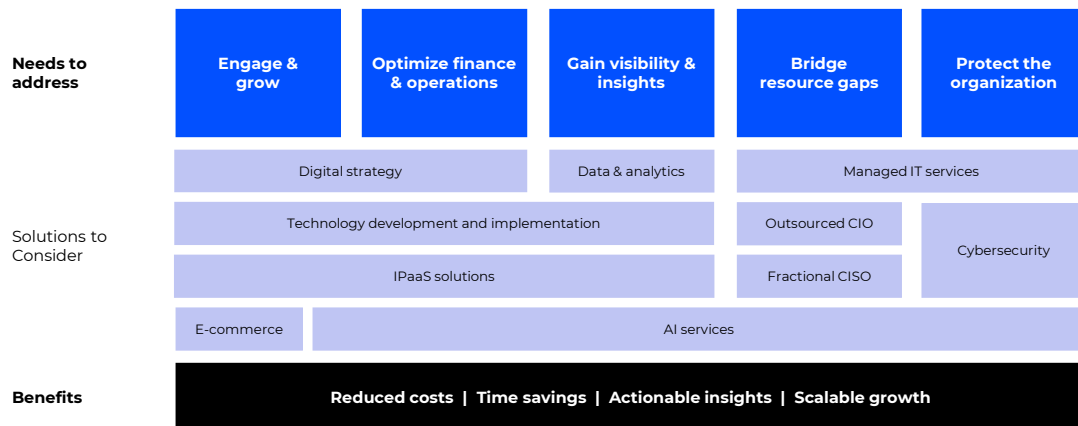
The Future State



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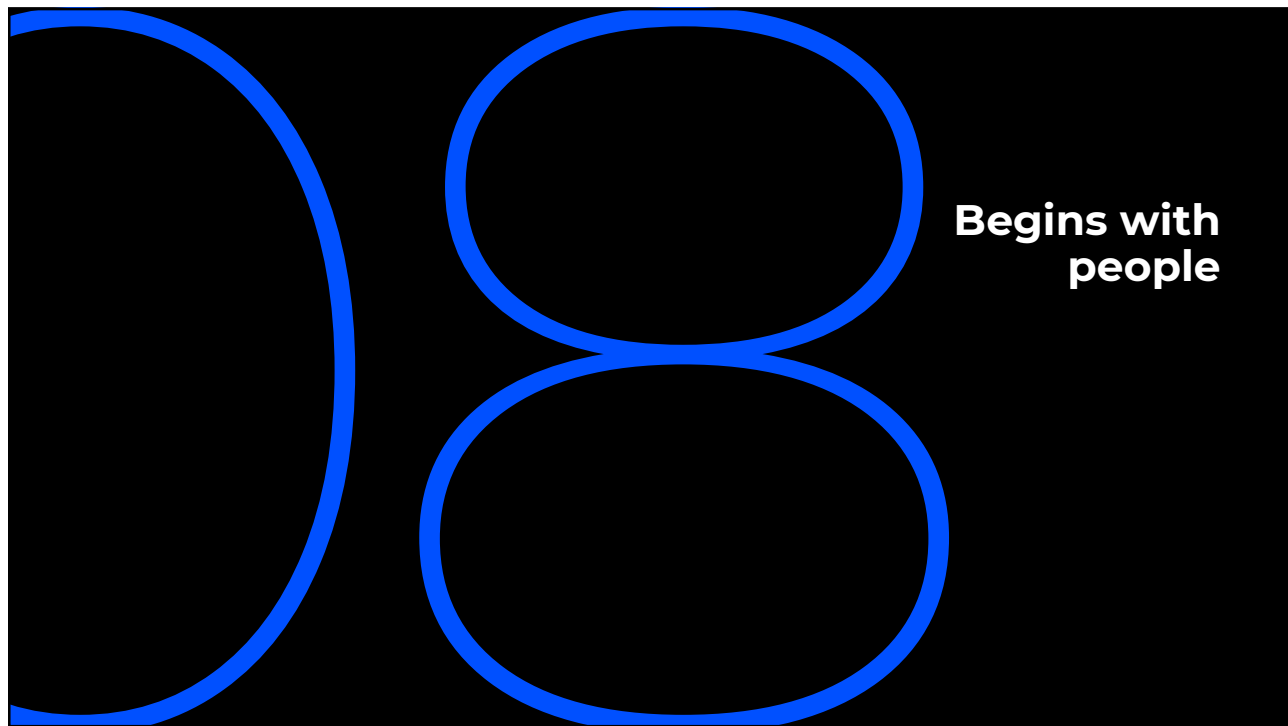
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Turning technology investments into value

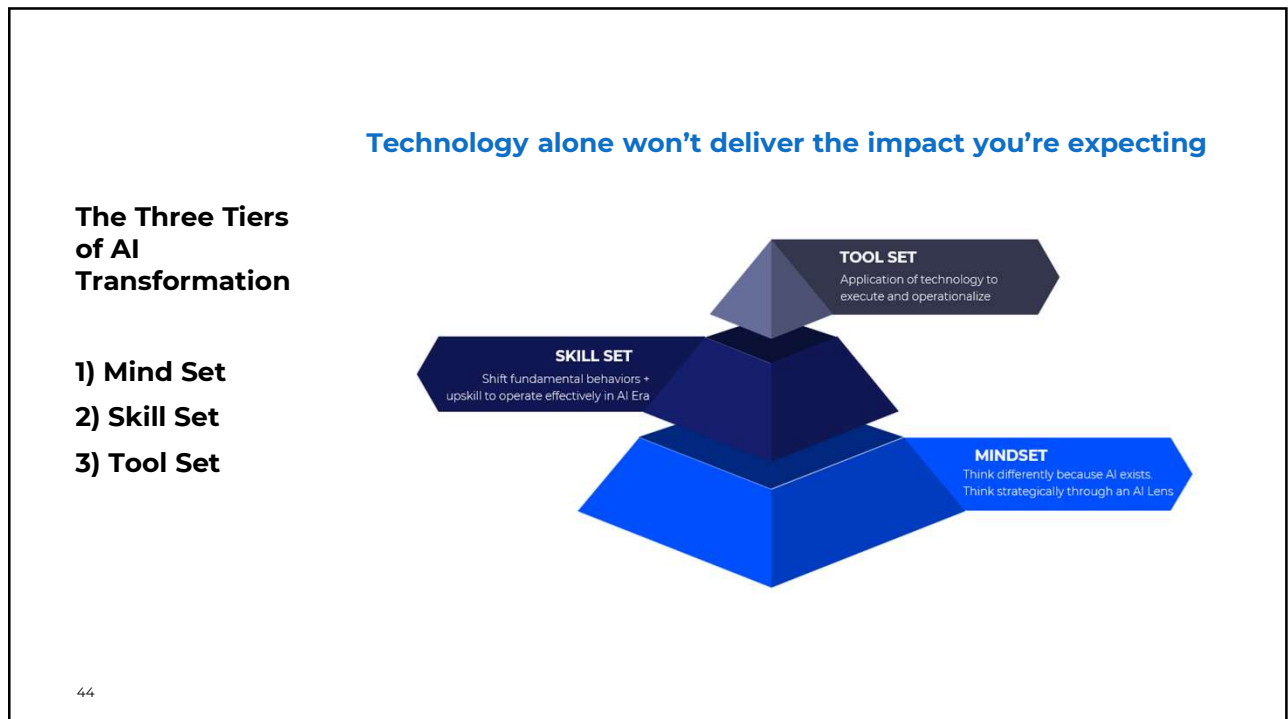


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Message from Caro



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A 90-Day Action Plan

Month 1: Assess

- Identify 2 to 3 high-friction workflows
- Document where AI may already be used informally
- Separate low-risk and high-risk opportunities
- Identify key internal stakeholders

Month 2: Govern

- Draft or refine acceptable-use guidance
- Define privacy and review expectations
- Clarify vendor approval and ownership
- Align managers on what safe use looks like

Month 3: Pilot

- Launch 1 or 2 controlled pilots
- Use simple success metrics
- Gather staff feedback
- Review quality, time savings, and issues
- Decide whether to expand, adjust, or stop

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Contact



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Continue the conversation

Curious how AI could support your organization's goals?

Schedule a complimentary introductory meeting with our healthcare advisors to discuss:

- Your organization's AI priorities and challenges
- Practical use cases for finance and operations
- Where to start—or what to do next

Scan to request a meeting

Continue the AI Conversation from
2026 TAHCH Annual Meeting



Wipfli will follow up to coordinate a convenient time.

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- [Technology Solutions](#)



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