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

57th Annual Meeting

Thursday, September 3, 2026

Texas ABC Room

9:00am-10:00am

GS2. AI Preconference Panel – Closing Session Overview

Presented by:

Moderator: Marjorie Costello, Chief Administrative Officer, DSSW/Lifespan

Panelists: Adam Medders, VP of Operations, Black Lab Solutions

William Cochran, VP of Strategy, Black Lab Solutions

Rosalind Nelson-Gamblin, RJNG Health Care Consulting, LLC

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TAHC&H 57TH ANNUAL MEETING · A.I. SHOWCASE · POST-SESSION

Back at the Office

What to do with the vendors that made your shortlist

Marjorie Costello · Adam Medders · William Cochran · Rosalind Nelson-Gamblin

September 2026 · San Antonio, Texas

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REALITY CHECK · 2026

Where the rules actually stand

The Security Rule overhaul slipped

The 2025 NPRM is still only proposed. The May 2026 target moved — OMB now points to July 2027, and that could move again.

OCR is not waiting on it

The current rule is enforced today. Risk analysis is still the most-cited deficiency in OCR investigations.

A vendor selling you "2026 compliance" is selling you a date, not a control.

Status as of August 2026 — verify before relying on it.

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“HIPAA-compliant” is a marketing phrase, not a legal status.

No agency certifies it. No regulator issues it.

When a vendor says it, your next sentence is:
“Show me what that means.”

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SHOW ME WHAT THAT MEANS

Eight things to make them produce

- Executed BAA — not a template
- SOC 2 Type II, current
- Encryption at rest and in transit
- A data flow diagram
- Written statement on model training
- Breach notification SLA, in hours
- Full subprocessor list
- A named security contact

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BEFORE YOU SIGN

The Six Risk Lenses

1. **Legal & Contractual**
2. **HIPAA & Privacy**
3. **Regulatory & Survey**
4. **Clinical Safety**
5. **Operational & Vendor**
6. **Financial & Hidden Cost**

Run them in order. Each one changes the questions you ask in the next.

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LENSES 1 AND 2

Contract and privacy

1 Legal & Contractual

- Who owns outputs and derived data
- Exit at 18 months: data back, usable
- Indemnity when clinicians act on AI output

2 HIPAA & Privacy

- Every point where PHI touches the tool
- Their duty, your duty, residual risk
- The breach cascade, hour by hour

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LENSES 3 AND 4

Survey and safety

3 Regulatory & Survey

- Which CoPs your workflow touches
- How AI use could create a finding
- The exact question a surveyor will ask

4 Clinical Safety

- Twelve ways this could harm a patient
- Hallucinated vitals in a signed note
- “AI fatigue” in a clinician at 9pm

A bad contract costs money. A bad clinical output costs something else.

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LENSES 5 AND 6

Vendor and money

5 Operational & Vendor

- Acquired, pivoted, or shut down in 3 years?
- What happens to your data in each case
- How locked in at 12, 24, 36 months

6 Financial & Hidden Cost

- A real 3-year TCO, not a Year 1 quote
- Seat growth, feature unlocks, upkeep
- Will Year 3 beat Year 1 by 50%?

The vendor on the demo floor may not be the vendor in three years.

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Use AI to Audit AI

You already pay for a tool that will argue on your behalf.

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GUARDRAILS

Before you paste anything

Never paste

PHI — including “de-identified” you are unsure about

Contract language your NDA covers

Anything privileged or trade secret

Safe to paste

Their public marketing claims

A generic profile: “180-census Texas hospice”

Workflows with no patient details

A personal AI account is not covered by your BAA.

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PASTE THIS FIRST

Anatomy of the prompt

ROLE	“You are a skeptical risk advisor…” — not “helpful assistant”
DOMAIN	Name the regs: HIPAA, 42 CFR 484 and 418, OIG AI guidance
PERMISSION	“Be direct. Do not be polite when you see a real problem.”
CONTEXT	Your agency, the vendor, where the AI sits in your workflow
STOP SIGNAL	“Flag anything needing a lawyer with ESCALATE.”

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ITERATE LIKE YOU MEAN IT

Three moves that change the answer

1. **“What did you miss?”**
2. **“Argue the opposite case as strongly as you can.”**
3. **“Now answer as the vendor’s lawyer trying to slip a bad clause past me.”**

First answers are starting points, never end points.

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STOP THE AI AND CALL A HUMAN

Four triggers, no exceptions

Anything tagged ESCALATE	The model admitting its limits. Respect it.
Before you sign anything	A healthcare attorney reads the final document.
Before clinical workflow changes	Compliance and clinical leadership weigh in.
Before patient-facing disclosure	Privacy officer. State rules are moving fast.

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CLOSE

Three things to take home

1. **Buy the workflow, not the demo.**
   If they cannot name your workflow in thirty seconds, nothing else matters.
2. **“HIPAA-compliant” is a claim, not a credential.**
   Every AI tool is a new business associate and a new line in your risk analysis.
3. **Run the six lenses before you sign.**
   Then escalate to the humans who actually sign off.

Your materials: the post-demo worksheet, the vendor audit guide, the architecture decision tree, and the glossary.

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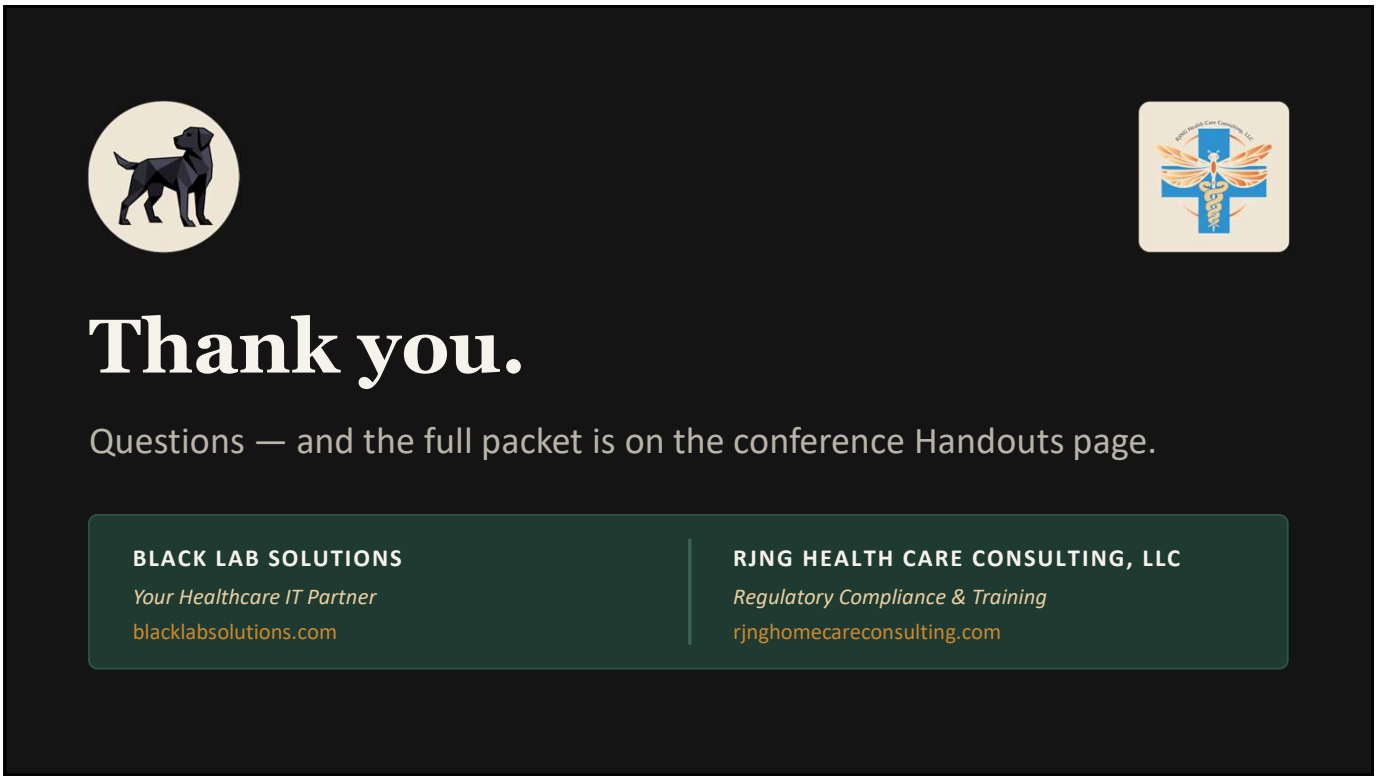
Thank you.
Questions — and the full packet is on the conference Handouts page.
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