



**2026 ANNUAL
CONFERENCE & EXPO**
Celebrating 60 Years
Then. Now. Next.

Implementing High Acuity Care at Home Services

June 23, 2026

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About the Presenter





Thomas Rose is CEO & President of 21st Century Health Care Consultants. A former Army Special Forces Officer (Green Berets), his business experience includes a successful leadership track in the General Electric companies, encompassing Director 6 Sigma Quality, Director Sales, Sr. Director FP&A, VP Operations and culminating as Chief Financial Officer of GE's \$2B asset management company. Following GE, Thomas focused his career on growing PE-backed, lower middle market businesses as their company President or Executive Vice President in a variety of sectors, from automotive, manufacturing, facilities maintenance, and healthcare.

Thomas' Fortune 500 C-level expertise combines with over nearly two decades of business leadership. Thomas received his undergraduate B.S. Degree in Management from Methodist University, MBA from Webster University, and Private Equity, M&A and Corp. Development Certificates from The Wharton School of Business. Thomas is a certified Six Sigma Master Black Belt and Lean Six Sigma Quality Certifier.

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AGENDA



- Types of Hospital at Home Programs
- Benefits of Having a Program
- Which Type is Right for My Agency
- What Can Be Treated at Home
- Skillsets Needed on Staff
- Policies and Procedures
- Operational Processes
- Contracts Needed In Place
- Technology Considerations
- Marketing and Growth

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Types of H@H Programs

Two Primary Program Types

Early Supported Discharge (ESD)

- Medicare AHCaH waiver program
- MD or DO Supervision
- Must admit from ED or Inpatient
- Must be Medicare certified, sponsoring hospital is primary
- Home Care and Home Health providers are subcontractors to primary provider

Admission Avoidance (AA)

- Community admission programs
- APN/APRN Supervision
- Can admit from PCP or HHA
- Must be credentialed with insurance provider
- Home Health providers may be primary providers if license allows

Preliminary comparisons suggest prioritization of AA models over ESD due to potential benefits in costs and clinical outcomes.

*Comparison of Hospital-at-Home models: a systematic review of reviews, Health Services Research

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Accrediting Organizations

CHAP High Acuity Care at Home

Recognizes Both Program Types

- Released certification standards September 2025 for High Acuity Care at Home
- Completed first certification August 2025, HHA in Texas that has operated H@H for 5 years

ACHC In-Home Hospital Care

Recognizes Both Program Types

- Released accreditation standards December 2024 for In-Home Hospital Care
- Completed first accreditation with DispatchHealth before Medically Home acquisition

TJC Hospital at Home

Recognizes Both Program Types but Not for Home Health

- Primary Care Medical Home Certification Program (PCMH) aligns with Admission Avoidance
- ESD falls within current hospital accreditation and CMS waiver. Pending CMS CoPs and Extension

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Benefits of a Program

High Quality of Care

Patient Benefits

Better Family Experience

Lower Cost of Care

Reduced Hospitalization Rates

Increased Value to Referral Sources

Less Functional Status Loss

Fewer Complications

Competitive Market Advantage

Higher Patient Satisfaction

Less ED Visits

Better Function

Agency Benefits

SNF Discharge Avoidance

Reduction in Incident Delirium

Less Hospital Acquired Conditions

Reduction of Sedative Meds

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Which Type is Right for My Agency?

- What Services Does Your Agency Currently Provide?
- Can Your Staffing Support More Frequency of Services?
- Is Your Staff Trained on Services Needed?
- Admission Avoidance Pros and Cons
- Early Supportive Discharge Pros and Cons

CHAP Certification or ACHC Accreditation?



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What Can Be Treated

<p>Common Conditions:</p> <ul style="list-style-type: none"> • COPD • CHF • Pneumonia • UTI • Cellulitis • DVT / PE • Asthma • Dehydration • General Medicine Protocol for any patient that could be safely treated at home 	<p>Top DRGs Treated at Home</p> <table border="0"> <tr><td>Pneumonia</td><td>16%</td></tr> <tr><td>Cellulitis</td><td>14%</td></tr> <tr><td>CHF</td><td>13%</td></tr> <tr><td>COPD</td><td>10%</td></tr> <tr><td>UTI</td><td>10%</td></tr> <tr><td>DVT/PE</td><td>5%</td></tr> <tr><td>Asthma</td><td>5%</td></tr> <tr><td>Gastro</td><td>4%</td></tr> <tr><td>Renal Failure</td><td>2%</td></tr> <tr><td>Other</td><td>21%</td></tr> </table>	Pneumonia	16%	Cellulitis	14%	CHF	13%	COPD	10%	UTI	10%	DVT/PE	5%	Asthma	5%	Gastro	4%	Renal Failure	2%	Other	21%
Pneumonia	16%																				
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Other	21%																				


Includes 44 Episodes and 151 DRGs

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*Hospital at Home Users Group: HAH and CMS Waiver Webinar

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What Modalities Can Be Used?

<p>What treatment modalities can be used in the home?</p> <ul style="list-style-type: none"> • Labs • Imaging • Arranging visits with consulting specialists • Supplemental oxygen up to 4 liters per NC* • Established CPAP/BiPAP patients • Respiratory treatments • IV diuretics • IV antibiotics (continuous and intermittent) • Continuous IV fluids (PD/HD patients with established treatment plan) • Wound vacs • Intermittent catheterizations • Chest tubes to gravity 	<p>What treatment modalities can't be used in the home?</p> <ul style="list-style-type: none"> • Oxygen requirements greater than 4 liters per NC* • New orders for CPAP/BiPAP • Cardiac drips • Heparin/insulin drips • Blood transfusions • Continuous cardiac telemetry monitoring • Continuous pulse oximetry • Continuous bladder irrigation • NGT to suction • Frequent neuro checks • IVP/IM narcotics
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*Hospital at Home Users Group: HAH and CMS Waiver Webinar

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Change Triggers to High Acuity Care

Some Examples of When to Escalate a Patient to High Acuity Care:


- New or worsening respiratory symptoms, including shortness of breath or new or worsening hypoxia requiring supplemental O2
- Signs of heart failure exacerbation:
 - Acute weight gain (>2-3 lbs in 24 hours, 5 lbs in 1 week)
 - Increased lower extremity edema
 - New or worsening orthopnea or paroxysmal nocturnal dyspnea
- Cough productive of discolored sputum or a non-productive cough
- Fever (temperature \geq 100.4 F, especially if unexplained or persistent)
- Chest x-ray findings in infiltrate, pulmonary effusion
- Sudden functional decline with inability to perform ADLs and/or acute confusion or delirium without hospital-level needs

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Skill Sets Needed On Staff

- Same as required for Home Health Agency
- MD, DO, APN, APRN
- Registered Nurse
- Physical, Occupational and Speech Therapists
- Social Worker
- Aides or Couriers



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Policies and Procedures

- *Policies and procedures for Home Health that meet state and accrediting organization requirements are the starting point*
- *Policies and procedures specific to high acuity in-home care that your agency provides*
- *If you will seek CHAP Certification or ACHC Accreditation, policies and procedures that address the AO's standards*
- *Ensure to tailor policies and procedures to your agency's specific requirements, capabilities and services*

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Key Policies and Procedures

- Enrollment Inclusion/Exclusion
- Program Overview
- Clinical Objectives
- Eligibility Criteria
- Care Delivery Framework

- Key Clinical Interventions
- Documentation & Communications
- Discharge and Transition Planning
- Quality & Compliance Monitoring
- Differentiation from Traditional Home Health Service

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Example Participant

Corstrata provides virtual WOC care services specifically designed for the home health, hospice, and post-acute care settings. They use telehealth to connect certified Wound, Ostomy, and Continence (WOC) nurses with patients at home or with bedside clinicians.

Corstrata acts as an extension of home health agencies to bridge the shortage of certified wound and ostomy specialists.

CORSTRATA HOSPITAL AT HOME LOCATIONS

CORSTRATA SERVICES FOR

HOSPITAL AT HOME

Proud Partner of Hospital At Home Organizations Since 2022

CORSTRATA HOSPITAL AT HOME GROWTH (YOY)

TOP 5 HOSPITAL AT HOME WOUND DIAGNOSES

EXPANDED HOURS OF SERVICE

20%

Of Virtual Visits and After Hours Woundcare, or Inpatient

*Cellulitis - includes Abscess & Infection
 **Other - includes MAOI, Agammaglobulinemia (Allergic Hemorrhagic, Infectious), Burn Injury, etc.
 ***Lower Extremity - Various Leg Ulcers, Diabetic Foot Ulcers, Arterial Ulcers, Lymphedema, etc.

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Operational Processes

- Establish Multidisciplinary Team
- Identify Provider Involvement
- Create Provider Descriptions and Responsibilities
- Establish Shared Decision-Making Process
- Develop RN Case Management
- Define Escalation Protocols
- Develop Documentation & Communication Req's
- Develop Discharge and Transition Plans
- Implement Quality and Compliance Monitoring
- Develop Emergency Preparedness Plans

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Contracts Needed in Place



- Pharmacy
- Infusion
- Respiratory
- Diagnostics (labs, imaging)
- Monitoring
- Transportation
- Food
- DME

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Technology Considerations

The minimum remote patient monitoring (RPM) needed is dictated by the patient's specific acute or chronic condition being monitored

<ol style="list-style-type: none"> 1. Identify the Condition 2. Use Appropriate Devices 3. Meet Data Collection Thresholds 4. Ensure Clinical Oversight <ul style="list-style-type: none"> • Clinical Operations • Patient Education and Health Coaching • Data Triage and Escalation 	<ol style="list-style-type: none"> 5. Obtain Patient Consent 6. Verify Medical Necessity 7. Integrate with Technology Infrastructure 8. Provide Interactive Communication
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Remote Patient Monitoring

Why Use Remote Patient Monitoring?

There are 3 main components:


1. Education and setup
2. Device supply
3. Treatment and management:

<https://www.cms.gov/medicare/coverage/telehealth/remote-patient-monitoring>

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RPM Playbook – A Guide



IDENTIFYING A NEED
What's the problem?

DEFINING SUCCESS
What are we trying to achieve?

MAKING THE CASE
How do we get political and financial buy-in?



FORMING THE TEAM
Who needs to be involved and when?


EVALUATING THE VENDOR
What's the right technology?

CONTRACTING
What's our expected timing, budget, and plan with our vendor?

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RPM Playbook – A Guide



DESIGNING THE WORKFLOW
What will need to change to integrate this technology?

PARTNERING WITH THE PATIENT
What does the patient need?

EVALUATING SUCCESS
Did it work?



PREPARING THE CARE TEAM
Does everyone know what they need to do to make this successful?

IMPLEMENTING
How does it work in practice?

SCALING
What's next?

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Typical Medicare Reimbursement

<p>\$20.08 (99453)</p> <p>Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment</p>	<p>\$52.43 (99454)</p> <p>Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days, 16 day minimum</p>
<p>\$50.30 (99457)</p> <p>Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month</p>	<p>\$42.28 (99458)</p> <p>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes *Mid point code</p>


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RPM System Providers




TeleCARE
REMOTE PATIENT MONITORING



HealthArc





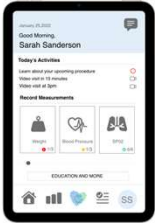
Virtual care. Human connection.

And Many More...

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Features to Look For



Patient Bring Own Device
-app-

Locus iPads
(Cellular Enabled to Address Barriers)

Notifications

Video Visits
(1-to-1 and 1-to-Many group or counseling sessions)

Device Integration Options

Surveys and PROMs

Educational Resources


In-App Messaging

English/Spanish

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Device Requirements

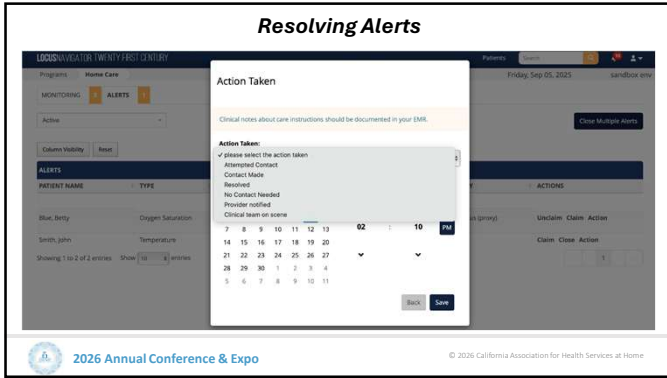


Home Care Connected Device Ecosystem:

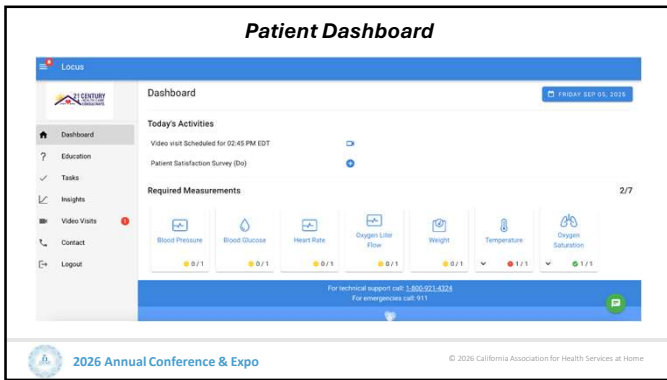
- Bluetooth and Cellular Options of Connected Device Kits
- Thermometer
- Weight Scale
- Pulse Oximeters
- Blood Pressure Monitor
- Spirometer
- Options to Allow Patients to Sync values from their Apple or Android Phones

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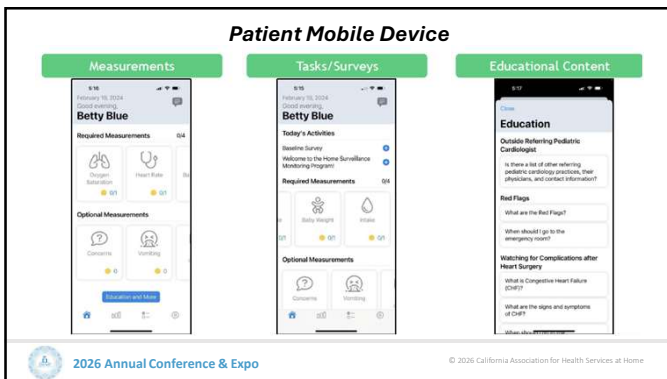
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Marketing & Growth

Differentiate & Educate

Home Health	High Acuity Care	Referral Sources
<ul style="list-style-type: none"> Episodic, visit-based care Orders obtained from external MD Limited monitoring Primarily RN Driven 24-48 hour referral to admission 	<ul style="list-style-type: none"> Continuous care with daily provider oversight Internal NP/MD leads and manages care High-touch model with rapid response capability NP-led interdisciplinary team Immediate referral to admission 	<ul style="list-style-type: none"> • Patient benefits to high acuity care in the home • Typical DRGs that can be treated and managed in the home • How they will be engaged with their patients • Insurance networks and cost savings • Overall patient satisfaction

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Thank You!

Thomas Rose, MBA
 CEO & President
 21st Century Consultants
 trose@21stCenturyConsultants.com

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