

## NAME Application to Present

Due Date: April 15, 2020

Email this completed form as an attachment to: [ConferenceCommittee@MedicaidForEducation.org](mailto:ConferenceCommittee@MedicaidForEducation.org)

**Lead Presenter Contact Information:** The lead presenter is the person with whom the Education and Program Subcommittee will communicate and who is responsible for sharing information with co-presenters.

**Preference is given to teams with a member who is also a current NAME voting member.** The lead presenter of selected presentations will receive a \$50 discount from the Conference Registration fee, unless they defer the discount to another individual of the team. See page 3 of this document.

Name	
Title	
Organization	
Address	
Phone Number	
Email Address	

**Short bio of professional career.**  
Include education, degrees and positions held and responsibilities in current position. **Limit to 200 words total.** (This will appear in the official Conference Program.)

### Additional Session Presenter Information (Attach additional pages if necessary):

Name	
Title	
Organization	
Address	
Phone Number	
Email Address	

**Presenter Bio**  
*Include education, degrees and positions held and responsibilities in current position. Limit to 200 words total. (This will appear in the official conference program.)*

<b>Presentation Details</b>	
<p><b>Presentation Title</b>  <i>It is recommended that presentation titles attempt to incorporate the conference theme while also giving attendees a clear idea of the information that will be discussed.</i></p>	
<p><b>Program Abstract</b>  <i>Clearly describe the goal of the presentation. Some, or all, will appear in the official conference program and may be edited for clarity and/or space.</i></p>	
<p><b>Learning Outcomes</b>  <i>Provide at least three session objectives. These are to be included in the actual presentation as well. Examples have been included below. Simply delete, and then enter your own.</i></p>	<p><i>Participants of this session will be able to: (example below)</i></p> <ol style="list-style-type: none"> <li><i>1. Use at least three techniques to prepare for an audit of their program</i></li> <li><i>2. Identify federal regulations related to Third Party Liability (TPL)</i></li> <li><i>3. List at least two strategies for long-term success of a Medicaid School Based Services Program</i></li> </ol>
<p><b>Topic(s) addressed in presentation.</b></p>	<p><i>Check all that apply</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Block Grants</li> <li><input type="checkbox"/> Electronic Visit Verification</li> <li><input type="checkbox"/> Free Care</li> <li><input type="checkbox"/> IDEA Funding or Regulations</li> <li><input type="checkbox"/> Innovative Programs/Services for Students with Disabilities</li> <li><input type="checkbox"/> Internal Quality Assurance Systems for Districts</li> <li><input type="checkbox"/> Medicaid Administrative Outreach/Claiming Services</li> <li><input type="checkbox"/> Medicaid Funded Behavioral Health Services</li> <li><input type="checkbox"/> Medicaid IEP/IFSP Direct/Related Services</li> <li><input type="checkbox"/> Qualified Staff Recruitment and Retention Strategies</li> <li><input type="checkbox"/> Personal Care Services</li> <li><input type="checkbox"/> Professional Development</li> <li><input type="checkbox"/> Random Moment Time Study</li> <li><input type="checkbox"/> School Based Services Program Audits/Compliance Plans</li> <li><input type="checkbox"/> Telehealth</li> <li><input type="checkbox"/> Organizing data for seamless reporting</li> <li><input type="checkbox"/> Collaboration with stakeholders</li> <li><input type="checkbox"/> Outreach process to enroll children in Medicaid</li> <li><input type="checkbox"/> Cost reports</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul>
<p><b>Target Audience</b></p>	<p><i>Check all that apply</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Local Education Agency Representatives</li> <li><input type="checkbox"/> Medicaid 101 for new LEA Representatives</li> <li><input type="checkbox"/> State Medicaid Representatives</li> <li><input type="checkbox"/> State Education Representatives</li> <li><input type="checkbox"/> Other (Describe) _____</li> </ul>

<b>Type of Session Proposed</b>	<p><i>Check all that apply.</i></p> <p><input type="checkbox"/> <b>Nugget:</b> 45-minute session that is repeated, back-to-back three times concurrently with multiple other sessions.</p> <p><input type="checkbox"/> We are / I am willing to repeat this Nugget Session in more than a one-time slot.</p> <p><input type="checkbox"/> <b>Breakout Session:</b> In-depth presentation on specific relevant topic. Provided concurrently with other Breakout Sessions and lasting 90 minutes.</p> <p><input type="checkbox"/> We are / I am willing to repeat this Breakout Session more than once.</p>
<b>Audio/Visual Needs</b>	<p><i>Please check all audio/visual equipment that will be needed during the presentation:</i></p> <p><input type="checkbox"/> Projector <input type="checkbox"/> Microphone</p> <p><input type="checkbox"/> Computer <input type="checkbox"/> Other (Describe below)</p> <p><b><i>NOTE: The NAME Conference Planning Committee will attempt to provide the equipment requested, but cost and availability may preclude the committee's ability to do so.</i></b></p>

**Proposal Agreement:**

I/We acknowledge that each presenter approved to present at the 2020 NAME Annual Conference must comply with the conditions listed below. *Please check each statement to indicate you understand and consent to the following.*

- To attend the Conference (not just as a presenter), it is necessary to register and pay the registration fee. \***
- I/We are responsible for all our own travel and related expenses, including hotel.
- Our presentation materials will be submitted according to the timelines established by NAME.
- We understand that at any point in the selection or publishing process, NAME may propose edits to some aspects of our presentation materials, including the title, session description and slide-based presentation.
- Our presentation and handout materials will be placed on the NAME website and/or conference app.
- Our presentation will be free of marketing, company logos, and/or sales pitches.
- If selected, each member of our presentation team will sign a **Speaker Declaration Form** and agrees to disclose to conference participants prior to the start of each of our sessions, the existence of any relevant and/or financial relationship(s) with commercial company(ies) or entity(ies) whose products are related in any way to the content of our presentation.
- We are/I am willing to repeat this breakout/nugget session more than once.
- We are/I am aware that NAME does not endorse any product or service, nor does NAME warrant any advice given by presenters hosted by NAME, regardless of the credentials, certification and/or license to practice of one or all of the presenters.

**Registration Discount.** Select only one of the lines below by inserting an 'X', and fill in the person's name, if applicable:

Each unique Breakout and Nugget presentation accepted will receive ONE \$50 Conference registration discount.

\_\_\_ As explained in the first section of this application, the lead member of our presentation team will receive this discount.

\_\_\_ Instead of the lead presenter receiving the registration discount, we have designated another presentation member to receive the discount, named here:

Name of Presenter to receive Conference registration discount: \_\_\_\_\_

E-signature of Lead Presenter: \_\_\_\_\_

***\*Presenters must register and pay to attend the Conference and are responsible for all their own travel, hotel and other related expenses.***

**Proposal Checklist:**

\_\_\_ Deadline for submission of your proposal is **April 15, 2020.**

\_\_\_ Double-check that all information has been completed on the application and save a copy.

\_\_\_ Submitted applications are evaluated and will be scored by the Education and Program Subcommittee using the following Selection Criteria:

\_\_\_ Presenter qualifications, and at least one of our team is a current NAME voting member

\_\_\_ Session supports the conference goals

\_\_\_ Appropriate for the NAME audience

- Furthers the Mission of NAME  
 Is NOT a sale, marketing or promotional pitch.

**Email this completed application as an attachment, with “NAME Conference application” in the subject line, by April 15, 2020 to: [ConferenceCommittee@MedicaidForEducation.org](mailto:ConferenceCommittee@MedicaidForEducation.org).** Applicants will be notified of acceptance in June 2020. The final presentation materials (i.e., presentations, handouts) of selected presenters must be submitted electronically to NAME by September 1, 2020.

***For questions regarding the Call for Presenters or a presentation, please contact:***

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