



# 16th Annual NAME Conference

Renaissance  
Baltimore Harborplace  
Hotel

October 14-17, 2018

## Moving Forward in the City of Firsts

16th Annual National Alliance for Medicaid in Education (NAME) Conference

### National Alliance for Medicaid in Education, Inc.

#### Call for Presenters

The National Alliance for Medicaid in Education (NAME) Annual Conference, a national forum for professionals working in education and/or health care and related fields, seeks to provide professional development with the latest information in research, experience and best practices. NAME is seeking proposals that include but are not limited to these areas:

- Medicaid reimbursement;
- Quality assurance in Medicaid billing;
- Innovative ways to provide and pay for health and related services in schools;
- Preparing for and dealing with federal and/or state Medicaid audits of school based services programs; and
- Other topics that would be of interest to conference attendees.

The 2018 NAME Annual Conference will be held on October 14 - 17, 2018, in Baltimore, MD. The conference will include general sessions hosted by NAME invited guests, as well as several breakout sessions.

NAME is seeking proposals from individuals, teams, or panels to present breakout sessions at the 2018 conference. **Breakout sessions are 90 minutes in length**, allow for in-depth presentation of a specific topic and leave time for audience participation. Multiple breakout sessions are presented concurrently. Time permitting, sessions are often repeated to give attendees the opportunity to attend a variety of presentations.

**Audience:**

The typical NAME audience includes professionals who work in fields related to Medicaid reimbursement to schools, such as special educators, health care clinicians/providers, Medicaid policy specialists, education administrators, state and local government policymakers, Medicaid coordinators in school districts, Medicaid billing and consulting vendors and others.

**Past Conference Attendance:**

Year	Attendance
2014	275
2015	330
2016	287
2017	304

**Conference Goals:**

- Increase understanding and knowledge of federal Medicaid regulations, requirements and processes specifically related to school based services programs.
- Share current information, news, research, successful systems and best practices with members and other interested individuals and organizations on the wide array of issues related to Medicaid covered services delivered in the school setting.
- Provide a forum for professional development to enhance the capacity of school personnel, clinicians, administrators and others to comply with federal and state Medicaid and special education requirements.
- Build relationships with colleagues from federal agencies, other national organizations and groups who are also interested in supporting school based health services programs.
- Facilitate networking between Medicaid and special education professionals.
- Promote membership in NAME and provide opportunities for members to become engaged and actively involved in the organization both onsite and after the conference adjourns.

**How to Submit a Presentation Proposal**

- Complete the attached 3-page *Application to Present*.
- Email your completed application to [ConferenceCommittee@MedicaidForEducation.org](mailto:ConferenceCommittee@MedicaidForEducation.org) using “NAME Application to Present” in the subject line by May 4, 2018.
- Save a copy of the application for your records as it contains information regarding selection criteria, presenter deadlines, presentation requirements and a proposal checklist.

Selected presenters must register and pay to attend the conference and will be responsible for their own travel expenses. The lead presenter of selected presentations will receive a \$50 discount to the conference registration fee, unless he/she defers the discount to another presentation team member. Preference will be given to teams with a member who is a current NAME voting member, however all are encouraged to apply. Individual presenters must be employed by a local education agency, state Medicaid agency, or state education agency to be considered for approval. Presentation teams **must** include at least one local education agency, state Medicaid agency, or state education agency employee. Vendor only presentation teams will not be approved.

## NAME Application to Present

Due Date: May 4, 2018

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 his/her 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 he/she defers the discount to another individual of the team. See page 3 of this document.

Name	
Title	
Organization	
Address	
Phone Number	
Email Address	
<b>Short bio of professional career.</b> Include education, degrees and positions held and responsibilities in current position. <b>Limit to 200 words total.</b> (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	
<b>Presenter Bio</b> 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>Describe in detail the goal of the presentation. A program abstract ideally consists of 4-5 sentences or 100 words. Some, or all, of this 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 <u>will be able to</u>:</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</li> <li><input type="checkbox"/> Telehealth</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"/> State Medicaid Representatives</li> <li><input type="checkbox"/> State Education Representatives</li> <li><input type="checkbox"/> Other (Describe)</li> </ul>

**Audio/Visual Needs**

*Please check all audio/visual equipment that will be needed during the presentation:*

Projector

Microphone

Computer

Other (Describe below)

***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.***

**Proposal Agreement:**

I/We acknowledge that each presenter approved to present at the 2018 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.

Our presentation will not include product, marketing and/or sales pitches or company logos.

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 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 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 **May 4, 2018**.

Double-check that 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 sales, marketing or promotional pitch.

Email this completed application as an attachment, with “NAME Conference application” in the subject line, by **May 4, 2018** to: [ConferenceCommittee@MedicaidForEducation.org](mailto:ConferenceCommittee@MedicaidForEducation.org). Applicants will be notified of acceptance in June 2018. The final presentation materials (i.e., presentations, handouts) of selected presenters must be submitted electronically to NAME by September 1, 2018.

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

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