The Home Care & Hospice Association of New Jersey invites those interested in contributing to the future of home care and hospice to submit proposals for educational presentations for our Annual Conference, scheduled for June 22-23, 2017 at the Stockton Seaview Hotel & Golf Club in Galloway, NJ.

Share your expertise with the home care and hospice industry!

About the Conference
The Home Care & Hospice Association of New Jersey’s Annual Conference and Exhibition offers timely educational programs, networking and exhibit opportunities that will help participants embrace current challenges and succeed in their roles. The Home Care & Hospice Association of NJ’s Annual Conference consists of two days of concurrent sessions that are 60 minutes in duration.

Over 200 professionals, including top leadership, from more than one hundred agencies attend the conference.

Specifics:
The Home Care & Hospice Association of New Jersey is seeking proposals for concurrent workshop sessions that will focus on relevant topics and innovative approaches for home health agencies, hospices and health care service firms. When designing your program, please be sure to incorporate time for Q&A within the 60 minute time frame.

How do you benefit?
If your presentation is selected:
- You will contribute to the advancement of your profession and the home care and/or hospice industry;
- You will gain visibility and recognition as a leader;
- You will receive a complimentary admission to sessions and all meals on the day of their presentation.

SEND COMPLETED FORMS TO:
Karen Barish, RN, BSN
Director of Professional Development & Support
karen@homecarenj.org
Home Care & Hospice Association of NJ
485D Route 1 South, Suite 210
Iselin, NJ 08830
Phone 732-877-1100 · Fax 732-877-1101

All submissions must include:
☐ Presentation Information (p.2-4)
☐ Program Planning Table Addendum
☐ Presenter(s) Contact Information (p. 6)
☐ Biographical & Conflict of Interest Form
☐ Continuing Education Checklist (p.7)
☐ Speaker(s) CV or Resume

If applicable to the presentation please also include:
☐ * Bibliography/ Resource List for PT (p.9)
☐ * *Social Work Credit Content (p.10-12)
☐ * *Social Work References (p.12)

PROPOSALS DUE
MARCH 15, 2017
The Catalyst for Excellence in Home Care & Hospice

The conference selection committee is searching for presentations that will provide innovative and progressive education on the following topics. Have a different topic in mind? Feel free to submit other suggestions… we’d like to hear more about it!

- Value Based Purchasing – Quality is #1
- QAPI: Every Agency Should Focus on Quality
- Behavioral Health Challenges in Home Care
- NJ’s Short Length of Stay for Hospice
- Pre-Claim Review – How to Prepare
- Sales, Marketing & Business Development
- Impact of Cultural Diversity - Culturally Competent Care
- Federal Updates from Washington, D.C.
- Staff Development & Enrichment for Retention
- Clinical Case Management- What Was Once Old Needs to Be New Again
- Population Health- The Home Care Model Shift?
- Building a Resilient Workforce
- Hospice Benchmarking-Using Systems Data
- New HHA CoPs- Patient Engagement & Coordination
- Therapy Service Trends- PT/OT/ST Successful Utilization in a Changing PPS World
- Improving Patient Satisfaction- Key Components for All Agency Types
- Innovative Technology Trends
- Are You Using Social Media to Your Advantage
- Private Duty Business- Postioning to be a Bigger Part of the Healthcare Team
- Medicaid Managed Care Updates
- Clinical Hospice Topics
- Leadership Development
- ACO Development & Evolution in NJ
- Bundled Payments- Is it Working? Emerging Models in our Future
- CJR- What We’ve Learned
- Billing & Collections- Hot Buttons
- Compassion Fatigue in Home Care & Hospice
- How to Prepare for Value Based Purchasing in a Medicaid World
- Inspiration…Success…Making a Difference
- Emergency Preparedness is Everyone’s Responsibility
- The Trump Administration- Where is Healthcare Going
- Workforce Recruitment Trends
- Hospice Medicare Audit Results
- Compassionate Conversations in Hospice & Palliative Care
- HCSF- How to Diversify Your Business Line to Remain Competetive
- Improving Patient-Clinician Communication in a High Tech World
- Improve Your STAR Ratings
- VBP- Take a Deep Dive into Your Data
- Managed Medicare- Bundled Payments-ACOs… What will the Payment Model Look Like?
- Clinical Home Health Topics
Presentation Information - Part 1

Presentation Title: ____________________________________________________________

Preferred Date of Presentation: □ Thursday June 22    □ Friday June 23

Program format:    □ Lecture/ Informational    □ Participatory/ Interactive
                   □ Other (describe) ___________________________________________________

Has the proposed program been presented previously?    □ Yes    □ No

Audience Experience Level:    □ Beginner    □ Intermediate    □ Advanced    □ All

Applicable for:    □ Home Health    □ Hospice    □ Health Care Service Firms

Educational Track:    □ Clinical    □ Management    □ Financial    □ Business Development

Continuing Education Credit - Is the presentation applicable for:    (check all that apply)
                   □ Nursing    □ Physical Therapy*    □ Social Work**    □ Accounting (CPE)

Audio/ Visual Requirements

The following will be provided for each program:
- A laptop computer
- LCD projector
- Podium & stationary microphone

Please check any additional equipment required for your presentation:
                   □ Lavaliere microphone
                   □ Other (additional required equipment must be reserved – please list below)

Will you be using a power point presentation?    □ Yes    □ No

Will you need internet access during your presentation?    □ Yes    □ No

Will your presentation include additional handout materials?    □ Yes    □ No
Presentation Information- Part 2

Speaker Introduction
Please provide a description, up to 250 words, that you would like read for the introduction of your presentation. Please attach additional pages if necessary.

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Reference
Please list reference information, if applicable, for an organization that you have previously presented to:

Organization Name: ________________________________________________________________

Presentation Title: ________________________________________________________________

Date of Presentation: ______________________________________________________________

Contact: ________________________________________________________________

Phone: ________________________________________________________________

Email: ________________________________________________________________

Address/ City/ State/ Zip: ____________________________________________________________
The Catalyst for Excellence in Home Care & Hospice

**Presentation Abstract** *(Please type)* *Required Fields*

**Presentation Title**: ____________________________________________

**Name of Presenter(s)**: ____________________________________________

**Purpose**:  
In 1-2 sentences please identify the activity's purpose.

____________________________________________________________________
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**Description**:  
Please provide a description of your presentation in 100 words or less. Indicate how the course is appropriate for the audience and how this program will benefit home care and/or hospice professionals. Please Note: This description will be used in marketing materials.

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**Benefit**:  
Briefly describe how this program will benefit home care and/or hospice professionals.

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The Catalyst for Excellence in Home Care & Hospice

Measurable Behavior Objective

Utilize these verbs to complete the continuing education Program Planning Table Addendum

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**Contact Information** *Required Fields*

**Presenter and Primary Contact Person:**

Full Name: *(include credentials)* ____________________________________________________________

Title: ____________________________________________________________

Organization: ______________________________________________________

Address: __________________________________________________________

City/ State/ Zip: ______________________________________________________

Email Address: ______________________________________________________

Business Phone: ____________________________ Cell Phone: ____________________________

Business Fax: ____________________________ Personal Fax: ____________________________

Home Care & Hospice Association of NJ Member: □ Yes □ No

**Co-presenter (if applicable):**

Full Name: *(include credentials)* ____________________________________________________________

Title: ____________________________________________________________

Organization: ______________________________________________________

Address: __________________________________________________________

City/ State/ Zip: ______________________________________________________

Email Address: ______________________________________________________

Business Phone: ____________________________ Cell Phone: ____________________________

Business Fax: ____________________________ Personal Fax: ____________________________

Home Care & Hospice Association of NJ Member: □ Yes □ No
Continuing Education Requirements:

For any presentation that may qualify for continuing education credit please attach a detailed description of your program for contact hour submission. Refer to the qualifications listed below for each discipline. Integrate the qualification listed below into your program description for all applicable disciplines. Attach additional pages if necessary. Please check all that are applicable:

☐ THIS PROGRAM DOES NOT QUALIFY FOR ANY CONTINUING EDUCATION CREDIT

☐ THIS PROGRAM QUALIFIES FOR NURSING CONTINUING EDUCATION CREDIT
The NJ State Nurses Association requires that continuing education programs indicate if the program is Informational: Designed to give or present information or Participatory: Designed to build on information by having the learner participate actively in the learning process. Nursing programs are designed to address issues or problems related to nursing, general professional issues, specific practice problems, or issues related to future trends in practice. The CE program’s purpose needs to describe how this activity will enrich the nurse’s contribution to quality health care and his or her pursuit of professional career goals. Activities that assist the participant to acquire, maintain, and / or increase the level of competence for basic skills or to fulfill employer expectations are considered in-services and are NOT eligible for continuing education contact hour credit.

☐ THIS PROGRAM QUALIFIES FOR * PHYSICAL THERAPY CONTINUING EDUCATION CREDIT
The NJ State Board of Physical Therapy Examiners requires that continuing education programs must be related to the practice of physical therapy or with the professional responsibilities or ethical obligations of licensees. Topics include: (1) Patient/client management; (2) Appropriate standard of physical therapy care; (3) Patient safety; (4) Application of new technology to physical therapy practice; (5) Patient communication; (6) Promotion of ethical practices; (7) Knowledge of the changing health care system; (8) Clinical instructor credentialing; (9) Physical therapy practice management, administration and professional issues. Sponsors must reference lists which include at least five citations in the past five years from reputable, peer-review (juried) journals which support the content of the course. Note: Use APA or AMA style and be consistent. Citations should be attainable by anyone reading the list. Use form on the following page to complete this requirement.

☐ THIS PROGRAM QUALIFIES FOR * * SOCIAL WORK CONTINUING EDUCATION CREDIT
The NJ State Board of Social Work Examiners requires that the program is directly related to social work practice and includes at least one of the following content areas. Please be sure your description includes justification for these areas. (A) Theories and concepts of human behavior and the social environment; (B) Social work practice, knowledge and skills; (C) Social Work Research, program evaluation, or practice evaluation; (D) Management/administration/social policy; or (E) Social Work Ethics. A narrative course description is preferred by the SW Board indicating why it is relevant for Social Work practice. Use forms on pages 9-11 to complete this requirement.

☐ THIS PROGRAM QUALIFIES FOR ACCOUNTING CONTINUING PROFESSIONAL EDUCATION CREDIT
The NJ State Board of Accountancy requires that continuing education programs broaden, deepen, or increase professional knowledge or technical skills. Qualifying technical subject areas are limited to: Accounting; Auditing, including, but not limited to, Review, Compilation, and Attest Standards; Business Law; Computer Science; Economics; Finance; Management Advisory Services; Mathematics, Statistics, etc.; SEC Practice; Taxation; Professional Ethics; and Specialized Areas of Industry as it pertains to one of these technical areas. Additional qualifying subjects may include certain Personal Development and Practice Management courses relating to practitioner personal skills- public speaking, writing, leadership and organizational management. Exclusions: studies directly associated with the development of the licensee’s practice or the marketing of services shall not be accepted toward New Jersey’s requirement for CPE credit.
For Physical Therapy Continuing Education Only:

Please provide a bibliography/reference/resource list with at least five citations from reputable peer reviewed journals published within the past five years that support the content of the proposed presentation. Attach additional pages if necessary.

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For Social Work Continuing Education Only:

Social Work continuing education approval requires submission of all program and course information at least 120 days in advance of the scheduled presentation date.

Indicate the type of credits you are requesting:

☐ Clinical  ☐ Non-Clinical  ☐ Ethics  ☐ Social and Cultural Competency

Skills level targeted by this program:  ☐ Beginner  ☐ Intermediate  ☐ Advanced

If seeking clinical credits, describe course clinical content (be specific) and identify actual instruction hours related to it: (please use additional pages if necessary)

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If seeking ethics credits, describe course ethical content (be specific) and identify actual instruction hours related to it: (please use additional pages if necessary)

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If seeking social and cultural competency credits, describe course social and cultural competency content (be specific) and identify actual instruction hours related to it: (please use additional pages if necessary)

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If seeking non-clinical credits, describe course non-clinical content (be specific) and identify actual instruction hours related to it: (please use additional pages if necessary)

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For Social Work Continuing Education Only:

Describe how course content reflects current (within the past 5 years) literature, materials and references and how it relates to one or more of the social work educational areas listed in guidelines:

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Social Work Reference Materials (attach additional pages as needed)

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Please attach an outline describing breaks, individual course segments, guided discussion and activities where applicable