

CLIENT NEEDS and GOALS ASSESSMENT

PLEASE KEEP AS A WORD DOCUMENT & EMAIL BACK TO ME. PLEASE DO NOT SCAN OR FAX BACK.

CLIENT'S CONTACT, MAILING and WORK-RELATED INFORMATION

Date:	
Client Name:	
Client Title or Position:	
Designee Completing Table:	
Designee Title or Position:	
Name of Business/Company/Association/Program:	
Street Address:	City:
State:	Zip:
	Time Zone:
Phone During Business Hrs:	Phone After Business Hrs:
Cell Phone:	Fax Number:
Email:	Alternate Email:
Point Person or Project Manager for Consulting:	Email:
Name:	
Title:	
Other Persons Expected to Participate in Consulting:	Email:
Name:	
Title:	
Name:	
Title:	Email:

CLIENT'S MAJOR EMPLOYMENT AREA(S) AND/OR RESPONSIBILITIES (CHECK ALL THAT APPLY):

<input type="checkbox"/> Business management or supervisor	<input type="checkbox"/> Medical Nutrition Therapy (MNT)
<input type="checkbox"/> Hospital food and nutrition services management	<input type="checkbox"/> Diabetes Self-Management Training/Education (DSMT/E)
<input type="checkbox"/> DSME/T program coordinator	<input type="checkbox"/> Obesity/overweight counseling
<input type="checkbox"/> Hospital inpatient work	<input type="checkbox"/> Writing
<input type="checkbox"/> Hospital outpatient work	<input type="checkbox"/> Editing, publishing, media work
<input type="checkbox"/> Internship program director or educator in academia	<input type="checkbox"/> Information technology/communications
<input type="checkbox"/> CDE	<input type="checkbox"/> Marketing and/or public relations
<input type="checkbox"/> Consultant	<input type="checkbox"/> Insurance billing or medical record claims coding
<input type="checkbox"/> RD/Dietitian <input type="checkbox"/> Clinical Nutrition Specialist	<input type="checkbox"/> Community nutrition/nutrition education
<input type="checkbox"/> RN	<input type="checkbox"/> Advocacy/association membership work
<input type="checkbox"/> Account Rep	<input type="checkbox"/> Teaching
<input type="checkbox"/> Physician; Specialty is:	<input type="checkbox"/> Health promotion, wellness
<input type="checkbox"/> NP	<input type="checkbox"/> Medical devices
<input type="checkbox"/> PA	<input type="checkbox"/> Medical foods
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> CNS (Clinical Nurse Specialist)	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Other (specify):	

**WHICH CATEGORIES BELOW ARE YOUR SPECIFIC NEEDS IN? CHECK ALL THAT APPLY.
FEEL FREE TO WRITE IN WHAT YOU DO NOT SEE, EITHER BELOW THE CATEGORY OR AT THE END!**

- Medical Nutrition Therapy (MNT) reimbursement, coding and coverage

- MNT program development

- MNT program enhancement and increasing sustainability

- Diabetes Self-Management Training/Education (DSMT/E) reimbursement, coding and coverage

- DSMT/E program development

- DSMT/E program enhancement and increasing sustainability

- Turn-key materials for achieving AADE accreditation or ADA recognition of DSMT/E programs (including review of 2012 National Standards of DSME)

- Consulting on achieving AADE accreditation or ADA recognition of DSMT/E programs (including review of 2012 National Standards of DSME)

- Obesity counseling reimbursement, coding and coverage (Medicare and private payer, secondary to the ACA)

- Obesity/weight management program development

- Obesity/weight management enhancement and increasing sustainability

- Shared medical appointment (SMA) reimbursement, coding and coverage

- SMA overview, planning and implementing

- _ Determining insurance billing, coding and reimbursement opportunities for RD nutrition and DSME Services

- _ Motivational interviewing and adult learning principles (*Make Patients Your A.D.O.P.T.E.E.S.: Empowerment, Motivational Interviewing and Adult Learning Tools to Change Patients' Behavior*)

- _ The Affordable Care Act (ACA) mandates relevant to RDs and diabetes educators (learn the language, the laws and leap into the land of healthcare reform)

- _ The Affordable Care Act and mandates and opportunities in employee wellness programs

- _ Insulin pump training/management reimbursement, coding and coverage

- _ Continuous glucose monitoring (CGM) reimbursement, coding and coverage

- _ Evidence-based nutrition practice guidelines for diabetes, hypertension and hyperlipidemia

- _ Evidence-based nutrition practice guidelines for weight management and the *2013 Guideline for the Management of Overweight and Obesity in Adults*

- _ Pattern management to optimize insulin therapy and glycemic control

- _ Guide for giving dynamite and powerful presentations (and how to 'edu-tain' to keep audiences from zoning out!)

- _ Keys to increasing sustainability of MNT/DSMT programs

- _ Quality management plan for MNT/DSMT programs

- _ Marketing plan for MNT/DSMT programs

- Basic overview of the healthcare claims process and types of electronic billing systems

- Review of the current *ADA Medical Standards of Care for Diabetes Mellitus*

- Patient self-motivation: how to get it, how to keep it

- Business plan for MNT/DSMT/E programs (with focus on patient centered medical homes, Accountable Care Organizations, but applicable to all practice settings)

- Other:

WHICH SERVICE(S) ARE YOU INTERESTED IN? IF YOU LIKE, PLEASE PROVIDE A BIT OF EXTRA INFORMATION.

Consulting

Off-site (telephone, email)

On-site at this place of business and address:

Live podium presentation(s)

Webinar(s)

Train-the-trainer program

Live workshop

Writing, content development, or blogging

Other:

What is your desired time frame for having your needs met?

Do you have a *firm* deadline?

Other concerns and/or comments:

OPTIONAL: How did you learn about **MARY ANN HODOROWICZ CONSULTING, LLC?**

- Web search Referral Heard Mary Ann speak AADE Academy of Nutrition and Dietetics
 Networking Former or current client of Mary Ann's Johnson and Johnson Diabetes Institute
 Other:

**CURRENT STATUS OF PROGRAMS/SERVICES FOR WHICH YOU ARE SEEKING CONSULTING.
THIS HELPS ME CUSTOMIZE THE CONSULTING EVEN FURTHER.**

1) Specific Programs/Services Provided Now (If MNT Provided, Indicate in Which Disease States):

2) Type of Clients/Patients Your Programs/Services are Provided to: Age Range, Education Level, Economic Status, Educational Level, Ethnicities:

3) Approximate Number of Clients/Patients per Month that Receive these Programs/Services:

Do You Wish to Increase This Number? Yes No

4) Status of Current Insurance Reimbursement for these Programs/Services:

Billing insurers Billing Medicare Billing Medicaid Want to start billing insurers

Approximate % of all claims sent to private insurers that are paid: _____

Approximate % of all claims sent that are to Medicare paid: _____

Approximate % of all claims sent to Medicaid that are paid: _____

Receiving out-of-pocket payments from patients/clients?

If YES, what percent of patients/clients pay out of pocket for your programs/services?

5) Long-Term Goals Related to Your Programs/Services for Which You are Seeking Consulting:

6) Other information:

Thank you for taking the time to complete this form! Please submit to Mary Ann. I will contact you as soon as possible so we can talk further about meeting your needs.

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