



Feedback Reporting Form

The purpose of this form is to enable providers to supply information about experiences with the LOC and PASRR Level I/II processes. Please complete this form as accurately as possible. Your name and contact information must be included for data to be considered. Your feedback is important to us!

Satisfaction Measure	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
1. I was satisfied with the professionalism, politeness, and helpfulness of Ascend Level I/LOC review nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The LOC screen allowed me to represent the needs of this individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was satisfied with the ability of the Level I screen to identify possible mental illness, mental retardation, or developmental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The turnaround time of the Level I/LOC was within 5 hours of submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The turnaround time of the Level II was within 5 business days of Level I submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The Level II assessor presented in a professional manner with the individual and facility staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The Level II assessor scheduled ahead of time and arrived at the scheduled time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximate time it took me to complete the Level I form online (including collection of information):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> <10 minutes | <input type="checkbox"/> 16-20 minutes | <input type="checkbox"/> 26-30 minutes | <input type="checkbox"/> 36-40 minutes |
| <input type="checkbox"/> 11-15 minutes | <input type="checkbox"/> 21-25 minutes | <input type="checkbox"/> 31-35 minutes | <input type="checkbox"/> >40 minutes |

Approximate time it took me to complete the LOC form online (including collection of information):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> <10 minutes | <input type="checkbox"/> 16-20 minutes | <input type="checkbox"/> 26-30 minutes | <input type="checkbox"/> 36-40 minutes |
| <input type="checkbox"/> 11-15 minutes | <input type="checkbox"/> 21-25 minutes | <input type="checkbox"/> 31-35 minutes | <input type="checkbox"/> >40 minutes |

Suggestions about the Connecticut Level I screen, Level of Care screen, or Level II evaluation process:

Positive experiences I would like to recognize:

Formal complaint for which I would like follow up (Complete all sections below and provide specific information to enable Maximus to conduct follow up):

Description of the issue:

Client name:

Persons involved:

Date of event:

My Name:

My Phone:

Date of form submission:

Facility/Agency: