MAXIMUS®

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	☐	☐	☐	☐	☐	☐
2. The LOC screen allowed me to represent the needs of this individual	☐	☐	☐	☐	☐	☐
3. I was satisfied with the ability of the Level I screen to identify possible mental illness, mental retardation, or developmental disability	☐	☐	☐	☐	☐	☐
4. The turnaround time of the Level I/LOC was within 5 hours of submission	☐	☐	☐	☐	☐	☐
5. The turnaround time of the Level II was within 5 business days of Level I submission	☐	☐	☐	☐	☐	☐
6. The Level II assessor presented in a professional manner with the individual and facility staff	☐	☐	☐	☐	☐	☐
7. The Level II assessor scheduled ahead of time and arrived at the scheduled time	☐	☐	☐	☐	☐	☐

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

☐ <10 minutes ☐ 16-20 minutes ☐ 26-30 minutes ☐ 36-40 minutes
☐ 11-15 minutes ☐ 21-25 minutes ☐ 31-35 minutes ☐ >40 minutes

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

☐ <10 minutes ☐ 16-20 minutes ☐ 26-30 minutes ☐ 36-40 minutes
☐ 11-15 minutes ☐ 21-25 minutes ☐ 31-35 minutes ☐ >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: Date of form submission:
My Phone: Facility/Agency: