

Contract/Program Name: _____

We appreciate your feedback about your assessment experience with Maximus. We will use your feedback to improve our processes and to ensure excellence in providing our services. This 5-minute survey is anonymous unless you want to provide your contact information.



To complete the survey, use the camera on your smartphone to scan the QR code:

Or use your computer:

<https://www.surveymonkey.com/r/MMSCustomerSvc2021>

Or mail us the paper survey:

Maximus – Feedback Survey
840 Crescent Centre Dr, Suite 400
Franklin, TN 37067

For more information about clinical services with Maximus, go to: <https://maximus.com/clinical-services>

If you are mailing the survey to us, complete the questions below:

1. Your relationship to the person who received the assessment:

- Self
- Legal Guardian
- Caregiver
- Family
- Facility/Treatment Representative
- Other (explain): _____

2. Maximus assessor's name: _____

3. Assessment Date & Time: ___/___/20___ _____ AM / PM

4. Did the assessment start on time?

- Yes
- No, and I was notified that the assessment would be delayed or postponed
- No, and I was not notified that the assessment would be delayed or postponed
- N/A - no appointment time identified

5. How long was the assessment?

- Less than 1 hour
- 1 – 1.5 hours
- 1.5 – 2 hours
- 2 – 2.5 hours
- 2.5 – 3 hours
- More than 3 hours

6. How was the assessment conducted?

- Telephone
- In person
- Video conference/Telehealth

7. Why was an assessment completed?

- Going to or staying in a nursing facility
- Applying to or continuing Medicaid waiver program(s) (HCBS, Personal Care, SIS, ICAP, etc.)
- Going to or staying in a youth residential program
- Unknown

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8. In which state will the person receiving the assessment get services? _____

9. Did you speak with someone from Maximus before the assessment? This can include for scheduling or to give additional information.

- Yes
- No (skip to question 10)

	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree
The customer service representative was professional and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The customer service representative was knowledgeable about the assessment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Rate the following about the assessment process:

	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree
The assessment was scheduled at a convenient time/date/location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor was knowledgeable about the assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor could answer my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor treated me with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor was interested and took the time to learn about the interests and needs of the person assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment effectively captured the care needs of the person assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please provide any additional feedback about the assessment, the assessor, scheduling, etc.

12. If you want to be contacted about the assessment experience, leave your name and contact information:

Name: _____

Email Address: _____

Phone: _____

State: _____

To protect your health information, be sure to shred this document immediately after sending it.