

## Feedback Reporting Form

**Development Date:** 4.7.10

**Revision Date:** 6.28.13

### Submission of *General* Feedback to Ascend:

Feedback regarding experiences with Ascend Level I/LOC reviewers, data systems, and Level II processes may be submitted to Ascend at any desired frequency by using the Feedback Reporting Form.

### Submission of *Complaints or Problems* to Ascend:

Problems or complaints with the Level I, LOC, and/or Level II processes and/or staff should be reported using the Feedback Reporting Form in the box 'Formal complaint for which I would like follow up'.

It is important that detailed information be provided to enable Ascend to conduct a thorough investigation regarding the area of concern. Therefore, please provide details regarding the identified client, involved parties, and when the event occurred, if or as relevant.

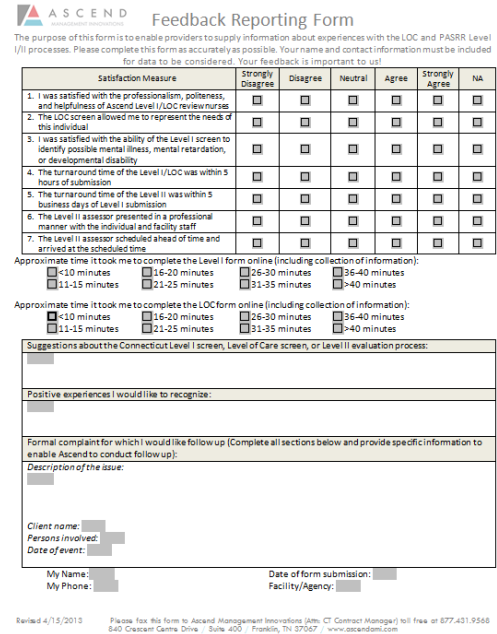
Once Ascend receives this information, and quality clinician and/or the CT Project manager will investigate the report, contacting all relevant involved parties, and will provide written feedback to the submitter with an outcome.

### Signatures:

Your name and contact information must be included for data to be considered.

### Location of the Feedback Reporting Form:

The Feedback Reporting Form is located under <http://pasrr.com/Connecticut/> (click 'Print Copies of Forms').



**ASCEND** 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):  
 <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 Ascend 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: \_\_\_\_\_

Revised 4/15/2013    Please fax this form to Ascend Management Innovations (Attn: CT Contract Manager) toll free at 877.431.9568  
 840 Crescent Centre Drive / Suite 400 / Franklin, TN 37067    www.ascendami.com