



OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY, OUTCOMES, AND TRAINING DIVISION

**TEST CALLS SURVEY FORM – Calendar Year 2020**

24/7 ACCESS CENTER HOTLINE: (800) 854-7771

**Please Complete One Survey Form per Test Call and Keep Call Under 10 Minutes**

**Date of Call:** \_\_\_ / \_\_\_ / \_\_\_\_\_ **Call start time:** Hr: \_\_\_ Min: \_\_\_  AM  
 PM  
**Call end time:** Hr: \_\_\_ Min: \_\_\_  AM  
 PM

1) Did the ACCESS Agent provide their name?  YES  NO

a. **If not provided, test caller must ask for the first name of the ACCESS Agent.**

First name of the ACCESS Agent: \_\_\_\_\_

2) Did the ACCESS Agent ask for the name of the person for whom services were requested?

YES  NO

a. **NAME of the person for whom you are requesting services in the Test Call:**

First: \_\_\_\_\_ Last: \_\_\_\_\_  Self  Other

3) Did the ACCESS Agent inquire if the situation is an emergency or crisis?  YES  NO

4) LANGUAGE you USED in the Test Call:

English  Spanish  Other: \_\_\_\_\_

a. Were Interpreter Services provided?  YES  NO

If **YES**, answer questions 4b & 4c. If **NO**, skip to question 5.

b. Who provided your Interpreter Services (please check one from the following)?

ACCESS Agent  Interpreter Line

c. Please rate your level of satisfaction with the following:

	Not at all satisfied	A little bit satisfied	Somewhat satisfied	Mostly satisfied	Very satisfied
i. Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Quality of interpretation (e.g., accuracy, proficiency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. I got the help I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Reason for the call or type of help requested? **Check one option.**

- Mental Health Referral (if checked, answer question 5a)
- Crisis Scenario (if checked, answer question 5a)
- Complaint/Beneficiary Problem (if checked, answer question 5b)

a. If you selected Mental Health Referral or Crisis Scenario, did you receive a referral or other information?     YES     NO     NOT APPLICABLE

If YES, list here: \_\_\_\_\_  
(Clinic Name and Phone Number)

b. If you selected Complaint/Beneficiary Problem, did the ACCESS Agent inform you how to:

- i. Access the beneficiary grievance form?     YES     NO     NOT APPLICABLE
- ii. Contact the Patient's Rights Office?     YES     NO     NOT APPLICABLE

6) Please rate your level of satisfaction with each the following items:

	Not at all satisfied	A little bit satisfied	Somewhat satisfied	Mostly Satisfied	Very satisfied
a. Knowledge of the ACCESS Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helpfulness of the ACCESS Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cultural sensitivity of the ACCESS Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Agent's customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wait time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Please specify time	< 1 min <input type="checkbox"/>	1-3 mins <input type="checkbox"/>	4-7mins <input type="checkbox"/>	> 7 mins <input type="checkbox"/>	

7) Please indicate any additional information that would be helpful in improving the services provided through the ACCESS Center or for the Interpreter Line:

**This section to be completed by Service Area Liaison: Service Area:** 1  2  3  4  5  6  7  8

**Test Caller Name:** \_\_\_\_\_ **Time:** Business Hrs:  After Hrs:

**Provider Name:** \_\_\_\_\_ **Language:** English:  Non-English:

**Type:** Complaint:  Referral:  Crisis:

**REMINDER: Please ask the ACCESS Agent to spell their name for accuracy. Thank you for your participation. Please double check that your form is filled in completely before submitting it to your SA QIC Chair/Co-Chair.**

**For QI Use ONLY:** Was the call logged by the ACCESS Center Agent? Yes  No