



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

TEST CALLS SURVEY FORM – Calendar Year 2022 – NON-ENGLISH VERSION

24/7 ACCESS CENTER HOTLINE: (800) 854-7771 – PRESS #1

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

Date for Call:	Name for Call:
Test Caller Prog:	Language Used:
Test Caller Name:	
Medi-Cal#:	Service Area:
SSN:	1 2 3 4 5 6 7 8
Date of Birth:	Type of Call:
	Complaint/Beneficiary Problem
Location for Call:	Mental Health Referral
	Crisis Scenario
Time of Call:	Phone Number:
Business Hours (Mon - Fri 8:00 AM – 5:00 PM):	
After Hours (Mon - Fri 5:01 PM-7:59 AM, Weekends & Holidays):	

Call Start time:	Hr:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Call End time:	Hr:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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First name of the ACCESS Agent: _____

1. Who provided your Interpreter Services (please check one)?

ACCESS Agent

Interpreter Line

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

a. If YES, list here: _____
(Clinic Name and Phone Number)

3. If you called for a Complaint/Beneficiary Problem, did the ACCESS Agent inform you how to:

- | | | | |
|---|-----|----|----------------|
| a. Access the beneficiary grievance form? | YES | NO | NOT APPLICABLE |
| b. Contact the Patient’s Rights Office? | YES | NO | NOT APPLICABLE |

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

4. Overall, I would rate my experience with this call as:

0	1	2	3	4	5	6	7	8	9	10
Extremely Bad			Bad		Neutral			Very Good		Extremely Good

5. Please indicate any additional information that would help improve the services provided through the ACCESS Center:

6. Please indicate any additional information that would help improve the services provided through the Interpreter Line:

Thank you for your participation. Please double check that your form is filled in completely before submitting it to Quality Improvement (QI).