



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

TEST CALLS SURVEY FORM – Calendar Year 2022 – 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: Test Caller Prog: Test Caller Name: Medi-Cal#: SSN: Date of Birth: Location for Call: Time of Call: Business Hours (Mon - Fri 8:00 AM – 5:00 PM): After Hours (Mon - Fri 5:01 PM-7:59 AM, Weekends & Holidays):	Name for Call: Language Used: Service Area: 1 2 3 4 5 6 7 8 Type of Call: Complaint/Beneficiary Problem Mental Health Referral Crisis Scenario Phone Number:
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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. 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)

2. 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

3. 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

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

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

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