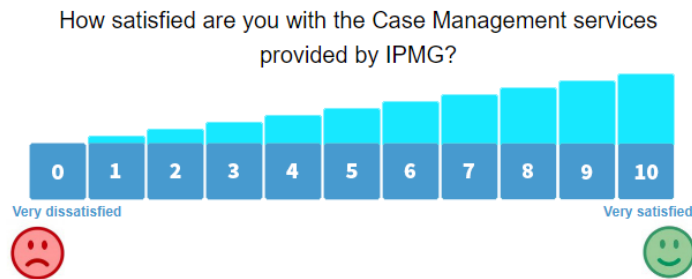


IPMG Annual Individual Served Survey: NPS Format

The first question on this survey asks the respondent to rate their satisfaction with IPMG's case management services on a scale of 1-10.



Depending on the answer to the first question, respondents are asked the following:

If the answer is 0 - 6:

- We're sorry to hear that we are not meeting your expectations. What changes would our company have to make for you to give us a higher rating?
- Name of Individual Receiving Services
- Your Name (if different)
- Your Relationship to the Individual Receiving Services [Individual served by IPMG (Self), Guardian or Family Member, Provider of Medicaid Waiver Services, Other]
- Would you like for us to contact you to follow up?
- Please provide your preferred method of contact (email, telephone)

If the answer is 7-8:

- What changes would our company have to make for you to give us an even higher rating?
- Name of Individual Receiving Services
- Your Name (if different)
- Your Relationship to the Individual Receiving Services [Individual served by IPMG (Self), Guardian or Family Member, Provider of Medicaid Waiver Services, Other]
- Would you like for us to contact you to follow up?
- Please provide your preferred method of contact (email, telephone)

If the answer is 9-10:

- We're glad to hear you're pleased with IPMG! What does our company do really well?
- May we share your comments as a testimonial?
- Name of Individual Receiving Services
- Your Name (if different)
- Your Relationship to the Individual Receiving Services [Individual served by IPMG (Self), Guardian or Family Member, Provider of Medicaid Waiver Services, Other]